College of Medical Laboratory Technologists of Ontario

BOARD MEETING MATERIAL

Monday, September 14, 2026 / Time: 9:00 AM – 4:30 PM
Tuesday, September 15, 2026 / Time: 9:00 AM – 4:45 PM

College of Medical Laboratory Technologists of Ontario

CMLTO

BOARD MEETING

Monday, September 14, 2026

DAY 1

College of Medical Laboratory Technologists of Ontario

AGENDA

CMLTO BOARD OF DIRECTORS MEETING

Hybrid (In-Person / Virtual) Meeting

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

Monday, September 14, 2026 / Time: 9:00 a.m. – 4:30 p.m.

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

Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
1.0	**WELCOME, 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	8	9:04 am
1.4	Launch 2026 Board Effectiveness Self-Evaluation	Board is Informed	K. Persad	Read Item 1.4	9	9:06 am
2.0	**APPROVAL OF MEETING AGENDA**				**N/A**	**9:10 am**
2.1	Review and Approval of Meeting Agenda	Board Approval ***(Motion)***	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)**					**9:15 am**
3.1	**BOARD MINUTES AND ACTION ITEMS**					**9:15 am**
3.1.1	Approval of the Minutes of May 25 & 26, 2026 CMLTO Board Meetings	Board Approval ***(Motion)***	K. Persad	Read Item 3.1.1	15	**9:15 am**
3.1.2	Status of Action Items – May 25 & 26, 2026 CMLTO Board Meetings	Board is Informed	J. Tzountzouris	Read Item 3.1.2	38	**9:20 am**
3.2	**STATUTORY COMMITTEE MONITORING REPORTS**					**9:25 am**
3.2.1	Executive Committee	Board Acceptance	K. Persad	Read Item 3.2.1	42	

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Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
3.2.2	Inquiries, Reports and Complaints Committee	Board Acceptance	W. Hewus	Read Item 3.2.2	44	
3.2.3	Registration Committee	Board Acceptance	R. Soni	Read Item 3.2.3	46	
3.2.4	Discipline Committee	Board Acceptance	T. Rix	Read Item 3.2.4	49	
3.2.5	Quality Assurance Committee	Board Acceptance	P. McLeman	Read Item 3.2.5	52	
3.3	**INCIDENTAL BRIEFING REPORTS**					
3.3.1	Board Chair's Incidental Briefing Report	Board Acceptance	K. Persad	Read Item 3.3.1	54	
3.3.2	Academic Member's Incidental Briefing Report	Board Acceptance	L. Bourne	Read Item 3.3.2	56	
3.4	**CONSENT AGENDA REPORTS**					
3.4.1	Board Governance Scorecard (Q2) 2026	Board Acceptance	J. Tzountzouris	Read Item 3.4.1	58	
3.4.2	May 2026 Board Meeting Effectiveness Evaluation Feedback	Board is Informed	K. Fryday-Field, Meridian Edge	Read Item 3.4.2	60	
3.4.3	CMLTO Artificial Intelligence (AI) Implementation Plan Update	Board is Informed	M. Cakar	Read Item 3.4.3	70	
3.4.4	CMLTO Global Diversity, Equity & Inclusion Benchmark (GDEIB) Analysis Update	Board is Informed	M. Cakar	Read Item 3.4.4	73	
3.4.5	2026 CMLTO Board Elections Update	Board is Informed	M. Cakar	Read Item 3.4.5	82	
3.4.6	MLA/T Oversight Scanning Update	Board is Informed	J. Tzountzouris	Read Item 3.4.6	86	
3.4.7	Incidental Reports from Board and Committee Members Attending External Events:	Board Acceptance	V. Lad A. Nimetz Severini L. Bourne G. Broukhanski M. Costantino K. Persad T. Rix L. Lindner W. Hewus	Read Items 3.4.7.1 – 3.4.7.13	N/A	
	3.4.7.1 HPRO Discipline Orientation Workshop – Basic Session: V. Lad				88	
	3.4.7.2 HPRO Discipline Orientation Workshop – Basic Session: A. Nimetz Severini				91	
	3.4.7.3 HPRO Governance Conference: L. Bourne				92	
	3.4.7.4 HPRO Governance Conference: G. Broukhanski				93	
	3.4.7.5 HPRO Governance Conference: M. Costantino				94	

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Agenda Item	Topic		Proposed Outcome	Lead	Report Type	Page Number	Start Time
	3.4.7.6	HPRO Governance Conference: K. Persad				95	
	3.4.7.7	HPRO Governance Conference: T. Rix				96	
	3.4.7.8	CSMLS LabCon 2026: M. Costantino				97	
	3.4.7.9	HPRO Discipline Orientation Workshop – Advanced Session: V. Lad				98	
	3.4.7.10	HPRO Discipline Orientation Workshop – Advanced Session: L. Lindner				100	
	3.4.7.11	HPRO Discipline Orientation Workshop – Advanced Session: A. Nimetz Severini				101	
	3.4.7.12	Govern for Impact Conference: K. Persad				102	
	3.4.7.13	Govern for Impact Conference: W. Hewus				104	
3.4.8	Board Mentor Program Reports to Board (GP IV-130) Board Mentor Program Reports: • Matthew Wong-Fung • James Jose		Board Acceptance	Matthew Wong-Fung James Jose	Read Item 3.4.8	107	
4.0	**GOVERNANCE PROCESS: POLICY DEVELOPMENT / IMPLEMENTATION**						**9:35 am**
4.1	Appointment of Academic Member to the Board (Relevant Governance Document – CMLTO By-Law)		Board Approval ***(Motion)***	K. Persad	Read Item 4.1	110	**9:35 am**
4.2	Modelling of CMLTO Financial Health		Board is Informed	J. Tzountzouris B. Abner C. Ungerleider Directions Evidence & Policy Research Group	Read Item 4.2 Presentation at meeting	126	**9:40 am**
BREAK							**10:30 am**
4.3	Proposed Amendments to the CMLTO By-Law: Article 10 – Fees		Board Approval ***(Motion)***	J. Tzountzouris	Read Item 4.3	139	**10:45 am**

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Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
4.4	Board Review of 2026 IBSA Work Plan Progress	Board Acceptance	K. Persad K. Fryday-Field, Meridian Edge	Read Item 4.4	146	**11:00 am**
4.5	CMLTO Health Human Resource Framework report	Board is Informed	J. Tzountzouris	Presentation at Meeting	N/A	**11:30 am**
4.6	CMLTO Governance Modernization Plan Refresh	Board Approval ***(Motion)***	M. Cakar J. Tzountzouris	Read Item 4.6	161	**11:50 am**
LUNCH						**12:15 pm**
5.0	**BOARD MONITORING OF BOARD POLICY COMPLIANCE**					**1:00 pm**
5.1	GP IV-70 CMLTO Board Effectiveness Evaluation	Board Approval ***(Motion)***	I. Vithana Maggie Cakar	Read Item 5.1	183	**1:00 pm**
5.2	GP IV-150 Board Member Use of Social Media	Board Approval ***(Motion)***	J. McBane Maggie Cakar	Read Item 5.2	196	**1:15 pm**
6.0	**GOVERNANCE PROCESS: BOARD ORIENTATION / CONTINUING LEARNING**					**1:30 pm**
6.1	**Module 3 -** Board Member Governing Financial Skills in the Context of CMLTO's Financial Model (live session with a pre-reading document)	Board is Oriented	K. Fryday-Field, Meridian Edge	Read Item 6.1	204	**1:30 pm**
BREAK						**2:30 pm**
6.1	**Module 3 -** Board Member Governing Financial Skills in the Context of CMLTO's Financial Model (live session with a pre-reading document) Continued	Board is Oriented	K. Fryday-Field, Meridian Edge	Read Item 6.1	204	**2:45 pm**
6.2	Preparing for the 2027 Board Officer Elections: Board Officer Roles and Nominations	Board is Informed	K. Persad	Read Item 6.2	210	**4:00 pm**
7.0	**ADJOURNMENT**					**4:30 pm**

College of Medical Laboratory Technologists of Ontario

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	Launch 2026 Board Effectiveness Self-Evaluation

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Agenda Item: 1.3

MEMO

Date	:	August 28, 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 May Board meeting.

Binder Section and Document	Action
Policy Review Schedule	Replaced
EL II-25 Human Resources Parameters Policy – Regular Review	Replaced
GP IV-50.10 Board Monitoring System Policy – Regular Review *(Appendix updated after each Board meeting)*	Replaced
GP IV-141 Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration – Special Review	Replaced
GP IV-166 Government Relations Policy – Regular Review	Replaced
GP IV-60 Board Policy Champion Role *(Appendix updated)*	Replaced
GP IV-70 Board Effectiveness Evaluation Policy *(Appendix updated after each Board meeting)*	Replaced

College of Medical Laboratory Technologists of Ontario

Agenda Item: 1.4

Briefing Report to CMLTO Board

Date	:	August 14, 2026
From	:	Karen Fryday-Field, Governance Counsel/Senior Governance and Strategy Consultant, Meridian Edge Leadership & Governance Consulting
Subject	:	Launch of 2026 Board Effectiveness Self-Evaluation in Mid-November 2026

Report Purpose:

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

PUBLIC INTEREST RATIONALE:

The Board of Directors establishes the CMLTO's strategic direction and Ends (Critical Outcomes) that will lead self-regulation of medical laboratory technologists in achievement of protection of the public interest. The Board accomplishes in part through effectively practising the Policy Governance® approach. This policy-driven governance approach supports the Board of Directors in creating strategic direction and ethical, prudent, and equitable operations. The Board monitors results on policy achievement and compliance to ensure the public interest is effectively being served related to medical laboratory technologist practice safety and effective care. through public direction and monitoring results on policy achievement and compliance in pursuit of public interest.

The Board recognizes that effective governance can both substantially leverage the organization's achievement of its Ends (Critical Outcomes) Policy results, and its accountability for achieving Ends (Critical Outcomes) Policy results within ethical, prudent, and just means. To ensure CMLTO governance is continuously improving the Board conducts a bi-annual Board meeting evaluation and an annual self-evaluation to assess Board effectiveness in accordance with GP #IV-70 CMLTO Board Effectiveness Evaluation Policy. This process advances governance capacity to and focus on achieving protection of the public interest.

Background:

The CMLTO Board has a policy (GP #IV-70) on Board Evaluation which addresses the Board's commitment to governing with excellence. The Board annually conducts a self-evaluation related to Board effectiveness using a standardized, progressive, and validated Policy Governance Evaluation Tool to support this Board effectiveness self-evaluation process. The tool is continuously improved and includes some advanced governance practise evaluation questions consistent with CMLTO Board's pursuit of governance continuous improvement and excellence. This evaluation also includes a section on Individual Board Member effectiveness. The tool is also updated and validated to incorporate recently refreshed CMLTO Board process improvements.

The Board Self-Evaluation Effectiveness Policy (GP #IV-70) currently calls for seven primary strategies for assessing the Board's effectiveness outlined in Appendix 1 (click here for Appendix 1 – Seven Primary Strategies for Assessing the CMLTO Board Effectiveness).

Outlined in Appendix 1 is a summary of how these evaluations have and are occurring in 2026.

Board Members will be responsible for completing the 2026 Board Effectiveness Self-Evaluation in late November. The evaluation will be distributed in early November, providing members with more than two weeks to thoughtfully assess the Board's performance and effectiveness across the following areas:

- Board Roles and Responsibilities
- CMLTO Purpose, Ends (Critical Outcomes)
- Governance of Risk
- Board Goals/Priorities
- Board / Registrar & CEO Relationship
- Board Process, Structure, Decision-Making, and Service Board Orientation and Continuing Education
- Board Chair Effectiveness
- My Individual Contribution to the CMLTO Board
- Final Comments

Prior to its December meeting, the Board will receive a summary report identifying the key themes, findings, and recommended actions emerging from the 2026 evaluation. The report will also assess progress against the recommendations and actions arising from the 2025 Board Effectiveness Evaluation and subsequent Board improvement plan, highlighting areas of demonstrated progress as well as priorities requiring continued attention. Together, this year-over-year perspective will support the Board's commitment to continuous governance learning, development, and effectiveness. This information will be used by the board to design and plan its 2027 Integrated Board Strategic Agenda and Work Plan.

Based on a discussion from last year's Board effectiveness process, Board Members will be provided the opportunity to review the tool in advance and determine if there are any areas for evaluation which are absent from the evaluation tool. Upon receipt of Board Member feedback, if there are areas of agreement for additions to the tool, these areas will be developed into evaluation questions and tested prior to being placed in the tool.

Board Members should expect to see the tool for input to the content in early October and will receive the tool for their specific evaluation feedback in early November, then for their completion in late November.

College of Medical Laboratory Technologists of Ontario

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 *(CMLTO Board Member Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Forms posted on CMLTO Board Portal as a stand-alone document)*

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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 May 25 & 26, 2026 CMLTO Board Meetings *(To be approved at the meeting)*	
3.1.2	Status of Action Items – May 25 & 26, 2026 CMLTO Board Meetings	
3.2	**STATUTORY COMMITTEE MONITORING REPORTS**	
3.2.1	Executive Committee	
3.2.2	Inquiries, Reports and Complaints Committee	
3.2.3	Registration Committee	
3.2.4	Discipline Committee	
3.2.5	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 (Q2) 2026	
3.4.2	May 2026 Board Meeting Effectiveness Evaluation Feedback	
3.4.3	CMLTO Artificial Intelligence (AI) Implementation Plan Update	
3.4.4	CMLTO Global Diversity, Equity & Inclusion Benchmark (GDEIB) Analysis Update	
3.4.5	2026 CMLTO Board Elections Update	
3.4.6	MLA/T Oversight Scanning Update	
3.4.7	Incidental Reports from Board and Committee Members Attending External Events:	
	3.4.7.1	HPRO Discipline Orientation Workshop – Basic Session: V. Lad
	3.4.7.2	HPRO Discipline Orientation Workshop – Basic Session: A. Nimetz Severini
	3.4.7.3	HPRO Governance Conference: L. Bourne
	3.4.7.4	HPRO Governance Conference: G. Broukhanski

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	3.4.7.5	HPRO Governance Conference: M. Costantino
	3.4.7.6	HPRO Governance Conference: K. Persad
	3.4.7.7	HPRO Governance Conference: T. Rix
	3.4.7.8	CSMLS LabCon 2026: M. Costantino
	3.4.7.9	HPRO Discipline Orientation Workshop – Advanced Session: V. Lad
	3.4.7.10	HPRO Discipline Orientation Workshop – Advanced Session: L. Lindner
	3.4.7.11	HPRO Discipline Orientation Workshop – Advanced Session: A. Nimetz Severini
	3.4.7.12	Govern for Impact Conference: K. Persad
	3.4.7.13	Govern for Impact Conference: W. Hewus
3.4.8	Board Mentor Program Reports to Board (GP IV-130) Board Mentor Program Reports: • Matthew Wong-Fung • James Jose	

College of Medical Laboratory Technologists of Ontario

Committee Monitoring Report to Board of Directors

Date	:	August 24, 2026
From	:	Karen Persad, Board Chair
Subject	:	Executive Committee (EC)
For the Period	:	May 9 – August 24, 2026

Report Purpose:

- ☐ **Board Policy Development, Review, and 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 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 **July 16, 2026**, and took the following actions:

- Conducted the Registrar & CEO Mid-Year Performance Appraisal.

The Executive Committee met by videoconference on **August 4, 2026**, and took the following actions:

- Passed a motion recommending that the Board approve the appointment of Lavern Bourne to the Academic Member position on the Board of Directors for a 3-year term beginning January 1, 2027 and ending December 31, 2029.

- Discussed the governance consulting needs of the CMLTO Board of Directors.

College of Medical Laboratory Technologists of Ontario

Committee Monitoring Report to Board of Directors

Date	:	August 24, 2026
From	:	Walter Hewus, ICRC Committee Chair
Subject	:	Inquiries, Complaints and Reports Committee (ICRC)
For the Period	:	May 9 – August 24, 2026

Report Purpose:

- ☐ **Board Policy Development, Review, and 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 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

A Panel of the he Inquiries, Complaints and Reports Committee ("ICRC") met by videoconference on **June 8, 2026,** and took the following actions:

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

The ICRC met by videoconference on **July 7, 2026,** and took the following actions:

- Received the April 2026 Board meeting highlights
- Received the ICRC May 2026 monitoring report
- Received the May 25-26, 2026 Board meeting highlights
- Received an update on the Case trends for 2026
- Received a presentation on Remediation options: Resources and Potential Outcomes
- Participated in an ICRC Case presentation and discussion.
- Approved the revised ICRC Policy 03-Changing Class
- Approved the revised ICRC Policy 04-Inquiry Panel
- A Panel of the ICRC considered one (1) matter and took the following actions:
    - Directed one (1) Registrant to complete a SCERP

A Panel of the ICRC met by videoconference on **August 20, 2026,** and took the following actions:

- Approved the appointment of an investigator in one (1) matter.

College of Medical Laboratory Technologists of Ontario

Committee Monitoring Report to Board of Directors

Date	:	August 24, 2026
From	:	Rohini Soni, Registration Committee Chair
Subject	:	Registration Committee (RC)
For the Period	:	May 9 – August 24, 2026

Report Purpose:

- ☐ **Board Policy Development, Review, and 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 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 **June 12, 2026,** and took the following action:

Cases

- The Panel directed the Registrar to issue two (2) Applicants' certificates of registration to practice in the specialty of Biochemistry, subject to the terms, conditions, and limitations.

A **Registration Committee (RC) Panel** met by videoconference on **July 23, 2026,** and took the following action:

Cases

- The Panel directed the Registrar to issue one (1) Applicant a certificate of registration to practise in the specialty of Biochemistry, subject to the terms, conditions, and limitations, and refused the same Applicant a certificate of registration to practise in the specialty of Microbiology.

The **Registration Committee (RC)** met by videoconference on **July 30, 2026**, and took the following actions:

- Approved the following Meeting Minutes and Action Items:
  - Meeting Minutes and Action Items of April 16, 2026, meeting
  - Meeting Minutes and Action Items of June 12, 2026, meeting
- Received a Jan 2026 – May 2026 Board Monitoring report;
- Received April 2026 and May 2026 Board Meeting highlights;
- Received a briefing report on CMLTO use of AI;
- Participated in an orientation session presented by J. Tzountzouris on the Board Policy Update: Approved Courses of Study in MLT for CMLTO Registration Policy;
- Participated in an orientation session presented by K. Stevenson on the RC Panel Case Studies
- Approved the 2026 Registration Committee Draft Work Plan;
- Approved the following revised RC Policies:
  - RC 05 - Acknowledgment & Undertaking of Supervision
  - RC 10 – Guarantor Policy

  - RC 11 - Alternative Documents for Registration
  - RC 13 - Active Engagement
  - RC 21 - Emergency Certificate of Registration
  - RC 23 - Applicants Registered in a Canadian-Regulated Jurisdiction
- Approved a new refresher course from the University of Toronto – Canadian Health Care System, Culture and Context for Internationally Educated Healthcare Professionals

College of Medical Laboratory Technologists of Ontario

Committee Monitoring Report to Board of Directors

Date	:	August 24, 2026
From	:	Tammie Rix, Discipline Committee Chair
Subject	:	Discipline Committee (DC)
For the Period	:	May 9 – August 24, 2026

Report Purpose:

- ☐ **Board Policy Development, Review, and 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 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

A Discipline Committee (DC) Panel met by videoconference on **May 14, 2026**, and took the following actions:

- Received targeted training on hearing logistics, including a review of the Hearing Guidelines, the roles and responsibilities of the Independent Legal Counsel (ILC), Panel members, and the Chair, the order of proceedings and hearing scripts, strategies for managing challenging situations, Zoom naming and background requirements, external drive document sharing, and the use of breakout rooms.

A DC Panel met by videoconference on **May 27, 2026**, and took the following actions:

- Actively participated in hearing proceedings involving a College Registrant. Through their involvement, Panel members applied their training and knowledge of hearing processes, procedural fairness, and decision-making principles to support the effective adjudication of disciplinary matters before the Committee. Panel members fulfilled their adjudicative responsibilities in accordance with the College's governing legislation, rules, and hearing procedures.

A DC Panel met by videoconference on **July 10 & 23, 2026**, and took the following actions:

- Received targeted training on hearing logistics, including a review of the Hearing Guidelines, the roles and responsibilities of the Independent Legal Counsel (ILC), Panel members, and the Chair, the order of proceedings and hearing scripts, strategies for managing challenging situations, Zoom naming and background requirements, external drive document sharing, and the use of breakout rooms.

A DC Panel met by videoconference on **August 13, 2026**, and took the following actions:

- Participated in a hearing involving a College Registrant. Panel members applied their training and knowledge of hearing processes, procedural fairness, and

decision-making principles to support the effective adjudication of disciplinary matters before the Committee. Panel members fulfilled their adjudicative responsibilities in accordance with the College's governing legislation, rules, and hearing procedures.

College of Medical Laboratory Technologists of Ontario

Committee Monitoring Report to Board of Directors

Date	: August 24, 2026
From	: Peter McLeman, Quality Assurance Committee Chair
Subject	: Quality Assurance Committee (QAC)
For the Period	: May 9 – August 24, 2026

Report Purpose:

- ☐ **Board Policy Development, Review, and 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 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 **July 9, 2026**, and took the following actions:

- Received an annual orientation from K. Stevenson regarding the Quality Assurance Risk-Based Decision-Making Framework and its use in case reviews and deliberations;
- Received an update on the 2026 QAC draft workplan;
- Received a presentation from E. Lau regarding the 2025 Learning Themes from the Professional Portfolio and Practice Review;
- Received a presentation from K. Stevenson on QAC Case Reviews
- Approved the following revised QAC policies:
    - QAC Policy 24 – Practice Review Description
    - QAC Policy 103- Practice Review Assessment Criteria
    - QAC Policy 15 – Professional Portfolio Description
    - QAC Policy 22 – Self-Directed Study

A Panel of the QAC met on July 9, 2026, to review one (1) case, and took the following actions:

- The QAC Panel moved to refer the Registrant to the Inquiries, Complaints and Reports Committee for allegations of professional misconduct.

College of Medical Laboratory Technologists of Ontario

Briefing Report to Board of Directors

Date	:	August 24, 2026
From	:	Karen Persad, Board Chair
Subject	:	Board Chair's Incidental Briefing Report
For the Period	:	May 9 – August 24, 2026

Report Purpose:

- ☐ **Board Policy Development, Review, and 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:

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

- Participated in May and September 2026 Board Meeting preparation sessions
- Chaired the Board Meetings on May 25 and 26, 2026
- Worked on the Board Chair address for the FOCUS and Employer newsletters
- Signed wall certificates for new Registrants
- Provided report for the September Board meeting regarding attendance at the HPRO Governance Conference in May 2026
- Attended the Govern for Impact Conference, entitled *Courageous Governance: Integrity, Innovation, Impact*, from June 11-13, 2026 and provided report for the September Board meeting
- Chaired the Executive Committee R/CEO P.A. Mid-Year Meeting on July 16, 2026
- Chaired the Executive Committee meeting on August 4, 2026
- Completed mentorship program with new Board member

- Provided support/consultation with R/CEO on Board matters
- Provided guidance/support/feedback to other Board Members as needed

College of Medical Laboratory Technologists of Ontario

Briefing Report to Board of Directors

Date	:	August 24, 2026
From	:	Dr. Lavern Bourne, Academic Member
Subject	:	Academic Member Incidental Briefing Report
For the Period	:	May 9 – August 24, 2026

Report Purpose:

- ☐ **Board Policy Development, Review, and 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: 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

- No new updates for this reporting period.

CSMLS

- No new updates for this reporting period.

MLPAO

MLPAO announced **$1.49 million in provincial funding** through the Skills Development Fund Training Stream to support a new Clinical Preceptor Pilot Program. The initiative will help approximately **41 Medical Laboratory Technologist (MLT) students** complete their required clinical placements in 2026 while supporting laboratories facing ongoing staffing pressures. Please use the following link to access the full report.

CAMLPR

A Technical failure occurred that disrupted the June 22 & 23 administration of the CAMLPR examination. Please use the link below to access the full report.
https://camlpr.org/news/update-june-22-23-camlpr-exam-disruption

CAMLPR Suspends Remote Proctored Testing for the October 2026 Examination. Please use the link below to access the full report.
https://camlpr.org/news/camlpr-suspends-remote-proctored-testing

Heads of Med Lab (HoHS)

- No new updates for this reporting period

EQual Accreditation Update:

- No new updates for this reporting period

College of Medical Laboratory Technologists of Ontario

Agenda Item: 3.4.1

Briefing Report to Board of Directors

Date	:	August 28, 2026
From	:	John Tzountzouris, Registrar & CEO
Subject	:	Board Governance Scorecard (Q2) 2006

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:

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.

College of Medical Laboratory Technologists of Ontario

Briefing Report to CMLTO Board

Date	:	August 14, 2026
From	:	Karen Fryday-Field, Governance Counsel/Senior Governance and Strategy Consultant, Meridian Edge Leadership & Governance Consulting
Subject	:	CMLTO May 2026 Board Meeting Evaluation Results Executive Summary

Report Purpose:

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

Recommended Motion:

Be it resolved that:

1. The Board moves to accept the Briefing Report of its May 2026 Meeting Effectiveness Evaluation.
2. Upon review of the recommendations resulting from the meeting evaluation report, the Board is in general agreement it will work to include these recommendations within the aligned governance modernization and continuous improvement plan.

PUBLIC INTEREST RATIONALE:

The Board of Directors establishes the CMLTO's strategic direction and Ends (Critical Outcomes) that will lead self-regulation of medical laboratory technologists in achievement of protection of the public interest. The Board accomplishes in part through effectively practising the Policy Governance® approach. This policy-driven governance approach supports the Board of Directors in creating strategic direction and ethical, prudent, and equitable operations. The Board monitors results on policy achievement and compliance to ensure the public interest is effectively being served related to medical laboratory technologist practice safety and effective care. through public direction and monitoring results on policy achievement and compliance in pursuit of public interest.

The Board recognizes that effective governance can both substantially leverage the organization's achievement of its Ends (Critical Outcomes) Policy results, and its accountability for achieving Ends (Critical Outcomes) Policy results within ethical, prudent, and just means. To ensure CMLTO governance is continuously improving the Board conducts a bi-annual Board meeting evaluation and an annual self-evaluation to assess Board effectiveness in accordance with GP #IV-70 CMLTO Board Effectiveness Evaluation Policy. This process advances governance capacity to and focus on achieving protection of the public interest.

Background:

In accordance with the CMLTO Board Effectiveness Evaluation Policy (GP #IV-70), Board Members completed an evaluation of the May Board meeting. Fifteen (15) out of the eighteen (18) Board Members present at the May meeting completed the evaluation. The evaluation tool was recently updated to align with the Board's key governance functions and desired outcomes, as well as to address its areas of focus for governance modernization and continuous improvement.

The results have been synthesized across the full data set into five key themes emerging from the Board's feedback on the meeting. Consulting recommendations are also provided to support the Board in moving from analysis and insight to informed Board discussion, decision-making, and action.

Executive Summary

Results of the May 2026 Board Meeting Evaluation with Resulting Recommendations

INTRODUCTION

The evaluation reflects a **high-functioning Board with strong governance fundamentals**. Members describe a Board that is well prepared, respectful, engaged, governance-focused, attentive to public protection, and comfortable engaging in candid discussion and constructive disagreement.

The strongest features of the meeting were the **quality of Board dialogue, effective Chair and Registrar/CEO leadership, advance preparation, governance discipline, psychological safety, and a clear public-interest orientation**.

The principal opportunities for improvement do not suggest deficiencies in the Board's governance culture. Rather, they point to the next stage of governance maturity: **protecting scarce Board time, sharpening strategic and future-focused discussion, simplifying Board information, being more selective and linking education within meetings to the agenda topics, and improving the design and prioritization of agendas and Board materials**.

KEY THEMES ACROSS THE BOARD FEEDBACK

Five key governance themes have emerged from the analysis of the May 2026 Board meeting evaluation. Each theme is identified and briefly described below, together with a succinct conclusion reflecting the Board's collective feedback. Taken together, these themes provide meaningful insight into the Board's experience of the meeting and a clear foundation for recommendations to further strengthen overall governance effectiveness and Board meeting practices.

Theme 1 — A Strong Governance Culture Built on Psychological Safety and Respect

This is arguably the most powerful theme across the evaluation.

- Members feel able to ask difficult questions and express disagreement.
- Debate remains constructive and respectful.
- Both newer and experienced Board members appear comfortable contributing.
- Members can disagree with a proposal or vote against a motion without jeopardizing relationships.

- Once decisions are made, the Board demonstrates a strong commitment to collective accountability and One Voice governance.

Overall assessment: The Board has developed a governance culture in which **challenge and cohesion coexist**, a significant institutional asset that should be consciously protected.

Theme 2 — Strong Governance Discipline and Public-Interest Orientation

Members consistently perceive the Board as operating at the appropriate governance level.

- 93.3% agreed or strongly agreed that the Board remained focused on governance rather than operations.
- Public protection was consistently or mostly evident to **100% of respondents**.
- Strategic/Ends thinking, risk oversight and monitoring received particularly strong evaluations.
- When conversations approached operational prescription, Board leadership generally redirected them.
- Public protection is routinely connected to regulatory, policy, financial and professional-accountability discussions.

Overall assessment: The Board appears to understand both **what it governs and on whose behalf it governs**.

Theme 3 — Strong Chair, Registrar/CEO and Board Leadership

Leadership was repeatedly identified as a major contributor to effectiveness.

- The Chair was recognized for facilitation, pacing, summarizing discussion, managing differing viewpoints and maintaining governance discipline.
- The Registrar/CEO was viewed as well prepared, responsive and capable of providing clear explanations.
- Board members themselves were described as prepared, engaged and willing to participate.
- Staff generally contributed useful information and expertise.
- External advisors contributed useful insights, information, future-thinking, and advice.
- The interaction among these roles appears to produce a strong governance partnership while maintaining role clarity.

Overall assessment: Effective governance is being reinforced by a **strong Chair–Board–Registrar/CEO leadership ecosystem**.

Theme 4 — Board Time and Information Architecture Are the Principal Opportunities for Improvement

This was the most consistent improvement theme.

- Board agendas are perceived as dense.
- Members report significant volumes of reading and preparation.
- Some complex matters would benefit from more deliberation time.
- There is interest in shorter documents, executive summaries and clearer identification of essential information.
- Greater use of Consent Agendas was proposed.
- Members want learning and consultant content to be purposeful, proportionate, and linked to the agenda.
    - Some governance education could occur outside the formal meeting.

Overall assessment: The Board's next improvement opportunity is less about adding governance activity and more about **curating, simplifying and prioritizing what reaches the Board table**.

Theme 5 — Opportunity to Increase Strategic and Future-Focused Governance

Although performance in this area was positive, the comparative results reveal room for further maturation.

- Only 46.7% characterized discussion as **always** strategic and proactive, compared with considerably stronger "Always" ratings for respect and psychological safety.
- Agenda volume may be limiting the time available for deeper strategic exploration.
- Respondents value discussions of Ends, future risk, regulation, AI, modernization and changing stakeholder expectations.
- Members want more attention to the most consequential challenges rather than equal treatment of all agenda items.
- Scenario-based information, case study learning, and future-oriented discussion were viewed positively.

Overall assessment: The Board has established strong governance fundamentals and is positioned to shift more of its capacity toward **anticipatory governance — considering what may happen, what it could mean, and how the Board should govern in advance of it.**

CONSULTING RECOMMENDATIONS TO THE BOARD OF DIRECTORS

Based on the findings and emerging themes, the recommendations below are intended to build on existing Board strengths rather than prescribe corrective action or signal a change in direction. They also align with the organization's planned governance modernization and commitment to continuous improvement. Each recommendation is identified and briefly described, together with the desired outcome should the Board choose to act upon it.

Recommendation 1 — Adopt a More Deliberate Board Agenda Architecture

Reconfigure agendas to explicitly differentiate among:

- matters requiring strategic deliberation;
- decisions requiring Board action;
- monitoring and assurance;
- policy work;
- education/development;
- information items; and
- Consent Agenda matters.

The Chair and Registrar/CEO should protect significant blocks of time for issues requiring genuine Board judgment and avoid allowing lower-value items to consume time intended for strategic governance.

Desired outcome: More Board time spent on questions that only the Board can answer.

Recommendation 2 — Undertake a Board Information and Package Redesign

Establish a "decision-useful information" standard for material submitted to the Board.

Board materials should increasingly:

- begin with a concise executive summary;
- identify the governance question or decision required;
- explain why the matter is before the Board;
- identify relevant Board policies;
- summarize significant risks and implications;
- identify future consequences where relevant;
- distinguish essential information from supporting detail;
- use dashboards and visual summaries where appropriate; and
- place extensive supporting documentation in appendices.

The Board should also review opportunities to expand the Consent Agenda.

Desired outcome: Less reading volume with greater governance insight.

Recommendation 3 — Protect Regular Board Meetings Primarily for Board Governance

Review the balance between **governance education and governance work**.

Board development should continue — respondents clearly see high value in it — the delivery model could be refined through:

- stand-alone education sessions;
- short pre-meeting learning modules;
- asynchronous preparation;
- targeted just-in-time education connected directly to an upcoming governance decision; and
- selective rather than routine use of consultants during Board meetings.

External expertise should be used where it materially improves Board knowledge and judgment.

Desired outcome: Education enables and equips governance skill, knowledge, and judgement without displacing time for governance.

Recommendation 4 — Intentionally Advance Strategic and Future-Focused Governance

Create a recurring mechanism for the Board to explore emerging issues before they become immediate decisions.

Possible areas include:

- regulatory change;
- changing public expectations;
- workforce and professional trends;
- technology and AI;
- emerging organizational risks;
- government relations;
- changes in the profession;
- evolving definitions of public interest; and
- longer-term implications for CMLTO's Ends.

A brief "Future and Emerging Issues" component could periodically be incorporated into the Board work plan rather than necessarily into every meeting.

Desired outcome: Move from predominantly responsive oversight toward increasingly anticipatory governance.

Recommendation 5 — Preserve and Deliberately Reinforce Psychological Safety

The Board's respectful and candid culture is a major governance asset and should not be taken for granted.

Continue practices that support it, including:

- inviting differing viewpoints before decisions;
- explicitly asking whether contrary perspectives have been heard;
- ensuring newer members have opportunities to participate;
- distinguishing disagreement with an idea from disagreement with a person;
- acknowledging thoughtful questions;
- using the Chair to maintain both inclusion and discipline; and
- reinforcing that One Voice occurs **after**, not instead of, robust deliberation.

Desired outcome: Maintain a Board culture where members can challenge assumptions without weakening collective accountability.

Recommendation 6 — Continue Strengthening the Governance–Operations Boundary

Although the Board performs strongly in this area, periodic operational drift appears around financial and implementation discussions.

The Board should continue to frame questions around:

- results;
- policy compliance;
- risk;
- interpretation;
- evidence;
- organizational impact; and
- the reasonableness of Registrar/CEO decisions within Board-established boundaries,

rather than alternative operational means the Board itself might select.

A useful discipline is to ask:
"What governance information do we require rather than what management action would we personally take?"

Desired outcome: Maintain vigorous oversight without inadvertently assuming management responsibility.

Recommendation 7 — Continue Evolving the Board's Approach to Careholdership and Public Voice

The Board demonstrates a strong public-protection orientation. The next step is to deepen the connection between **public protection and understanding the perspectives of those affected by Board policy**.

Periodically consider:

- whose interests or experiences are affected;
- what the Board knows about those perspectives;
- what assumptions it may be making;
- whether additional evidence or engagement is required;
- how public expectations are changing; and
- how decisions contribute to public trust.

This can help move careholdership from a governance concept and role actively toward a more systematic real input into Board deliberation.

Desired outcome: Public-interest governance informed by meaningful understanding of those for whom the Board governs.

Recommendation 8 — Improve the Design of Hybrid and Small-Group Activities

Where breakout discussions are used:

- establish a specific governance question;
- provide clear written instructions in advance;
- designate expected outputs;
- calibrate time to task complexity;
- ensure technological reliability for virtual participants; and
- use breakout activities only where small-group work offers a clear advantage over full-Board discussion.

Desired outcome: Interactive activities contribute directly to Board insight.

Recommendation 9 — Simplify Policy Language Without Sacrificing Governance Precision

Several responses indicate that some policy language is unnecessarily difficult to understand.

As policies are reviewed, the Board should strive for language that is:

- conceptually precise;
- concise;
- written in plain language;
- outcome-focused;
- readily interpretable by current and future Board members; and
- no more complex than required to express the Board's governance intent.

Desired outcome: Policies become active governance tools rather than documents requiring continual interpretation.

OVERALL CONSULTATION CONCLUSION

The results do not suggest a Board requiring fundamental governance correction. They suggest a **mature and increasingly capable Board that has established many of the conditions required for excellent governance**.

Its most important strengths are:

- a respectful and psychologically safe culture;
- capable Board and executive leadership;
- clear public-protection orientation;
- strong governance-role discipline;
- effective preparation and participation; and
- an ability to engage in disagreement and subsequently act collectively.

The principal challenge is now one of **governance capacity allocation**.

The Board has more material, education, information and governance opportunities available to it than can productively occupy the Board table. The next stage of development should therefore focus on **greater selectivity rather than greater activity**: fewer matters receiving deeper attention, shorter and more decision-useful information, more deliberate strategic dialogue, and stronger protection of Board time for the consequential questions that require collective governance judgment.

Click Here for Appendix 1 for Question-by-Question Analysis of CMLTO May 2026 Board Meeting Effectiveness Evaluation

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Agenda Item: 3.4.3

Briefing Report to Board of Directors

Date : September 2, 2026

From : Maggie Cakar, Governance Specialist

Subject : CMLTO Artificial Intelligence (AI) Implementation Plan: Board Update

- ☐ 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: Governance Specialist**

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 GP IV-180: Board Use of Generative Artificial Intelligence, establishing foundational principles for the responsible use of generative AI by the Board. In November 2025, the Board further advanced CMLTO's AI governance by approving the CMLTO Artificial Intelligence (AI) Strategy, CMLTO Artificial Intelligence (AI) Governance Framework, and Executive Limitations Policy EL II-60 Use of Artificial Intelligence (AI).

At the same meeting, the Board was provided with the CMLTO Artificial Intelligence (AI) Implementation Plan (2025–2027), which translates the Strategy and Governance Framework into phased actions and deliverables. Together, these

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measures provide an integrated approach to responsible AI governance and implementation, grounded in human oversight, accountability, and public trust.

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 (2025–2027).

CMLTO AI IMPLEMENTATION PLAN PROGRESS UPDATE

During the reporting period, the following implementation activities have been advanced:

1. CMLTO Artificial Intelligence (AI) Board Opportunity Identification Survey

The survey has been developed to gather Board Members' perspectives on areas of Board work that may benefit from AI-assisted support, as well as the considerations and boundaries that should inform any future exploration. The survey will be conducted in September/October 2026.

2. CMLTO Artificial Intelligence (AI) Staff Opportunity Identification Survey

The survey has been developed to gather staff perspectives on work activities, processes, and challenges that may benefit from AI-assisted support. The results will help identify potential opportunities for further exploration and inform future AI planning. The survey will be conducted in September/October 2026.

3. CS-90 Artificial Intelligence (AI) Operational Governance Policy

CS-90 Artificial Intelligence (AI) Operational Governance Policy has been developed, approved, and is now in effect, operationalizing CMLTO's broader AI governance requirements at the organizational level.

The policy establishes a standardized process for the evaluation, approval, documentation, monitoring, periodic review, and record-keeping of AI tools throughout their lifecycle. It supports implementation of EL II-60 Use of Artificial Intelligence (AI), the CMLTO AI Governance Framework, and the CMLTO Responsible AI Use and Governance Manual, and provides the administrative process for managing AI tools from initial evaluation and approval through ongoing monitoring and reassessment.

4. Staff AI Implementation Training

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All-staff training on the CMLTO Artificial Intelligence (AI) Implementation Plan was conducted on August 26, 2026. Staff were updated on the implementation approach, introduced to CS-90 Artificial Intelligence (AI) Operational Governance Policy, and guided through the CMLTO AI Tool Approval Workflow, including the requirements for proposing and obtaining approval for new AI tools and the responsible use of currently approved tools.

External Knowledge Sharing

At the HPRO Policy & Governance Network meeting held on August 21, 2026, CMLTO presented its approach to AI implementation, including the AI Strategy, AI Governance Framework, AI policies, supporting governance documents, and progress on implementation of the AI Implementation Plan. The presentation generated significant interest among Network Members, with several Colleges seeking further information and guidance as they advance their own AI governance and implementation work.

Based on information shared by participating Colleges at the meeting, **CMLTO appeared to be the only participating College reporting that it had both a formal AI Strategy and a comprehensive AI Governance Framework in place.**

Overall, implementation of the CMLTO Artificial Intelligence (AI) Implementation Plan (2025–2027) continues to progress in alignment with the Board-approved AI Strategy, AI Governance Framework, and Executive Limitations Policy.

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Agenda Item: 3.4.4

Briefing Report to Board of Directors

Date : August 11, 2026

From : Maggie Cakar, Governance Specialist

Subject : CMLTO Global Diversity, Equity & Inclusion Benchmark (GDEIB) Analysis Update

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

PUBLIC INTEREST:

The CMLTO EDI-J Implementation Plan supports the public interest by providing a structured approach to strengthening the systems, accountability, and measurement needed to advance fair and equitable regulatory outcomes.

BACKGROUND:

In May 2025, the Board approved the use of the Global Diversity, Equity, and Inclusion Benchmarks (GDEIB) Framework as the foundation for advancing Equity, Diversity, Inclusion, and Justice (EDI-J) at CMLTO. The work subsequently progressed through an inventory of CMLTO's existing EDI-J activities and supporting evidence, followed by a baseline assessment and gap analysis against the GDEIB framework.

The GDEIB Analysis found that CMLTO has established a strong foundation for EDI-J and is operating at an overall transitional Level 3 (Proactive) maturity. The analysis also identified five organization-wide gaps requiring further development:

1. Measurement and Data,
2. Accountability and Impact Demonstration
3. Coordination and System Integration
4. Lifecycle and Functional Alignment, and

College of Medical Laboratory Technologists of Ontario

5. Formalization of Practices.

Based on these findings, the CMLTO EDI-J Implementation Plan has been developed to provide a structured approach to the next phase of CMLTO's EDI-J work. Rather than addressing each of the 275 GDEIB benchmarks individually, the Plan focuses on the five (5) organization-wide gaps identified through the assessment and establishes the strategic direction, guiding principles, implementation approach, three-year timeline, governance oversight, monitoring, and measures of success.

The detailed implementation initiatives will be identified through a separate EDI-J Implementation Roadmap developed and maintained by the Executive Office. The Roadmap will provide a clear link between implementation initiatives and the relevant GDEIB benchmarks to support ongoing monitoring and accountability.

The CMLTO EDI-J Implementation Plan is attached as Appendix 1 and is presented to the Board for information.

APPENDIX

Appendix 1 – CMLTO EDI-J Implementation Plan (2027–2029)

College of Medical Laboratory Technologists of Ontario

CMLTO
EQUITY, DIVERSITY, INCLUSION, AND JUSTICE (EDI-J) IMPLEMENTATION PLAN (2027-2029)

Developed based on the findings of the CMLTO Global Diversity, Equity, and Inclusion Benchmarks (GDEIB) Analysis

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1. PURPOSE

The purpose of the CMLTO EDI-J Implementation Plan is to provide a structured approach to advancing Equity, Diversity, Inclusion, and Justice (EDI-J) across the College of Medical Laboratory Technologists of Ontario (CMLTO).

This Plan builds on the findings of the CMLTO Global Diversity, Equity, and Inclusion Benchmarks (GDEIB) Analysis, which concluded that the CMLTO has established a strong foundation for EDI-J and is operating at an overall transitional **Level 3 (Proactive)** maturity.

The Analysis also concluded that CMLTO's primary challenge is not organizational commitment to EDI-J, but **the systematization of that commitment**. While EDI-J is well integrated into governance, strategic planning, workforce practices, and regulatory activities, the systems needed to measure outcomes, demonstrate impact, coordinate implementation across the organization, and support consistent Board oversight are still evolving.

Accordingly, this Plan does not attempt to address each of the 275 GDEIB benchmarks individually. Instead, it focuses on the five (5) organization-wide gaps identified through the GDEIB Analysis. By strengthening these underlying organizational systems, the CMLTO will advance maturity across multiple GDEIB categories while supporting a more coordinated, consistent, and sustainable approach to EDI-J implementation.

This Plan provides the strategic direction for advancing EDI-J, while the EDI-J Implementation Roadmap will identify the operational initiatives required to achieve these priorities.

2. GUIDING PRINCIPLES

The following principles will guide the implementation of this Plan:

- **Public Interest**
  Advance EDI-J in a manner that supports CMLTO's public interest mandate and regulatory responsibilities.

- **Integration**
  Build on existing governance, strategic planning, and organizational processes wherever possible, rather than creating separate or parallel systems.

- **Evidence-Informed Decision-Making**
  Use data and organizational evidence to guide implementation, monitor progress, and support decision-making.

- **Proportionate Implementation**
  Implement initiatives that are appropriate to CMLTO's size, mandate, resources, and organizational maturity.

- **Continuous Improvement**
  Regularly evaluate progress, learn from experience, and refine implementation over time.

- **Sustainability**
  Develop and maintain organizational systems that support consistent and lasting EDI-J practices.

3. STRATEGIC IMPLEMENTATION PRIORITIES

The CMLTO GDEIB Analysis identified five (5) organization-wide gaps that represent the key areas requiring further development to advance CMLTO's EDI-J maturity from a transitional Level 3 (Proactive) toward Level 4 (Progressive). These gaps provide the foundation for the strategic implementation priorities set out in this Plan.

The following strategic implementation priorities will guide implementation activities over the three-year implementation period:

1. **Measurement and Data:**
   Absence of a comprehensive, organization-wide EDI-J measurement and reporting framework, including defined KPIs, data systems, and outcome tracking.

2. **Accountability and Impact Demonstration:**
   Strong leadership commitment exists; however, accountability mechanisms are not yet consistently formalized or linked to measurable outcomes.

3. **Coordination and System Integration:**
   EDI-J responsibilities are embedded across functions but are not supported by structured coordination mechanisms to ensure consistency and alignment.

4. **Lifecycle and Functional Alignment:**
   Integration across recruitment, workforce development, governance, and external functions is not yet fully aligned, resulting in uneven maturity across the organization.

5. **Formalization of Practices:**

Many practices are strong and well-established, but remain practice-based rather than systematized, limiting consistency, scalability, and Board-level oversight.

The implementation activities described in the EDI-J Implementation Roadmap will be designed to address these organization-wide gaps. Together, these activities will strengthen CMLTO's organizational systems, support progression across multiple GDEIB categories, and advance the College's overall EDI-J maturity.

4. IMPLEMENTATION METHODOLOGY

This Implementation Plan establishes the strategic direction and priorities for advancing EDI-J across CMLTO. The Executive Office will develop and maintain a separate EDI-J Implementation Roadmap to operationalize this Plan. The Roadmap will identify implementation initiatives, responsibilities, timelines, milestones, resource requirements, and performance measures.

The Roadmap will build on the findings of the GDEIB Analysis. Rather than treating each unmet GDEIB benchmark as a separate initiative, related benchmarks will be grouped into broader implementation initiatives that address the organization-wide gaps identified through the assessment.

This recognizes that a single initiative may advance multiple GDEIB benchmarks. For example, developing an organization-wide EDI-J Measurement and Reporting Framework could address benchmark gaps relating to performance indicators, outcome measurement, governance reporting, workforce data, stakeholder feedback, and organizational evaluation.

By organizing implementation in this way, the Roadmap will strengthen the organizational systems that support EDI-J while advancing progress across multiple GDEIB benchmarks simultaneously.

To support accountability and transparency, the Roadmap will include a cross-reference identifying the GDEIB benchmarks addressed by each implementation initiative. This will provide a clear link between the findings of the GDEIB Analysis, the initiatives undertaken, and the organization's progress over time.

Supporting internal implementation tools, such as a GDEIB benchmark cross-reference and an implementation tracking register, may also be developed and maintained to monitor progress, support accountability, and help ensure that all relevant benchmark gaps identified through the assessment are appropriately addressed.

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5. IMPLEMENTATION TIMELINE

Implementation will occur progressively over a three-year period, recognizing that strengthening organization-wide systems requires deliberate sequencing, integration, and continuous evaluation.

Table 1
EDI-J Implementation Timeline

Phase	Timeline	Focus
Phase 1 – Build the Foundation	2027	Establish governance and accountability structures, develop the measurement framework, identify baseline measures, and prepare the EDI-J Implementation Roadmap.
Phase 2 – Integrate Across the Organization	2028	Integrate EDI-J into governance, workforce practices, regulatory programs, stakeholder engagement, communications, and organizational processes.
Phase 3 – Evaluate and Strengthen	2029	Evaluate outcomes, refine implementation based on results, strengthen continuous improvement, and prepare for reassessment using the GDEIB framework.

6. GOVERNANCE OVERSIGHT

The Board will oversee implementation of this Plan through regular reporting on implementation progress, the strategic implementation priorities, key performance indicators, emerging risks, and organizational outcomes.

The Executive Office will be responsible for developing and maintaining the EDI-J Implementation Roadmap, coordinating implementation, monitoring progress, and reporting on results.

Implementation will be integrated with existing governance, strategic planning, enterprise risk management, and organizational reporting processes wherever possible.

7. MONITORING AND REVIEW

This Plan will be reviewed periodically to ensure it remains aligned with CMLTO's organizational priorities, the results of implementation, and the findings of future GDEIB assessments.

Progress will be reported to the Board through regular governance reporting. As implementation advances and organizational maturity evolves, the Plan may be updated to reflect completed initiatives, emerging priorities, and new opportunities for continuous improvement.

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8. MEASURING SUCCESS

Progress will be assessed based on the extent to which implementation strengthens CMLTO's organizational systems, advances EDI-J outcomes, and supports progression toward higher levels of organizational maturity.

Success indicators may include:

- Establishment of organization-wide EDI-J performance measures,
- Implementation of formal accountability and reporting mechanisms,
- Greater integration of EDI-J across governance, workforce, and regulatory functions,
- Consistent application of EDI-J practices throughout the CMLTO,
- Improved evidence to support Board oversight and decision-making, and
- Demonstrated progression toward Level 4 (Progressive) maturity under the GDEIB framework.

APPENDICES:

Appendix 1 - Summary of CMLTO GDEIB Analysis Results

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Appendix 1
Summary of CMLTO GDEIB Analysis Results

Area	Summary
Overall Maturity	CMLTO demonstrated an overall **transitional Level 3 (Proactive)** maturity, reflecting a strong organizational commitment to EDI-J and well-established foundational practices.
Key Strengths	EDI-J is well integrated into governance, strategic planning, workforce practices, regulatory activities, and organizational decision-making. Leadership commitment is evident, and many practices are well established across the organization.
Core Organizational Challenge	The primary challenge is not organizational commitment to EDI-J, but the **systematization** of that commitment. Organization-wide systems for measurement, accountability, coordination, and consistent implementation remain under development.
Key Organization-Wide Gaps	The assessment identified five organization-wide gaps requiring further development: (1) Measurement and Data, (2) Accountability and Impact Demonstration, (3) Coordination and System Integration, (4) Lifecycle and Functional Alignment, and (5) Formalization of Practices.
Implementation Approach	Rather than addressing each of the 275 GDEIB benchmarks individually, implementation will focus on strengthening the underlying organizational systems associated with these five gaps. This approach enables a single initiative to advance multiple GDEIB benchmarks simultaneously.
Desired Outcome	Strengthen organization-wide systems that support EDI-J, advance measurable organizational outcomes, improve Board oversight and organizational accountability, and progress toward **Level 4 (Progressive)** maturity under the GDEIB framework.

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College of Medical Laboratory Technologists of Ontario

Briefing Report to the Board of Directors

Date : August 28, 2026

From : Maggie Cakar, Governance Specialist
Chandler Fitzpatrick, Administrator, Corporate Services & Executive Office

Subject : 2026 CMLTO Board Elections Update

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
  - ☐ Board Committee
- ☐ Ownership Linkage Report
- ☒ **Incidental Report**
  - ☐ Registrar & CEO
  - ☐ Board Chair
  - ☐ **Other: Governance Specialist**

PUBLIC INTEREST RATIONALE:

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

BACKGROUND

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

REGULAR ELECTION:

Electoral District 2 – Central West Region **Term:** January 1, 2027 – December 31, 2029
Electoral District 4 – Central East Region **Term:** January 1, 2027 – December 31, 2029

BY-ELECTION:

Electoral District 3 – Metropolitan Toronto Region **Term:** January 1, 2027 – December 31, 2027
Electoral District 7 – North-West Region **Term:** January 1, 2027 – December 31, 2027

The results of the call for nominations for the regular and by-elections in 2026 are as follows:

ELECTORAL DISTRICT	TERM	NEW BOARD MEMBER	ELECTED / ACCLAIMED	REGULAR / BY-ELECTIOIN
District 2 – Central West Region	Jan 1, 2027 – Dec 31, 2029	Board Election commenced on August 28, 2026.	To be elected	Regular Election
District 3 – Metropolitan Toronto Region	Jan 1, 2027 – Dec 31, 2027	Elnaz Jahesh	Acclaimed	By-Election
District 4 – Central East Region	Jan 1, 2027 – Dec 31, 2029	*No nominations received*	*N/A in 2026*	Regular Election
District 7 – North-West Region	Jan 1, 2027 – Dec 31, 2027	*No nominations received*	*N/A in 2026*	By-Election

IMPORTANT MILESTONE:

In 2026, CMLTO is conducting its first **competency-based Board Election**, marking an important milestone in the continued evolution of the Board's governance practices. The Board election in Electoral District 2 – Central West Region launched on August 28, 2026, and will conclude on October 2, 2026. As part of the new competency-based election process, each candidate completed the CMLTO Board Competency and Leadership Characteristics Self-Assessment, which considers three (3) areas that support effective Board governance and leadership: governance knowledge and skills, personal and leadership characteristics, and environmental knowledge and skills. Candidates' self-assessed ratings are included in their election biographies, providing voters with additional information about each candidate's self-assessed readiness for Board service. The competency-based approach is intended to support informed voting and a Board composition that reflects the competencies, knowledge, skills, and attributes needed for effective governance, strengthening the Board's ability to fulfill its statutory and governance responsibilities in the public interest.

APPENDICES:

Appendix 1 – The Composition of the 2027 CMLTO Board of Directors

APPENDIX 1
THE COMPOSITION OF THE 2027 CMLTO BOARD OF DIRECTORS
PROFESSIONAL BOARD MEMBERS

#	ELECTORAL DISTRICT	2026	2027	TERM OF OFFICE	ELECTION / APPOINTMENT
1	Electoral District 1: South-West	Lucia Di Pietro	Lucia Di Pietro	Jan 1, 2025 - Dec 31, 2027	Next regular election in 2027
2	Electoral District 2: Central West	Krista Unruh	Krista Unruh	Jan 1, 2026 – Dec 31, 2028	Next regular election in 2028
3	Electoral District 2: Central West	Mary Costantino	*TBD upon completion of the Board Election*	Jan 1, 2024 – Dec 31, 2026	Regular election in progress (Aug 28 – Oct 2, 2026)
4	Electoral District 3: Metropolitan Toronto	Vacant *(Helen Meaney)*	Elnaz Jahesh	Jan 1, 2027 – Dec 31, 2027	Acclaimed in 2026 for the term Jan 1, 2027 – Dec 31, 2027
5	Electoral District 3: Metropolitan Toronto	James Jose	James Jose	Jan 1, 2026 – Dec 31, 2028	Next regular election in 2028
6	Electoral District 4: Central East	Matthew Wong-Fung	Matthew Wong-Fung	Jan 1, 2026 – Dec 31, 2028	Next regular election in 2028
7	Electoral District 4: Central East	George Broukhanski	*No nominations received*	Jan 1, 2024 – Dec 31, 2026	By-Election in 2027 for the term Jan 1, 2028 – Dec 31, 2029
8	Electoral District 5: East	Karen Persad	Karen Persad	Jan 1, 2025 – Dec 31, 2027	Next regular election in 2027
9	Electoral District 6: North-East	Jessica McBane	Jessica McBane	Jan 1, 2025 – Dec 31, 2027	Next regular election in 2027
10	Electoral District 7: North-West	Vacant *(Janette Aaltonen)*	*No nominations received*	Jan 1, 2027 – Dec 31, 2027	Regular Election in 2027 for the term Jan 1, 2028 – Dec 31, 2030
11	Electoral District 8: Registrant-at-Large	Imaya Vithana	Imaya Vithana	Jan 1, 2026 – Dec 31, 2028	Next regular election in 2028
12	Academic	Lavern Bourne	*TBD upon appointment at the September Board meeting*	Jan 1, 2027 – Dec 31, 2029	Appointment to be conducted at September Board meeting (Agenda Item 4.1 Appointment of Academic Member to the Board

Board Election in 2026

PUBLIC BOARD MEMBERS

#	Name	1st Appointed	Re-Appointed
1	Andrew Chan	Aug 14, 2025 – Aug 13, 2028	
2	Rohini Soni	Aug 29, 2019 - Aug 28, 2022	Aug 29, 2022 – Aug 28, 2025 Aug 29, 2025 – Aug 28, 2028
3	Tammie Rix	Dec 20, 2018 – Dec 19, 2019	Dec 20, 2019 – Dec 19, 2022 Dec 20, 2022 – Dec 19, 2025 Dec 20, 2025 – Dec 19, 2028
4	Walter Hewus	Jan 31, 2020 - Jan 30, 2023	Jan 31, 2023 – Jan 30, 2026 Jan 31, 2026 – Jan 30, 2029
5	Jennifer Pilzecker	Oct 26, 2020 - Oct 25, 2021	Oct 26, 2021 - Oct 25, 2024 Oct 26, 2024 – Oct 25, 2027
6	Vivian Ufodike	Jan 6 – 2022 - Jan 5, 2025	Jan 6, 2025 – Jan 5, 2028
7	Peter McLeman	Mar 23, 2023 – Mar 22, 2024	Mar 23, 2024 – Mar 22, 2025 Mar 23, 2025 – Mar 22, 2028
8	Lin (Victor) Lan	Jun 11, 2025 – Jun 10, 2028	
9	Nathan Clark	Sep 4, 2025 – Sep 3, 2028	
10	Jeffrey Dorfman	Mar 6, 2026 – Mar 5, 2029	

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

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

College of Medical Laboratory Technologists of Ontario

Agenda Item: 3.4.6

Briefing Report to Board of Directors

Date	:	August 28, 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	:	May 14 – August 28, 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 sent a letter to the Honourable Silvia Jones, Ontario Minster of Health to appraise her and her team on the progress of the regulatory initiative.

- J. Tzountzouris met with Michelle Hoad, CEO, MLPAO to discuss updates on 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.

- Certain components of the comprehensive plan / "playbook" for regulation have been drafted, including draft regulatory changes to enable regulation. Further, investigations into the financial model to support regulation of MLA/Ts was advanced.

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		Vanesa Lad	
Name of Conference/Course/Event:		HPRO re Discipline Hearing Workshop - Basic Session	
Location:		Online	
Dates (mm/dd/yy)	Start Date: May 8, 2026	End Date: May 11,2026	# of days: 4

Purpose for Attending Conference/Course/Event:

To prepare for the next advanced session and to develop a stronger understanding of the discipline hearing process, including:

- procedural fairness,
- evidence assessment,
- hearing procedures,
- decision-making responsibilities,
- and the overall role of discipline panels within professional self-regulation.

The goal was to gain foundational knowledge of how discipline matters progress through the regulatory system and to better understand the legal, ethical, and public protection principles involved in tribunal and committee proceedings.

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

1. Gained a stronger understanding of how professional discipline processes are designed primarily to protect the public while maintaining fairness to the member involved.
2. Learned the importance of procedural fairness principles, including:
   - proper notice,
   - disclosure,
   - opportunity to respond,
   - unbiased decision-making,
   - and the right to cross-examine evidence.
3. Developed a clearer understanding of the roles of the:
   - Inquiries, Complaints and Reports Committee (ICRC),
   - Discipline Committee,
   - and Fitness to Practise Committee, and how matters move through the regulatory process.

4. Increased understanding of the distinction between:
   - professional misconduct,
   - incompetence,
   - and incapacity,
   including how each requires a different legal and regulatory approach.
5. Learned how tribunal panels assess:
   - credibility,
   - reliability of evidence,
   - corroboration,
   - and documentary records when making findings during hearings.
6. Gained insight into the importance of neutrality and avoidance of both actual bias and appearance of bias during tribunal proceedings and committee work.
7. Improved understanding of how written reasons for decisions must clearly explain:
   - findings of fact,
   - credibility assessments,
   - legal analysis,
   - and the rationale for outcomes or penalties.
8. Learned how public confidence in professional self-regulation is strengthened through:
   - transparency,
   - public hearings,
   - publication of decisions,
   - and consistent application of standards.
9. Increased awareness of how aggravating and mitigating factors influence disciplinary outcomes, including the importance of:
   - remediation,
   - insight,
   - accountability,
   - and future risk assessment.
10. Gained appreciation for the importance of respectful, structured, and evidence-based deliberations when participating in committee or board decision-making processes

Any Other Relevant Feedback:

1. The material provided valuable insight into the complexity and responsibility involved in professional self-regulation and public protection.
2. The course strengthened my understanding of how fairness, transparency, and procedural integrity are essential to maintaining public trust in regulatory bodies and healthcare professionals.
3. I found the content on evidence assessment, credibility analysis, and decision-writing particularly useful, as it highlighted the importance of structured, objective, and unbiased decision-making.
4. The training reinforced the importance of maintaining professionalism, neutrality, confidentiality, and respect throughout committee and hearing processes.
5. I gained a greater appreciation for the balance regulatory bodies must maintain between protecting the public and ensuring fair treatment of members.

6. Overall, the learning experience enhanced my confidence in understanding tribunal and disciplinary processes and will help support my continued contribution to committee and board-related responsibilities within a professional regulatory environment.

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

Please Explain:
Yes. I would recommend this course for other CMLTO Board and committee members because it provides a strong foundational understanding of:

- professional regulation,
- public protection,
- procedural fairness,
- and discipline processes within a healthcare regulatory environment.

The course helps participants better understand:

- how complaints and investigations progress through the regulatory system,
- the importance of neutrality and evidence-based decision-making,
- and the responsibilities involved in maintaining public confidence in self-regulation.

I found the sections related to:

- credibility assessment,
- hearing procedures,
- decision-writing,
- and balancing fairness with public safety
  particularly valuable for anyone involved in committee, governance, or adjudicative responsibilities.

The material also reinforces the importance of:

- consistency,
- transparency,
- professionalism,
- and accountability
  when participating in regulatory decision-making processes.

Overall, the course provides practical and applicable knowledge that supports informed, fair, and objective participation in Board and committee work.

Date Report Completed: May 11, 2026

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		NIMETZ SEVERINI, Alison	
Name of Conference/Course/Event:		HPRO Discipline Orientation Workshop – Basic on Demand	
Location:		Online (session video links were provided via email as the class was cancelled)	
Dates (mm/dd/yy)	Start Date: 3 June 2026	End Date:8 June 2026	# of days:5

Purpose for Attending Conference/Course/Event:
Learn the fundamentals of the professional college disciplinary process

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board:
This was an introduction to the disciplinary process.

Any Other Relevant Feedback:

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

Please Explain:
The sessions were concise and covered the concepts in language that was easy to understand for someone new to the process.

Date Report Completed: 17 July 2026

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		Lavern Bourne	
Name of Conference/Course/Event:		HPRO Governance Conference	
Location:		Toronto	
Dates (mm/dd/yy)	Start Date: May 1, 2026	End Date: May 1, 2026	# of days: 1

Purpose for Attending Conference/Course/Event: To learn from experts in the field of professional regulations how to best apply governance principles as a board member at CMLTO.

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board: The three featured speakers at the conference presented on different aspects of governance. The first presentation was on several recent case laws relating to professional governance. The key takeaway for me was the importance of having strong bylaws, written through the lens of the public interest, that can withstand scrutiny in a court of law. The second presentation focused on the use of skilled mediation to resolve difficult disputes. The key takeaway for me was the value of active listening, especially when serving on committees such as the discipline or fitness-to-practice committees. The third speaker presented on government relations. The takeaway message for me was that relationships with government and bureaucrats are built over time and should always be done with the public interest in mind.

Any Other Relevant Feedback: The speakers were knowledgeable, and the PowerPoint presentation provided afterward was very helpful to have.

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

Please Explain: The conference was well organized. There were enough breaks and networking opportunities. The information presented was relevant to the work that we do at the CMLTO.

Date Report Completed: May 8, 2026

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		George Broukhanski	
Name of Conference/Course/Event:		HPRO Governance Conference 2026	
Location:		OBA Conference Centre, 20 Toronto Street, Toronto	
Dates (mm/dd/yy)	Start Date:05/01/26	End Date:05/01/26	# of days:1

Purpose for Attending Conference/Course/Event:
This conference was a learning opportunity for any Board practicing Policy Governance

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board:
The presentations (1) explored recent case law in the realm of professional regulation and governance; (2) discussed skills mediators use to resolve difficult disputes that might be used to strengthen decision-making within tribunals, committees, and governance bodies; (3) equipped Council and Committee members to better understand conflicts of interest; (4) share experiences in engaging with government: the obstacles, how to overcome them, and key decision-makers.

Any Other Relevant Feedback:

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

Please Explain:
The conference presentations covered the current situation, and this is very useful for the Board to make decisions

Date Report Completed: 06/03/2026

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		Mary Costantino	
Name of Conference/Course/Event:		HPRO's Governance Conference -	
Location:		OBA Conference Centre, 20 Toronto St, Toronto	
Dates (mm/dd/yy)	Start Date: May 1, 2026	End Date: May 1, 2026	# of days: 1

Purpose for Attending Conference/Course/Event:
Opportunity given to attend as a board member

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

- The case law review helped me to understand the need for procedural fairness and well-documented rationale and decisions.
- Consensus-building is a much-needed element in improving consistency when the board makes decisions.
- Understanding conflict of interest practices such as early disclosure, knowing when to recuse oneself and standardized assessment, are critical to maintaining public trust.
- Effective government relations require transparency, and alignment with the public protection mandate.

Any Other Relevant Feedback:

- In-person format enabled valuable discussion and practical knowledge exchange.
- Having other regulators there supports shared learning and alignment with leading practices.
- Content was relevant and balanced across all topics.

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

Please Explain:
Great opportunity for all board if there are future events

Date Report Completed: 05May2026

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		Karen Persad	
Name of Conference/Course/Event:		HPRO Governance Conference	
Location:		Toronto	
Dates (mm/dd/yy)	Start Date: 2026/05/01	End Date: 2026/05/01	# of days: 1

Purpose for Attending Conference/Course/Event:
Governance education

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

1. Recent Case Law in Professional Regulation and Governance
2. Building Consensus: Mediator Tools for Regulatory Decision Makers
3. Conflicts of Interest
4. The Purpose of Government Relations in Health Regulation

Any Other Relevant Feedback: N/A

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

Please Explain:

- Good opportunity to learn and share with other health regulators using case examples, active listening techniques, and group work

Date Report Completed: 2026/08/17

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		Tammie Rix	
Name of Conference/Course/Event:		HPRO Governance Conference	
Location:		OBA	
Dates (mm/dd/yy)	Start Date: May 1st	End Date: May 1	# of days: 1

Purpose for Attending Conference/Course/Event:

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

Any Other Relevant Feedback:
I enjoyed meeting people from other colleges. The presentations were specific to Health Regulatory Colleges which I really appreciated. I would recommend it and I would go again.

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

Please Explain:

Date Report Completed: June 2nd 2026

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		Mary Costantino	
Name of Conference/Course/Event:		LabCon 2026	
Location:		Vancouver, British Columbia	
Dates (mm/dd/yy)	Start Date: May 8, 2026	End Date: May 10, 2026	# of days: 3

Purpose for Attending Conference/Course/Event: Professional practice continuing education and learn about new information about laboratory medicine

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board: I gave a lecture this year on systems thinking and how the connected laboratory enhances quality and patient safety. It was well attended with over 60 in the audience. It was an interactive session with polling questions to the audience and there was also a break out where in groups they completed a case study using the methodology.

I also attended many lectures. I learned how quality management, and emerging technologies strengthen patient care, equity, and diagnostic accuracy. The sessions highlighted leadership, wellbeing, cultural safety, and the evolving role of laboratory professionals. I gained insights into innovation, simulation, AI, and the importance of advocacy, reflection, and continuous improvement across the profession.

Any Other Relevant Feedback: From a non-educational/lecture perspective, connecting with colleagues across the country continues to broaden my perspective on how we serve patients and the work we do to keep our patients safe. I had a wonderful conversation at my table about my role on the CMLTO board.

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

Please Explain: Professional members would benefit for sure as there are a multitude of lectures regarding current technical issues in lab medicine. Public members would benefit as well from general type lectures and to connect with lab professional from other provinces.

Date Report Completed: 24May2026

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		Vanesa Lad	
Name of Conference/Course/Event:		HPRO Discipline Orientation Workshop – Advanced Session: *Conducting a Discipline Hearing – Challenging Situations in Discipline Hearings*	
Location:		Online	
Dates (mm/dd/yy)	Start Date: June 9, 2026	End Date: June 9, 2026	# of days:1

Purpose for Attending Conference/Course/Event:
I attended this workshop to build on the knowledge I gained during the basic Discipline Committee orientation and to better prepare myself for participating in discipline hearings. I wanted to gain a deeper understanding of the hearing process, learn how to navigate more complex situations that may arise, and strengthen my confidence in making fair, impartial, and well-reasoned decisions as a committee member

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board:
This workshop gave me a much better appreciation of the Chair's role in managing hearings while ensuring everyone is treated fairly and has an opportunity to be heard. I learned that maintaining procedural fairness sometimes means balancing compassion with the need to keep the hearing moving efficiently.

One of my biggest takeaways was the importance of making decisions based only on the evidence presented during the hearing and not allowing outside information or personal assumptions to influence the decision-making process.

I also found the discussion on assessing witness credibility very helpful. Rather than relying on first impressions or how someone presents themselves, I learned to focus on factors such as consistency, opportunity to observe, memory, plausibility, motivation, and how their evidence compares with other evidence presented.

The workshop also reinforced the importance of approaching deliberations in a structured way by identifying the issues first, reviewing the evidence carefully, discussing credibility, and then applying the appropriate legal principles before reaching a conclusion. I thought the framework for writing clear reasons for a decision was especially useful and will help me communicate decisions more effectively in the future.

I really appreciated working through the different case scenarios because they reflected situations that could realistically arise during discipline hearings. They encouraged thoughtful discussion and helped me understand how experienced panels approach difficult procedural and evidentiary issues.

Any Other Relevant Feedback:
I really enjoyed the workshop. It was interactive, practical, and much more engaging than simply reviewing legislation or policies. The scenarios and group discussions encouraged us to think through difficult situations from different perspectives, and I found that hearing the reasoning of other committee members was just as valuable as the formal instruction. I came away feeling more confident in my role and with a better understanding of how to contribute effectively during hearings.

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

Please Explain:
I would definitely recommend this workshop, especially for new Discipline Committee members, but I think experienced members would also benefit from it. The practical scenarios, discussions, and decision-making exercises help translate the legal principles into real-life situations and provide a much better understanding of how discipline hearings are conducted. I left feeling more prepared and more confident in carrying out my responsibilities as a committee member.

Date Report Completed: July 9, 2026

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		Lisa Lindner	
Name of Conference/Course/Event:		HPRO Discipline Orientation Workshop – Advanced Session	
Location:		Online	
Dates (mm/dd/yy)	Start Date:06/09/2026	End Date:06/09/2026	# of days:1

Purpose for Attending Conference/Course/Event:
To gain a deeper understanding of my role on the CMLTO Discipline Committee, in the event I am called upon to participate in a hearing.

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board:
This course helped me develop my critical thinking skills to effectively deal with challenging hearings and deliberations. I learned how to act during the proceedings, how to demonstrate fairness, how to assess the evidence objectively and participate in panel deliberations which ensure adequate reasons for the decisions made.

Any Other Relevant Feedback:
The case studies/role playing of various challenging scenarios clarified all the complex scenarios that could arise during a hearing, and how to deal with them.

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

Please Explain:
I feel more confident and prepared to participate in a hearing, and I believe anyone on the Discipline committee would also benefit from this learning opportunity.

Date Report Completed: 06/10/2026

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		NIMETZ SEVERINI, Alison	
Name of Conference/Course/Event:		HPRO Discipline Orientation Workshop – Advanced Session	
Location:		Virtual meeting	
Dates (mm/dd/yy)	Start Date:9 June 2026	End Date: 9 June 2026	# of days:1

Purpose for Attending Conference/Course/Event:
Enhance my understanding of the CMLTO disciplinary process and strengthen my ability and confidence in handling complex discipline cases.

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board:
I learned the importance of keeping an open mind during case proceedings. One is not expected to be knowledgeable on legal statutes – it is acceptable (and encouraged) that legal counsel is consulted when issues arise and/or an explanation is needed.

Any Other Relevant Feedback:

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

Please Explain:
The speakers were knowledgeable. The content was easy to understand. The session was well-organized.

Date Report Completed: 10 July 2026

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name:		Karen Persad	
Name of Conference/Course/Event:		Govern For Impact Conference 2026	
Location:		Halifax	
Dates (mm/dd/yy)	Start Date: 2026/06/11	End Date: 2026/06/13	# of days: 3

Purpose for Attending Conference/Course/Event:
Governance education

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

1. Designing High Impact Governance Policies Informed by the Policy Governance System…with the Support of AI
    - What does the role of the Board look like with the incorporation of AI?
    - Beware of limitations
    - The Board can collaborate on creating the prompts to use
    - Need human to critically assess the output
    - May want to consider adding additional parameters to policies e.g. Asset Protection policy, Cybersecurity policy, etc.

2. Servant Leadership Works, The Boardroom and Beyond
    - To be a Board member is high honour and privilege
    - Need to have moral courage to take on burden of others
    - Be a sprit carrier - lift the spirits of others, give hope and possibility
    - Do what is right, good, and just, no matter the cost
    - Nurture humility and joy, stay grounded
    - Be committed to radical hospitality - we are guests in each other's lives, honour each other as such

3. Navigating the Storm: Board Leadership in an Era of Outrage Culture
    - Brave Boardroom Framework:
        - ***Courage meets compliance*** - compliance protects the organization, courage advances the mission
        - ***Equity as infrastructure*** - default to equity analysis, not to status quo power

- ***Transparency with boundaries*** - need balance; openness builds trust, boundaries protect integrity

4. Equity, Diversity, Inclusion and Belonging in Governance: Operationalizing Governance Equity on Boards
    - 4 levers to change the system:
        - social contracts or governance norms
        - psychological safety
        - dynamic board portfolios
        - power and participation audits

5. Trust: The Hidden Infrastructure of High-Impact Boards
    - 5 layers of the trust stack:
        - ***Competence trust*** - do we trust that enough of us understand the issue to trust the governance decision?
        - ***Intent trust*** - each item from someone as a contribution
        - ***Voice trust*** - pay attention to the right concern; people may dress up what they are actually trying to say into something else to make it more acceptable
        - ***Tension trust*** - need to hold on to tension long enough to gain the rich information it holds; keep the disagreement alive enough to be useful
        - ***Repair trust*** - if trust thins, repair the trust before moving on otherwise nothing will land the way we expect; leave room to revisit; a Board that can course correct in real time protects the organization

Any Other Relevant Feedback:
N/A

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

Please Explain:
This conference is highly recommended for current, relevant topics in governance, and a great way to learn an share with other governance experts

Date Report Completed: 2026/08/17

College of Medical Laboratory Technologists of Ontario

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

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

Board Member Name: WALTER HEWUS			
Name of Conference/Course/Event: GOVERN FOR IMPACT			
Location: HALIFAX, N.S.			
Dates (mm/dd/yy)	Start Date: 06/11/26	End Date: 06/13/26	# of days: 3

Purpose for Attending Conference/Course/Event: POLICY GOVERANCE & LEARNING

Key Learnings/Findings from Conference/Course/Event Relevant to CMLTO and/or Board: (SEE ATTACHED)

Any Other Relevant Feedback: —

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

Please Explain: EXCELLENT CONFERENCE TO INHANCE & IMPROVE BOARD PERFORMANCE AND POLICY GOVERNANCE PRINCIPALS.

Date Report Completed:

JUNE 18, 2026

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Board Member Conference Report
Govern for Impact- Halifax, NS. June 11-13th, 2026

Purpose:

The purpose of attending the Conference was to increase my knowledge of Policy Governance and learn about future trends that impact board performance.

Key Learnings/ Findings- Course Event

1. **Designing High Impact Governance Policies**

Conference sought to deepen participants capacity to design, refine, and modernize governance policy on the board they participate in. Reviewed types of board policies pertaining to direction of board and CEO responsibility. The emphasis was centered on clarifying organizational purpose and desired impact, enabling innovation and agility, protecting organizational values and risk tolerances, strengthening accountability without micromanagement, enhancing trust between Board and CEO and supporting effective monitoring and evidence-informed governance through use of excellent governance policies. The role of boards with respect to their accountability by clearly defining what matters and creating value when creating and practicing robust and meaningful governance policy. It is the boards responsibility to ensure that the boards principals and values align with articulated policy creation.
Key to effective ends policies center around defining 3 key questions....outcomes, for whom and their worth.

2. **Board utilization of AI**

Frameworks that are currently available for AI and which ones work best for particular tasks. Outlining the 6 key questions that need to be clarified when using AI development- 1. Role 2. Context 3. Task 4.Audience 5. Constraints and 6. Quality Check. The ability to clearly define requirements in each of these disciplines will determine the value and level of meaningful generated AI responses.

3. **Trust: The Hidden Infrastructure of High Impact Boards**

Utilization of a "Trust Audit Stack" to enhance boardroom performance and avoiding board issues that may be hiding below the surface and will ultimately appear somewhere in the future if not identified early. The Audit Stack consists of these 5 silos: 1. Competence Trust 2. Intent Trust 3. Voice Trust 4. Tension Trust and 5. Repair Trust.

4. **The World needs Courageous Conversations**

This presentation centered on board dynamics and how to facilitate meaningful and courageous conversations to ensure improved board performance and participation. Discussion

Back to Agenda

on the cost of poor facilitation- we make assumptions, we misunderstand each other, we escalate conflict, we waste time and emotional energy, we don't contribute, we become less creative and we make bad decisions. Presentation centered on 12 key lessons to generate courageous and impactful board discussion and participation. These include credibility, questioning, mismatched expectations, asking open ended questions, complicate the narrative and don't always simplify, allow for multiple minds and hard conversations require courage are a few of the guidelines discussed. Further information can be explored in the presenters book- " Together we Decide- An essential guide for making good group decisions" by Craig Freshly.

5. **Innovation: Building Future Focused Ends**

According to the presenter, Rebecca Ryan, understanding potential scenarios can identify what may go wrong, what can we expect and what could go wrong. Suggested that board members are encouraged to bring relevant information/articles to board sessions, Ends should be inspirational when possible, and Ends should start with a beneficiary and identify benefits clearly.

6. **Integrity: How Boards hold themselves accountable to their commitments (Briefs, Values and Governance of risk)**

Three key components 1. Clearly defined 2. Clearly assigned-performance expectations with no ambiguity 3. Verification- were expectations are met. Review of 10 key Carver policy governance principals.

7. **Workshop: Courage to Lead**

This workshop was presented by our own board chair, Karen Persad. Workshop was based on the concept of the courage to lead for Governance- due to the impact of continuous change and increased complexity boards need to find the courage to develop a culture where board members can provide more impact. Workshop provided a framework for "more authentic leadership and governance". The model identifies 4 Phases in the decision making process: objective event, initial response, meaning is revealed and whole event that become part of us. The discussion reflected on the post conference self reflection and identifying key take aways that support this concept of a "reflective board"

These were a few of the key topics that were covered and provided education pertaining to board performance, board courage and the need to adopt/explore future strategies to enhance board effectiveness. There was also an excellent motivational talk by Tom Thibodeau titled "Servant Leadership Works".

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College of Medical Laboratory Technologists of Ontario

Agenda Item: 3.4.8

Briefing Report to Board of Directors

Date : August 31, 2026

From : John Tzountzouris, Registrar & CEO

Subject : GP IV-130 Board Mentor Program Policy / Confirmation of Program Completion: M. Wong-Fung, K. Unruh, J. Jose

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 RATIONALE:

Confirmation of CMLTO Board Mentor Program completion provides assurance that new Board Members have completed the Board's established orientation process, supporting effective governance in the public interest.

BACKGROUND

GP IV-130 Board Mentor Program Policy establishes the Board's governance expectations for supporting the orientation and integration of newly elected Board Members through a structured mentoring program. The policy is intended to ensure that all new Board Members are appropriately prepared to fulfill their roles and responsibilities through participation in a structured mentoring program.

At its February 13, 2026 meeting, the Board approved revisions to GP IV-130, including the removal of former **Appendix 1 – New Board Member Mentor Program Report and Checklist** from the policy. The Appendix was removed because it extended beyond the level of information required for Board-level assurance by incorporating evaluative elements more appropriately addressed through administrative processes. The revised policy clarifies that the Board's role is to receive confirmation that the mentorship program has been completed, while

College of Medical Laboratory Technologists of Ontario

operational evaluation and continuous improvement of the program remain an administrative responsibility.

PURPOSE

The purpose of this briefing report is to provide the Board with an update on the completion of the CMLTO New Board Member Mentor Program in accordance with Step 5 of GP IV-130 Board Mentor Program Policy.

One (1) Board Member has successfully completed the Program and submitted their New Board Member Mentor Program Report and Checklist as part of the administrative completion process.

A second Board Member is scheduled to complete their final mentor meeting on September 8, 2026, following circulation of this briefing report, with their New Board Member Mentor Program Report and Checklist to be completed and submitted thereafter.

The status of each Board Member is outlined below:

- **James Jose** - Program completed. New Board Member Mentor Program Report and Checklist submitted on August 30, 2026

- **Matthew Wong-Fung** - Final mentor meeting scheduled for September 8, 2026. New Board Member Mentor Program Report and Checklist to be completed and submitted following the meeting.

Receipt of the completed reports and checklists confirms completion of the Board Mentor Program for these Board Members and provides the Board with the assurance contemplated by GP IV-130. No further Board action is required.

College of Medical Laboratory Technologists of Ontario

AGENDA ITEM 4.0

4.0	**GOVERNANCE PROCESS: POLICY DEVELOPMENT / IMPLEMENTATION**
4.1	Appointment of Academic Member to the Board (Relevant Governance Document – CMLTO By-Law)
4.2	Modelling of CMLTO Financial Health
4.3	Proposed Amendments to the CMLTO By-Law: Article 10 – Fees
4.4	Board Review of 2026 IBSA Work Plan Progress
4.5	CMLTO Health Human Resource Framework report
4.6	CMLTO Governance Modernization Plan Refresh

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College of Medical Laboratory Technologists of Ontario

Agenda Item: 4.1

Briefing Report to Board of Directors

Date : August 12, 2026

From : Karen Persad, Chair, Executive Committee

Subject : Appointment of Academic Member to Board of Directors

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 RATIONALE:

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

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.

Recommended Motion:

Be it resolved that;
The Board moves to approve the appointment of Lavern Bourne to the Academic Member position on the CMLTO Board of Directors for a 3-year term beginning January 1, 2027 and ending December 31, 2029.

BACKGROUND

In accordance with the CMLTO By-Law / Section 4.5 Appointment of Academic Board Member, a call for expressions of interest for appointment to the CMLTO Board

as an Academic Member (for the term: January 1, 2027 - December 31, 2029) was published in Issue 1 of FOCUS and posted on our website.

One application was received by the deadline date Friday, May 29, 2026.

Lavern Bourne

The eligibility of the candidate to be appointed to the Board as an Academic Board Member was verified by the Registration Department by May 6, 2026.

Pursuant to the CMLTO By-Law / Section 4.5.7.6 Appointment of the Academic Board Member by Board of Directors, the Executive Committee reviewed the application of the candidate (Appendix 1-3) and passed a motion on August 4, 2026, recommending that the Board approve the appointment of Lavern Bourne to the Academic Member position on the Board of Directors for a 3-year term beginning January 1, 2027, and ending December 31, 2029.

The Board is now being asked to approve the appointment of Lavern Bourne to the Academic Member position on the Board for a 3-year term beginning January 1, 2027, and ending December 31, 2029.

Subject to the Board's approval of the following motion, Lavern Bourne will be notified of the Board's decision.

APPENDICES:

Appendix 1 – Lavern Bourne – Letter of Intent

Appendix 2 – Lavern Bourne – Resume (CONFIDENTIAL)

Appendix 3 – Lavern Bourne – CMLTO Board Competency and Leadership Characteristics Self-Assessment Summary

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO)
APPOINTMENT OF ACADEMIC BOARD MEMBER
2026

SECTION 2
RESUME

Please attach a current copy of your resume to your application.

SECTION 3
LETTER OF INTENT

Please submit a brief letter outlining the reasons for seeking the appointment and how you intend to fulfill the Academic Board Member role and responsibilities as they relate to the CMLTO's public interest mandate.

Dear Mr. Tzountzouris,

I wish to be considered for the position of Academic Member on the CMLTO Board. I am confident that my extensive experience and expertise as a Medical Laboratory Technologist and educator enable me to contribute a high level of professionalism, knowledge, and dedication to this role.

Throughout my career, I have consistently demonstrated strong leadership and interprofessional collaboration skills. In my current roles, I am the Program Co-director, Senior Teaching Professor, and Practicum Coordinator in the medical laboratory science program at Ontario Tech University.

I am passionate about teaching, engaging with others, and supporting meaningful change, and I thrive in environments that foster learning and growth. I bring a wealth of personal, professional, and academic experience to my work. I have established strong working relationships within the Faculty of Health Sciences at Ontario Tech University and with other institutions that offer medical laboratory science programs.

I work effectively both independently and as part of a team, demonstrating flexibility, adaptability, and a proactive approach to achieving high-quality results. I am also committed to advancing Equity, Diversity, Inclusion, and Justice (EDIJ) by fostering respectful, inclusive environments where diverse perspectives are valued and equitable practices are upheld. My commitment to lifelong learning is reflected in my professional portfolio, and I am deeply dedicated to promoting accountability, quality, and safety in laboratory services.

I believe that my experience as a Medical Laboratory Technologist, combined with seven years of service on the Quality Assurance Committee and five years as an academic Board member, makes me a highly qualified candidate. As the academic representative, I am well-positioned to provide the Board with informed guidance on the education and preparation of future MLTs and to contribute meaningfully to the accreditation of educational programs.

Thank you for considering my application.

Sincerely,

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COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO)
APPOINTMENT OF ACADEMIC BOARD MEMBER
2026

SECTION 5
CMLTO BOARD COMPETENCY AND LEADERSHIP CHARACTERISTICS SELF-ASSESSMENT

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

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

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

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

1. **Board Competencies Related to Governance Knowledge and Skills** – knowledge of governance principles, structures, and Board processes.

2. **Board Characteristics Related to Personal and Leadership Character** – attributes and behaviours that foster effective leadership, collaboration, and integrity.

3. **Board Competencies Related to Environmental Knowledge and Skills** – awareness of external factors, stakeholder environments, and system-level influences affecting the profession and regulation.

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

College of Medical Laboratory Technologists of Ontario

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO)
APPOINTMENT OF ACADEMIC BOARD MEMBER
2026

CMLTO BOARD COMPETENCY AND LEADERSHIP CHARACTERISTICS

SELF-ASSESSMENT SUMMARY

Self-Assessed Competencies	Rating
Board Competencies Related to Governance Knowledge and Skills	**4.9 / 5**
Board Characteristics Related to Personal and Leadership Character	**4.8 / 5**
Board Competencies Related to Environmental Knowledge and Skills	**4.5 / 5**

Strongest Self-Assessed Area: Governance Knowledge and Skills

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College of Medical Laboratory Technologists of Ontario

Report to Board of Directors

Date : August 29, 2026

From : John Tzountzouris, Registrar & CEO

Subject : Modelling of CMLTO Financial Health

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
  - ☐ Board Committee
- ☐ Ownership Linkage Report
- ☐ Incidental Report
  - ☐ Registrar & CEO
  - ☐ Board Chair
  - ☐ Other:

PUBLIC INTEREST RATIONALE:

CMLTO requires adequate financial resources to fulfill its statutory mandate and protect the public interest. Allowing revenues to remain structurally below the cost of regulation could reduce CMLTO's financial capacity and its ability to respond to regulatory, operational and strategic needs.

Given that registration is mandatory to practise as an MLT in Ontario, the Board has a responsibility to ensure that fees are reasonable and supported by a clear financial rationale. Addressing the fee issue therefore requires responsible management of Registrant funds with ensuring that CMLTO has the financial capacity necessary to carry out its regulatory responsibilities.

PURPOSE

This briefing note provides the Board with an overview of the financial and environmental considerations associated with CMLTO registration fees to guide its discussion of registration fee adjustments.

The Board has expressed an interest in investigating a fee increase. External consultants have undertaken financial modelling to examine the relationship between Registrant numbers, projected costs, financial reserves and different fee scenarios. The modelling provides a basis for considering options but does not dictate the final fee level. The fee determination is based on the consultant's analysis and considers scenarios of supply and demand, as well as real expense considerations.

BACKGROUND

CMLTO's registration fees have remained unchanged for approximately 15 years. The current annual fee is $340 for the Practising Class and $170 for the Non-Practising Class.

During much of this period, CMLTO has successfully met its regulatory obligations and established protected reserves following the Board's guidelines and recommendations from external auditors, resulting in reserves intended to cover potential costs related to strategy implementation, daily operations, and compliance with regulations. More recently, however, CMLTO has experienced operating deficits, and deficits are anticipated to continue if current revenue and expenditure patterns remain unchanged. The 2026 financial year is an exception, largely because of temporary reductions in rent and human resource costs.

The key financial concern is the erosion of CMLTO's unallocated operating funds (the "Operating Fund"). Although the Board has not established a specific Executive Limitation governing the target level of the Operating Fund, between 30% and 50% of annual operating expenditure has been identified as a reference point. Continued operating deficits would progressively reduce this fund and could eventually require CMLTO to draw on protected reserves.

This raises a question for the Board regarding the balance between registration fees, operating costs, financial reserves, and the organization's ability to maintain financial stability necessary to fulfilling its legal obligations

ANNUAL REVIEW OF FEES

Although CMLTO's registration fees have remained unchanged for approximately 15 years, the adequacy of fees has not been overlooked or left unexamined during this period.

Registration fees and other related financial assumptions have been reviewed annually as part of CMLTO's budget development and approval process. Each year, the Board has considered the overall financial position of the organization, projected revenues and expenditures, and the resulting implications for the budget. Through this process, the Board has continued to determine that maintaining the existing fee level was appropriate.

This review takes a broader approach. Instead of focusing solely on annual budget cycles, the College has conducted a forward-looking assessment of factors affecting fee requirements over several years. This includes consideration of projected Registrant numbers, cost pressures, operating fund sustainability, reserve protection and alternative fee trajectories.

This long-term perspective allows the Board to consider whether fees are adequate for the upcoming year and if the fee-setting approach is sustainable and responsive to financial risks.

WHY THE FEE QUESTION IS DIFFERENT FOR CMLTO

CMLTO operates in an unusual environment when compared with many organizations that set prices for goods or services.

Registration is mandatory to practice as a Medical Laboratory Technologist in Ontario. There are therefore no conventional competitive pressures that would constrain the registration fee. At the same time, CMLTO has very limited ability to influence the number of Registrants.

The number of MLTs requiring registration is principally driven by factors outside CMLTO's control, including:

- public health-care policy;
- demand for laboratory testing;
- the number of physicians and patients requiring tests;
- laboratory productivity and technology;
- labour substitution and changes in the way laboratory services are delivered; and
- the supply of individuals eligible to enter the profession.

Consequently, the number of Registrants is expected to be driven primarily by the employment market rather than by the registration fee itself. Within a reasonable range, a change in the fee is unlikely to materially change the number of people seeking to practice as MLTs.

This means that the principal financial question is not how to increase demand for registration, but how to establish a fee structure that provides adequate revenue to support the College's statutory responsibilities.

The relationship between employment and registration should not be assumed to be fixed. The number of individuals employed as MLTs may not always correspond directly to the number and composition of CMLTO Registrants. Changes in labour-force participation, retirement, migration, international applicants, non-practising registration, mobility between jurisdictions and other factors could alter this relationship.

Employment projections provide an important foundation for revenue forecasting, but they remain an indirect measure of the actual Registrant base on which CMLTO's revenue depends.

THE FINANCIAL CASE FOR EXAMINING FEES

CMLTO's registration fees have remained unchanged for approximately 15 years, while the costs of operating the College have increased. As a result, the purchasing power of the fees has declined and the gap between fee revenue and operating costs has grown.

This contributes to the erosion of the Operating Fund and, if the gap between fee revenue and operating costs continues, it will eventually place greater pressure on CMLTO's reserves.

REVENUE OUTLOOK

More than 95% of CMLTO's revenue is derived from Registrant fees. The principal source is annual renewal revenue, supplemented by prorated registration and application assessment fees.

The most important variable in projecting future revenue is the number of Registrants.

The external modelling considered historical MLT employment information from Statistics Canada, CMLTO data, and other sources, and used this information to develop three employment scenarios for 2027–2031:

1. Medium scenario – the statistical "best fit" based on historical trends;
2. Pessimistic scenario – lower future employment/Registrant levels; and
3. Optimistic scenario – higher future employment/Registrant levels.

There are also factors on the supply side that may affect the future Registrant base. New educational programs are opening, established programs are increasing their

seats, and initiatives such as CAMLPR's fields-of-practice processes may increase the supply of individuals entering the profession.

From 2011 to 2023, the number of CMLTO Registrants slowly declined. However, in the last three years, this number has started to increase each year. Based on the increase of programs and seats in MLS educational programs across Ontario, coupled with flexible pathways to registration, it is conservative to assume a steady and stable number of CMLTO Registrants in the coming years. There also continues to be evidence of strong demand for MLTs and difficulties hiring qualified personnel.

Taken together, the current conservative assessment is that the Registrant base is likely to remain relatively stable for the foreseeable future. The modelling appropriately recognizes that employment projections are uncertain and that actual Registrant numbers may be higher or lower than projected.

CONSIDERATIONS AND RISKS ASSOCIATED WITH REVENUE ASSUMPTIONS

The revenue projections are based upon several important assumptions.

The relationship between employment and registration may change. The model uses employment as the fundamental basis for forecasting Registrant numbers. While this is a reasonable approach, it assumes that the historical relationship between employment and registration will continue. Changes in the composition of the Registrant population or in patterns of employment could cause actual registration numbers to differ from the employment projections.

The MLT employment environment may undergo structural change. Historical employment trends provide useful information, but the future laboratory environment may not resemble the past. Changes in technology, testing volumes, laboratory productivity and labour substitution could alter the relationship between health-care activity and MLT employment. A sound projection based on historical trends can still be inaccurate if the underlying structural relationships change.

Supply and demand may interact differently than anticipated. The expansion of educational programs and other initiatives may increase the supply of MLTs. The current assessment is that the Registrant base will remain relatively stable, but the balance between the supply of MLTs and demand for their services could change over time.

These types of changes to the underlying structural/institutional environment are not anticipated, and when they occur would necessitate revisiting the model. This reinforces the importance of treating the projections as estimates that should be monitored against actual results.

COST OUTLOOK

Compared with revenue, CMLTO's costs are relatively straightforward to project.

The modelling assumes that CMLTO is already operating at an appropriate level of activity to fulfill the Objects of the College and that the costs from previous year and the 2026 projected costs provide a reasonable base from which to project future costs.

Three cost scenarios were developed based on low, medium and high inflation assumptions.

CMLTO's largest cost areas include human resources and rent. Human resource costs have increased in recent years, including as a result of the Board-approved alignment of salaries with industry levels and the introduction of a defined pension plan, which was incorporated into the 2024 budget.

The modelling therefore treats the fee question as a cost-recovery and financial sustainability exercise, distinguishing it from a budgeting exercise. The fundamental question is: What level and structure of registration fees are required to sustain the College's existing mandate and financial capacity under reasonable assumptions about future Registrant numbers and costs?

CONSIDERATIONS AND RISKS ASSOCIATED WITH COST ASSUMPTIONS

There are several assumptions underlying the projected cost base. The model assumes that the current level of activity and expenditure is appropriate. “The model uses actual costs from the previous year and the 2026 projected cost as a base, assuming CMLTO operates at an appropriate level of activity to fulfill its mandate. The model determines the fees required to fund CMLTO at its current level of activity.

This is different from asking what the appropriate future level and cost of regulatory activity should be.

The Board may reasonably accept the assumption for purposes of this exercise, but it remains an assumption. Changes in CMLTO's regulatory responsibilities, strategic priorities, service delivery model or organizational requirements could cause the appropriate cost base to be higher or lower than currently projected.

The model does not assume significant productivity or efficiency gains. The projections are primarily based on current costs, anticipated inflation and known future costs. Future improvements in technology, automation, AI, process redesign,

regulatory modernization or other efficiencies could reduce the rate at which costs increase.

Conversely, new requirements or investments could increase costs beyond inflation.

Some costs may not track general inflation. For example, human resource costs, professional services, technology, and other expenditures often fluctuate differently. Some costs may also experience step changes rather than gradual increases.

Unexpected or non-recurring costs may not be captured. Major legislative changes, technology replacements, cybersecurity requirements, significant regulatory initiatives, or other unforeseen events can generate costs difficult to predict using an inflation-based model.

These considerations suggest that the cost projections should be viewed as a reasonable planning base rather than a prediction of CMLTO's actual future expenditure requirements.

MODELLING APPROACH

The consultants considered three employment scenarios and three cost/inflation scenarios, producing nine combinations of projected Registrant levels and costs.

Modelling prioritizes financial viability, protects the Operating Fund, and maintains the real value of the Protected Reserve Funds throughout the modeling period. The modelling also seeks to protect the purchasing power of College resources and thereby support the maintenance of College services.

These principles are important because a fee decision cannot appropriately be considered solely in terms of the additional revenue generated in the first year. The Board must also consider the longer-term consequences of different fee trajectories for operating funds and reserves.

OPERATING FUND AND RESERVE CONSIDERATIONS

The erosion of the Operating Fund is identified is a central financial concern.

However, an important governance consideration is that CMLTO does not currently have an Executive Limitation establishing a specific target or minimum level for the operating fund. Between 30% and 50% of operating expenditure has been identified as a reasonable reference point, but this is not currently an explicit Board-established financial boundary.

This raises an important distinction for the Board.

Before determining how much revenue CMLTO requires, the Board should establish what level of financial capacity it expects CMLTO to maintain and what role the different funds and reserves are intended to play.

For example, the Board may wish to distinguish between:

- operating funds required to manage normal fluctuations in revenues and expenditures;
- contingency funds required to manage reasonably foreseeable risks; and
- protected reserves intended to address more significant strategic, operational or regulatory risks.

Without explicit Board parameters, there is a risk that the fee model is optimizing against financial criteria that have not yet been formally established as Board policy. The modelling results should inform the Board's consideration of its desired financial condition and risk boundaries.

FEE SCENARIOS IDENTIFIED

The analysis identified numerous registration fee scenarios, which were tested against real Registrant volume scenarios. These scenarios will be presented to the Board at the September Board meeting.

The preferred fee trajectory presented below is based on the modelling and the analysis of the various models against real and projected expenses that should be presented to the Board:

A Registrant who holds a certificate of registration shall pay the following non-refundable annual fee:

For 2027:

- For a Practising certificate of registration: $400.
- For a Non-Practising certificate of registration: $200.
- For an Emergency certificate of registration: $ 200.

For 2028:

- For a Practising certificate of registration: $425.

- For a Non-Practising certificate of registration: $212.50.
- For an Emergency certificate of registration: $ 212.50.

For 2029 and onward:

- For a Practising certificate of registration: $450.
- For a Non-Practising certificate of registration: $225.
- For an Emergency certificate of registration: $ 225.

This staged increase would provide a stronger basis for stabilizing the Operating Fund than maintaining the current fee or relying on a single flat registration fee.

It is important to note that the first year of a fee increase does not produce the full anticipated revenue effect because annual renewal revenue is accrued in the following year. The immediate financial effect is therefore primarily reflected through prorated registration fees.

Modelling should consequently be viewed as a tool for understanding the financial consequences of different fee trajectories, rather than as a precise prediction of future financial results.

The Application Assessment Fee has also been stable at $150 for many years. While not a significant source of revenue, the fee was reassessed during this period. It is suggested that this fee be increased to $200.

The proposed increase in the initial registration Application Assessment Fee reflects the increasing complexity and cost of reviewing and assessing applications for registration.

The proposed fee of $200 aligns with practices among comparable regulators. Benchmarking against eight similarly sized regulators identified an average application fee of approximately $190, with fees ranging from $75 to $350.

The proposed change is intended to ensure that the fee reasonably reflects the resources required to complete the registration assessment process.

RISK MANAGEMENT CONSIDERATIONS

An important feature of the consultant's and internal analysis is its focus on what happens when projections are wrong.

Future Registrant numbers and inflation rates cannot be known with certainty. The risk associated with being wrong is not symmetrical.

If Registrant numbers are higher than projected, CMLTO would receive more revenue than anticipated. If they are lower than projected, however, CMLTO could experience a revenue shortfall.

Underestimating future inflation could result in fees insufficient to cover actual costs, while overestimating inflation would increase financial capacity beyond what is required.

Modelling indicates avoiding assumptions that overstate future revenue.

The analysis supports a non-flat fee trajectory over maintaining a single fee level. A staged increase provides an opportunity to build financial capacity over time and may reduce the likelihood that CMLTO would need to make a larger, unexpected fee adjustment later.

If results differ materially from projections, the potential responses could include drawing temporarily on the Contingency Fund, accepting a period of lower financial capacity, revisiting the fee schedule, or making an adjustment during the three-year period.

PUBLIC INTEREST CONSIDERATIONS

CMLTO's public interest mandate requires careful consideration of registration fees. A financially sustainable regulator requires sufficient resources to carry out its statutory responsibilities effectively. The Board also has a responsibility to ensure that fees charged to Registrants are reasonable. These fees should be proportionate to the regulatory services and responsibilities they support.

The mandatory nature of registration means that CMLTO should not approach fee-setting as though Registrants have the same ability to choose among competing service providers. This places additional importance on transparency, stewardship and a clear rationale for the level of fees established.

Conversely, maintaining fees below the level required to sustainably operate the College also creates public-interest risks if doing so results in progressive erosion of financial capacity and reserves.

Therefore, the Board's challenge lies in balancing fee reasonableness with the need for sustainable regulatory capacity.

A fee increase could also have consequences not fully reflected in the financial model. These include impacts on Registrant perceptions, stakeholder expectations,

government scrutiny, and views about the value and scope of CMLTO's services. Although these considerations don't preclude an increase, they are important factors for the Board to consider.

A THREE-YEAR REASSESSMENT

Given the inherent uncertainty in forecasting Registrant numbers, employment levels, inflation and future costs, it would not be prudent to assume that the results of the current modelling will remain equally accurate over the entire projection period.

If the Board establishes a new fee trajectory, it is proposed that the fee structure and its underlying assumptions be formally reassessed after three years.

The reassessment could use a methodology similar to the current exercise, including:

- revised historical and projected MLT employment and Registrant data;
- actual versus projected Registrant numbers;
- actual versus projected revenues and expenditures;
- changes in the broader healthcare and MLT employment environment;
- updated inflation and cost assumptions;
- the status of the Operating Fund and reserves; and
- consideration of alternative fee trajectories for the subsequent planning period.

This would provide a deliberate opportunity to test whether the assumptions underlying the fee structure remain valid and whether adjustments are required.

Annual review of fees through the budget process would continue in the intervening years.

The three-year review would serve a different purpose from the annual budget review. The annual process would assess current-year fee adequacy and budget requirements. The three-year reassessment would revisit the underlying assumptions, financial trajectory and longer-term fee approach.

POLICY GOVERNANCE CONSIDERATIONS

Consistent with Policy Governance principles, the Board's role is not to determine the detailed financial modelling methodology or management's operational approach to implementing a fee structure. The Board's role is to establish the financial outcomes, risk boundaries and principles within which management operates.

The fee question therefore provides an opportunity for the Board to consider whether its existing policies provide sufficient guidance regarding:

- the level of financial capacity CMLTO should maintain;
- the circumstances under which fees should be adjusted;
- the appropriate protection of operating funds and reserves;
- the degree of financial risk the Board is prepared to accept; and
- the extent to which management should maintain financial sustainability and purchasing power through planned fee adjustments.

The Board must not prescribe the precise methodology management uses to forecast Registrants, project costs or calculate fees. Rather, it can determine the results and risk parameters it expects management to achieve.

QUESTIONS FOR THE BOARD

In considering the information presented in this briefing report, the Board is encouraged to focus on the governance-level implications of the analysis rather than the detailed mechanics of the financial model. The following questions are intended to support that discussion:

1. What financial condition does the Board require CMLTO to maintain in order to ensure that it can sustainably fulfill its statutory mandate and protect the public interest?

2. What level of financial risk is the Board prepared to accept in setting fees, particularly given the uncertainty in projecting Registrant numbers and future costs?

3. Does the Board consider the assumptions underlying the modelling—particularly the relationship between MLT employment and Registrant numbers, and the appropriateness of the current cost base—to be sufficiently reliable for establishing a fee trajectory?

4. What financial capacity should CMLTO maintain in its Operating Fund, Contingency Fund and protected reserves, and what should be the respective purposes of those funds?

5. Is a planned multi-year fee trajectory, combined with annual budget review and a more comprehensive reassessment after three years, an appropriate

approach to balancing financial sustainability, predictability and responsiveness?

CONCLUSION

CMLTO has maintained the same registration fees for approximately 15 years while the cost of fulfilling its regulatory mandate has increased. Fee adequacy has been considered annually through the budget process throughout this period. The current exercise is different in that it provides an assessment that considers future trends in the relationship between Registrant numbers, costs, financial capacity and alternative fee trajectories.

The external modelling and internal analysis indicate that a staged increase in the Practising Class fee from $340 to $400 in 2027, $425 in 2028 and $450 in 2029, in the Non-Practising and Emergency Classes fee from $170 to $200 in 2027, $212.50 in 2028 and $225 in 2029, as well as an increase to the Application Assessment Fee from $150 to $200 beginning in 2027, would provide a stronger basis for stabilizing the Operating Fund while maintaining financial resilience.

At the same time, the Board should recognize that this conclusion depends on assumptions about future Registrant numbers, employment patterns, costs, inflation and the appropriateness of the current level of regulatory activity.

Modelling therefore provides a useful evidence base, but it does not remove the need for Board judgment. The Board should consider its financial goals, acceptable risk levels, and desired reserve amounts before committing to a long-term fee plan. A potential approach would be to establish an appropriate multi-year fee trajectory, continue to review fees annually through the budget process, monitor the key assumptions and external factors that could affect the trajectory, and undertake a more comprehensive reassessment after three years using an approach similar to the current modelling exercise.

For the Board, the fundamental governance question is not simply "Should CMLTO increase fees?" It is:

"What financial capacity and risk parameters does the Board require, and what fee-setting approach best ensures that those expectations can be sustainably achieved?"

College of Medical Laboratory Technologists of Ontario

Agenda Item: 4.3

Briefing Report to Board of Directors

Date : August 23, 2023

From : John Tzountzouris, Registrar & CEO

Subject : Proposed Amendments to the CMLTO By-Law, Article 10 regarding Fees

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 RATIONALE:

CMLTO requires sufficient and sustainable financial resources to fulfill its statutory mandate and protect the public interest. Allowing revenues to remain structurally below the cost of regulation could progressively reduce CMLTO's financial capacity and its ability to respond to future regulatory, operational and strategic needs.

At the same time, because registration is mandatory to practise as an MLT in Ontario, the Board has a responsibility to ensure that fees are reasonable and supported by a clear financial rationale. Addressing the fee issue therefore requires balancing prudent stewardship of registrant funds with ensuring that CMLTO has the financial capacity necessary to effectively carry out its regulatory responsibilities. Ensuring that CMLTO is appropriately and sustainably resourced to fulfill its regulatory mandate, while avoiding the collection of fees beyond what is reasonably required, is in the public interest.

Recommended Motion:

Be it resolved that;

1. The Board moves to approve the proposed amendments to the CMLTO By-Law, Article 10 regarding Fees as presented in Appendix 1, in principle, and

2. That the revisions to the CMLTO By-Law regarding Emergency Class of Registration be circulated to registrants for a minimum of sixty (60) days and any input received be considered prior to the approval of the revised CMLTO By-Law.

BACKGROUND

CMLTO registration fees have remained unchanged for approximately 15 years, although their adequacy has been reviewed annually through the budget process. While CMLTO has historically maintained a healthy financial position, increasing operating costs and recent deficits have resulted in the gradual erosion of the operating fund, creating a need to consider the longer-term sustainability of the current fee structure.

To inform this consideration, CMLTO engaged external consultants to undertake multi-year financial modelling based on projected registrant numbers, operating costs and reserve requirements. Following consideration of the modelling, its underlying assumptions and associated risks, a staged increase in the Practising Class fee from $340 to $400 in 2027, $425 in 2028 and $450 in 2029, in the Non-Practising and Emergency Classes fee from $170 to $200 in 2027, $212.50 in 2028 and $225 in 2029, as well as an increase to the Application Assessment Fee from $150 to $200 beginning in 2027, was identified as an appropriate approach to strengthening CMLTO's financial sustainability. Fees will continue to be reviewed annually through the budget process, with a more comprehensive reassessment of the fee structure and underlying assumptions proposed after three years.

Ensuring that CMLTO is appropriately and sustainably resourced to fulfill its regulatory mandate, while avoiding the collection of fees beyond what is reasonably required, is in the public interest.

The proposed amendments to the CMLTO By-Law, Article 10, are presented in Appendix 1, are intended to ensure that CMLTO is appropriately and sustainably resourced to fulfill its regulatory mandate.

NEXT STEPS:

Pursuant to section 94 (2) Health Professions Procedural Code set out in schedule 2 to the *Regulated Health Professions Act, 1991*, the proposed amendments to the

CMLTO By-Law will be circulated to the registrants for a minimum of sixty (60) days upon Board's approval.
The proposed amendments will be circulated to Registrants and key partners through a specific e-blast, included on the CMLTO website, and published in FOCUS. In addition to the proposed fee increase and explanatory notes, information on how College fees are determined and set will be presented to Registrants and key partners.

All information received during the consultation process will be presented to the Board of Directors for consideration at the December 2026 Board meetings.

APPENDICES:

Appendix 1 – Proposed Amendments to the CMLTO By-Law, Article 10 regarding Fees

Appendix 2 – Explanatory Notes: Proposed Amendments to the CMLTO By-Law, Article 10 regarding Fees

PROPOSED AMENDMENTS TO THE CMLTO BY-LAW REGARDING FEES

ARTICLE 10 – FEES

10.4 INITIAL REGISTRATION APPLICATION FEE

A person who submits an application for registration to the College shall pay a non-refundable application fee of ~~$150~~ $200.

10.5 ANNUAL FEE

Every Registrant shall pay an annual fee for their certificate of registration in each registration year.

A Registrant who holds a certificate of registration shall pay the following non-refundable annual fee:

- ~~For a Practising certificate of registration: $340.~~
- ~~For a Non-Practising certificate of registration: $170.~~
- ~~For an Emergency certificate of registration: $ 170.~~

For 2027:

- For a Practising certificate of registration: $400.
- For a Non-Practising certificate of registration: $200.
- For an Emergency certificate of registration: $ 200.

For 2028:

- For a Practising certificate of registration: $425.
- For a Non-Practising certificate of registration: $212.50.
- For an Emergency certificate of registration: $ 212.50.

For 2029 and onward:

- For a Practising certificate of registration: $450.
- For a Non-Practising certificate of registration: $225.
- For an Emergency certificate of registration: $ 225.

The annual fee payable for the first year in which a Registrant is issued a Practising certificate shall be payable upon registration.

College of Medical Laboratory Technologists of Ontario

Explanatory notes regarding the proposed changes to the CMLTO By-Law, regarding Fees. Deletions are in red and new additions are in green.

Current By-Law Clause	Proposed By-Law Clause	Rationale for Proposed By-Law Clause
10.4 INITIAL REGISTRATION APPLICATION FEE A person who submits an application for registration to the College shall pay a non-refundable application fee of $150.	**10.4 INITIAL REGISTRATION APPLICATION FEE** A person who submits and application for registration to the College shall pay a non-refundable application fee of ~~$150~~ $200.	The proposed increase in the initial registration application fee reflects the increasing complexity and cost of reviewing and assessing applications for registration. The proposed fee of $200 is also consistent with comparable regulators: benchmarking against eight regulators of similar size identified an average application fee of approximately $190, with fees ranging from $75 to $350. The proposed change is intended to ensure that the fee reasonably reflects the resources required to complete the registration assessment process.

Explanatory notes regarding the proposed changes to the CMLTO By-Law, regarding Fees. Deletions are in red and new additions are in green.

10.5 ANNUAL FEE Every Registrant shall pay an annual fee for each certificate of registration in each registration year. A Registrant who holds a certificate of registration shall pay the following non-refundable annual fee: • For a Practising certificate of registration: $340. • For a Non-Practising certificate of registration: $170. • For an Emergency certificate of registration: $ 170. The annual fee payable for the first year in which a Registrant is issued a Practising certificate shall be payable upon registration.	**10.5 ANNUAL FEE** Every Registrant shall pay an annual fee for each certificate of registration in each registration year. A Registrant who holds a certificate of registration shall pay the following non-refundable annual fee: ~~• For a Practising certificate of registration: $340.~~ ~~• For a Non-Practising certificate of registration: $170.~~ ~~• For an Emergency certificate of registration: $ 170.~~ For 2027: • For a Practising certificate of registration: $400. • For a Non-Practising certificate of registration: $200. • For an Emergency certificate of registration: $ 200. For 2028: • For a Practising certificate of registration: $425. • For a Non-Practising certificate of registration: $212.50. • For an Emergency certificate of registration: $ 212.50.	CMLTO's annual registration fee has remained unchanged for approximately 15 years, while the cost of carrying out the College's regulatory responsibilities has increased. The proposed phased increase—from $340 to $400 in 2027, $425 in 2028 and $450 in 2029—is intended to ensure that CMLTO has the financial resources required to continue fulfilling its regulatory mandate and protecting the public interest. Phasing the increase over three years provides a predictable and measured approach while supporting CMLTO's longer-term financial sustainability.

Explanatory notes regarding the proposed changes to the CMLTO By-Law, regarding Fees. Deletions are in red and new additions are in green.

Current By-Law Clause	Proposed By-Law Clause	Rationale for Proposed By-Law Clause
	For 2029 and onward: • For a Practising certificate of registration: $450. • For a Non-Practising certificate of registration: $225. • For an Emergency certificate of registration: $ 225. The annual fee payable for the first year in which a Registrant is issued a Practising certificate shall be payable upon registration.	

Briefing Report to Board

Date	:	Friday, August 14, 2026
From	:	Karen Persad, CMLTO Board Chair and Karen Fryday-Field, Governance Counsel, Meridian Edge Leadership & Governance Consulting
Subject	:	Mid-Year Review of Progress on CMLTO Board Integrated Strategic Agenda/Work Plan

Report Purpose:

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

BACKGROUND

In accordance with its Annual Planning Cycle & Annual Integrated Board Strategic Agenda/Work Plan Governance Process Policy (GP IV-30), the CMLTO Board of Directors conducts a mid-year review of progress against its annual Integrated Board Strategic Agenda/Work Plan (IBSA).

The mid-year review is an important component of the Board's governance accountability and annual planning cycle. It provides the Board with a structured opportunity to assess progress on the governance work it committed to undertake, consider whether its priorities remain appropriate in light of changing circumstances, and determine whether adjustments are required for the balance of the year.

The 2026 Integrated Board Strategic Agenda/Work Plan is intended to provide an integrated framework for the Board's work throughout the year. It brings together the Board's strategic priorities with its ongoing fiduciary, stewardship, and strategic direction governance responsibilities.

Among other matters, the IBSA incorporates:

- Board-approved strategic and generative topics for exploration and discussion;
- review and monitoring of Board policies, including assessment of achievement and compliance;
- oversight and monitoring responsibilities;
- Board orientation, development and continuing governance education;
- recurring reporting and accountability requirements;
- statutory and fiduciary responsibilities; and
- other planned governance activities necessary for the Board to effectively discharge its responsibilities.

Importantly, the IBSA is more than a calendar of Board activities. It provides a mechanism through which the Board can maintain a deliberate line of sight between its public-interest mandate, its strategic priorities, its governance responsibilities, and the allocation of its finite governance time and attention. The mid-year review therefore considers not only what has been completed, but also whether the Board is focusing on the right work, at the right level, and at the right time.

A copy of the current 2026 Integrated Board Strategic Agenda/Work Plan is provided as Appendix 1. The document identifies work completed to date, work currently underway, and matters planned for the remainder of the year.

PURPOSE OF THE MID-YEAR REVIEW

The purpose of the September discussion is to provide the Board with an opportunity to assess the continued effectiveness and relevance of its 2026 Integrated Strategic Agenda/Work Plan and, where appropriate, recalibrate its governance priorities for the remainder of the year.
In undertaking this review, the Board is encouraged to consider its progress through four complementary lenses:

Progress — Are we advancing and completing the governance work we committed to undertake?

Priority — Does the work remaining on our agenda continue to represent the most important use of the Board's governance attention?

Emerging Context — Have changes in the regulatory, professional, public-policy, risk or broader operating environment created issues that warrant additional Board attention?

Public-Interest Alignment — Does the pattern of the Board's work demonstrate a clear and continuing connection to its statutory mandate and its ultimate responsibility to protect the public interest?

This review is not intended to require change for its own sake. Rather, it provides an opportunity for the Board to confirm that its existing priorities remain appropriate or to deliberately adjust its work where circumstances, emerging risks, or new opportunities warrant doing so.

BOARD DISCUSSION AND ACTION

At its September 2026 meeting, the Board will review its year-to-date progress and consider whether any refinements or adjustments should be made to the Integrated Board Strategic Agenda/Work Plan for the remainder of 2026.

Board Members are encouraged to review Appendix 1 in advance of the meeting and consider the following questions:

1. **Progress and Completion**
   Are there matters planned for the first half of 2026 that require continued or greater Board attention during the remainder of the year?

2. **Strategic and Governance Priorities**
   Looking at the work remaining, are the Board's current priorities still the right Board priorities for the balance of 2026?

3. **Emerging Issues and Opportunities**
   Have any significant changes, emerging trends, opportunities or risks arisen that should now be incorporated into the Board's agenda?

4. **Governance Risk**
   Does the current pattern of completed, deferred or outstanding work reveal any governance risks or areas in which Board attention may be disproportionately concentrated or insufficient?

5. **Public-Interest Alignment**
   Is there a clear line of sight between the Board's planned work and its primary purpose—protecting the public interest through safe, high-quality medical laboratory professional practice—as reflected in the CMLTO's statutory objects and Ends (Critical Outcomes) policies?

6. **Allocation of Board Attention**
   Is the Board devoting sufficient time to strategic, generative and future-focused governance, while also fulfilling its essential fiduciary, policy, monitoring and oversight responsibilities?

7. **Looking Ahead**
   Are there matters emerging from this review that should inform development of the 2027 Integrated Board Strategic Agenda/Work Plan, rather than simply being added to the remaining 2026 agenda?

Following its discussion, the Board may:

- confirm the 2026 Integrated Board Strategic Agenda/Work Plan without amendment;
- identify specific matters requiring greater emphasis or attention during the remainder of the year;
- add, defer, reschedule or reprioritize particular governance matters; and/or
- identify issues to be carried forward for consideration in developing the 2027 Integrated Board Strategic Agenda/Work Plan.

RECOMMENDED BOARD ACTION

That the Board receive the mid-year progress review of the 2026 Integrated Board Strategic Agenda/Work Plan and provide direction regarding any adjustments, priorities or emerging governance matters to be reflected in the Work Plan for the balance of 2026 and, where appropriate, the development of the 2027 Board planning cycle.

Appendix 1 – 2026 CMLTO Integrated Board Strategic Agenda/Work Plan

College of Medical Laboratory Technologists of Ontario

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**
STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES	**REGULAR POLICY REVIEW**	**REGULAR POLICY REVIEW**	**REGULAR POLICY REVIEW**	✓ Board's Message in FOCUS ▶ Board Planning on the Careholdership Linkage Plan for 2026 and beyond (Scheduled for April Board Generative / Strategic Thinking Meeting)	**REGULAR R/CEO MONITORING REPORTS**	**REGULAR R/CEO MONITORING REPORTS**
✓ Registrar & CEO Incidental Briefing Report	✓ EL II-09 Investment Policy	✓ 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	✓ BCR III-20 Board Support of the Registrar & CEO Policy		N/A	✓ EL II 10 Financial Health Policy ✓ EL II-50 Corporate Identity/Communications and Public Image Policy
ENVIRONMENTAL SCANNING/DISCOVERY REPORTS	**SPECIAL POLICY REVIEW**	**POLICY IMPLEMENTATION**	**POLICY IMPLEMENTATION**		**ACHIEVEMENT & COMPLIANCE**	**ACHIEVEMENT & COMPLIANCE**
✓ MLA/T Oversight Scanning Update ✓ CAMLPR Integration/ Professional Standards Update	✓ EL II-10 Financial Health Policy (EL II-10 Financial Planning and Budget Cycle Policy & EL II-11 Financial Condition Policy)	✓ 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 **NEW BOARD MEMBER ORIENTATION/BOARD MEMBER REFRESH AND CONTINUING EDUCATION** ✓ Overview of CMLTO Organization, CMLTO Strategic Framework 2024-2027, Cmlto Key Strategic Priorities (J. Tzountzouris) ✓ Module 1 – The Why of Policy Governance (by K. Fryday-Field, Meridian Edge) - See summay in Appendix 1	✓ Registrar & CEO 2026 Performance Evaluation Report (Jan-Dec 2025) **BOARD MONITORING OF BOARD POLICY COMPLIANCE** No policies assigned for this meeting		✓ Registrar & CEO Performance Tracking Through Monitoring Reports YTD	✓ Registrar & CEO Performance Tracking Through Monitoring Reports YTD

College of Medical Laboratory Technologists of Ontario

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
		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 o Provincial Policy Directions and Impacts on Health Regulation ✓ Board Policy Champion Role and Duties ✓ History of MLA/T Regulation **OTHER BOARD CONTINUING EDUCATION** ✓ 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** *(Deferred to May)* ✓ New Board Members will be provided with 2023 Discovery Reports **BOARD MONITORING OF BOARD POLICY COMPLIANCE** ✓ GP IV-80 Board Code of Conduct, Confidentiality, and Conflict of Interest Policy *(Deferred from Dec 2025)* **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)				

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2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: APRIL 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
		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** *(Deferred to May Board Meeting)* ✓ **CMLTO Financial Health: Current and Future State**				

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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
STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES	**REGULAR POLICY REVIEW**	**REGULAR POLICY REVIEW**	**REGULAR POLICY REVIEW**	✓ Board's Message in FOCUS ✓ Approval of 2025 CMLTO Annual Report	**REGULAR REGISTRAR & CEO MONITORING REPORTS**	**REGULAR REGISTRAR & CEO MONITORING REPORTS**
✓ Generative Discussion - Board's Required Duties vs. Board's Future-Focused Goals	✓ EL II-25 Human Resources Parameters Policy	✓ GP IV-50.10 Board Monitoring System Policy (tabled to email, motion carried July 31, 2026) ✓ GP IV-166 Government Relations Policy	N/A		✓ Registrar & CEO Performance Tracking Through Monitoring Reports YTD (email June 12, 2026) ✓ Ends Policy 2 – Accountable Professionals (Update to year-end report provided to the Board in December 2025 RE: Quality Assurance Program Outcomes)	✓ EL II 10 Financial Health Policy ✓ EL II-16 Vendor Relations Policy
	POLICY IMPLEMENTATION	**SPECIAL POLICY REVIEW**				
	✓ EL II-10 Financial Health Policy – Revised 2026 CMLTO Budget	✓ GP IV-141 Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration Policy				
ENVIRONMENTAL SCANNING/DISCOVERY REPORTS		**POLICY IMPLEMENTATION**	**POLICY IMPLEMENTATION**		**ACHIEVEMENT & COMPLIANCE**	**EXTERNAL REVIEW**
✓ MLA/T Oversight Scanning Update ✓ CAMLPR Integration/ Professional Standards Update ✓ Registrar & CEO Incidental Briefing Report (tabled to email, motion carried June 23, 2026)		✓ 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 ✓ CMLTO Artificial Intelligence (AI) Implementation Plan Update ✓ 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)	✓ Mid-Year Board (Executive Committee) Registrar & CEO Performance Discussion (June) (email July 6, 2026) **BOARD MONITORING OF BOARD POLICY COMPLIANCE** No policies assigned for this meeting		✓ Registrar & CEO Performance Tracking Through Monitoring Reports YTD (email June 12, 2026	✓ EL II-12 Financial Audit & External Auditor Policy **ACHIEVEMENT & COMPLIANCE** ✓ Registrar & CEO Performance Tracking Through Monitoring Reports YTD (email June 12, 2026

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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
		✓2026 Board Priorities & Integrated Board Strategic Agenda (IBSA) **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 ✓Discipline Committee ✓Quality Assurance Committee				

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2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: SEPTEMBER 14 & 15, 2026

BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / CEO RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
STRATEGIC ENDS (CRITICAL OUTCOMES) DEVELOPMENT/ REVIEW/UPDATES • 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 this informed regulation (is this an Ends [Critical Outcomes] or Executive Limitations matter?	**REGULAR POLICY REVIEW** • EL II-12 Financial Audit and External Auditors Policy • EL II-80 Executive Succession Plan Policy	**REGULAR POLICY REVIEW** • GP IV-170 Emergency Class of Registration Policy • GP IV-80 Board Code of Conduct, Confidentiality, and Conflict of Interest Policy (Deferred from May) **SPECIAL POLICY REVIEW** • GP IV-45 Board Linkage with Ownership/Careholdership **POLICY IMPLEMENTATION** Board Governance Scorecard Report Analysis (Q2-2026) Updated Board Policy Champion Assignments for 2026 - As Needed Board Chair Incidental Report CMLTO Artificial Intelligence (AI) Implementation Plan Update Academic Member Incidental Report Board Member Attendance at External Events - Report As Needed Board Mentor Program Report to Board (GP IV-130) - As Needed Report on Process to Launch 2026 Board Effectiveness Self-Evaluation (GP IV 70)	**REGULAR POLICY REVIEW** • BCR III-04 Registrar & CEO Position Description Policy • BCR III-05 Registrar & CEO Job Products Policy **POLICY IMPLEMENTATION** Board Chair's Report on Mid-Year R/CEO Registrar & CEO Performance Discussion – Verbal Report – (In-camera **BOARD MONITORING OF BOARD POLICY COMPLIANCE** No policies assigned for this meeting	• Board's Message in FOCUS	**REGULAR R/CEO MONITORING REPORTS** HLP 3 Effective Regulation with the Health System **ACHIEVEMENT & COMPLIANCE** Registrar & CEO Performance Tracking Through Monitoring Reports YTD	**REGULAR R/CEO MONITORING REPORTS** • 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 **ACHIEVEMENT & COMPLIANCE** Registrar & CEO Performance Tracking Through Monitoring Reports YTD
ENVIRONMENTAL SCANNING/DISCOVERY REPORTS MLA/T Oversight Scanning Update CAMLPR Integration/ Professional Standards Update HHR Framework 2026 CMLTO Board Elections Report - Update	**POLICY IMPLEMENTATION** • EL II 10 Financial Health Policy – Proposed 2027 CMLTO Budget					

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2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

TIME FRAME: SEPTEMBER 14 & 15, 2026

BOARD POLICY DEVELOPMENT/ ENHANCEMENT/ REVIEW / APPROVAL AND BOARD IMPLEMENTATION				BOARD LINKAGE AGENDA MONITORING	BOARD MONITORING AGENDA	
ENDS POLICIES	EXECUTIVE LIMITATIONS	GOVERNANCE PROCESS	BOARD / CEO RELATIONSHIP		ENDS POLICIES	EXECUTIVE LIMITATIONS
		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 Diectors 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				

College of Medical Laboratory Technologists of Ontario

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	•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 CAMLPR Integration/ Professional Standards Update 2026 CMLTO Board Elections Report - Update		Board Governance Scorecard Report (Q3-2026) Updated Board Policy Champion Assignments for 2026 - As Needed Board Chair Incidental Report Academic Member Incidental Report 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) 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	Registrar & CEO 2026 Performance Evaluation (Jan-Dec 2026) **BOARD MONITORING OF BOARD POLICY COMPLIANCE** BSR III-25 Registrar & CEO Compensation Program Policy (Board Self Evaluation Survey)		Registrar & CEO Performance Tracking Through Monitoring Reports YTD	**ACHIEVEMENT & COMPLIANCE** Registrar & CEO Performance Tracking Through Monitoring Reports YTD

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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
		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 **STATUTORY COMMITTEE MONITORING REPORTS** Monitoring Reports from Statutory Committees that had a meeting during the reporting period				

College of Medical Laboratory Technologists of Ontario

2026 INTEGRATED BOARD STRATEGIC AGENDA/WORK PLAN (IBSA)

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 TO IBSA

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]

College of Medical Laboratory Technologists of Ontario

Briefing Report to Board of Directors

Date : August 31, 2026

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

Subject : CMLTO Governance Modernization Plan (2026-2030)

- ☐ 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: Governance Specialist**

PUBLIC INTEREST:

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

Recommended Motion:

Be it resolved that the Board moves to approve the proposed **CMLTO Governance Modernization Plan (2026–2030) presented in Appendix 2.**

BACKGROUND

At the April 2026 Generative / Strategic Directions Planning Session, the Board reviewed a comprehensive inventory of governance modernization initiatives drawn from the 2025 External Evaluation of Board Effectiveness, Executive Committee recommendations, staff-identified governance improvement opportunities, and governance initiatives already underway.

To guide future implementation, the Board assessed each proposed initiative based on:

- **Public Interest Risk** – the risk to the public interest if the initiative is not advanced,
- **Relative Priority** – the relative priority of advancing the initiative.

Following its review, the Board confirmed that the assessment results reflected its current governance priorities and directed that the next CMLTO Governance Modernization Plan be developed for future Board consideration.

Consistent with this direction, the **CMLTO Governance Modernization Plan (2026–2030)** in Appendix 2 has been developed to provide a structured and phased roadmap for advancing the Board's governance modernization priorities over time.

DEVELOPMENT OF THE GOVERNANCE MODERNIZATION PLAN (2026–2030)

The Plan incorporates the Board's Public Interest Risk and Relative Priority assessments together with other implementation considerations, including governance dependencies, legislative, regulatory, policy and By-law requirements, organizational capacity and resources, governance implications, existing governance review schedules and Board-approved implementation plans.

The 19 governance modernization initiatives have been organized into **five (5) governance themes** to provide an integrated framework for implementation and to group related areas of governance modernization:

1. **Board Effectiveness & Decision-Making**: Strengthening the effectiveness, efficiency, and quality of Board deliberation, meetings, and governance decision-making.

2. **Board Leadership & Governance Capacity**: Strengthening Board leadership, governance capability, succession planning, and governance continuity.

3. **Governance Structure**: Ensuring governance structures, leadership roles, committees, and responsibilities remain aligned with effective oversight and the public interest.

4. **Board Culture, Inclusion & Governance Behaviours**: Fostering an inclusive, collaborative, and high-performing governance culture.

5. **Governance Excellence & Continuous Improvement**: Promoting innovation, continuous improvement, and ongoing assurance that governance practices remain effective and aligned with Policy Governance principles.

The themes provide a strategic framework for the Plan while recognizing that many initiatives are interconnected and may contribute to more than one area of governance modernization.

PROPOSED IMPLEMENTATION HORIZONS & SEQUENCING

The Plan proposes three (3) implementation horizons: Near-Term (2026–2027), Medium-Term (2027–2028), and Longer-Term (2028 and Beyond).

Implementation sequencing reflects the Board's assessment of Public Interest Risk and Relative Priority together with governance readiness, implementation complexity, dependencies, organizational capacity, existing policy and governance review cycles, and opportunities to align related initiatives.

Near-Term (2026–2027): Initiatives focus on foundational governance effectiveness, Board leadership capability, governance continuity, and selected governance structure improvements where implementation requirements and desired future states are well understood.

Medium-Term (2027–2028): Initiatives build on these foundations through leadership and succession planning, governance structure modernization, committee governance, and Board culture and engagement.

Longer-Term (2028 and Beyond): Initiatives focus on governance maturity, culture refinement, leadership development, innovation, independent governance assessment, and continuous improvement.

The implementation horizons are intended to guide planning and sequencing rather than establish fixed timelines. Timing may be adjusted in response to implementation progress, Board direction, emerging priorities, legislative or regulatory considerations, organizational capacity, and other relevant factors.

NEXT STEPS

Upon Board approval of the CMLTO Governance Modernization Plan (2026–2030):

- Governance Modernization initiatives will be incorporated into the CMLTO Board Integrated Strategic Agenda/Work Plan as appropriate.
- The CMLTO Governance Modernization Implementation Matrix, which has been uploaded to the CMLTO Board Portal as a reference document, will be maintained internally to support implementation planning, sequencing, monitoring, and reporting.
- The Board will receive periodic progress updates on implementation, including significant milestones, emerging dependencies or sequencing changes, and matters requiring future Board direction.
- The Plan will function as a living governance roadmap and may be updated over time to reflect implementation progress, future Board direction, governance reviews, external assessments, legislative or regulatory changes, and emerging governance priorities.

APPENDICES:

Appendix 1 - April 2026 Generative / Strategic Directions Planning Session Governance Modernization Initiatives - Board Assessment Results

Appendix 2 - Proposed CMLTO Governance Modernization Implementation Plan **(2026–2030)**

College of Medical Laboratory Technologists of Ontario

APPENDIX 1

APRIL 2026 GENERATIVE / STRATEGIC DIRECTIONS PLANNING SESSION GOVERNANCE MODERNIZATION INITIATIVES - BOARD ASSESSMENT RESULTS

(PUBLIC INTEREST RISK & RELATIVE PRIORITY)

INITIATIVE NUMBER	INITIATIVE TITLE	PUBLIC INTEREST RISK	RELATIVE PRIORITY
1	Board Efficiency, Agenda Design & Use of Board Time	Medium	Medium
2	Board Meeting Evaluations (Internal)	Medium	Medium
3	Board Committee Structure & Use	Medium	Medium
4	Board Role in Statutory Committees	Medium	Medium
5	Alignment of Statutory Committee Terms	Medium	Low
6	Vice-Chair Structure	Low	Low
7	Board Chair Term Length	Medium	Medium
8	Board Chair Competencies and Training	High	Medium
9	Leadership Pathways and Succession	Medium	Medium
10	Reciprocal Mentorship	Medium	Low
11	Exit Interviews for Departing Board Members	Medium	Medium
12	Inclusion & Leadership Champion	Low	Low
13	Board Role in Board Member Recruitment & Board "HR" Function	Medium	Low
14	Recognizing Board Success	Low	Low
15	Social & Team Building Opportunities	Low	Low
16	Psychological Safety & Meeting Norms	Low	Low
17	Question-Asking Boundaries (Micro-Training)	Medium	Medium
18	Innovation & Safe-To-Fair for CEO	Medium	Low
19	External Assessment of Policy Governance Implementation at CMLTO	Medium	Medium

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CMLTO GOVERNANCE MODERNIZATION PLAN (2026-2030)

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1. INTRODUCTION

Purpose

The CMLTO Governance Modernization Plan establishes a structured, phased roadmap for strengthening governance effectiveness, accountability, and oversight over time. It brings together the Board's identified governance modernization initiatives into a coordinated implementation framework that supports strategic oversight, accountability, and continuous governance improvement.

The Plan translates the Board's direction and priorities into an implementation roadmap that identifies sequencing, dependencies, implementation considerations, and oversight responsibilities while recognizing that governance modernization is an ongoing and evolving process.

Why Governance Modernization?

Effective governance must evolve alongside changes in regulation, public expectations, governance best practices, and the increasingly complex environment in which health profession regulators operate.

Governance modernization enables the CMLTO Board to proactively strengthen its governance practices, decision-making, leadership capacity, and oversight while ensuring that its governance framework remains effective, transparent, accountable, and responsive to emerging risks and opportunities.

This Plan represents a deliberate commitment to continuous governance improvement rather than one-time governance reform.

Alignment with Policy Governance®

The CMLTO Governance Modernization Plan has been developed within the framework of Policy Governance®, reinforcing the Board's role in governing through policy, defining organizational Ends, establishing Executive Limitations, and providing strategic oversight of organizational performance.

The initiatives contained within this Plan are intended to strengthen—not replace—the existing Policy Governance® framework by enhancing governance structures, Board effectiveness, leadership capacity, oversight practices, and governance processes while maintaining clear distinction between governance responsibilities and operational management.

Public Interest Focus

The CMLTO's primary obligation is to regulate in the public interest. Accordingly, governance modernization is intended to strengthen the Board's ability to fulfill its public-interest mandate by enhancing governance effectiveness, improving

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strategic oversight, supporting informed decision-making, reinforcing accountability, and maintaining public confidence in the College's governance.

Throughout development of this Plan, implementation priorities have been determined by the Board's assessment of each initiative's relative risk to the public interest and overall governance priority.

Guiding Principles
Implementation of this Plan will be guided by the following principles:

- **Public Interest:** Governance decisions will continue to prioritize protection of the public and maintenance of public trust.
- **Policy Governance®:** Initiatives will reinforce the principles and disciplines of Policy Governance® while maintaining appropriate governance–management boundaries.
- **Strategic Focus:** Modernization efforts will strengthen the Board's capacity to focus on strategic leadership, oversight, and long-term governance effectiveness.
- **Continuous Improvement:** Governance modernization will be viewed as an ongoing process of evaluation, learning, adaptation, and refinement.
- **Evidence-Informed Decision-Making:** Implementation will be informed by Board direction, governance best practices, Board assessment results, and organizational experience.
- **Proportionality:** Modernization initiatives will be implemented in a manner that is practical, sustainable, and proportionate to organizational needs, capacity, and governance priorities.

Implementation Philosophy
Governance modernization is not intended to be a fixed or finite project. Rather, it is an evolving, phased process of governance enhancement that recognizes implementation must occur over time and in an appropriate sequence.

All 19 initiatives identified within this Plan are intended to proceed. The Board's assessment of public-interest risk and relative priority is used to guide implementation sequencing rather than determine whether an initiative proceeds.

Implementation will therefore be:

- **Phased**, recognizing that initiatives have different implementation horizons and dependencies,

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- **Coordinated**, ensuring related initiatives are advanced in a logical and integrated manner,
- **Proportionate**, balancing governance benefit with organizational capacity and available resources, and
- **Adaptive**, allowing the Plan to evolve as governance priorities, legislative requirements, and organizational needs change over time.

The CMLTO Governance Modernization Plan is intended to serve as a living governance roadmap that will be periodically reviewed, monitored, and refined by the Board as implementation progresses.

2. OVERALL IMPLEMENTATION APPROACH

The CMLTO Governance Modernization Plan provides a structured and coordinated approach to implementing the Board's governance modernization initiatives. Rather than viewing each initiative as a standalone project, the Plan organizes the initiatives into strategic governance themes that collectively strengthen governance effectiveness, oversight, accountability, and long-term sustainability.

The Plan is intended to provide the strategic framework for governance modernization, while the CMLTO Governance Modernization Implementation Matrix (in Appendix 1) serves as the primary implementation, monitoring, and reporting tool supporting the Plan.

Governance Themes
To provide a coherent and integrated implementation roadmap, the 19 governance modernization initiatives have been organized into the following five governance themes:

1. **Board Effectiveness & Decision-Making**

   Strengthening the effectiveness, efficiency, and quality of Board deliberation, meetings, and governance decision-making.

2. **Board Leadership & Governance Capacity**

   Strengthening Board leadership, governance capability, and succession planning to support effective governance continuity and long-term Board effectiveness.

3. **Governance Structure**

Ensuring governance structures, leadership roles, committees, and governance responsibilities remain aligned with effective oversight and the public interest.

4. **Board Culture, Inclusion & Governance Behaviours**

   Fostering an inclusive, collaborative, and high-performing governance culture that supports effective collective decision-making and principled governance.

5. **Governance Excellence & Continuous Improvement**

   Promoting innovation, continuous improvement, and ongoing assurance that governance practices remain effective, adaptive, and aligned with Policy Governance principles and public-interest expectations.

Organizing initiatives by governance theme provides a strategic framework for implementation while recognizing that many initiatives are interconnected and collectively contribute to stronger governance. Together, the themes address how the Board governs, develops leadership capacity, designs its governance structures, fosters a positive governance culture, and ensures ongoing governance excellence over time.

Implementation sequencing also recognizes that some initiatives are dependent on the completion of related governance reviews, policy review cycles, governance structure decisions, or existing Board-approved implementation plans. As a result, implementation horizons reflect not only the Board's assessment of Public Interest Risk and Relative Priority, but also implementation readiness, dependencies, governance complexity, and opportunities to align related governance initiatives.

Proposed Implementation Horizons & Sequencing
Implementation will occur through a coordinated and sequenced approach that recognizes organizational capacity, governance priorities, implementation dependencies, and the need for sustainable governance modernization.

Near-Term (2026–2027)
Initiatives focused on foundational governance effectiveness, Board leadership capability, governance continuity, and selected governance structure improvements where implementation requirements and desired future states are well understood. These initiatives address key governance priorities and establish the foundations for subsequent modernization efforts.

Medium-Term (2027–2028)
Initiatives focused on governance structure modernization, leadership continuity and succession planning, committee governance, Board culture, and Board

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engagement. These initiatives build upon earlier modernization efforts and may require additional planning, consultation, policy development, governance analysis, or Board direction before implementation.

Longer-Term (2028 and Beyond)
Initiatives focused on governance culture refinement, governance maturity, innovation, independent governance assessment, and continuous improvement. These initiatives support long-term governance development and may be advanced as organizational capacity, governance maturity, implementation experience, and emerging priorities evolve.

The implementation horizons are intended to guide planning, sequencing, and resource allocation rather than establish fixed timelines. Implementation timing may be adjusted over time in response to Board direction, implementation progress, emerging priorities, legislative or regulatory considerations, organizational capacity, and other relevant factors.

Board Assessment and Implementation Sequencing
All 19 governance modernization initiatives are intended to proceed.

The Board's assessment of each initiative's **Public Interest Risk** and **Relative Priority** is used to inform implementation sequencing rather than determine whether an initiative should proceed.

In developing this Plan, the Board's assessment results have been considered alongside:

- Implementation dependencies,
- Legislative, regulatory, policy, or by-law requirements,
- Organizational capacity and available resources,
- Governance implications,
- Opportunities to maximize alignment across related initiatives, and
- Existing governance review schedules, approved implementation plans, and implementation complexity.

Accordingly, implementation horizons do not necessarily correspond directly to the Board's assessment of Public Interest Risk and Relative Priority. In some cases, initiatives have been advanced due to low implementation complexity or alignment with existing governance work, while others have been sequenced to align with policy review cycles, governance dependencies, or Board-approved implementation plans.

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This approach ensures that implementation reflects both the Board's strategic direction and the practical considerations necessary to support effective and sustainable governance modernization.

Monitoring and Reporting
The CMLTO Governance Modernization Plan is intended to function as a living governance roadmap.

Implementation progress will be monitored through ongoing governance reporting to the Board and updated as initiatives advance. Progress reporting may include implementation status, completed milestones, emerging dependencies, changes to implementation sequencing, and any recommendations requiring future Board direction.

The CMLTO Governance Modernization Implementation Matrix will serve as the primary implementation and monitoring tool supporting the Plan and will be updated as initiatives advance, implementation assumptions evolve, and governance priorities change over time.

The Plan will be reviewed periodically to ensure it continues to reflect the Board's governance priorities, organizational needs, and evolving governance best practices, while supporting continuous improvement in governance effectiveness and public-interest oversight.

Additional governance modernization initiatives identified through future Board direction, governance reviews, external assessments, legislative or regulatory changes, or emerging governance priorities may be incorporated into the Plan and Governance Modernization Implementation Matrix over time to support ongoing governance modernization and continuous improvement.

3. GOVERNANCE MODERNIZATION ROADMAP

The Governance Modernization Roadmap organizes the Board's 19 Governance Modernization initiatives into five (5) strategic governance themes. Each theme represents a key area of governance development and provides the framework for implementing related initiatives in a coordinated and phased manner.

The themes provide a coherent governance framework for organizing and implementing the Board's Governance Modernization initiatives. While initiatives are grouped according to their primary governance objective, many contribute to multiple areas of governance effectiveness and are therefore interconnected.

In addition, several initiatives have explicit implementation dependencies and sequencing relationships. As a result, some initiatives are intended to inform,

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support, or build upon others, ensuring governance modernization occurs in a coordinated and logically sequenced manner.

Table 1
Governance Modernization Themes and Core Governance Questions

Theme	Core Governance Question
1. Board Effectiveness & Decision-Making	How does the Board govern?
2. Board Leadership & Governance Capacity	How do we develop governance leaders?
3. Governance Structure	How is the governance system designed?
4. Board Culture, Inclusion & Governance Behaviours	How do we work together?
5. Governance Excellence & Continuous Improvement	How do we ensure governance continues to improve?

Theme 1 – Board Effectiveness & Decision-Making

Purpose

Strengthen the effectiveness, efficiency, and quality of Board discussion, meetings, and governance practices to support strategic oversight and informed decision-making.

Key Focus Areas

- Improve the effectiveness and use of Board meeting time,
- Strengthen agenda design, strategic dialogue, and generative governance,
- Enhance Board evaluation and continuous learning,
- Support governance-focused questioning and effective Board/Registrar & CEO role clarity, and
- Strengthen governance processes that support informed decision-making, strategic oversight, and effective governance dialogue.

Governance Modernization Initiatives

1. Board Efficiency, Agenda Design & Use of Board Time
2. Board Meeting Evaluations (Internal)
3. Question-Asking Boundaries (Micro-Training)

Theme 2 – Board Leadership & Governance Capacity

Purpose

Strengthen Board leadership, governance capability, and succession planning to support effective governance continuity and long-term Board effectiveness.

Key Focus Areas

- Support effective Board leadership succession and continuity,

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- Strengthen Board Officer roles and leadership readiness,
- Establish leadership pathways and succession planning practices,
- Enhance governance education, mentorship, and leadership development,
- Capture governance knowledge and lessons learned through Board transitions, and
- Support the development of Board leadership competencies, leadership readiness, and long-term leadership continuity.

Governance Modernization Initiatives

4. Board Chair Competencies and Training
5. Leadership Pathways & Succession
6. Reciprocal Mentorship
7. Exit Interviews for Departing Board Members

Implementation Considerations

Board Chair Competencies and Training is intended to establish the leadership competencies, expectations, and development foundations that will subsequently inform Leadership Pathways & Succession and the broader Board Leadership Continuity and Growth Plan identified within the CMLTO Board Competency Framework Implementation Plan.

Theme 3 – Governance Structure

Purpose

Ensure governance structures, leadership roles, committees, and governance responsibilities remain aligned with effective oversight and the public interest.

Key Focus Areas

- Clarify Board, committee, and statutory committee governance roles and responsibilities,
- Strengthen governance structures and leadership roles that support effective oversight,
- Review governance leadership role design and continuity mechanisms,
- Improve alignment between Board governance and statutory committee governance,
- Support effective Board recruitment, development, succession, and renewal practices,
- Promote governance clarity, role integrity, and effective governance design,
- Review committee governance structures, Board Officer roles, and governance design to ensure continued alignment with organizational needs and governance best practices, and
- Strengthen alignment between Board governance processes, committee governance processes, and Board Member lifecycle responsibilities.

Governance Modernization Initiatives

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8. Vice-Chair Structure
9. Board Chair Term Length
10. Board Committee Structure & Use
11. Board Role in Statutory Committees
12. Alignment of Statutory Committee Terms
13. Board Role in Board Member Recruitment & Board “HR” Function

Implementation Considerations
Several initiatives within this theme are interdependent. In particular, the Board Role in Board Member Recruitment & Board "HR" Function initiative is intended to be reviewed in conjunction with the Board Committee Structure & Use initiative to ensure alignment between committee governance structures and Board Member lifecycle responsibilities.

Theme 4 – Board Culture, Inclusion & Governance Behaviours
Purpose
Foster an inclusive, collaborative, and high-performing governance culture that supports effective collective decision-making and principled governance.

Key Focus Areas
- Promote inclusive governance practices, participation, and leadership,
- Reinforce EDI-J commitments through Boardroom behaviours,
- Strengthen Board cohesion, engagement, and collective accountability,
- Recognize and celebrate collective governance achievements,
- Foster a culture of collaboration, trust, and effective governance, and
- Support governance behaviors that reinforce respectful dialogue, constructive challenge, inclusive participation, and effective Board deliberation.

Governance Modernization Initiatives
14. Inclusion & Leadership Champion
15. Psychological Safety & Meeting Norms
16. Recognizing Board Success
17. Social & Team Building Opportunities

Implementation Considerations
While several initiatives within this theme were assessed as lower governance priorities, certain initiatives have been advanced to earlier implementation horizons due to their low implementation complexity and their potential to support Board cohesion, engagement, and governance culture.

Theme 5 – Governance Excellence & Continuous Improvement
Purpose

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Promote innovation, continuous improvement, and ongoing assurance that governance practices remain effective, adaptive, and aligned with Policy Governance® principles.

Key Focus Areas

- Encourage responsible innovation and organizational learning,
- Support experimentation within appropriate governance guardrails,
- Periodically assess governance effectiveness and Policy Governance® implementation,
- Reinforce governance integrity through independent evaluation and continuous improvement,
- Ensure governance practices remain aligned with public-interest accountability and Policy Governance® principles, and
- Support governance maturity through ongoing evaluation, learning, validation, and continuous improvement.

Governance Modernization Initiatives

18. Innovation & Safe-to-Fail for CEO
19. External Assessment of Policy Governance® Implementation

Implementation Considerations

The External Assessment of Policy Governance® Implementation initiative has been aligned with the Board's external evaluation cycle and is currently anticipated to be considered as part of the 2030 external Board effectiveness evaluation process.

Together, these five (5) governance themes provide an integrated roadmap for modernizing the Board's governance system. While each initiative has its own implementation pathway, the themes recognize that governance modernization is interconnected and that progress in one area often supports and strengthens progress in others.

The CMLTO Governance Modernization Implementation Matrix provides the detailed implementation framework supporting this roadmap, including implementation horizons, dependencies, governance considerations, implementation approaches, and sequencing assumptions.

The Plan adopts a coordinated and phased approach to implementation, informed by the Board's assessment of Public Interest Risk and Relative Priority, together with implementation dependencies, governance implications, and organizational capacity. While the Board's assessment results inform implementation sequencing, all initiatives are intended to proceed as part of the CMLTO Governance Modernization Plan. Lower-priority initiatives remain important components of the Plan and will be advanced through a phased implementation approach.

Table 2
Governance Modernization Roadmap Summary

Theme	Overall Objective	Governance Modernization Initiatives	Proposed Implementation Horizon
1. Board Effectiveness & Decision-Making	Strengthen the effectiveness, efficiency and quality of Board deliberation, meetings, and governance decision-making.	**1.** Board Efficiency, Agenda Design & Use of Board Time	Near-Term (2026-2027)
		2. Board Meeting Evaluations (Internal)	Near-Term (2026-2027)
		3. Question-Asking Boundaries (Micro-Training)	Near-Term (2026-2027)
2. Board Leadership & Governance Capacity	Strengthen Board leadership, governance capability, and succession planning to support effective governance continuity.	**4.** Board Chair Competencies and Training	Near-Term (2026-2027)
		5. Leadership Pathways & Succession	Medium-Term (2027-2028)
		6. Reciprocal Mentorship	Longer-Term (2028+)
		7. Exit Interviews for Departing Board Members	Near-Term (2026-2027)
3. Governance Structure	Ensure governance structures, leadership roles, committees, and governance responsibilities remain aligned with effective oversight and the public interest.	**8.** Vice-Chair Structure	Longer-Term (2028+)
		9. Board Chair Term Length	Near-Term (2026-2027)
		10. Board Committee Structure & Use	Medium-Term (2027-2028)
		11. Board Role in Statutory Committees	Medium-Term (2027-2028)
		12. Alignment of Statutory Committee Terms	Near-Term (2026-2027)
		13. Board Role in Board Member Recruitment & Board "HR" Function	Medium-Term (2027-2028)
4. Board Culture, Inclusion & Governance Behaviours	Foster an inclusive, collaborative, and high-performing governance culture that supports effective collective decision-making and principled governance.	**14.** Inclusion & Leadership Champion	Longer-Term (2028+)
		15. Psychological Safety & Meeting Norms	Longer-Term (2028+)
		16. Recognizing Board Success	Medium-Term (2027-2028)
		17. Social & Team Building Opportunities	Medium-Term (2027-2028)
5. Governance Excellence & Continuous Improvement	Promote innovation, continuous improvement, and ongoing assurance that governance practices remain effective and aligned with Policy Governance principles.	**18.** Innovation & Safe-to-Fail for CEO	Longer-Term (2028+)
		19. External Assessment of Policy Governance Implementation	Longer-Term (2028+)

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4. PROPOSED IMPLEMENTATION HORIZONS & SEQUENCING

The CMLTO Governance Modernization Plan is intended to be implemented through a coordinated and phased approach over time. Implementation sequencing reflects the Board's assessment of Public Interest Risk and Relative Priority, together with implementation dependencies, governance implications, organizational capacity, and opportunities to strengthen governance effectiveness.

Implementation horizons have also been informed by governance readiness, implementation complexity, existing governance review schedules, Board-approved implementation plans, and opportunities to align related governance initiatives.

Taken together, the implementation horizons reflect a coordinated and sequenced governance modernization progression. The Near-Term horizon focuses on strengthening Board effectiveness, Board leadership foundations, and governance continuity. The Medium-Term horizon focuses on leadership succession, governance structure modernization, committee governance, and Board culture and engagement. The Longer-Term horizon focuses on governance maturity, governance culture refinement, leadership development, independent governance validation, and continuous improvement.

Together, these horizons provide a coordinated progression from foundational governance improvements to longer-term governance maturity and continuous improvement.

Near-Term (2026–2027)

Focus: Strengthening foundational governance effectiveness, Board leadership capability, governance continuity, and selected governance structure improvements.

Initiatives

Theme 1 – Board Effectiveness & Decision-Making

- Board Efficiency, Agenda Design & Use of Board Time
- Board Meeting Evaluations (Internal)
- Question-Asking Boundaries (Micro-Training)

Theme 2 – Board Leadership & Governance Capacity

- Board Chair Competencies and Training
- Exit Interviews for Departing Board Members

Theme 3 – Governance Structure

- Board Chair Term Length
- Alignment of Statutory Committee Terms

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Medium-Term (2027–2028)

Focus: Strengthening governance structures, leadership continuity and succession planning, committee governance, Board culture, and Board engagement.

Initiatives

Theme 2 – Board Leadership & Governance Capacity

- Leadership Pathways & Succession

Theme 3 – Governance Structure

- Board Committee Structure & Use
- Board Role in Statutory Committees
- Board Role in Board Member Recruitment & Board "HR" Function

Theme 4 – Board Culture, Inclusion & Governance Behaviours

- Recognizing Board Success
- Social & Team Building Opportunities

Longer-Term (2028 and Beyond)

Focus: Strengthening governance maturity, governance culture refinement, leadership development, innovation, independent governance assessment, and continuous improvement.

Initiatives

Theme 2 – Board Leadership & Governance Capacity

- Reciprocal Mentorship

Theme 3 – Governance Structure

- Vice-Chair Structure

Theme 4 – Board Culture, Inclusion & Governance Behaviours

- Psychological Safety & Meeting Norms
- Inclusion & Leadership Champion

Theme 5 – Governance Excellence & Continuous Improvement

- Innovation & Safe-to-Fail for CEO
- External Assessment of Policy Governance Implementation

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Table 3
Implementation Horizons Summary

Horizon	Initiatives
Near-Term (2026–2027)	• Board Efficiency, Agenda Design & Use of Board Time • Board Meeting Evaluations • Question-Asking Boundaries • Board Chair Competencies & Training • Exit Interviews • Board Chair Term Length • Alignment of Statutory Committee Terms
Medium-Term (2027–2028)	• Leadership Pathways & Succession • Board Committee Structure & Use • Board Role in Statutory Committees • Board Role in Board Member Recruitment & Board HR Function • Recognizing Board Success • Social & Team Building Opportunities
Longer-Term (2028+)	• Vice-Chair Structure • Inclusion & Leadership Champion • Psychological Safety & Meeting Norms • Innovation & Safe-to-Fail for CEO • External Assessment of Policy Governance Implementation • Reciprocal Mentorship

Implementation progress will be monitored through the CMLTO Governance Modernization Implementation Matrix and reported to the Board periodically. The implementation horizons will be reviewed and refined as initiatives advance, dependencies are addressed, and governance priorities evolve.

The Governance Modernization Implementation Matrix will serve as the primary implementation, monitoring, and reporting tool supporting the Governance Modernization Plan and will be updated as implementation progresses.

5. APPROVED GOVERNANCE INITIATIVES (IMPLEMENTATION UNDERWAY)

In addition to the governance modernization initiatives identified through the governance modernization review process, the Board has previously approved several governance-related initiatives that are currently in implementation.

These initiatives remain important components of the Board's overall governance improvement agenda and will continue to be advanced through their respective approved implementation plans, monitoring mechanisms, and reporting processes.

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Accordingly, they are included in this Plan for awareness and alignment purposes but are not subject to further prioritization or sequencing through the governance modernization roadmap.

Table 4
Approved Governance Initiatives

Initiative	Status
Implementation of the CMLTO Board Competency Framework	Implementation Underway
Responsible Use of Artificial Intelligence (AI) at CMLTO	Implementation Underway
Implementation of the Global Diversity, Equity & Inclusion Benchmark (GDEIB) Framework	Implementation Underway
CMLTO Public Interest Assessment Framework (PIAF)	Implementation Underway

Relationship to the CMLTO Governance Modernization Plan

These initiatives complement and support the CMLTO Governance Modernization Plan by strengthening governance capability, public-interest oversight, accountability, Board effectiveness, leadership development, succession planning, and continuous governance improvement. Several governance modernization initiatives are intended to be implemented in alignment with existing Board-approved initiatives. For example, the Board Chair Competencies and Training and Leadership Pathways & Succession initiatives are closely linked to the implementation of the CMLTO Board Competency Framework and the development of the Board Leadership Continuity and Growth Plan.

Implementation progress will continue to be monitored and reported through the governance structures, policies, and reporting mechanisms previously approved by the Board.

6. CONCLUSION

The CMLTO Governance Modernization Plan provides a structured and phased roadmap for advancing the Board's governance modernization priorities over time. The Plan reflects the Board's direction from the April Generative / Strategic Directions Planning Session and incorporates the Board's assessment of public-interest risk and relative priority, together with implementation dependencies, governance implications, and organizational capacity considerations.

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The Plan is intended to support ongoing governance improvement, strengthen Board effectiveness, leadership capacity, accountability, and governance maturity, and ensure that governance practices continue to evolve in alignment with Policy Governance® principles and the Board's public-interest mandate.

Following Board review and feedback, the CMLTO Governance Modernization Implementation Matrix will serve as the primary tool for implementation planning, sequencing, progress monitoring, and ongoing Board oversight. The Matrix will be updated periodically to reflect implementation progress, emerging dependencies, changes in implementation assumptions, and future Board direction.

APPENDICES:

Appendix 1 – CMLTO Governance Modernization Implementation Matrix

Appendix 2 – CMLTO Board Assessment Results (Public Interest Risk & Relative Priority)

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AGENDA ITEM 5.0

5.0	BOARD MONITORING OF BOARD POLICY COMPLIANCE
5.1	GP IV-70 CMLTO Board Effectiveness Evaluation
5.2	GP IV-150 Board Member Use of Social Media

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Board Governance Process Policy Compliance Monitoring Report to Board

Date	: August 20, 2026
Relevant Policy	: GP IV-70 Board Effectiveness Self-evaluation Policy
Monitoring Report Completed by	: Imaya Vithana, Policy Champion
Review Period	: August 1, 2025 – August 1, 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
  - ☐ Board Committee
  - ☒ **Board Governance Process**
- ☐ Ownership Linkage Report
- ☐ Incidental Report
  - ☐ Registrar & CEO
  - ☐ Board Chair

PUBLIC INTEREST RATIONALE:

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

In addition to monitoring results and progress on policy achievement, the Board also monitors its compliance with its own policies to ensure that it governs with excellence, integrity, and equity, and holds itself accountable to the public of Ontario. This monitoring report is intended to demonstrate that the Board of Directors has been governing in a manner consistent with its Governance Process Policy (GP IV-70) Board Effectiveness Self-evaluation Policy for the period August 1, 2025 – August 1, 2026.

LEGEND: Level of Achievement

Compliance Fully Achieved

Compliance Partially Achieved

Compliance Not Achieved

Recommended Motion:

Be it resolved that,
The evidence provided demonstrates that overall Board has been fully compliant with its Governance Process Policy GP IV-70 Board Effectiveness Self-evaluation Policy.

BACKGROUND

The public expects the CMLTO Board to achieve its mandate. The Board believes that it is a major responsibility to govern with excellence, integrity, and equity and holds itself accountable. This self-discipline applies to attendance, preparation for meetings, policy-making principles, careholdership linkage, effective monitoring of the Registrar & CEO, respect of roles, fulfilling the Board's role description and ensuring the continuity of governance excellence.

The Board creates Governance Process and Board-CEO Relationship Policies to guide the Board in its work, processes, and mandate based on its governance philosophy and approach. The Board recognizes that effective governance can both substantially leverage the organization's achievement of its results (Ends/Critical Outcomes) and its accountability for doing this within ethical, prudent, and just means. Further, poor governance ultimately costs CMLTO much more than does allocating resources to support the Board in learning to and governing well. The Board as a whole and individual Board Members will invest resources to enhance their understanding and ongoing implementation of governance excellence. Further, the Board recognizes that in order to do so, it needs an ongoing plan for Board effectiveness evaluation and continuous Board learning and development.

POLICY PURPOSE

This policy is designed to outline the Board's commitment to Board effectiveness evaluation and the ongoing processes the Board has established to ensure that governance effectiveness evaluation and related continuous improvement are undertaken.

Board Compliance				
	Policy Criteria	**Board Interpretation of the Policy Criteria**	**Evidence Board Has Met Each Policy Criteria**	**Conclusion**
	POLICY Given these beliefs, the Board will assess its effectiveness using seven (7) primary strategies including: 1. **Monitoring Compliance/Achievement of Board Policies** • Regular ongoing monitoring of compliance/achievement of both Governance Process and Board-CEO Relationship Policies, which are policies that instruct/guide the Board's ethics, prudence, equity, and processes. • Usually conducted at three (3) Board meetings per year (including 2nd, 3rd, and 4th Board meetings in the year). • Not all Governance Process and Board-CEO Relationship Policies are monitored through this process; some are monitored through the annual Board Effectiveness Self-Evaluation – See Appendix 1.	No further interpretation is required.	1. Appendix 1A of this policy outlines a formal schedule for Board monitoring that details the Governance Process and Board-CEO Relationship policies, their monitoring frequency, and the methodology used for monitoring. 2. At the **February 12-13, 2026,** Board Meeting, the Board reviewed and approved the Board's compliance monitoring of **IV-80.** 3. At the **September 22-23, 2025,** Board Meeting, the Board completed compliance monitoring **of IV-10, IV-15, IV-35.10, IV-45.05, IV-130, IV-141,** and **IV-150**. 4. Board meeting minutes and monitoring reports from the September 2025 and February 2026 Board meetings document the Board's review of policy compliance and the related compliance determinations.	✓
	2. **Board Effectiveness Self-Evaluation** • An annual self-reflection against key governing criteria (as described in all four (4) policy sections of the Board Policy Set – particularly Governance Process Policies and Board-CEO Relationship Policies) to provide a profile of the Board's overall effectiveness/performance.	No further interpretation is required.	1. Appendix 1A of this policy identifies the Governance Process and Board-CEO Relationship policies monitored through the Board Effectiveness Self-Evaluation process. 2. At the **September 22-23, 2025**, Board Meeting, the Board received a **Report on the Process to Launch the 2025 Board Effectiveness Self-Evaluation (GP IV-70)**.	✓

Board Compliance				
	Policy Criteria	**Board Interpretation of the Policy Criteria**	**Evidence Board Has Met Each Policy Criteria**	**Conclusion**
	• This self-assessment includes evaluation of the Board's progress and pressing forward values and practices related to equity, diversity, inclusion, and justice (EDIJ) and the evaluation of the Boards's practice of ensuring its decisions align with its commitment to intentionally and transparently evaluate the impact of its decisions on the protection of the public interest. • This includes self-evaluation of the Board as a whole, individual Board Members, and Board and Statutory Committees.		3. At the **December 8-9, 2025**, Board Meeting, the Board reviewed the **2025 Board Effectiveness Self-Evaluation and Individual Board Member Assessment Results and Possible Actions**. 4. The evaluation included assessment of Board effectiveness, individual Board Member effectiveness, Committee effectiveness, EDIJ commitments, and public-interest decision-making. 5. Evaluation results were used to identify governance strengths, improvement opportunities, Board learning priorities, and future governance initiatives.	
	3. External Evaluation of Board Effectiveness • The Board will undertake an external evaluation of the Board's effectiveness every three (3) years. • The external evaluation will be independent of CMLTO staff and consultants. • Identification of an organization which will conduct the evaluation and management of the evaluation processes will be performed by the Executive Committee on behalf of the Board.	No further interpretation is required.	1. At the **November 21, 2025, Strategic Planning Meeting**, the Board Chair addressed the Board with a presentation summarizing **the 2025 External Evaluation of Board Effectiveness Outcomes conducted by the partnering vendor, Governance Solutions Inc**. and the report provided by **Meridian Edge**. 2. At the same meeting, the Board participated in a **Discussion and Consideration of the 2025 External Evaluation Outcomes**, demonstrating Board review of external evaluation findings. 3. At the **April 13, 2026, Board Meeting**, the Governance Specialist at CMLTO addressed the Board on the **CMLTO Governance Modernization Plan Refresh**, which incorporated governance improvement initiatives arising from Board evaluation activities.	

Board Compliance				
	Policy Criteria	**Board Interpretation of the Policy Criteria**	**Evidence Board Has Met Each Policy Criteria**	**Conclusion**
	4. Board Meeting Assessment • The Board will assess two Board meetings annually in order to determine Board meeting engagement and effectiveness. One Board meeting evaluation is conducted by all Board Members and one meeting is evaluated by a Board Meeting Monitor and discussed by full Board.	No further interpretation is required.	1. During the **December 8-9, 2025**, Board Meeting, the two board monitors documented aspects of the meeting processes and shared a summary during the closing segment. 2. At the **May 25-26, 2026**, Board Meeting, Board Members completed a Board Meeting Effectiveness Evaluation and discussed their observations. 3. Feedback from both evaluations was reviewed and considered by the Board as part of its ongoing efforts to improve Board effectiveness and meeting engagement. 4. Board meeting minutes and highlights from the December 2025 and May 2026 Board meetings document the Board's review of policy compliance and the related compliance determinations.	
	5. Integrated Board Strategic Agenda/Work Plan Tracking • The Board monitors its progress throughout the year on accomplishing its own work plan.	No further interpretation is required.	1. At the **September 22-23, 2025, Board Meeting**, the Board completed a **Review of 2025 IBSA Work Plan Progress**. 2. At the **February 12-13, 2026, Board Meeting**, the Board reviewed progress on the **2025 IBSA**, approved **2026 Board Goals**, and finalized the **2026 IBSA**. 3. Governance modernization initiatives, Board effectiveness activities, Board learning priorities, policy monitoring activities, and strategic governance projects were tracked through the IBSA during the review period.	

Board Compliance				
	Policy Criteria	**Board Interpretation of the Policy Criteria**	**Evidence Board Has Met Each Policy Criteria**	**Conclusion**
	6. Board Governance Scorecard • The Board has designed a scorecard of critical governance processes and outcome indicators which it tracks quarterly and overall, annually. • The Board periodically updates its scorecard indicators. • The Board reports some of its relevant indicators to the public.	No further interpretation is required.	1. At the **September 22-23, 2025, Board Meeting**, the Board reviewed the **Board Governance Scorecard Report Analysis (Q2)** and an **updated CMLTO Board Governance Scorecard**. 2. At the **December 8-9, 2025, Board Meeting**, the Board reviewed the **Board Governance Scorecard Report (Q3)** and an updated Governance Scorecard. 3. At the **February 12-13, 2026, Board Meeting**, the Board reviewed the **Board Governance Scorecard Report Analysis (Q4 2025)**. 4. At the **May 25-26, 2026, Board Meeting**, the Board reviewed the **Board Governance Scorecard Report Analysis (Q1 2026).**	
	7. Annual Board Member Profile of Governance and Professional Experience This profile will be prepared for the Executive Committee for the purpose of Board Member assignments to Statutory Committees in the following year. The Board will use the information and learning gained from all of these evaluations to:	No further interpretation is required.	1. At the **February 12-13, 2026, Board Meeting**, the Executive Committee presented recommendations regarding the **Composition of 2026 Board Statutory Committees**. 2. At the **May 25-26, 2026, Board Meeting**, the Board considered the **Appointment of a New Board Member to a Statutory Committee**. 3. Board materials show that the experience, competencies, governance expertise, and evaluation results of Board Members were utilized to inform	

Board Compliance				
	Policy Criteria	**Board Interpretation of the Policy Criteria**	**Evidence Board Has Met Each Policy Criteria**	**Conclusion**
	1. Compare to earlier evaluation results to measure progress and improvement, and 2. Develop action plans to enhance the Board's governance effectiveness including plans for Board learning and development. Resulting action plans will be incorporated in the Annual Integrated Board Strategic Agenda/Work Plan.		decisions regarding committee composition, governance development activities, and future Board planning.	

Further Information Regarding Board Evaluation Strategy 1 - Monitoring Achievement of Governing Process and Board-CEO Relationship Policies

The purpose of monitoring the Board's Governance Process and Board-CEO Relationship policies is to determine the degree to which the Board is complying with and achieving its own policies. Monitoring will be as automatic as possible, using Board time effectively, so that meetings can be used to create the future rather than spending too much time reviewing past Board performance.

These policies are monitored through Board self-assessment performed by individual Board Members or a small group of Board Members and discussed by the whole Board. Usually, each Monitoring Report on Board compliance with its own policies will be completed by the relevant Policy Champion and one other Board Member randomly assigned.

The Board Member preparing the Monitoring Report will provide a written summary of the Board's current interpretation of the policy, the verifiable evidence that the policy is being complied with or achieved, any areas of concern, and an overall conclusion (see Appendix 3 - Monitoring Worksheet/Report: Evaluation of Board Compliance With [insert policy name]).

Note: The policy marked by an asterisk (*) may not be monitored by the Board Chair or other officer.

The Board will evaluate whether the interpretation of the policy is reasonable and whether the Board is complying with/achieving its own policies.

APPENDICES:

The appendices below are source documents which inform the Board evaluation process.

Appendix 1A - Schedule of Board Monitoring of Board Achievement with Board Policies by Policy Topic

Appendix 1B - Schedule of Board Monitoring of Board Achievement - Monitoring Reports by Board Meeting by Year

Appendix 2 - Board Governance Process Monitoring Report to Board (Template)

OVERALL CONCLUSION

The evidence provided demonstrates that the Board has been in full compliance with its Governance Process Policy GP IV-70 Board Effectiveness Self-evaluation Policy.

Respectfully submitted,

Imaya Vithana	2026-08-20
Imaya Vithana **Board Member Facilitating Review**	**Date**

APPENDIX 1A
SCHEDULE OF BOARD MONITORING OF
BOARD ACHIEVEMENT WITH BOARD POLICIES BY POLICY TOPIC

EFFECTIVE DATE: DECEMBER 09, 2025

By Policy Topic Number	CATEGORY III: BOARD-CEO RELATIONSHIP POLICIES	Year, Quarter and Board Meeting Last Monitored	Frequency of Monitoring	Date to be Monitored Next	Method of Monitoring
III-01	Overview of Board-CEO Relationship Policy	---	---	---	Board Self Evaluation Survey
III-02	Delegation to the Registrar & CEO Policy	---	---	---	Board Self Evaluation Survey
III-03	Accountability of the Registrar & CEO Policy	---	---	---	Board Self Evaluation Survey
III-04	Registrar & CEO Position Description Policy	---	---	---	Board Self Evaluation Survey
III-05	Registrar & CEO Job Products Policy	---	---	---	Board Self Evaluation Survey
III-07	Unity of Control Policy	---	---	---	Board Self Evaluation Survey
III-10	Registrar & CEO Performance Evaluation Policy	---	---	---	Board Self Evaluation Survey
III-20	Board Support of the Registrar & CEO Policy	---	---	---	Board Self Evaluation Survey
III-25	Registrar & CEO Compensation Program Policy	Dec 12, 2023	3 yrs	Nov/Dec 2026	Board Self Evaluation Survey
III-25.05	Registrar & CEO Compensation Program: Structure and Administration Policy	Dec 12, 2023	Annually	Nov/Dec 2024	Board Self Evaluation Survey
III-26	Use of Registrar & CEO Employment Letter Template Policy	---	N/A	N/A	N/A

By Policy Topic Number	CATEGORY IV: GOVERNANCE PROCESS POLICIES	Year, Quarter and Board Meeting Last Monitored	Frequency of Monitoring	Date to be Monitored Next	Method of Monitoring
IV-01	Governance Philosophy/Approach Policy	Sept 24, 2024	3 yrs	Sep 2027	Board Monitoring of Policy Compliance
IV-01.05	CMLTO Board Equity, Diversity, Inclusion, and Justice Principles Policy	N/A	3 yrs	Feb 2027	Board Monitoring of Policy Compliance
IV-05	Board of Directors Terms of Reference Policy	May 27, 2024	3 yrs	May 2027	Board Monitoring of Policy Compliance
IV-10	Board Member Job Description Policy	September 23, 2025	3 yrs	Sep 2028	Board Monitoring of Policy Compliance
IV-15	Role of Board Officers Policy	September 23, 2025	3 yrs	Sep 2028	Board Monitoring of Policy Compliance
IV-16	Guidelines for Academic Member/Role Description Policy	Dec 12, 2023	3 yrs	Nov/Dec 2026	Board Monitoring of Policy Compliance
IV-20	Statutory and Board Committees Principles Policy	—	—	Nov/Dec Annually	Board Self Evaluation Survey
IV-20.05	Executive Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation
IV-20.06	Inquiries, Complaints and Reports Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation
IV-20.07	Discipline Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation
IV-20.08	Fitness to Practice Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation

By Policy Topic Number	CATEGORY IV: GOVERNANCE PROCESS POLICIES	Year, Quarter and Board Meeting Last Monitored	Frequency of Monitoring	Date to be Monitored Next	Method of Monitoring
IV-20.10	Patient Relations Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation
IV-20.11	Quality Assurance Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation
IV-20.12	Registration Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation
IV-20.13	Voluntary Roster Registration Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation
IV-20.14	Voluntary Roster Quality Assurance Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation
IV-20.15	Voluntary Roster Inquiries, Complaints and Reports Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation
IV-20.16	Voluntary Roster Discipline Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation
IV-20.17	Voluntary Roster Fitness to Practise Committee Terms of Reference Policy	—	—	Nov/Dec Annually	Year End Committee Evaluation
IV-22	Role of Committee Chair Policy	—	—	Nov/Dec Annually	Board Self Evaluation Survey
IV-25	Board Policy Decision Process Policy	—	—	Nov/Dec Annually	Board Self Evaluation Survey
IV-30	Annual Planning Cycle & Annual Integrated Board Strategic Agenda/Work Plan Policy	—	—	Nov/Dec Annually	Board Self Evaluation Survey
IV-35.01	Board Meeting Agenda Development and Structure Policy	—	—	Nov/Dec Annually	Board Self Evaluation Survey
IV-35.02	Board & Committee Member Honoraria and Expenses Policy	—	—	Nov/Dec	Board Self Evaluation Survey

By Policy Topic Number	CATEGORY IV: GOVERNANCE PROCESS POLICIES	Year, Quarter and Board Meeting Last Monitored	Frequency of Monitoring	Date to be Monitored Next	Method of Monitoring
IV-35.10	Developing and Maintaining the Board Policies Policy	Sept 23, 2025	2 yrs	Sept 2025	Board Monitoring of Policy Compliance
IV-40	Recruitment, Nominations and Appointment Selection Criteria for Board Members Policy	—	—	Nov/Dec Annually	Board Self Evaluation Survey
IV-45	Board Linkage with Ownership/Careholdership Policy	Feb 21, 2025	2 yrs	Nov/Dec 2026	Board Monitoring of Policy Compliance
IV-45.05	Board Meeting Process and Minutes Policy	Sept 23, 2025	3 yrs	Sep 2028	Board Monitoring of Policy Compliance
IV-50.05	Board Information System Policy	—	—	—	Board Self Evaluation Survey
IV-50.10	Board Monitoring System Policy	—	—	—	Board Self Evaluation Survey
IV-60	Board Policy Champion Role Policy	Sept 24, 2024	3 yrs	Sept 2027	Board Monitoring of Policy Compliance
IV-70	CMLTO Board Effectiveness Evaluation Policy	Sept 15, 2023	3 yrs	Sept 2026	Board Monitoring of Policy Compliance
IV-80	Board Code of Conduct, Confidentiality and Conflict of Interest Policy	Dec 12, 2023	Annually by Board Chair	Nov/Dec Annually	Board Self Evaluation Survey
		Feb 13, 2026	Annually	Nov/Dec Annually	Board Monitoring of Policy Compliance
IV-120	Board/Committee Member Attendance at External Events and Learning Opportunities Policy	Feb 21, 2025	3 yrs	Nov/Dec 2028	Board Monitoring of Policy Compliance

By Policy Topic Number	CATEGORY IV: GOVERNANCE PROCESS POLICIES	Year, Quarter and Board Meeting Last Monitored	Frequency of Monitoring	Date to be Monitored Next	Method of Monitoring
IV-130	Board Mentor Program Policy	Sept 23, 2025	2 yrs	Sep 2027	Board Monitoring of Policy Compliance
IV-135	Disclosure of Information Policy	---	---	Nov/Dec Annually	Board Self Evaluation Survey
IV-141	Approved Courses of Study in Medical Laboratory Technology for CMLTO Registration Policy	Sept 23, 2025	5 yrs	Sep 2030	Board Monitoring of Policy Compliance
IV-150	Board Member Use of Social Media Policy	Sept 23, 2025	Annually	Sep 2026	Board Monitoring of Policy Compliance
IV-166	Government Relations Policy	May 27, 2024	3 yrs	May 2027	Board Monitoring of Policy Compliance
IV-170	Emergency Class of Registration Policy	N/A	3 yrs	Nov/Dec 2026	Board Monitoring of Policy Compliance
IV-180	Board Use of Generative Artificial Intelligence Policy	N/A	Annually	Dec 2025	Board Self Evaluation Survey

College of Medical Laboratory Technologists of Ontario

Board Governance Process Policy Compliance Monitoring Report to Board

Date	:	August 7, 2026
Subject	:	GP IV-150 Board Member Use of Social Media Policy
Monitoring Report Completed by	:	Jessica McBane, Policy Champion
Review Period	:	August 1, 2025 – August 1, 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
  - ☐ Board Committee
  - ☒ **Board Governance Process**
- ☐ Ownership Linkage Report
- ☐ Incidental Report
  - ☐ Registrar & CEO
  - ☐ Board Chair

PUBLIC INTEREST RATIONALE:

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

In addition to monitoring results and progress on policy achievement, the Board also monitors its compliance with its own policies to ensure that it governs with excellence, integrity, and equity, and holds itself accountable to the public of Ontario.

This monitoring report is intended to demonstrate that the Board of Directors has been governing in a manner consistent with its Governance Process Policy GP IV-150 Board Member Use of Social Media Policy for the period August 1, 2025 – August 1, 2026.

Recommended Motion:

Be it resolved that,
The evidence provided demonstrates that overall Board has been fully compliant with its Governance Process Policy GP IV-150 Board Member Use of Social Media Policy.

LEGEND: Level of Achievement

Compliance Fully Achieved

Compliance Partially Achieved

Compliance Not Achieved

BACKGROUND

The Board recognizes the following with regard to social media:

- Communicating with the public and registrants through carefully selected social media channels provides an opportunity for CMLTO to convey information to widespread, inclusive, and diverse online networks about the values, policies, programs, services, actions, and results of the College.
- Similar to the traditional mainstream media channels (e.g. print and broadcast), social media is a powerful medium. It creates opportunities for the College to engage with diverse communities that it would otherwise not reach through traditional channels. With all of its potential; however, social media is not without pitfalls, which could put the College at risk if managed incorrectly or inappropriately.
- Board Members' personal social media behaviours could damage the College's reputation if managed incorrectly or inappropriately. This policy outlines the type of content that the College believes should not be posted by Board Members on their social media accounts while they are a member of the Board.

This policy is written by the Board in the context that the Board recognizes social media as a communications vehicle and medium which CMLTO chooses to utilize as part of its communications with the public, registrants, employers, and others.

Board Compliance				
	Policy Criteria	**Board Interpretation of the Policy Criteria**	**Evidence Board Has Met Each Policy Criteria**	**Conclusion**
	POLICY PURPOSE Given the significant benefits and risks related to using social media platforms, the purpose of this governance process policy is to outline the Board's expectations of Board Members related to their personal use of social media while they hold the position of CMLTO Board Member. This policy defines guidelines and expectations of Board Members in terms of professional behaviours to advance and maintain the CMLTO brand integrity and trust and to establish the legitimate and authoritative voice of the Board and the CMLTO.	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	
	POLICY In general, social media postings related to CMLTO matters should only be created and addressed by the CMLTO official communication lines.	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	
	While people serve as CMLTO Board Members, they are organizational ambassadors and must uphold the Board Code of Conduct at all times. In the context of social media, the expectations of Board Members include:	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	
	• Recognizing that only designated CMLTO employees are authorized to post content on the CMLTO's social media channels.	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	

Board Compliance				
	Policy Criteria	**Board Interpretation of the Policy Criteria**	**Evidence Board Has Met Each Policy Criteria**	**Conclusion**
	• Ensuring that Board Member or CMLTO-related social media posts adhere to the provisions of the CMLTO By-Law.	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	✓
	• Not posting anything on personal social media channels that is contrary to CMLTO's mandate, values, and policies or that could negatively impact the public image (or reputation) of the CMLTO.	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	✓
	• Assuming that all content on the internet is public and accessible to everyone.	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	✓
	• Limiting Board Member posts to only resharing information about the work of the Board, CMLTO news and announcements which have been officially prepared and posted by the CMLTO.	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	✓
	• Bringing forward to the Board Chair and Registrar & CEO any misrepresentation about CMLTO that they observe on social media.	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	✓
	• Not escalating issues by responding to other social media users, especially concerning a contentious subject related to the College. The Registrar & CEO and Corporate	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	✓

Board Compliance				
	Policy Criteria	**Board Interpretation of the Policy Criteria**	**Evidence Board Has Met Each Policy Criteria**	**Conclusion**
	Communications will craft and post a response if necessary.			
	• Thinking carefully before posting, checking grammar and spelling accuracy, and ensuring that Board Member posts convey a positive image of the CMLTO.	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	
	• Complying with applicable legislation, including but not limited to privacy legislation and the Copyright Act. It is considered good practice by the College to link to others' work rather than reproduce it.	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	
	Understanding and applying the strictest privacy settings necessary to maintain control over access to Board Member personal information and social media presence undertaken for personal purposes only. • Board Members will be aware that social media platforms are constantly evolving and be proactive in considering how professional expectations apply in any given set of circumstances.	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	
	All Board Member social media communications should be aligned with the Board's commitment to	No further interpretation is required.	There were no instances or occurrences of non-compliance reported.	

Board Compliance				
	Policy Criteria	**Board Interpretation of the Policy Criteria**	**Evidence Board Has Met Each Policy Criteria**	**Conclusion**
	intentionally and transparently protect the public interest.			

DEFINITIONS

Social Media: includes, but is not limited, to any online communication and commentary platforms, such as:

- Social Networking Sites (e.g. Facebook, LinkedIn, Instagram, Tik Tok, Snapchat)
- Social networking news sites
- Video and photo sharing websites (e.g. Flickr, YouTube)
- Micro-blogging sites (e.g. X- formerly known as Twitter)
- Blogs
- Online forums, chat rooms, message and discussion boards
- Electronic newsletters, comment sections of news sites
- Online encyclopedias (e.g. Wikipedia)
- Other sites and services that permit users to share information with others online

REFERENCES:

- CMLTO By-Law
  - Article 6 – Code of Conduct
  - Article 7 – Conflict of Interest
  - Article 8 – Confidentiality
- GP IV-70 – Board Code of Conduct, Confidentiality, and Conflict of Interest Policy
- CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form

OVERALL CONCLUSION

The evidence provided demonstrates that overall Board has been in full compliance with its Governance Process Policy GP IV-150 Board Member Use of Social Media Policy.

Respectfully submitted,

Jessica McBane	August 7, 2026
Jessica McBane **Board Member Facilitating Review**	**Date**

College of Medical Laboratory Technologists of Ontario

AGENDA ITEM 6.0

6.0	**GOVERNANCE PROCESS: BOARD ORIENTATION / CONTINUING LEARNING**
6.1	**Module 3** - Board Member Governing Financial Skills in the Context of CMLTO's Financial Model (live session with a pre-reading document)
6.2	Preparing for the 2027 Board Officer Elections: Board Officer Roles and Nominations

Back to Agenda

Briefing Report to Board

Date	:	Thursday, August 27, 2026
From	:	Karen Fryday-Field, Governance Counsel, Meridian Edge Leadership & Governance Consulting
Subject	:	Financial Knowledge and Skills for Governance – Board Learning Pre-Read – September 2026

Report Purpose:

- ☐ **Board Policy Development, Review, and Approval**
  - ☐ Ends Policy
  - ☐ Executive Limitations Policy
  - ☐ Board-CEO Relationship Policy
  - ☐ Governance Process Policy
- ☐ **Board Implementation of Policy**
  - ☐ Board-CEO Relationship Policy
  - ☐ Governance Process Policy
- ☐ **Monitoring Report**
  - ☐ Ends
  - ☐ Executive Limitations
  - ☐ Statutory Committee
- ☐ **Ownership Linkage Report**
- ☐ **Incidental Report**
  - ☐ Registrar & CEO
  - ☐ Board Chair
  - ☒ **Other: Board Continuing Education**

BACKGROUND

The intended purpose of this Briefing Note is to stimulate Board Member thinking in preparation for a financial governance learning session at the September 2026 Board meeting. The session will strengthen the Board's collective financial literacy and, importantly, support Board Members in examining financial matters through a governance lens.

The Board's responsibilities for strategic direction, stewardship, risk oversight and fiduciary accountability require an appropriate level of financial knowledge and skill. The knowledge and judgement required for governing financial matters, however, can be quite different from the financial expertise Board Members may use in their professional or operational roles.

Effective financial governance is not about the Board managing the organization's finances or duplicating the work of management, auditors or financial professionals. Rather, it is about ensuring that the Board can understand the organization's financial position, ask the right questions, establish appropriate policy direction and boundaries, assess financial risk and sustainability, and hold the CEO accountable for organizational performance.

For a health regulatory organization, financial stewardship also has a broader public-interest dimension. Financial resources are a means through which the organization achieves its regulatory purpose. The Board must therefore consider not only whether the organization is financially sound, but whether resources are being used responsibly and sustainably to achieve the outcomes for which the organization exists.

Financial Governance: The Questions a Board Should Be Asking

The September learning session will explore several overarching questions that can help Board Members approach financial information from a governance perspective.

1. **Is the organization financially healthy and sustainable?**
   The Board needs to understand the organization's overall financial condition rather than focusing only on whether individual budget lines are over or under budget. This includes considering revenue stability, expenditure patterns, liquidity, reserves, emerging financial pressures and longer-term sustainability.

   From a governance perspective, the central question is whether the organization has the financial capacity and resilience required to achieve its purpose now and into the future.

2. **Does the financial model support the organization's strategic direction and regulatory purpose?**
   A balanced budget does not, by itself, demonstrate good financial governance. The Board should understand how the organization's financial model supports achievement of its strategic direction and intended regulatory outcomes.

   This requires consideration of questions such as: Where do resources come from? What assumptions does the financial model depend upon? Where are resources being directed? Are financial decisions aligned with strategic priorities? Is the model sustainable if circumstances change?

   The budget should therefore be understood as more than an accounting document; it is also a financial expression of organizational priorities and choices.

3. **What are the significant financial risks facing the organization?**
   The Board should understand the major financial risks that could affect the organization's ability to achieve its purpose. These may include revenue concentration or volatility, unexpected regulatory or legal costs, workforce pressures, technology and cybersecurity investments, inflation, major capital requirements, changing registrant numbers, or other external factors.

   The governance question is not whether all financial risk can be eliminated. Rather, the Board needs assurance that significant risks are understood, appropriately managed, and within the Board's established risk and values boundaries.

4. **Are reserves appropriate for the organization's circumstances?**
   Reserves are an important component of organizational resilience, but the governance question is more sophisticated than simply asking whether reserves are "high" or "low."

   The Board should understand why reserves are held, what risks they are intended to address, how the appropriate level has been determined, and under what circumstances reserves should be accumulated or used.

   A sound reserve strategy should reflect the organization's risk environment, revenue model, foreseeable obligations and longer-term strategic requirements. The Board should also periodically consider whether its reserve philosophy remains appropriate as the organization's circumstances change.

5. **What does the budget tell us about organizational priorities and assumptions?**
   The Board's role is not to manage individual expenditures. Its interest is in the assumptions, priorities and significant choices reflected in the budget.

   Board Members should be able to understand the major drivers of revenue and expenditure, significant changes from prior years, assumptions about future conditions, material investments and the relationship between financial resources and expected organizational results.

   This shifts the Board conversation from "What does this line-item cost?" toward "What does this budget tell us about the organization's priorities, risks and capacity to achieve the outcomes we have established?"

6. **What financial information does the Board need to govern effectively?**
   More financial information does not necessarily produce better governance. Effective financial reporting should enable the Board to identify trends, understand material variances, recognize emerging risks and determine whether the organization remains financially sound and compliant with Board policy.

   An important governance skill is therefore determining **what information is material to the Board's work** and distinguishing it from financial information that appropriately belongs within management.

The Board's Role in Key Financial Processes
The September session will also examine the Board's appropriate role in several important financial processes.

Financial Planning and Budgeting
The Board should establish the strategic, policy, and risk context within which financial planning occurs and receives sufficient information to understand the organization's overall financial plan. The CEO and management are responsible for developing and administering the budget within the authority delegated by the Board. As long as the annual budget complies with Board policies related to financial planning, the Board has essentially already approved a budget through its policy structure.

Financial Monitoring
The Board should receive regular, understandable information that allows it to assess financial health, significant variances, emerging risks and compliance with Board policy. Monitoring should focus on material governance-level information rather than operational financial management.

Reserves
The Board should establish or approve the overarching philosophy and policy expectations governing reserves, including their purpose and appropriate parameters. Management is responsible for administering reserves within those expectations.

Financial Risk
The Board establishes acceptable boundaries for financial risk and seeks assurance that significant financial risks are being appropriately identified and managed. Management is responsible for the systems and actions used to manage those risks.

Audit and External Assurance
The Board is responsible for ensuring that appropriate independent financial assurance exists, including receiving and considering the external auditor's findings. Where an Audit or Finance Committee is used, its work supports—but does not replace—the accountability of the full Board.

Financial Policies and Controls
The Board establishes governance-level policy expectations regarding financial prudence, integrity, risk and protection of organizational assets. Management determines and implements the operational controls, procedures and systems required to comply with those expectations.

Major Financial Decisions
The Board should be clear about which financial decisions are reserved to the Board and which have been delegated to the CEO. Effective governance avoids both extremes: insufficient oversight and Board involvement in decisions that properly belong to management.

Applying a Policy Governance® Lens
Within a Policy Governance approach, financial governance is fundamentally connected to Ends/Critical Outcomes, Executive Limitations and monitoring. The Board establishes the results the organization exists to achieve and the value or worth associated with those results. It establishes policy boundaries defining unacceptable financial conditions, activities and risks. The CEO then has the authority to make financial and operational decisions within those boundaries.

The Board's role is consequently not to determine *how* the CEO manages the organization's finances. Its role is to determine whether financial decisions and conditions remain within Board-established boundaries and whether the organization has sufficient financial capacity to achieve the outcomes the Board has established.

This distinction is particularly important when reviewing budgets and financial reports. Board Members should continually ask: Is this information helping us govern, or are we beginning to manage?

Preparing for the September Session

In advance of the learning session, Board Members are encouraged to reflect on three questions:

1. What do I need to understand about the organization's finances in order to fulfil my responsibilities as a governor?
2. What financial information gives me confidence—or assurance—that the organization is financially healthy, sustainable and appropriately managing risk?
3. When discussing financial matters, how can the Board remain appropriately accountable without moving into the CEO's responsibility for financial management?

The September learning session will build from these questions and provide practical opportunities for Board Members to strengthen their financial governance judgement, interpret financial information at the appropriate level, and practise asking questions that contribute to effective stewardship, strategic oversight and accountability.

College of Medical Laboratory Technologists of Ontario

Agenda Item: 6.2

Briefing Report to Board of Directors

Date : August 19, 2026

From : Karen Persad, 2026 CMLTO Board Chair
John Tzountzouris, Registrar & CEO

Subject : Preparing for the 2027 Board Officer Elections: Board Officer Roles and Nominations

- ☐ 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:
Supporting Board leadership succession and encouraging Board Members to consider Board Officer roles serves the public interest by strengthening the Board's leadership capacity, continuity, and governance effectiveness in fulfilling its regulatory mandate.

PURPOSE

The purpose of this briefing report is to support the Board's ongoing leadership succession and development by providing Board Members with information about CMLTO Board Officer roles and supporting their consideration of their interest and readiness to serve in a Board leadership role.

The September Board meeting will include a facilitated discussion led by Karen Persad, 2026 CMLTO Board Chair, to explore Board leadership, potential interest in the Chair and Vice-Chair roles, and any questions or perceived barriers that may affect Members' willingness to seek nomination, in advance of the formal call for nominations for the 2027 Board Officer elections.

BACKGROUND

CMLTO's Board Officers consist of the Chair, Vice-Chair, Professional, and Vice-Chair, Public. Board Officers are elected annually by the Board at the last regular

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Board meeting of the year, with their terms commencing January 1st of the following year.

Annual Board Officer elections are an important component of Board leadership succession. CMLTO's governance framework also recognizes that effective leadership continuity extends beyond the annual election process and includes the ongoing development of Board Members and preparation for future leadership roles. GP IV-15 Role of Board Officers Policy and GP IV-40 CMLTO Board Composition and Leadership Continuity Policy support this approach by establishing leadership development and succession planning as ongoing governance responsibilities.

The formal call for nominations for the 2027 CMLTO Board Officer positions will follow the September Board meeting, with the election taking place at the December 2026 Board meeting.

CMLTO BY-LAW REQUIREMENTS

Section 4.2 of the CMLTO By-Law establishes the Board Officer positions, their responsibilities, terms of office, eligibility requirements, and election process. The Board Officers consist of the Chair, Vice-Chair, Professional, and Vice-Chair, Public.

The Chair provides leadership to the Board, ensures the integrity of the Board's processes, and represents the Board to external parties. A Vice-Chair acts with the powers and duties of the Chair as delegated by the Chair or in the Chair's absence.

Board Officers are elected for a one-year term commencing January 1st following the election. The Chair may serve a maximum of two (2) consecutive one-year terms. Any Board Member is eligible to stand for election as Chair or Vice-Chair; however, the Vice-Chair, Professional is elected from among Professional and Academic Board Members, and the Vice-Chair, Public from among Public Board Members.

In accordance with section 4.2.3 and Schedule 1 of the CMLTO By-Law, Board Officers are elected at the last regular Board meeting of the year.

BOARD POLICIES: ROLES AND LEADERSHIP DEVELOPMENT

GP IV-15 Role of Board Officers Policy defines the governance leadership responsibilities of the Board Officers, including the Chair's responsibility to support effective Board governance and encourage succession planning and the development of Board Members for leadership roles. The Vice-Chair positions also provide opportunities for Board Members to build governance leadership skills and capacity.

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GP IV-40 CMLTO Board Composition and Leadership Continuity Policy further supports leadership continuity by providing for the identification and preparation of potential candidates for future leadership roles through development, mentorship, and opportunities to build the skills and knowledge necessary for effective Board leadership.

Supporting Board Members in understanding, considering, and preparing for Board Officer roles contributes to effective leadership succession and continuity.

CONSIDERING A BOARD OFFICER ROLE

Board Members may be interested in serving as a Board Officer but may be uncertain about their readiness for a leadership role. Readiness does not require prior experience in every aspect of the role; Board leadership capacity can continue to develop through governance experience, mentorship, education, and other development opportunities.

Board Members considering a Board Officer position may wish to reflect on questions such as:

- Am I committed to CMLTO's public interest mandate and the Board's governance role?
- Can I facilitate and contribute to constructive discussion while ensuring different perspectives are heard?
- Can I support the Board in remaining focused on its governance responsibilities and collective decisions?
- Am I comfortable working constructively with different perspectives?
- Can I represent and support the Board's collective direction rather than my individual position?
- Am I willing to continue developing my governance and leadership capabilities?
- Do I have the interest and capacity to take on the additional responsibilities associated with a Board Officer role?

A Board Member does not need to answer every question with complete confidence before considering nomination. Governance experience, sound judgment, commitment to the Board's work, willingness to learn, and the capacity to grow into additional leadership responsibilities are all relevant considerations. Board leadership capacity can also continue to develop through experience, mentorship, education, and participation in governance activities.

Board Members who are uncertain about their readiness are encouraged to speak with the current Chair and Vice-Chairs to learn more about the roles and their experiences.

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UNDERSTANDING POTENTIAL BARRIERS TO NOMINATION

An important aspect of supporting leadership succession is understanding whether there are factors that may discourage Board Members who might otherwise be interested in putting their names forward.

Potential barriers or considerations may include:

- Uncertainty about the responsibilities or time commitment associated with a Board Officer role,
- Uncertainty about the skills or experience expected,
- A perception that extensive previous leadership experience is required,
- Uncertainty about available orientation, support, mentoring, or development opportunities,
- Concern about balancing the role with professional or personal commitments,
- Uncertainty about the nomination or election process, or
- Uncertainty about one's own readiness to assume a Board leadership role.

Identifying these considerations provides an opportunity to determine whether they can be addressed through additional information, support, or development opportunities. Depending on the needs identified, this could include greater clarity regarding Board Officer responsibilities and time commitments, opportunities to learn from current or former Board Officers, leadership development or mentoring opportunities, and support for Board Members in assessing and further developing their readiness for future Board Officer roles.

The September session provides an opportunity to better understand these potential barriers directly from Board Members and consider what, if any, additional supports or development opportunities may be helpful.

BOARD CHAIR PERSPECTIVE

The Board Chair will facilitate a discussion and share practical reflections on the experience of serving as a Board Officer, including:

- The role of the Chair in practice,
- The experience and capabilities that can help prepare a Board Member for the role,
- What the Chair learned after assuming the position that may not have been apparent beforehand,
- The support available to Board Officers,
- Why Board Members should not necessarily rule themselves out because they do not feel fully ready, and
- The importance of maintaining and developing leadership capacity across the Board.

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The discussion is intended to provide practical insight into Board leadership and encourage Members to consider their own potential and interest.

SEPTEMBER BOARD DISCUSSION

Following the Chair's reflections, Board Members will be invited to discuss Board leadership succession and the upcoming Board Officer nomination process.

The discussion may explore:

1. What would help Board Members better understand the Chair and Vice-Chair roles?
2. Are there aspects of the Board Officer roles that may discourage Members from considering nomination?
3. What information or support would help Board Members assess their readiness for a Board Officer role?
4. What leadership development opportunities could help Board Members prepare for future Board Officer roles?
5. What could CMLTO do to continue strengthening Board leadership succession over time?

Board Members will not be expected to indicate during the discussion whether they intend to seek nomination. The purpose of the discussion is to support reflection, understanding, and leadership development in advance of the formal nomination process.

NEXT STEPS — ELECTION OF THE 2027 CMLTO BOARD OFFICERS

Following the September Board meeting, the formal call for nominations for the 2027 Board Officer positions will be circulated to all Board Members, together with information regarding eligibility and the nomination process. The election will take place at the December 2026 Board meeting in accordance with section 4.2.3 and Schedule 1 of the CMLTO By-Law.

APPENDICES

Appendix 1 – Reflections from Karen Persad, 2026 CMLTO Board Chair (November 2025)

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Appendix 1
Reflections from Karen Persad, 2026 CMLTO Board Chair
November 18, 2025

"This has been an ongoing learning journey for me, as no one steps into this role as an automatic perfect fit…no matter how experienced or knowledgeable the person is. You have to navigate your way, learn the culture, self-adjust and fine tune to be a good fit for the Board and the organization that you serve…and they're all different. Even within the same organization, the skills I engaged in being Chair in 2017/18 are different from those I need in the current time period. It is a continuous learning journey, and as long as we stay in a learning and growth mindset, anything is possible. One of the most rewarding aspects of the Chair role, is seeing and facilitating the high functioning team dynamics of our Board, as different perspectives come forward, are respected, and then gel together to synergistically build upon one another to reach consensus. You just need to be a good listener, have a little patience, be open to and encourage multiple thoughts swirling around the table for a bit, until it starts to take shape, with occasional guardrails. For me, the Board Chair role is not about leading out in front, it is leading from where I stand, which is in and amongst all of you."

Karen Persad, 2026 CMLTO Board Chair
November 18, 2025

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AGENDA ITEM 7.0

7.0	**ADJOURNMENT**

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CMLTO

BOARD MEETING

Tuesday, September 15, 2026

DAY 2

College of Medical Laboratory Technologists of Ontario

AGENDA
CMLTO BOARD OF DIRECTORS MEETING
Hybrid Meeting
Tuesday, September 15, 2026 / Time: 9:00 a.m. – 4:45 p.m.
Chair: K. Persad, Board Chair – CMLTO Board of Directors

Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
1.0	**WELCOME, INTRODUCTIONS AND CALL TO ORDER**					**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**	**9:03 am**
2.1	Review and Approval of Meeting Agenda	Board Approval ***(Motion)***	K. Persad	Read Item 2.1	N/A	9:03 am
2.2	Declaration of Conflict of Interest	Declaration of Conflict of Interest	K. Persad	N/A	N/A	9:05 am
3.0	**ENDS POLICY BRIEFING, DEVELOPMENT, AND IMPLEMENTATION**					**9:10 am**
3.1	Review/Refresh Process for CMLTO Ends (Critical Outcomes) Policies	Board is informed	J. Tzountzouris K. Persad K. Fryday-Field Meridian Edge	Read Item 3.1	224	9:10 am
4.0	**BOARD MONITORING AGENDA – CMLTO ENDS POLICIES**					**9:45 am**
4.1	Ends Policy 3 – Effective Regulation with the Health System	Board Approval ***(Motion)***	J. Tzountzouris	Read Item 4.1	232	9:45 am
5.0	**BOARD MONITORING AGENDA – EXECUTIVE LIMITATIONS**					**10:10 am**
5.1	EL II-10 Financial Health Policy	Board Approval ***(Motion)***	J. Tzountzouris	Read Item 5.1	242	10:10 am
5.2	EL II-10 Financial Health Policy – Proposed 2027 CMLTO Budget	Board Approval ***(Motion)***	J. Tzountzouris	Read Item 5.2	258	10:25 am

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Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
	BREAK					**11:25 am**
5.3	EL II-12 Financial Audit & External Auditor Policy	Board Approval ***(Motion)***	J. Tzountzouris	Read Item 5.3	286	11:40 am
5.4	EL II-25 Human Resources Parameters	Board Approval ***(Motion)***	J. Tzountzouris	Read Item 5.4	298	11:50 am
5.5	EL II-35 Staff Conduct and Transparency Policy	Board Approval ***(Motion)***	J. Tzountzouris	Read Item 5.5	331	12:00 pm
5.6	EL II-80 Executive Succession Plan	Board Approval ***(Motion)***	J. Tzountzouris	Read Item 5.6	354	12:10 pm
	LUNCH					**12:20 pm**
6.0	**MOTION TO CLOSE THE MEETING**					**1:00 pm**
6.1	Motion to Close Meeting in accordance with RHPA s.7(2)(d) RE Personnel Matters	Board Approval ***(Motion)***	K. Persad	N/A	N/A	1:00 pm
7.0	**BOARD MONITORING AGENDA OF REGISTRAR & CEO – CMLTO ENDS & EXECUTIVE LIMITATIONS POLICIES**					**1:05 pm**
7.1	Board Performance Feedback to Registrar & CEO Regarding Policies Monitored at the September Meeting ***(If Required by Board)***	Board Discussion	K. Persad	N/A	N/A	1:05 pm
7.2	Registrar & CEO Incidental Briefing / Environmental Scan Report	Board Approval ***(Motion)***	J. Tzountzouris	Read Item 7.2	374	1:15 pm
7.3	Board Chair's Report on Mid-Year R/CEO Performance Discussion	Board is Informed	K. Persad	Verbal Report	N/A	1:45 pm
7.4	Registrar & CEO Performance Tracking Through Monitoring Reports	Board is Informed	J. Tzountzouris	Read Item 7.4	449	1:50 pm
7.5	Governance Support to the Board of Directors	Board is Informed	J. Tzountzouris K. Persad	Read Item 7.5	455	1:55 pm
8.0	**MOTION TO REOPEN BOARD MEETING**					**2:10 pm**

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Agenda Item	Topic	Proposed Outcome	Lead	Report Type	Page Number	Start Time
8.1	Motion to Open Meeting to the Public	Board Approval ***(Motion)***	K. Persad	N/A	N/A	2:10 pm
9.0	**RISE AND REPORT**					**2:10 pm**
9.1	Report on Matters Discussed in Closed Meeting	Public is Informed	K. Persad	N/A	N/A	2:10 pm
	BREAK					**2:20 pm**
10.0	**BOARD POLICY REVIEW – EXECUTIVE LIMITATIONS**					**2:40 pm**
10.1	Overview of Board Policy Review Processes	Board is Informed	J. Tzountzouris M. Cakar	Read Item 10.1	476	2:40 pm
10.2	**Regular Policy Review:** EL II-12 Financial Audit and External Auditors Policy	Board Approval ***(Motion)***	A. Chan J. Tzountzouris M. Cakar	Read Item 10.2	479	2:55 pm
10.3	**Regular Policy Review:** EL II-80 Executive Succession Plan Policy	Board Approval ***(Motion)***	M. Wong-Fung J. Tzountzouris M. Cakar	Read Item 10.3	496	3:10 pm
11.0	**BOARD POLICY REVIEW – GOVERNANCE PROCESS**					**3:25 pm**
11.1	**Regular Policy Review:** GP IV-170 Emergency Class of Registration Policy	Board Approval ***(Motion)***	K. Unruh J. Tzountzouris	Read Item 11.1	513	3:25 pm
11.2	**Regular Policy Review:** GP IV-80 Board Code of Conduct, Confidentiality, and Conflict of Interest Policy	Board Approval ***(Motion)***	K. Persad M. Cakar	Read Item 11.2	532	3:35 pm
11.3	**Special Policy Review:** GP IV-45 Board Linkage with Ownership/Careholdership	Board Approval ***(Motion)***	I. Vithana M. Cakar	Read Item 11.3	576	3:45 pm
12.0	**BOARD LINKAGE AGENDA**					**4:00 pm**
12.1	CMLTO Board/Careholdership Linkage Plan Refresh	Board is Informed	J. Tzountzouris M. Cakar M. Price	Read Item 12.1	587	4:00 pm
13.0	**ADJOURNMENT**					**4:45 pm**

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AGENDA ITEM 1.0

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

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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

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AGENDA ITEM 3.0

3.0	**ENDS POLICY BRIEFING, DEVELOPMENT, AND IMPLEMENTATION**
3.1	Review/Refresh Process for CMLTO Ends (Critical Outcomes) Policies

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Agenda Item: 3.1

Briefing Report to Board of Directors

Date	: August 4, 2026
From	: John Tzountzouris, Registrar & CEO Karen Persad, Board Chair Karen Fryday-Field Meridian Edge Consulting
Subject	: Refresh of the CMLTO Board of Directors Ends (Critical Outcomes) Policies – Approach, Process and Timelines

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
  - ☐ Board Committee
- ☐ Careholdership Linkage Report
- ☐ Incidental Report
  - ☐ Registrar & Registrar & CEO
  - ☐ Board Chair
  - ☐ Other:

INTRODUCTION

The Board's Ends (Critical Outcomes) Policies (the "Ends") are the cornerstone of governance under the Policy Governance framework. They define the long-term outcomes the organization exists to achieve, identify for whom those outcomes are intended, and establish the priority or value the Board places on those outcomes. Collectively, the Ends provide the Board's expression of organizational purpose and establish the strategic direction within which all organizational decisions are made. Once the Board has determined the Ends, responsibility for determining the means of achieving those outcomes rests with the Registrar & CEO, subject to the Board's Executive Limitations. This clear distinction between ends and means enables the Board to focus on governance while preserving management's authority to exercise professional judgment in the implementation of Board policy.

The Board last undertook a comprehensive review of its Ends in 2023 leading to the current Policy which was intended to be in place from 2024 to 2027. Since that time, the environment in which health profession regulators operate has continued to evolve. Changes in healthcare delivery, advances in technology, workforce challenges, demographic shifts, increasing public expectations for transparency and accountability, and broader changes in the regulatory landscape all have the potential to influence the outcomes the Board believes the organization should achieve in serving the public interest. While these changes do not necessarily require different Ends, they warrant a deliberate examination of whether the current Ends continue to express the Board's vision of the organization's long-term purpose.

Refreshing the Ends is therefore one of the Board's most significant governance responsibilities. It is not intended to be a policy editing exercise or a review of organizational activities. Rather, it is an opportunity for the Board to reconsider the long-term outcomes it wishes the organization to achieve and to ensure those outcomes remain relevant, meaningful, and appropriately focused on the future.

BACKGROUND

Policy Governance recognizes that determining Ends is fundamentally a governance responsibility that cannot be delegated. While the Board may draw upon extensive information, research, and consultation, the responsibility for deciding what outcomes should be achieved ultimately rests with the Board alone. Directors are expected to exercise informed judgment on behalf of the careholders by considering both the current environment and the future needs of those the organization exists to serve. The resulting Ends are therefore an expression of the Board's governance judgment rather than a compilation of key partner interests or operational priorities.

For this reason, a meaningful Ends review begins with learning before deciding. The Board should first seek to better understand the values, needs, and expectations of the careholders through careholdership linkage activities. Careholdership linkage is intended to help the Board understand what those on whose behalf it governs value most, while recognizing that the Board remains accountable for interpreting those perspectives and making governance decisions in the broader public interest. Careholdership linkage informs the Board's deliberations but does not determine the outcome. The Board must weigh those perspectives alongside its statutory mandate and its responsibility to exercise independent judgment.

In addition to careholdership linkage, the Board should consider information that provides insight into the environment in which the organization will operate over the coming years. This includes trends in professional regulation, developments within the medical laboratory profession, changes in healthcare delivery, demographic and population health trends, emerging technologies, public expectations, government policy directions, and other factors that may influence future public needs. Collectively, these inputs help the Board look beyond current operational issues and focus instead on the conditions the organization is likely to face over the longer term.

The proposed approach reflects the iterative nature of Ends development within Policy Governance. Rather than attempting to define the Ends in a single discussion, the process is designed to move through a series of stages that include environmental scanning, careholdership linkage, Board education and reflection, facilitated dialogue, policy development, and refinement. Each stage builds upon the previous one, allowing Board Members to test assumptions, challenge existing thinking, and progressively develop a shared understanding of the long-term outcomes the organization should pursue.

Throughout the process, it will be important for the Board to maintain the distinction between governance and management. Discussions should remain focused on the outcomes the organization exists to achieve rather than the programs, services, or initiatives used to achieve them. Similarly, environmental information and careholdership perspectives should be viewed as inputs to governance deliberation rather than direction to management. Maintaining this discipline will help ensure that the refreshed Ends remain enduring statements of purpose that provide strategic direction while preserving the Registrar & CEO's authority to determine the means of achieving them.

The proposed process has therefore been designed to provide the Board with sufficient time to gather evidence, reflect on emerging issues, engage with careholders (as required and appropriate), deliberate collectively, and ultimately develop a refreshed set of Ends (Critical Outcomes) Policies that continue to express the Board's vision for the organization's long-term public purpose and its responsibility to protect and serve the public interest.

REVISION PROCESS

The Board's Ends (Critical Outcomes) Policies articulate the long-term outcomes the organization exists to achieve, for whom those outcomes are intended, and the

priority the Board places on those outcomes. As the Board's highest expression of organizational purpose, the Ends provide the foundation for governance, strategic direction, and accountability. Periodically reviewing the Ends is an important governance responsibility that enables the Board to confirm that they continue to reflect its vision for advancing the public interest within an evolving health care and regulatory environment.

Best practice suggests that a review of Board Ends Policies should not be approached as a policy drafting or editing exercise. Rather, it should be a deliberate process of inquiry, reflection, and governance dialogue that enables the Board to consider whether the long-term outcomes it has established remain relevant, appropriate, and forward-looking. Because Ends are intended to be enduring statements of organizational purpose, revisions should be based on a thoughtful assessment of emerging opportunities, risks, and societal needs rather than on short-term operational issues or isolated events.

To support this work, the proposed approach is intentionally structured as a phased process extending over multiple Board meetings. This recognizes that meaningful governance decisions benefit from time to gather information, reflect on its implications, and engage in informed discussion before reaching conclusions. Presenting information incrementally also allows Board Members to build a common understanding of the environment in which the organization operates and to consider each source of information on its own merits before integrating it into broader discussions about the organization's long-term purpose.

The proposed workplan will bring forward a range of evidence and perspectives to inform the Board's deliberations. These will include the outcomes of careholdership linkage activities, trends in professional regulation, developments within the medical laboratory profession, demographic and population trends, emerging public needs and expectations, and other environmental factors that may influence the future context in which the organization fulfills its statutory mandate. Together, these inputs are intended to broaden the Board's perspective, challenge existing assumptions where appropriate, and support informed governance judgment.

While these sources of information will inform the Board's deliberations, they will not determine the outcome. Consistent with Policy Governance principles, the responsibility for defining the Ends remains solely with the Board. Directors must exercise their collective judgment in weighing the evidence, considering the interests of those on whose behalf they govern, and determining the long-term

outcomes that will best advance the organization's public purpose. The proposed workplan has therefore been designed to provide sufficient opportunity for learning, reflection, dialogue, and refinement before any revisions to the Ends Policies are brought forward for the Board's consideration.

REVISION TIMELINES

September 2026 – Launch the Ends Refresh

Deliverables

Introduce the overall Ends (Critical Outcomes) Policy refresh process, governance principles underlying the review, proposed workplan, timelines, and expected Board role. Provide a refresher on the purpose of Ends Policies within Policy Governance and the distinction between Ends and means.

Outcomes

Confirm the proposed approach and identify any additional information the Board wishes to consider during the review.

December 2026 – Environmental Context

Deliverables

Present an environmental scan of trends affecting health profession regulation, healthcare delivery, public expectations of regulators, government priorities, and governance trends.

Outcomes

Discuss the implications of these external trends and identify issues likely to influence the organization's long-term purpose.

February 2027 – Future Needs and Perspectives

Deliverables

Present trends affecting the medical laboratory profession, workforce and demographic trends, emerging public needs, and the results of Careholdership Linkage activities. Conclude with an integrated discussion paper highlighting key themes emerging across all information presented to date.

Outcomes

Consider how the various trends and careholdership perspectives interact and identify the strategic questions that should be explored during the April workshop.

April 2027 – Facilitated Ends Deliberation

Deliverables

Facilitate a Board workshop that synthesizes all information gathered throughout the process. Provide discussion materials designed to help Directors explore the organization's long-term purpose, desired public outcomes, beneficiaries, and priorities.

Outcomes

Through facilitated dialogue, reach broad agreement on the conceptual direction of the refreshed Ends. Confirm which existing Ends remain appropriate, which require revision, and identify any new concepts that should be reflected in the revised Ends Policies. Provide governance direction to management for drafting revised policy language.

May 2027 – Review of Draft Ends Policies

Deliverables

Present a first draft of the revised Ends Policies together with a rationale for each proposed revision and a comparison with the existing Ends. Demonstrate how the draft reflects the Board's deliberations and governance direction from the April workshop.

Outcomes

Review the draft at a governance level, refine the intended outcomes and policy language as necessary, and provide final drafting direction to management.

September 2027 – Approval of Revised Ends Policies

Deliverables

Present the final proposed Ends incorporating Board feedback from May, together with a summary of changes and confirmation of alignment with the Board's strategic direction.

Outcomes

Approve the revised Ends (Critical Outcomes) Policies. Confirm any consequential amendments required to Governance Process Policies, Executive Limitations, monitoring schedules, or future Board workplans arising from the revised Ends.

December 2027 – Implementation and Alignment

Deliverables

Present the revised Ends Interpretation and Strategic Operating Plan to the Board, which will align with the refreshed Ends.

Outcomes

Confirm that the governance system and organizational planning processes are aligned with the revised Ends and identify any additional governance work arising from the refresh.

Governance Questions to be Discussed at the September 2026 Meeting

To support the Board's discussion of the proposed Ends Policy refresh process, the following governance questions are intended to encourage reflection on the Board's role, the information required to support informed decision-making, and the long-term perspective necessary to develop meaningful and enduring Ends Policies. These questions are intended to guide the Board's thinking at the outset of the process rather than seek conclusions about the content of the Ends themselves.

Governance Process

What information and perspectives will best enable the Board to exercise informed governance judgment when determining the long-term outcomes the organization should achieve on behalf of the public?

Governance Discipline

How can the Board ensure that its review of the Ends remains focused on the long-term public outcomes the organization exists to achieve, rather than on current operational priorities or organizational activities?

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AGENDA ITEM 4.0

4.0	BOARD MONITORING AGENDA – CMLTO ENDS POLICIES
4.1	Ends Policy 3 – Effective Regulation with the Health System

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

Date : August 30, 2026

From : John Tzountzouris, Registrar & CEO

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

For the Period : January 1 – August 30, 2026

Report Purpose:

- ☐ Board Policy Development/Enhancement
- ☐ Regular Policy Review
- ☐ Policy Approval
  - ☐ Ends Policy
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- ☐ Incidental Report
  - ☐ Registrar & CEO
  - ☐ Board Chair
  - ☐ 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.

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

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

Recommended Motion:

Be it resolved that:

- The Board understands the High Level Ends Policy 3 – Effective Regulation with the Health System Monitoring Report; and

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

Monitoring Report Analysis:
All High Level Ends Policy 3 outcomes are reported in the attached document which describes the actual results achieved in 2026, year to date, a graphical representation of achievement and residual risk, and a variance and risk description, as required.

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

- CMLTO's impact on, support and monitoring of the CAMLPR initiatives in 2026.

- Comprehensive oversight of medical laboratory assistants and technicians has advanced during 2026, supported by an increased understanding of the importance of the regulatory initiative by the MOH. Advancement of a comprehensive plan and "playbook" for regulation will directly support this initiative.

- Effective outreach to the Public of Ontario leading to our own internal distribution list of one thousand (1000) individuals.

- Formal ongoing monitoring of emerging health human resource and health system trends to ensure that improvements to regulatory approaches and processes are planned and implemented accordingly.

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

Respectfully submitted by John Tzountzouris, Registrar & CEO, August 30, 2026.

CMLTO REGISTRAR & CEO 2026 ENDS INTERPRETATION
CONSOLIDATED OPERATIONAL PERFORMANCE PLAN
(V1: November 4, 2025)

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

HIGH LEVEL ENDS POLICY 3 - Effective Regulation with the Health System
Effective regulation and health care policy decisions are positively influenced through collaboration, relationship building, and partnerships.

REGISTRAR & CEO INTERPRETATION:
I interpret "Effective regulation and health care policy decisions are positively influenced" to mean that, based on its corporate knowledge, information, expertise, and values, CMLTO shapes the healthcare sector, as appropriate within its mandate, in the interest of public wellbeing.

I interpret "collaboration, relationship building, and partnerships" to mean that CMLTO builds, maintains, and facilitates relationships, to enable positive influence on health profession regulation and policy decisions, between CMLTO and the following key partner groups:

- The public, government, employers of Medical Laboratory Professionals, and medical laboratory professional organizations;
- Registrants and Voluntary Roster Affiliates;
- Other health regulatory Colleges;
- Medical Laboratory Professionals and other health professionals.

Conceptual Outcomes

3.1 The CMLTO supports and positively influences the health regulatory sector and policy decisions.

I interpret this policy will have been achieved in 2026 when:

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

CONCEPTUAL OUTCOMES	#	2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES		MEASURE	TARGET	ACTUAL RESULTS	RATIONALE	VARIANCE ANALYSIS OR EXPLANATION	ENDS ACHIEVEMENT (TO-DATE)	ANNUAL OUTCOME HEALTH MONITOR
3.1 The CMLTO supports and positively influences the health regulatory sector and policy decisions.	3.1.1	**OVERALL**								
		3.1.1.a	Requests for consultations on key regulatory topics are responded to, where appropriate.	3.1.1.a	Relevant requests are responded to within consultation timelines	100% of relevant requests are responded to within consultation timelines.	11/11 (100%) of relevant requests were responded to within consulation timelines. This includes six (6) requests from the various Ontario government Ministries, two (2) from other regulatory Colleges, two (2) from educational institutions, and one (1) request from Statistics Canada, to date.	Demonstrates CMLTO's responsiveness to relevant consultations.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
		3.1.1.b	CMLTO influences MLT health human resource planning and policy development.	3.1.1.b-i	CMLTO Health Human Resources (HHR) Report exists by April 30, 2026.	CMLTO HHR Report is shared publicly by April 30, 2026.	The annual Medical Laboratory Technologist Health Human Resource Exploration report was completed on April 9, 2026 and publicly released in English and French on June 11, 2026.	Demonstrates CMLTO sharing knowledge with the health care sector.	N/A	**100%**	
				3.1.1.b-ii	CMLTO submits HPDB data on time.	CMLTO submits HPDB data on time.	The CMLTO's final 2026 Health Professions Database (HPDB) submission was accepted on August 18, 2026.		The initial HPDB submission required multiple rounds of edits before the final submission was approved by the MOH.	**100%**	
				3.1.1.b-iii	CMLTO submits CIHI data on time.	CMLTO submits CIHI data on time.	The CMLTO submitted its 2026 CIHI Health Workforce Data Collection submission on March 3, 2026.		N/A	**100%**	
				3.1.1.b-iv	CMLTO responds to requests for HHR data within timelines, as required.	100% of relevant requests for HHR data are responded to within timelines.	There were three (3) requests for HHR data, two of which involved a quarterly reporting requirement to the MOH, and one (1) from Ontario Health. The data was submitted on time in all cases.		The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
	3.1.2	**MINISTRY OF HEALTH**								
		3.1.2.a	CMLTO's College Performance Measurement Framework (CPMF) Report is publicly available and the requirements are addressed.	3.1.2.a-i	CMLTO College Performance Measurement Framework (CPMF) Report is submitted to MOH.	CMLTO College Performance Measurement Framework (CPMF) Report to be submitted to MOH on time, and made publicly available.	In 2026, the MOH did not require regulatory Colleges to submit their College Performance Measurement Framework (CPMF) Report.	Regulatory requirement from the MOH.	N/A	**N/A**	**N/A**
				3.1.2.a-ii	An analysis of CMLTO's ability to meet the CPMF requirements exists.	A report of CMLTO's ability to meet the CPMF requirements, including a plan to address any gaps, is provided to the Board.		Demonstrates compliance with the CPMF requirements.			

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HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM											
CONCEPTUAL OUTCOMES	**#**	**2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES**		**MEASURE**		**TARGET**	**ACTUAL RESULTS**	**RATIONALE**	**VARIANCE ANALYSIS OR EXPLANATION**	**ENDS ACHIEVEMENT (TO-DATE)**	**ANNUAL OUTCOME HEALTH MONITOR**
		3.1.2.b	Ontario Ministries' initiatives / directives are responded to in a timely manner.	**3.1.2.b**	# and type of Ministry initiatives/directives responded to on time.	Ministry initiatives / directives are addressed within required timelines.	There were two (2) requests for HHR data, which involves a quarterly reporting requirement to the MOH. The data was submitted on time in all cases. CMLTO responded to a MOH survey related to "As of Right" regulations.	Demonstrates CMLTO's responsiveness to relevant initiatives / directives.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
	3.1.3	**CANADIAN ALLIANCE OF MEDICAL LABORATORY PROFESSIONAL REGULATORS (CAMLPR)**									
		3.1.3.a	National regulatory policies and practices are high-quality and meet the needs of the CMLTO as a member organization.	**3.1.3.a**	National regulatory policies and practice are positively influenced through CMLTO's participation in CAMLPR.	CMLTO's participation in and impact on CAMLPR is reported quaterly to the Board of Directors.	Quarterly Incidental Reports have been provided to the Board by the Registrar & CEO. CMLTO continues to be involved in the CAMLPR Board of Directors. In 2026, the CAMLPR Board of Directors adopted Policy Governance as its governance approach. The CAMLPR Policy Manual has been developed and approved by the Board.	CMLTO contributes to national regulatory policies and practices.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
				3.1.3.b	CAMLPR process outcomes (PLA and examination services) are high-quality.	CAMLPR process outcomes (PLA and examination services) are reported quaterly to the Board of Directors.	The first fulsome report of CAMLPR process outcomes was available and presented to the Board at the September 2026 meeting. The report demonstrated that CAMLPR process outcomes are high-quality.	Demonstrates the Board's oversight of the relationship between CMLTO and CAMLPR, and the outcomes of CAMLPR processes in its first year.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
	3.1.4	**PUBLIC**									
		3.1.4.a	The CMLTO Board's planned linkages with the public are completed and outcomes are reported.	**3.1.4.a**	The 2026 Board Careholder Linkage Plan is developed and shared with the Board. Planned linkages with the public are completed and outcomes are reported.	The 2026 Board Careholder Linkage Plan is developed. 100% of planned linkages with the Public as part of 2026 Board Careholder Linkage Plan are complete.	100% of planned linkages with the Public as part of Board Careholder Linkage Plan were completed and reported to the Board. The remaining aspects of the Board Careholder Linkage plan were discussed with the Board at the September 2026 meeting.	Demonstrates ongoing linkage between the Board of Directors and the Public.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
	3.1.5	**HEALTH PROFESSION REGULATORS OF ONTARIO (HPRO)**									
		3.1.5.a	CMLTO supports and contributes to the work of HPRO and its Committees.	**3.1.5.a**	Provincial regulatory practices are positively influenced through CMLTO's participation in HPRO.	CMLTO's participation in and impact on HPRO is reported quaterly to the Board of Directors.	Quarterly Incidental Reports have been provided to the Board by the Registrar & CEO. CMLTO staff are involved in the HPRO Board of Directors, Communications Committee, EDI Network and Policy and Governance Working Group.	CMLTO contributes to provincial regulatory practices.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
	3.1.6	**PROFESSIONAL ASSOCIATIONS**									
		3.1.6.a	CMLTO monitors and addresses Professional Association programs and activities which intersect or potentially impact CMLTO's regulatory mandate.	**3.1.6.a**	Professional Association programs and/or initiatives that intersect or potentially impact CMLTO's regulatory mandate are addressed.	100 % of Professional Association programs and/or initiatives that intersect or potentially impact CMLTO's regulatory mandate are addressed.	All CSMLS and MLPAO initiatives that intersect with CMLTO's regulatory mandate have been addressed, to date including advocacy efforts RE: regulation of medical laboratory assistants & technicians in Ontario, the transition to the CAMLPR national competency profiles, prior learning assessment processes and certification examinations, and one (1) professional conduct case in progress that required collaboration with the CSMLS.	Demonstrates leadership in line with the CMLTO mandate.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	

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HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM									
CONCEPTUAL OUTCOMES	**#**	**2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES**	**MEASURE**	**TARGET**	**ACTUAL RESULTS**	**RATIONALE**	**VARIANCE ANALYSIS OR EXPLANATION**	**ENDS ACHIEVEMENT (TO-DATE)**	**ANNUAL OUTCOME HEALTH MONITOR**

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

REGISTRAR & CEO INTERPRETATION:
I interpret 'Medical Laboratory Technicians and Assistants' to mean individuals working in licensed laboratories as 'technicians' in Ontario, as defined by Ontario Regulation 45/22 under the *Laboratory and Specimen Collection Centre Licensing Act, 1991* , and/or those included as Affiliates on the CMLTO Voluntary Roster.

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

• Only Medical Laboratory Technicians and Assistants who meet entry to practice standards are authorized to practice;
• Medical Laboratory Technicians and Assistants are required to maintain their competence; and
• Medical Laboratory Technicians and Assistants are accountable for their conduct.

I interpret "Regulation for Medical Laboratory Technicians and Assistants exists" to mean formal regulation under the *Regulated Health Professions Act, 1991* and the *Medical Laboratory Technology Act, 1991* , or in the absence of formal regulation, that this regulatory initiative is advanced for the protection and safety of the public through sharing of information about the public's interest and engaging relevant parties, and aligning processes to those of statutory regulation.

Conceptual Outcomes

3.1.1 Regulation of Medical Laboratory Assistants and Technicians is advanced.

I interpret this policy will have been achieved in 2026 when:

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM									
CONCEPTUAL OUTCOMES	**#**	**2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES**	**MEASURE**	**TARGET**	**ACTUAL RESULTS**	**RATIONALE**	**VARIANCE ANALYSIS OR EXPLANATION**	**ENDS ACHIEVEMENT (TO-DATE)**	**ANNUAL OUTCOME HEALTH MONITOR**
3.1.1 Regulation of medical laboratory assistants and technicians is advanced.	**3.1.1.1**	**ADVANCING THE REGULATORY INITIATIVE**							
	3.1.1.1.1 Key partners support the need to have regulation of medical laboratory assistants and technicians.	**3.2.1.1.1.a** Key partners understand the importance of regulation.	Outcomes of engagements with key partners.	During the reporting period the CMLTO: · Engaged in meetings with the MOH regarding the regulatory initiative. · Provided an updated rationale for the regulatory initiative to the Minister of Health's office. · Discussed the regulatory initiative with professional associations. · Worked regularly with a Government Relations firm to advance the initiative.	Demonstrates support for the regulatory initiative, as an important strategic lever. Also demonstrates that CMLTO seizes relevant opportunities to provide information about the regulation of medical laboratory assistants and technicians to external organizations.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
		3.2.1.1.1.b Employers include medical laboratory assistants and technicians on the Voluntary Roster as a preferred qualification of employment.	Increase in number of employers supporting MLA/T regulation year over year.	N/A	Employer support for the regulatory initiative is an important strategic lever. Year over year increase in that support is the goal.	The annual survey of employers will be deployed in October 2026 and the outcomes will be reported to the Board in December.	**0%**	
		3.2.1.1.1.c Information is provided to MLTs and medical laboratory assistants and technicians to highlight the importance of regulation.	Outcomes of opportunities to provide information to MLTs and medical laboratory assistants and technicians.	An infographic was created highlighting the results from public campaign on the regulatory initiative. The infographic will be shared in fall issue of FOCUS along with survey to gage support for the initiative.	MLT and MLA/T support for the regulatory initiative is an important strategic lever.	The infographic will be shared in fall issue of FOCUS along with survey to gage support for the initiative.	**50%**	

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HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM											
CONCEPTUAL OUTCOMES	**#**	**2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES**		**MEASURE**		**TARGET**	**ACTUAL RESULTS**	**RATIONALE**	**VARIANCE ANALYSIS OR EXPLANATION**	**ENDS ACHIEVEMENT (TO-DATE)**	**ANNUAL OUTCOME HEALTH MONITOR**
				3.2.1.1.1.d	Information is provided to the public of Ontario about medical laboratory assistants and technicians and the importance of regulating these professionals is highlighted.	Outcome of public engagement initiatives demonstrates support for the regulation of MLA/Ts.	Information about the regulatory initiative was included in survey as part of broader 2026 Lab Week campaign. Media outlets distributed survey on April 18, 2026 . 1041 individuals responded to the survey and 997 (95.8%) of survey respondents supported the regulatory initiative.	Increase public awareness and education about MLA/Ts and the current state of regulation of these professionals.	N/A	**100%**	
		3.1.1.1.2	Evidence exists to support the case for comprehensive oversight of medical laboratory assistants and technicians.	**3.1.1.1.2.a**	Non-MLT reports and complaints submitted to CMLTO are tracked and analyzed. A summary of this information is included in the Annual Report.	# and % of non-MLT reports and complaints submitted to CMLTO are summarized. The themes from non-MLT expressed concerns are analyzed and included in the Annual Report.	The number and percent of non-MLT reports and complaints submitted to CMLTO in 2025 were summarized and included in the 2025 Annual Report. Additionally, this information has been shared with the Ministry of Health.	Support for the regulation of MLA/T is critical to public confidence in the health care system .	N/A	**100%**	
		3.1.1.1.3	CMLTO is prepared for regulation of medical laboratory assistants and technicians under the RHPA and MLT Act.	**3.1.1.1.3.a**	A comprehensive plan and "playbook" for the regulation of medical laboratory assistants and technicians under the RHPA and MLT Act is developed.	A comprehensive plan and "playbook" for the regulation of medical laboratory assistants and technicians under the RHPA and MLT Act exists.	During the reporting period, the framework for a comprehensive plan and "playbook" have been created. This was presented to the Board of Directors at the February 2026 meeting. The draft regulatory changes to enable regulation have been drafted. Additionally, three other sections of the "playbook" have been drafted.	Demonstrates CMLTO's readiness for the regulation of medical laboratory assistants and technicians under the RHPA and MLT Act.	The completion of the financial modelling, as well as other aspects of the "playbook", such as regualtory processes to support regulation, will continue throughout 2026, and will likely be incorporated into the 2027 operational performance plan.	**50%**	
	3.1.1.2	**VOLUNTARY ROSTER FOR REGISTERED MEDICAL LABORATORY TECHNICIANS**									
		3.1.1.2.1	All qualified applicants are rostered in accordance with CMLTO Voluntary Roster criteria.	**3.1.1.2.1.a**	# and % new medical laboratory assistants and technicians applicants rostered in accordance with CMLTO Voluntary Roster criteria.	100% of qualified applicants are rostered in accordance with CMLTO Voluntary Roster criteria.	One (1) new Voluntary Roster Affiliates met the criteria in 2026, to date.	Demonstration of compliance with Voluntary Roster registration processes.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
		3.1.1.2.2	Application processes for registration are timely.	**3.1.1.2.2.a**	Percent of new VR applications that are processed within required turn around times.	100% of new VR applications are processed within prescribed turn around times.	100% of new VR applications have been processed within the prescribed turn around time of twenty-one (21) days, year to date.	Demonstrated timeliness of VR application processes for registration.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
		3.1.1.2.3	VR records on the Register are current and accurate.	**3.1.1.2.3.a**	Percent of registration records on the Public Register that are confirmed to be accurate by internal audit.	100% of registration records audited are accurately recorded on the Public Register.	The audit is underway and will be completed by the end of October 2026.	Internal audit demonstrates the accuracy of registration related data, and if required, identify and address any issues.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
				3.1.1.2.3.b	Percent of registration records in the CMLTO registrant database that are confirmed to be accurate by internal audit.	100% of registration records audited are accurately recorded in the CMLTO registrant database.	The audit is underway and will be completed by the end of October 2026.		The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
		3.1.1.2.4	VR affiliates renew their registration and renewal processes are determined to be accurate.	**3.1.1.2.4.a**	# and % of VR affiliates who renewed their VR registration	100% of VR affiliates who renew do so succesfully 100% of audited renewals are processed accurately	Of the sixty-two (62) Voluntary Roster Affiliates who were eligible to renew, fifty-two (52) renewed, four (4) disenrolled, and six (6) were suspended. The accuracy of renewal processing was reviewed internally which confirmed that 100% of audited renewals were processed accurately.	Monitoring of annual registration renewal process outcomes and Internal audit demonstrates that all VR renewals have been processed accurately. Report provided to R/CEO.	N/A	**100%**	

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HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM											
CONCEPTUAL OUTCOMES	**#**	**2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES**		**MEASURE**		**TARGET**	**ACTUAL RESULTS**	**RATIONALE**	**VARIANCE ANALYSIS OR EXPLANATION**	**ENDS ACHIEVEMENT (TO-DATE)**	**ANNUAL OUTCOME HEALTH MONITOR**
		3.1.1.2.5	Support is provided for the Voluntary Roster Professional Portfolio	**3.1.1.2.5.a**	# and % of VR Affiliates who require QA support for their Professional Portfolio, and the outcomes of the intervention.	# and % of VR Affiliates that required coaching sessions, and the outcomes of the sessions.	Fifty-two (52) Stage 1 Professional Portfolio audit notices were provided to Voluntary Roster Affiliates. Twenty-nine (29) completed an adequate Stage 1 submission initially. Two (2) required support (enrolled in PP support program), 1 non-compliant (outstanding 2025 and 2026 QA obligations), and 92% have completed their Stage 1 requirements.	Monitoring of the effectiveness of QA staff support for VR affiliates.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
		3.1.1.2.6	VR Professional Portfolio processes are timely.	**3.1.1.2.6.a**	Percent of VR Professional Portfolios that are processed within prescribed turn around times (60 days).	100% of VR Professional Portfolios are processed within prescribed turn around times.	Eleven (11) Voluntary Roster Affiliates were selected and notified of a Stage 2 audit. The audit process is underway, and therefore, no turn around time data is available as of the date of this report.	Demonstrated timeliness of quality assurance processes.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
		3.1.1.2.7	VR Affiliates report that the Professional Portfolio enhanced the quality of their professional practice.	**3.1.1.2.7.a**	# and % of VR Affiliate, who report that the Professional Portfolio enhanced the quality of their professional practice.	75% of VR Affiliate who report that the Professional Portfolio enhanced the quality of their professional practice.	60% (60/99) individuals reported that the Professional Portfolio enhanced their professional practice. NOTE: The survey is anonymous and not linked to users, results collected are a mix of MLTs and VR Affiliates. Noted it as an improvement to include a mandatory question at the beginning of the 2027 professional portfolio process to distinguish between MLTs and VR Affiliates.	Demonstrated effectiveness of quality assurance processes.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
		3.1.1.2.8	VR Professional Portfolio Audit processes are reliable.	**3.1.1.2.8.a**	Percent of VR Professional Portfolio audits that are confirmed to be reliable by internal audit and outcomes of process improvement initiatives.	100% of VR Professional Portfolio post submission review is reliable. Where < 100%, list types of inaccuracies found in audit.	Eleven (11) Voluntary Roster Affiliates were selected and notified of a Stage 2 audit. The audit process is underway, and therefore, no turn around time data is available as of the date of this report.	Internal audit process to ensure that Professional Portfolio reports are accurate.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
		3.1.1.2.9	Professional Conduct Inquiries, Complaints and Reports cases regarding VR Affiliate practice are disposed of in a fair, objective, effective, and timely manner.	**3.1.1.2.9.a**	Number of Professional Conduct VR Affiliate matters	100% of cases are followed through in alignment with VR processes.	Zero (0) cases of Professional Conduct for Voluntary Roster Affiliates were received, year to date.	Demonstrated actions in alignment with the VR program requirements for affiliate conduct.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
		3.1.1.2.10	Regulatory processes for the Voluntary Roster Affiliates mirror those of the MLTs, as appropriate.	**3.1.1.2.10.a**	Reference documents which support the Voluntary Roster and Roster Affiliates are updated.	100% of reference documents which support the Voluntary Roster and Roster Affiliates are updated.	This initiative is due to be completed in October 2026.	Ongoing alignment of registration, QA, and PC resources and processes between the Voluntary Roster and MLT regulatory processes.	This initiative has not yet been started, and is due to be completed in October 2026. The Board will receive an update at the December meeting.	**0%**	
	3.1.1.3	**Employer monitoring for the use of the protected title**									
		3.1.1.4	Employers are informed, as appropriate, of the requirement to reserve the MLT title for registered individuals, supporting the credibility and safety of healthcare services.	**3.1.1.4.a**	# and % of cases received by PC relating to the misuse of the protective title by employers	Following communication and education from the College, 95% of employers demonstrate compliance with the use of the protected title .	There were two (2) cases received by Professional Conduct relating to the misuse of the protective title by employers. Following communication and education from the College, both employers demonstrated compliance with the use of the protected title.	Demonstrates compliance with the use of the MLT protected title	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	
				3.1.1.4.b	# and % of cases received by the PC team involving employers who have previously received communication regarding misuse of the MLT protected title.	Fewer than 5% of employers who have previously received communication regarding the MLT protected title will be involved in repeat cases of misuse.	There were zero (0) cases received by Professional Conduct involving employers who have previously received communication regarding misuse of the MLT protected title.	Employer support and understanding of the correct use of the MLT protected title	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	

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HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM									
CONCEPTUAL OUTCOMES	**#**	**2026 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES**	**MEASURE**	**TARGET**	**ACTUAL RESULTS**	**RATIONALE**	**VARIANCE ANALYSIS OR EXPLANATION**	**ENDS ACHIEVEMENT (TO-DATE)**	**ANNUAL OUTCOME HEALTH MONITOR**
3.2 Emerging health human resource trends impact future planning. **REGISTRAR & CEO INTERPRETATION:** I interpret "Emerging health human resource trends" to mean current and future needs of the public, employers, and the health care system related to the professional practice of CMLTO Registrants and Voluntary Roster Affiliates. I interpret "future planning" to mean improvements to regulatory approaches and processes, implemented in a proactive manner, based on evidence of evolving and/or emerging health human resource and health system trends. **Conceptual Outcomes** 3.2.1 Improvements to regulatory approaches and processes are planned and implemented, based on evidence of evolving and/or emerging health human resource and health system trends. I interpret this policy will have been achieved in 2026 when:									

HIGH LEVEL ENDS POLICY 3 – EFFECTIVE REGULATION WITH THE HEALTH SYSTEM										
CONCEPTUAL OUTCOMES	**#**	**2025 OBSERVABLE CONDITIONS / STRATEGIC & OPERATIONAL OUTCOMES**		**MEASURE**		**TARGET**	**ACTUAL RESULTS**	**RATIONALE**	**VARIANCE ANALYSIS OR EXPLANATION**	**ENDS ACHIEVEMENT (TO-DATE)**	**ANNUAL OUTCOME HEALTH MONITOR**
3.2.1 Improvements to regulatory approaches and processes are planned and implemented, based on evidence of evolving and/or emerging health human resource and health system trends.	**3.2.1.1**	**3.2.1.1.1**	A plan that supports health human resource planning in the medical laboratory sciences sector is implemented.	**3.2.1.1.1.a**	Initiatives within CMLTO's defined roles and responsibilities are implemented to mitigate HHR and health system trends.	100% of planned initiatives are implemented.	A conceptual approach to the College's role in health human resources and health system trends, presented to the Board in 2025, formed the basis of a report provided to the Board in February which defined trends and risks. A fulsome presentation is being presented to the Board at the September meeting. All relevant trends are being monitored continuously and risks are being mitigated as required.	Addresses the health human resource needs of Ontario laboratories and the public through implementation of evidence-based approaches and processes in regulatory improvements based on the needs of the sector.	The achievement of this outcome is reported at 75% as we are three quarters through the year. Full achievement expected within the calendar year.	**75%**	

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

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College of Medical Laboratory Technologists of Ontario

AGENDA ITEM 5.0

5.0	BOARD MONITORING AGENDA – EXECUTIVE LIMITATIONS
5.1	EL II-10 Financial Health Policy
5.2	EL II-10 Financial Health Policy – Proposed 2027 CMLTO Budget
5.3	EL II-12 Financial Audit & External Auditor Policy
5.4	EL II-25 Human Resources Parameters
5.5	EL II-35 Staff Conduct and Transparency Policy
5.6	EL II-80 Executive Succession Plan

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College of Medical Laboratory Technologists of Ontario

Executive Limitations
Quarterly Monitoring Report to the Board of Directors

Date : August 30, 2026

From : John Tzountzouris, Registrar & CEO

Subject : Financial Health, Executive Limitations Policy EL II-10

For the Period : January 1, 2026 – June 30, 2026 (Q2)

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**
  - ☐ Board Committee
- ☐ Ownership Linkage Report
- ☐ Incidental Report
  - ☐ Registrar & CEO
  - ☐ Board Chair
  - ☐ 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 June 30, 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 June 30, 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).	The June 30, 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 Q2 2026 was $1,256,477. Total disbursements as of June 30, 2026 were $1,218,542 (total expenses – depreciation). The College had an operating surplus of $37,935 as of the end of Q2 2026 (total revenue-total disbursements). It was projected in the 2026 budget (revised May 2026) that the College would end the year with an operating deficit of $69,261 (before depreciation). Current year-end projections (as shown in the Budget vs. Actual analysis), suggest a surplus of $105,534. However, it is reasonable to expect that value to shift as the year progresses and budgeted expenses are realized. Specifically, there are material billings from suppliers that are currently reflected in the Balance Sheet as Prepaid Expenses, as these amounts are amortized over the course of the term of the service, or will be expensed at project completion. As of June 30, 2026, there is a cumulative surplus of working capital (current assets-current liabilities) of $1,950,687, which represents decrease of $141,818 from March 31, 2026.	

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.	No funds were borrowed from any financial institution during the reporting period. Corporate credit card expenditures for recurring monthly charges such as software licenses are paid monthly and reported through expense authorization processes. Any borrowed funds would appear as Liability on the Balance Sheet. The Balance Sheet as at June 30, 2026 provides evidence that this has not occurred. (See Balance Sheet - Appendix 1) The College has not loaned CMLTO funds to any party. Any funds that were loaned to another party would appear as a loan receivable on the Balance Sheet. The Balance Sheet as at June 30, 2026 provides evidence that this has not occurred. (See Balance Sheet - Appendix 1) No long-term reserves have been used in the period. Any changes in the amount of Reserve Funds would be reflected on the Balance Sheet. The Balance Sheet provides evidence the Reserve Funds currently exceed the Board's designated level of $2,070,000 ($2,932,911 in short & long-term investments).	
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 $1,421,890 as at June 30, 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)	

The Registrar & CEO will not:			
Policy Criteria	**Registrar & CEO Interpretation of the Policy Criteria**	**Evidence**	**Conclusion**
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 designated level of $2,070,000 ($2,932,911 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 Q2.	✓
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 Q2.	✓
14. Miss accounts payable due dates.		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 June 19, 2026 (Appendix 2) 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 June 29, 2026 EFT payment record is attached as Appendix 3.	✓

		The Accounting Consultant and I confirm that were no complaints during the reporting period related to CMLTO's untimely payment of invoices.	

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.	The budget versus the actual year-to-date revenue and expenditure comparison by major expenditure categories are included in Appendix 1. The variances presented are explained as follows: **Dues:** Year-to-date budget and actual revenue for Dues is shown as 50% of actual amount received to reflect earned portion only (to June 30, 2026). **MLAT income:** Greater number of VR Affiliates renewed their membership than anticipated. **Investment income:** Completely dependent on GIC rates. **Board and committees:** Increased number of expense claims arising from meetings. **Strategic Leadership Office:** budget for this category was increased significantly in May; expenses have not been fully realized as of Q2. Certain consultant's billings have not yet been received for payment. **Registration & Professional Practice:** Lower requirement for legal counsel support in this quarter.	✓

		Payroll & Staff Benefits: Resignation of one staff member during the period. **Office & Administration:** Required additional iMIS licenses and implementation of OpenWater for the revised Professional Portfolio. **Depreciation:** Budget value didn't consider declining depreciation over time, as assets become fully depreciated over time. There are no remediation strategies/options required for this report as financial performance is in accordance with the overall financial plan and budget.	
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 June 30, 2026. Please note however, that the figures represented in this report have not been independently audited.

Respectfully submitted,

August 30, 2026

John Tzountzouris
Registrar & CEO

Date

APPENDICES:

1. CMLTO Financial Report – June 30, 2026
2. Payworks Journal Entry Report – June 19, 2026 (CONFIDENTIAL)
3. CMLTO EFT Report – June 29, 2026 (CONFIDENTIAL)
4. Accounting Consultant declaration

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO

FINANCIAL REPORT

JUNE 30, 2026

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
BALANCE SHEET
AS AT JUNE 30, 2026

ASSETS		
Current Assets		
Cash	$	1,421,890
Accounts Receivable		3,150
HST Receivable		36,152
Investments - Short Term		321,839
Prepaid expense		199,105
		1,982,135
Investments - long-term		2,611,072
Property and equipment		29,294
	$	4,622,501
LIABILITIES		
Current Liabilities		
Accounts payable	$	9,807
Accrued liabilities		21,641
		31,448
Unearned 2026 revenue		1,182,229
Deferred lease inducement		-
NET ASSETS		
Appropriated		
Invested in capital assets		29,294
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		1,309,529
		3,408,823
	$	4,622,501

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COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
STATEMENT OF OPERATIONS
FOR THE PERIOD JANUARY 1, 2026 TO JUNE 30, 2026

REVENUES		
Dues	$	1,182,229
MLAT		3,153
Investment income		61,756
Other income		9,339
		1,256,477
EXPENSES		
Membership services		
Registration & professional practice		4,313
Professional conduct		84,432
Corporate communications		11,347
		100,092
Board and committees		123,788
Strategic leadership office		17,222
Payroll & Staff Benefits		632,119
Office & Administration		345,320
Depreciation		15,237
Total expenses		1,233,779
Net surplus for the period	$	22,698

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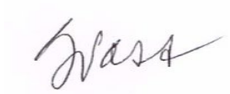
COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
BUDGET ANALYSIS
PRORATED REVENUE BASIS
FOR THE PERIOD JANUARY 1, 2026 TO JUNE 30, 2026

	2026 Budget	Year To Date Budget	Year To Date Actual	Variance	Projected Jul - Dec	Projected To Year End	% Variance
REVENUE							
Dues (See Note 1)	$ 2,400,000	$ 1,200,000	$ 1,182,229	$ (17,771)	$ 1,302,229	$ 2,484,459	4%
MLAT	4,000	2,000	3,153	1,153	2,000	5,153	29%
Investment income	100,000	50,000	61,756	11,756	50,000	111,756	12%
Other income	25,000	12,500	9,339	(3,161)	12,500	21,839	-13%
Total Receipts	2,529,000	1,264,500	1,256,477	(8,023)	1,366,729	2,623,206	4%
EXPENSES							
Board and committees	220,000	110,000	123,788	13,788	110,000	233,788	6%
Strategic leadership office	175,000	87,500	17,222	(70,278)	87,500	104,722	-40%
Registration & professional practice	68,500	34,250	4,313	(29,937)	34,250	38,563	-44%
Professional conduct	175,000	87,500	84,432	(3,068)	87,500	171,932	-2%
Corporate communications	30,000	15,000	11,347	(3,653)	15,000	26,347	-12%
Payroll & Staff Benefits (See Note 2)	1,406,261	703,131	632,119	(71,012)	703,131	1,335,249	-5%
Office & Administration	523,500	261,750	345,320	83,570	261,750	607,070	16%
Total operating expenses	2,598,261	1,299,131	1,218,542	(80,589)	1,299,131	2,517,672	-3%
Net revenue before strategic expenses	(69,261)	(34,631)	37,935	72,566	67,599	105,534	
Strategic budget	-	-	-	-	-	-	
Net revenue before capital budget or depreciation	(69,261)	(34,631)	37,935	72,566	67,599	105,534	
Capital budget		-	-	-	-	-	
Net Operating Surplus (Deficit) with Capital Budget	(69,261)	(34,631)	37,935	72,566	67,599	105,534	
Depreciation	76,000	38,000	15,237	(22,763)	38,000	53,237	-30%
Net Operating Surplus (Deficit) with Depreciation	(145,261)	(72,631)	22,698	95,329	29,599	52,297	

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO
BUDGET ANALYSIS
ACTUAL REVENUE RECEIVED BASIS
FOR THE PERIOD JANUARY 1, 2026 TO JUNE 30, 2026

	2026 Budget	Year To Date Budget	Year To Date Actual	Year To Date Variance	Projected Jul - Dec	Projected To Year End	% Variance
REVENUES							
Dues (See Note 1)	$ 2,400,000	$ 2,280,000	$ 2,364,459	$ 84,459	$ 120,000	$ 2,484,459	4%
MLAT	4,000	2,000	3,153	1,153	2,000	5,153	29%
Investment income	100,000	50,000	61,756	11,756	50,000	111,756	12%
Other income	25,000	12,500	9,339	(3,161)	12,500	21,839	-13%
Total Receipts	2,529,000	2,344,500	2,438,706	94,206	184,500	2,623,206	4%
EXPENSES							
Board and committees	220,000	110,000	123,788	13,788	110,000	233,788	6%
Strategic leadership office	175,000	87,500	17,222	(70,278)	87,500	104,722	-40%
Registration & professional practice	68,500	34,250	4,313	(29,937)	34,250	38,563	-44%
Professional conduct	175,000	87,500	84,432	(3,068)	87,500	171,932	-2%
Corporate communications	30,000	15,000	11,347	(3,653)	15,000	26,347	-12%
Payroll & Staff Benefits (See Note 2)	1,406,261	703,131	632,119	(71,012)	703,131	1,335,249	-5%
Office & Administration	523,500	261,750	345,320	83,570	261,750	607,070	16%
Total operating expenses	2,598,261	1,299,131	1,218,542	(80,589)	1,299,131	2,517,672	-3%
Net revenue before strategic expenses	(69,261)	1,045,369	1,220,165	174,795	(1,114,631)	105,534	
Strategic budget	-	-	-	-	-	-	
Net revenue before capital budget or depreciation	(69,261)	1,045,369	1,220,165	174,795	(1,114,631)	105,534	
Capital budget	-	-	-	-	-	-	
Net Operating Surplus (Deficit) with Capital Budget	(69,261)	1,045,369	1,220,165	174,795	(1,114,631)	105,534	
Depreciation	76,000	38,000	15,237	(22,763)	38,000	53,237	-30%
Net Operating Surplus (Deficit) with Depreciation	(145,261)	1,007,369	1,204,927	197,558	(1,152,631)	52,297	

I, Stephanie Vass, declare that I have reviewed EL II-10 Financial Health Monitoring Report for Q2 (June 30, 2026) for accuracy.



Stephanie Vass
Enterprise Accountant

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College of Medical Laboratory Technologists of Ontario

Agenda Item: 5.2

Monitoring Report to Board of Directors

Date	:	September 2, 2026
From	:	John Tzountzouris, Registrar & CEO
Subject	:	Proposed 2027 Budget (Executive Limitations Policy – EL #II-10 Financial Planning and Budget Cycle)

Report Purpose:

- ☐ Board Policy Development/ Enhancement/ Implementation
- ☐ Regular Policy Review
- ☐ Policy Approval
  - ☐ Ends Policy
  - ☐ Executive Limitations Policy
  - ☐ Board-CEO Relationship Policy
  - ☐ Governance Process
- ☐ Board Implementation of Policy
  - ☐ Board-CEO Relationship Policy
- ☒ **Monitoring Report**
  - ☐ Ends
  - ☒ **Executive Limitations**
  - ☐ Board Committee
- ☐ Ownership Linkage Report
- ☐ Incidental Report
  - ☐ Registrar & CEO
  - ☐ Board Chair
  - ☐ 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 Planning and Budget Cycle 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 proposed 2027 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 following monitoring report sets out the proposed 2027 Budget for the Board's review and approval at the September Board meeting.

2027 Key Budget Assumptions

The 2027 Operational Budget has been developed based on the Key Assumptions (Appendix 1) which were sent to Board Directors on July 11, 2026.

14 of 20 (70%) Board members responded to the Registrar & CEO's request for feedback. The verbatim feedback is presented in Appendix 2. Wherever possible, questions raised through that feedback is addressed in this briefing report.

In preparing a budget for a regulatory organization, it is important to recognize there are some areas of expenditures that are driven by volume of activity (e.g. number of complaints / cases, etc.) and any unplanned government/external legislative changes. These are two significant budget drivers for which CMLTO does not have direct control.

Therefore, the 2027 budget is the best estimate of these activities based on current state of knowledge and past / current volumes. Revenue and expense actual amounts in each area are also included for the past three years, with projected revenue and expenses for 2026. As noted above, the draft budget has been prepared with a range of minimum and maximum amounts, where applicable.

The proposed budget shows a projection for the best-case scenario, where the volume of complaints and/or regulatory changes have little cost impact (i.e. the minimum investment) and for the more challenging scenario, where the volume of complaints and/or regulatory changes are more costly than the best estimate projection (i.e. maximum investment).

The proposed 2027 Budget, outlined in Appendix 3, represents a balanced budget and includes best case (minimum) and worse case (maximum) scenarios.

Financial Issues/Considerations regarding the Proposed 2027 Budget:

REVENUE (INCOME)

MLT Fees

A marked increase in new registrants was observed in 2023, 2024 and 2025, which has now stabilized year to date. However, it is anticipated that the number of new CMLTO Registrants will increase in the coming years as some existing MLS educational programs increase their enrollment, while other new programs are introduced in Ontario. However, it is difficult to assess the rate of attrition of Registrants due to retirement and other causes. To be conservative, revenue from registration is projected as stable in the coming year and beyond.

As presented to the Board on September 14, 2026, external modelling and internal analysis indicate that a staged increase in the Practising Class fee from $340 to $400 in 2027, $425 in 2028 and $450 in 2029, in the Non-Practising and Emergency Classes fee from $170 to $200 in 2027, $212.50 in 2028 and $225 in 2029, as well as an increase to the Application Assessment Fee from $150 to $200 beginning in 2027, would stabilize the Operating Fund while maintaining financial resilience. These registration fee amounts were used to project revenue in the proposed 2027 budget for 2027 to 2029.

The Equity Analysis (Appendix 4) shows that CMLTO is in a healthy financial position and the effects of the proposed registration fee increase over the next three years.

Medical Laboratory Assistants & Technician Voluntary Roster Fees

Revenue for 2027 has been left as the same as for 2026. The annual Voluntary Roster Affiliate fee is $50 (+ HST). The application fee remains at $100 (+HST). It's important to keep in mind that while medical laboratory assistants and technicians see the value in the Voluntary Roster, the biggest challenge continues to be that it is a voluntary process, not mandatory. Until such time as the Ministry establishes mechanisms to make inclusion on the voluntary roster mandatory, we expect uptake to continue to be very modest. The number of affiliates on the Voluntary Roster has historically decreased annually. Per the Board's direction, College staff are continuing to focus on increasing awareness of the Voluntary Roster program and the benefits to employers of hiring affiliates who have met the Voluntary Roster criteria.

Investment Income

CMLTO's financial assets are invested conservatively in interest-bearing instruments with secured capital, consistent with Council's EL Investment Policy. As such, ongoing annual income from renewed investments is highly dependent on the prevailing interest rate environment at the time of maturity. Current rates are

compared with the rates on instruments renewing in the next 12-18 months. However, $300,000 of GICs were cashed in during 2026 to ensure appropriate levels of cash flows, and as such, the projected investment income for 2027 and beyond has been slightly decreased.

Other Income
CMLTO charges employers for posting job advertisements on the CMLTO website. These requests seem to have decreased in 2026 and therefore, the projected income for 2027 has decreased slightly.

EXPENSES

CMLTO is in a very healthy financial position at present and for the foreseeable future with adequate financial resources for the achievement of the Board's Ends Policies and program area statutory and operational responsibilities in 2027. The column "2026 Expected" outlines what I am expecting for the remainder of this year, and forms the basis for the 2027 budget, taking into account other initiatives, as outlined in this report.

The Expense Categories (below) summarize the key responsibilities in the operations and program area portfolios.

Table 1
CMLTO Expense Categories / Operations Program Area Portfolios

Portfolio	Portfolio Description
Board and Statutory Committees (Executive, Registration, QA, Patient Relations, ICRC, Discipline, Fitness to Practise)	• Provide regulatory governance roles through regular Board and Statutory Committee meetings and processes, which are supported by ongoing orientation, education, training and development, governance coaching.
Strategic Leadership (R/CEO)	• Provides strategic leadership for all regulatory and operations requirements and initiatives, and governance of the CMLTO, including strategic input and support to the Board, Committees/Working Groups, registrant and external stakeholder relations, including the public, government, employers, educators, accreditation

Portfolio	Portfolio Description
	bodies, other health regulatory Colleges, etc. • Provides leadership and support for CMLTO's overall Human Resources strategy and administration, including staff performance management, compensation and benefits, and professional development.
Registration and Professional Practice & Policy (includes the Registration Program, Quality Assurance Program and Policy Development)	**Professional Practice & Policy** • Provides support for the development of CMLTO key policy positions and supporting rationale based on the Board's policy direction. • Conducts research and analysis with internal and external data and information to increase the understanding of the profession in terms of public access, scope of practice, and health human resources planning, etc. • Develops and shares knowledge about regulatory, policy and specific CMLTO initiatives through communication with registrants, employers, educators, government and the public. • Manages professional practice operations, including CMLTO's practice advisory program. **Quality Assurance** • Conducts Professional Portfolio & Practice Review audits of Practising registrants. • Provides support to the Quality Assurance Committee in administering the Quality Assurance Program (continuously enhances/develops the program). • Contributes to the development of quality practice policy in support of the organization's goals.

Portfolio	Portfolio Description
	Registration • Manages the online application and annual renewal processes for MLT registration, changing class of registration and other registration related administrative tasks. • Manages the application and renewal processes for the Voluntary Roster of Registered Medical Laboratory Technicians. • Supports the Registration Committee and implements Registration Panel decisions.
Professional Conduct Services	• Manages professional conduct processes, including oversight of external investigations of complaints, preparation of reports to ICRC. • Supports the ICRC and implements Committee decisions. • Supports the Discipline and Fitness to Practice Committees and implements Hearing Panel decisions. • Monitors compliance with Panel orders. • Supports the Patient Relations Committee program and processes.
Corporate Communications	• Develops CMLTO's corporate communication strategies and messaging (internal & external). • Disseminates corporate communication to and seeks feedback from registrants, employers and the public through publications, website, social media and staff linkage. • Provides Webmaster services.

Portfolio	Portfolio Description
Corporate Services	• Provides internal customer service to ensure all business systems are working efficiently and effectively. • Provides internal project management support. • Supports internal College operations through the development of policies and procedures, implementation and monitoring for business processes such as CMLTO's records management system (RMS), information technology/systems, payment processing, office services and maintenance of physical facilities.

a) **Board & Committees:** Expenses have been increased into 2027 as the Board continues to work in a hybrid-model, along with the implementation of the revised Board Governance Process Policy, GP IV-35.02: Board & Committee Member Honoraria and Expenses. As such, it is expected that costs associated with travel, accommodation, and meals/catering will increase in the coming year. It is expected that the Committees will continue to hold virtual meetings into 2026. Additional funds have been budgeted for 2027 and beyond to support the implementation of governance modernization initiatives, support for GDEIB implementation and ongoing implementation of Artificial Intelligence.

b) **Strategic Leadership Office:** Overall expenses in support of Ends / Enabling Goal projects, Board specific initiatives (e.g. Regulation of MLA/Ts), and Registrar & CEO expenses have increased slightly from pre-2026 levels. The 2026 budget including a special expenditure to support the drafting of regulations for the inclusion of MLA/Ts as a class of registrant with the College, and the financial modelling to support that.

c) **Registration & Professional Practice Program:** Expenses are expected to decrease in 2027 as registration applications become less complex than in recent years, primarily due to the availability of fields-of-practice examinations from CAMLPR.

d) **Professional Conduct Program:** Expenses decreased slightly this year from previous years. However, it is important to note that these expenses may

vary depending on the volume of inquiries, complaints, and reports that the College receives, which may result in an increase in investigation and hearings costs. However, proactive approaches to addressing common professional practice issues are being sought to reduce expenses in this program area.

e) **Corporate Communications Program:** Expenses in this area are expected to remain stable in the foreseeable future.

f) **Corporate Services Program:** As reflected in the 2027 budget assumptions, human resources expenses have been adjusted to reflect the stabilization of CMLTO's staff complement, inflationary pressures, and annual salary and benefit increases. Salary increases are informed by relevant cost-of-living benchmarks, including the increase established by the Board for the Registrar & CEO, with additional merit-based increases determined through CMLTO's established performance management process.

Following staffing changes experienced during 2026, the 2027 budget reflects a stabilized staff complement and the associated ongoing cost of maintaining the organizational capacity required to support CMLTO's operations and achievement of the Board's Ends.

Expenses related to supporting the iMIS database increased this year with the implementation of OpenWater and will stabilize in the coming year. The budgeted amounts should leave enough room for implementation of any Artificial Intelligence technologies employed in the coming years.

The CMLTO's office lease accrued savings in 2026 due to rent allowances negotiated with the landlord. Staring in 2027, the full lease value will be paid in line with the contract. Leasehold improvements will be undertaken in 2027 and 2028 to maximize the effectiveness of the office space, which is further discussed below under "Capital Expenditures".

Reserve Funds

Reserve funds in 2027 will be maintained at Board's designated level ($2,070,000). In consultation with the College's auditor in April 2026, there are no adjustments proposed to CMLTO Reserves Funds in 2027.

CMLTO's unallocated funds (Operating Fund) are expected to decrease over the next two years until the fee increases start to contribute to an increase in 2029 and beyond.

Capital Budget

Capital expenditures for leasehold improvements are planned for 2027 and 2028 to support the ongoing maintenance and effective use of CMLTO's office space. As with any physical space, periodic improvements are required over time to address wear and aging, adapt the space to changing organizational needs, and ensure it continues to support staff and operational requirements.

A budget of $60,000 per year has been established to allow improvements to be undertaken in a measured and financially manageable manner. Staff have identified potential improvements, and an independent design consultant has confirmed that the budgeted amounts are reasonable and sufficient to undertake meaningful work. A project plan will be developed within these approved budget parameters.

Equity Analysis (Appendix 4)
The Equity Analysis shows that the College will have adequate unallocated operating funds at the end of the year through to the end of 2029. The fee increases will stabilize this situation into 2029 and beyond.

LOOKING FORWARD
In 2027 staff will continue to focus their efforts on accomplishing the Board's revised 2024-2027 Ends Policies. I believe that the proposed 2027 budget is a reasonable analysis of the expected revenue and required expenses and capital commitments to accomplish this goal and carry out CMLTO's regulatory and operational responsibilities.

If Board members have any questions about the proposed 2027 Budget prior to the meeting, please contact John Tzountzouris, Registrar & CEO at john.tzountzouris@cmlto.com.

APPENDICES:

Appendix 1 – 2027 Operational Budget Key Assumptions

Appendix 2 – Board Member Feedback RE: 2027 Budget Assumptions

Appendix 3 – Proposed 2027 Consolidated (Operating) Budget

Appendix 4 – Equity Analysis

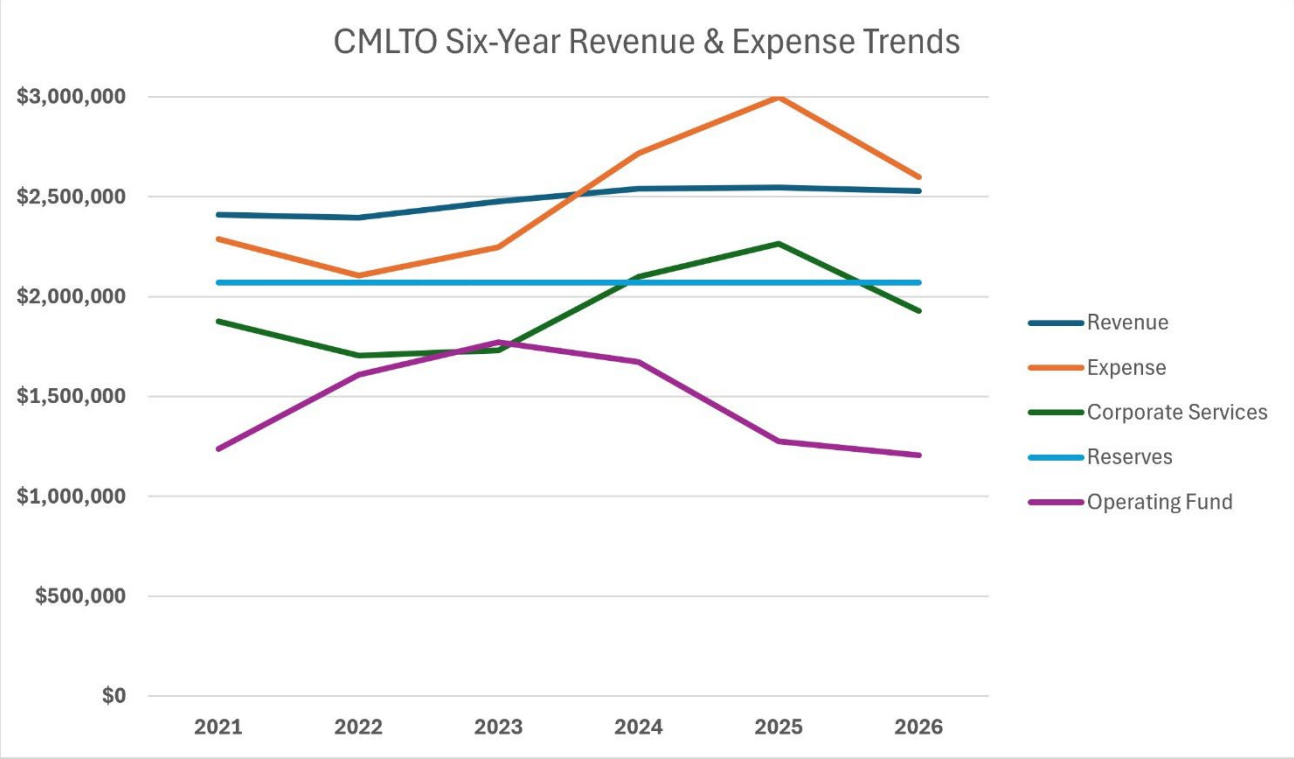
College of Medical Laboratory Technologists of Ontario

Memo to the Board

Date	:	July 11, 2026
From	:	John Tzountzouris, Registrar & CEO
Subject	:	Key Assumption for 2027 Budget Development

Background & Context

In order to contextualize the financial health of the CMLTO, I have included a trend graph of revenues, expenses, "Corporate Services" (which includes salaries, benefits, office operations, and rent), and the operating fund (which is above and beyond the Board prescribed protected Reserve Funds) for the time frame of 2021 – 2026, based on the audited financial statements, while the 2026 numbers are based on the Board approved 2026 budget.



The implications of these trends are discussed throughout this memo, and the longer term implications have been previously presented and discussed by the Board at its April 2026 Board meeting (Appendix 1).

2026 Key Budget Assumptions

In accordance with the Executive Limitations Financial Planning and Budget Cycle Policy, EL #II-10 (attached as Appendix 1), the Registrar & CEO is required to render a first draft of the operating Budget for the next fiscal year no later than September. To prepare a draft 2027 budget for presentation at the September 2026 Board meeting, I provide the key budget assumptions below to the Board for feedback.

The 2027 Operational Budget will be developed based on the following Key Assumptions:

General Assumptions

- The Board's Ends Policies will drive decisions regarding priorities. The Registrar & CEO will use reasonable interpretation of the Ends Policies to set priorities, strategic goals and objectives, measures and outcomes / targets / deliverables. As we are in the third year of a four year "strategic cycle" many initiatives new in this set of Ends Policies continue to take shape operationally, with overall completion projected throughout 2027. Of particular note in the Ends Policies are the following:
    - A continued focus on the quality of regulatory programs, including continued improvements on the implementation of the iMIS regulatory database solution, as well as the implementation of an improved approach to the Professional Portfolio, currently in development and projected to be deployed in 2027.
    - The ongoing focus of the Board regarding the College's role in supporting health human resources planning will be accommodated within the current human resources capacity.
    - A few new initiatives and ongoing support for certain initiatives from 2026 that will continue into 2027, which will require further resources include:
        - Development of a revised Ends Policy by the Board.
        - The Board's commitment to the Global Diversity Equity and Inclusion Benchmark.
        - Implementation of the framework to support effective use of artificial intelligence by the CMLTO and the Board;
        - Implementation of the governance modernization initiatives supported by the Board in 2026.
        - The ongoing pursuit of the regulation of medical laboratory assistants and technicians, with support from a Government Relations firm.

- The 2027 draft budget will be prepared using a 'zero based budget' approach (i.e., budget line items have been built up from a base of zero in each budget category) through comparison to adjusted 2026 year-end projections.

- Some areas of expenditures are driven by volume of activity (e.g. number of complaints / cases, etc.) and/or by government/external legislative changes. These are two budget drivers for which CMLTO does not have direct control. Therefore, the budget will be prepared taking current state of knowledge and past / current volumes into consideration and will be presented with a range of minimum and maximum investments.

- There are two initiatives which may have substantial effects on CMLTO revenue and/or expenses in 2027; the regulation of medical laboratory assistants & technicians, and government directed reforms. The Board will be kept informed of all advancements related to both initiatives, and a revised budget will be presented to the Board, if required.

- Inflationary multipliers will be applied to the two main expense areas (salaries / benefits and contract expenses) based on historical trends, and best practices.

Revenue Assumptions

Revenue comes from three main sources: annual MLT registration fees, ancillary revenue (other registration related fees, Voluntary Roster, job postings), and investment income.

- An increase in new Registrants has been observed since 2023. It is anticipated that this trend will continue as some existing MLS educational programs increase their enrollment, while other new programs which were introduced in Ontario will start to graduate students. Additionally, the implementation of the CAMLPR fields-of-practice prior learning assessment and examination processes has led to pathways for registration in single specialties. As a result, the CMLTO has observed a slight but steady increase in registration revenue, which is anticipated.

- Ancillary revenue from other registration-related fees, the CMLTO Voluntary Roster and job postings have remained relatively stable and do not make a large contribution to overall revenue. Income from investments have been stable over the past few years and are anticipated to remain stable in the foreseeable future.

- CMLTO's financial assets are invested conservatively in interest-bearing instruments with secured capital, consistent with Board's EL Investment Policy. As such, ongoing annual income from renewed investments is highly dependent on the prevailing interest rate environment at the time of maturity. Projected investment income for 2027 will be derived from a comparison of current rates of return with the rates on instruments renewing in the next 12-18 months.

- With the 2025 external financial audit complete, a deficit was recorded, the overall implications of which will be presented to the Board at the September meeting in accordance with the criteria defined in the Board's Executive Limitations Policy, EL # II-11 Financial Condition, and are discussed briefly below under "Reserve and Operating Funds".

Expense Assumptions

- In 2026 the CMLTO staff complement was somewhat destabilized, with the Senior Director, Regulatory Programs on parental leave, the hiring of an Associate, Professional Practice and the recent resignation of the Professional Coordinator, Quality Assurance. The staff complement will restabilize in 2027, which means the overall human resources budget will be higher than in previous years.

- Through ongoing development of internal staff competency and capacity, it is expected that professional consulting expenses will be decreased in 2027.

- The current office space lease, renegotiated for a ten-year extension of the lease starting in 2026, included a 50% reduction to the rent for 2026, which will end in March 2027.

- Board meetings will continue to be offered through a hybrid model, with the recommendation that all Board members strive to attend at least one meeting in person per year. Statutory Committee meetings are anticipated to continue to be held virtually. It is expected that expenses related to Board and Committee meetings will increase in 2027, based on our experiences in 2025 & 2026, based on updates, previously approved by the Board, to the Board's Governance Process Policy GP IV 35.02 "Board and Committee Member Honoria and Expenses.

- $60K was budgeted for 2026 for office upgrades, with another $60K to be included in the 2027 budget.

Reserve and Operating Funds

- The 2025 independent financial audit confirmed the adequacy of CMLTO's five reserve funds, as defined by the Board in the Board's Executive Limitations Policy EL II-17: Summary of Financial Numerical Limitations. Therefore, no changes to any of the five reserve funds are planned.
- There is no need to consider use of any of the reserve funds at the current time, notwithstanding any exceptional circumstances occurring during 2027, as previously noted in this memo.
- The operating funds (which are surplus funds above and beyond the protected reserves) have decreased over the past few years.

Registration Fee Increase

The Board has expressed concern over the long-term financial health of the CMLTO, specifically, the level of the operating funds over the next three years. The Board will be presented with long-term financial modelling at the September Board meeting by an external firm, with options and modelling of registration fees. While this analysis is currently underway, it is anticipated that a CMLTO Registrant fee increase will be proposed to the Board at the September meeting.

Request for Board Feedback
Board members are asked to provide their feedback on the key budget assumptions contained in this memo, and to identify any other assumptions that the Board feels important to consider when developing the 2027 budget.

Please provide your feedback directly to me at john.tzountzouris@cmlto.com by Monday, July 20, 2026.

Respectfully submitted,

John Tzountzouris, MA, BSc, BHA, MLT, GSP
Registrar and CEO

APPENDICES:
Appendix 1 – Briefing Report to the Board of Directors: CMLTO Financial Health: Current and Future State, presented at the April 13, 2026 Board meeting

Appendix 2– Executive Limitations Financial Health Policy, EL #II-10

College of Medical Laboratory Technologists of Ontario

Briefing Report to Board of Directors

Date : March 30, 2026

From : J. Tzountzouris, Registrar & CEO

Subject : CMLTO Financial Health: Current and Future State

Report Purpose:

- ☐ **Board Policy Development, Review, and Approval**
  - ☐ Ends Policy
  - ☐ Executive Limitations Policy
  - ☐ Board-CEO Relationship Policy
  - ☐ Governance Process Policy
- ☐ **Board Implementation of Policy**
  - ☐ Board-CEO Relationship Policy
  - ☐ Governance Process Policy
- ☐ **Monitoring Report**
  - ☐ Ends
  - ☐ Executive Limitations
  - ☐ Statutory Committee
- ☐ **Careholder Linkage Report**
- ☒ **Incidental Report**
  - ☒ **Registrar & CEO**
  - ☐ Board Chair
  - ☐ Other:

PUBLIC INTEREST:

This report serves the public interest by strengthening the Board's oversight of CMLTO's long-term financial sustainability, ensuring that resources are managed prudently, transparently, and in alignment with its public protection mandate. By supporting informed, forward-looking governance dialogue on financial risks, trends, and sustainability, the Board is better positioned to safeguard the organization's capacity to effectively regulate in the public interest and maintain public trust.

BACKGROUND

As a result of the Executive Committee's Registrar & CEO Performance Appraisal meetings held in December 2025 and January 2026, the Executive Committee, on behalf of the Board of Directors, has requested additional information regarding the organization's financial health. Specifically, the Board has asked for a briefing report addressing medium- and long-term financial conditions, revenue projections, the use of reserves, and expenditure management.

This request is understood as a forward-looking and generative exercise. Its purpose is to enhance the Board's understanding of emerging financial dynamics, support strategic dialogue, and inform future policy development. As such, the report is designed to provide insight into trends, risks, and potential scenarios that may influence the organization's financial sustainability over time.

College of Medical Laboratory Technologists of Ontario

In responding to this request, it is important to remain aligned with the principles of the Policy Governance® framework. The Board's role is to define organizational Ends (Critical Outcomes) Policy and establish governing policies (including Registrar & CEO monitoring), while the Registrar & CEO retains responsibility for operational planning and execution. Accordingly, this report does not seek Board approval of specific management plans, nor does it revisit or evaluate past operational performance, or compliance with Board policy.

Instead, the report presents analysis, context, and a range of considerations intended to inform the Board of Directors of the current and future state of the CMLTO's financial health, implications arising from this information being presented, and support generative discussion. Where appropriate, it outlines potential approaches and their implications, without advancing recommendations that would require Board endorsement of operational strategies. This ensures that the Board is equipped with the information necessary to fulfill its governance role, while preserving the clear distinction between governance and management inherent in the Policy Governance® model.

This report is therefore intended to facilitate strategic dialogue between the Board and the Registrar & CEO, fostering a shared understanding of the organization's medium- and long-term financial challenges and opportunities.

FINANCIAL OVERVIEW AND FORWARD OUTLOOK

This section of the briefing report provides a strategic and analytical examination of the CMLTO's financial trajectory. It is intended to inform the Board's understanding of the organization's current financial model and its potential evolution over the medium and long term. Consistent with the purpose of this report, the analysis is presented to support insight and dialogue, rather than to persuade or seek endorsement of specific management actions.

The Board has previously received and accepted monitoring reports confirming compliance with established financial policies. Accordingly, this section does not revisit or reassess those determinations. Instead, it builds on that foundation by shifting focus from retrospective assurance to prospective analysis, offering a forward-looking view of financial sustainability.

The report outlines how the current financial model operates, including the relationships among revenue sources, expenditure patterns, and the use of reserves. It then examines the key drivers influencing financial performance, such as cost trends, anticipated changes in regulatory activity or service demand, and structural factors that may shape future outcomes. Underlying assumptions are made explicit throughout, distinguishing between known conditions, areas of uncertainty, and variables that could materially affect the organization's financial position over time.

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Drawing on these elements, the report articulates a projected financial trajectory, highlighting emerging pressures and risks that may not be evident through compliance monitoring alone. This includes identifying areas where strain may be developing despite continued adherence to policy, thereby providing early insight into factors that could impact long-term sustainability.

The analysis also considers the relationship between financial resources and the achievement of organizational Ends, recognizing this as a critical dimension of governance. Where appropriate, the report presents illustrative options or considerations for addressing identified pressures. These are not recommendations requiring Board approval, but rather examples intended to support understanding of potential implications and trade-offs. Accountability for selecting and implementing operational approaches remains with the Registrar & CEO, within the constraints established by Board policy.

Overall, this section is structured to move logically from context and current state to forward-looking analysis and governance implications, serving as a bridge between past performance and future-focused governance.

Current Financial Model Overview

A health professional regulatory College is primarily funded through fees paid by its Registrants, such as initial registration and annual renewal fees. These fees cover the cost of regulating the profession, including meeting the regulatory requirements set out the *Regulated Health Professions Act, 1991* (RHPA), achieving the Ends (Critical Outcomes) Policies articulated by the Board of Directors, and the costs of running the business. Addition revenue is received through other regulatory and non-regulatory functions, such as interest on investments, fees for registration related requests, and in the case of the CMLTO, Voluntary Roster associated fees and job postings.

All RHPA Colleges have roughly the same regulatory requirements, with more specificity being described in the regulations under the individuals College's discipline specific legislation for such things as registration requirements and quality assurance program requirements.

Since the primary source of revenue is fees paid by Registrants, the simplest way to think about College funding in general and Registrant fees more specifically, is to determine how much it costs to achieve our various requirements and then to divide through by the number of Registrants. The aim is to have a balanced annual budget as a not-for-profit corporation. The first implication of this model is that Registrant fees and revenue vary directly with both the total number of Registrants (less registrants, the higher the fees) and the cost of regulatory service delivery (the more complex a College's "regulatory burden", the higher the Registrant fees).

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On the expense side then, there are both fixed and variable annual costs. Fixed costs include such things as salaries & benefits and the cost of running the organization. Variable costs relate more to regulatory and strategic functions, with the Board of Directors directing the latter through the organization's Ends (Critical Outcomes) Policy.

Finally, the CMLTO holds funds in reserve as prescribed by Executive Limitations Policy EL II-17: Summary of Financial Numerical Limitations as follows:

Sexual 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
Total	**$2,070,000**

A five-year overview of revenue, expenses, surplus/deficit and reserve/operating funds is presented below (*2025 data is unaudited):

Year	Revenue	Expenses	Surplus / Deficit	Operating Fund	Reserves
2021	$2,410,180	$2,287,700	$122,480	$1,238,343	$2,070,000
2022	$2,396,599	$2,104,428	$292,171	$1,609,405	$2,070,000
2023	$2,477,679	$2,247,328	$230,351	$1,773,070	$2,070,000
2024	$2,540,361	$2,716,665	-$176,304	$1,673,374	$2,070,000
2025 *	$2,545,982	$2,936,033	-$390,051	$1,196,309	$2,070,000

At a high level, five-year financial trend indicates that:

1. CMLTO continues to be in a healthy financial position heading into 2026.
2. There is no immediate or medium term need to consider using any reserve funding.
3. If an ongoing deficit is projected into the coming years, a Registration fee increase will need to be considered by the Board.

In terms of comparator data with other health regulatory Colleges, the following information is being shared with the Board of Directors based on the 2024 audited financial statements of all twenty-six (26) RHPA Colleges in Ontario:

- CMLTO has the **lowest** Registration fees of all 26 Colleges ($340 for a Practising Certificate of Registration). The highest fee is $3,075 for

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Registrants of the Royal College of Dental Surgeons of Ontario (RCDSO), and the average Registration fee is $1,174.56.

- The number of Registrants per Staff Count for the CMLTO is 705. This is the **highest** of all 26 Colleges. The lowest number is 76 at the College of Naturopaths of Ontario (CoNO), and the average is 259.
- The cost of operating the College per Registrant at the CMLTO is $360.39, which is the **lowest** of all 26 Colleges. The highest is $3,975 for the Royal College of Dental Surgeons of Ontario (RCDSO), and the average is $1,311.53.

Key Drivers of Financial Performance, Assumptions and Planning Context

Building on the historical data presented above, the medium-term financial health of the organization indicates that within four years, the operating fund will be depleted, as demonstrated below, and as presented to the Board in September 2025 when the 2026 Budget was approved by the Board:

Year	Revenue	Expenses	Surplus / Deficit	Operating Fund	Reserves
2021	$2,410,180	$2,287,700	$122,480	$1,238,343	$2,070,000
2022	$2,396,599	$2,104,428	$292,171	$1,609,405	$2,070,000
2023	$2,477,679	$2,247,328	$230,351	$1,773,070	$2,070,000
2024	$2,540,361	$2,716,665	-$176,304	$1,673,374	$2,070,000
2025 *	$2,545,982	$2,936,033	-$390,051	$1,196,309	$2,070,000
2026 **	$2,529,000	$2,549,261	-$20,261	$1,176,048	$2,070,000
2027 **	$2,529,000	$2,884,091	-$355,091	$820,957	$2,070,000
2028 **	$2,529,000	$2,970,600	-$441,600	$379,357	$2,070,000

As is the case when the proposed budget is presented to the Board at the September meeting, in accordance with the Board's Executive Limitations Policy EL II-10: Financial Health, revenue projections are conservative, while expense predictions are more liberal.

On the revenue side, extrapolation based on previous year's is determined to be the standard. The number of CMLTO Registrants has increased over the past three years and is expected to continue to trend in that direction due to the number of new graduates projected over the next three years. However, there still exists a risk of loss of Registrants due to age-based attrition.

On the expense side, after a period of savings from 2021 to 2023 based on building of internal capacity (and less reliance on consultants), the costs of running the CMLTO continue to climb based primarily on staffing costs and an increased number and complexity of regulatory cases at the CMLTO.

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As noted above, the CMLTO is currently one of, if not the leanest and most efficient RHPA Colleges in Ontario. However, looking forward, the current revenues will not be sufficient to meet future requirements.

In accordance with the Board's Executive Limitations Policy EL II-10: Financial Health, the Board will receive the Registrar & CEO's 2027 Budget Assumptions in June 2026. A fulsome budget will then be presented to the Board at the September meeting. This will include detailed financial modelling for the short, medium and long term to ensure the financial health of the CMLTO.

Governance Implications

Financial capacity is a critical enabler of the CMLTO's ability to achieve the Board's Ends (Critical Outcomes) Policies. The availability, stability, and flexibility of financial resources directly influence the scope, quality, and sustainability of regulatory activities and services as well as strategic directions. A well-aligned financial model ensures that resources are sufficient to meet current obligations while also supporting emerging priorities and responding to changes in demand or external conditions. Conversely, constraints in financial capacity may require trade-offs that affect service levels, timeliness, or the organization's ability to proactively address risks, or to deliver on strategic directions and opportunities. Understanding this relationship allows for a more informed consideration of whether the current and projected financial trajectory appropriately supports the achievement of the organization's stated outcomes over the medium and long term.

Within this context, clearly defined and appropriately calibrated Board policies play a central role in managing financial risk. Policies related to reserves, revenue generation, and financial conditions establish the boundaries within which the Registrar & CEO may operate, while also signaling the Board's tolerance for risk, variability, and uncertainty. Well-crafted policies provide sufficient direction to safeguard financial sustainability without constraining the flexibility required for effective management. Where policies lack clarity or do not fully reflect the Board's values, or the CMLTO's evolving financial realities, there is a risk of either unintended exposure or unnecessary restriction. Ongoing attention to the adequacy and alignment of these policies is therefore essential to ensuring that financial risks are managed prudently in support of the organization's Ends (Critical Outcomes) Policies.

Conclusion & Generative Discussion

Although the CMLTO is in a health financial position this year and is projected to be within the next two years, it is clear that medium and long-term financial health is at risk, requiring an increase in revenue to sustain operations, deliver on regulatory requirements, and achieve the Board's Ends (Critical Outcomes) Policies.

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This will be addressed through the usual budget approval cycle as described in this briefing report and as proscribed by the Board's Executive Limitations Policy EL II-10: Financial Health.

In understanding the current and future financial health of the CMLTO, the Board should continue to consider the following questions:

1. **To what extent do our current financial policies (e.g., on reserves, revenue generation, and financial conditions) adequately define and protect the organization's long-term financial sustainability?**

2. **Are our stated Ends (Critical Outcomes) Policies achievable within the financial trajectory outlined, and do our policies provide clear guidance on the acceptable balance between financial capacity and desired outcomes?**

3. **What level of financial risk or variability is acceptable within our policies, and where might greater clarity be required to guide future decision-making?**

The first and third questions will continue to be assessed and addressed by the Board through the regular policy review process. The second question related to Ends (Critical Outcomes) Policies achievement will become important and central in the coming year as the Board embarks on a refresh of the Ends (Critical Outcomes) Policies for 2028.

College of Medical Laboratory Technologists of Ontario

Policy Title: **FINANCIAL HEALTH**		Policy Section: II Executive Limitations		Policy Number: II-10
Approved By: Board of Directors	**Date Approved:** February 13, 2026	**Date Reviewed/ Revised:**		**Chair's Signature:**

PURPOSE

This policy has been created by the Board to provide risk and values boundaries for the Registrar & CEO regarding the leadership and management of the financial health of CMLTO (including parameters regarding financial planning, management, condition, and monitoring).

POLICY

The Registrar and CEO shall not operate the organization in a manner that places its financial health and sustainability and the related public accountability at unreasonable risk.

Further, the Registrar & CEO will not operate without:

FINANCIAL PLANNING AND BUDGETING

1. Aligning financial planning/budgeting, financial operations, and the resulting financial condition with the Board's Ends (Critical Outcomes) Policies.
2. Maintaining fiscal prudence and address both short- and long-term financial health.

   2.1 Seeking Board input on budget assumptions annually.
3. Using multi-year planning (minimum 3 years) with evidence-based projections from prior performance and conservative assumptions.
4. Including clear, high-level budget categories and scenarios for both best- and worst-case outcomes.
5. Developing a balanced budget unless the Board explicitly approves otherwise.

   5.1 Presenting a draft budget by September and seeking Board approval no later than December.

   5.2 Providing a revised budget between February and May if significant changes occur.

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6. Including financial resources in the budget for regulatory responsibilities, organizational capacity building, capital expenditures, and Board operations (e.g., governance, linkage, audit, Board development and support, Board legal affairs).

FINANCIAL RISK
The Registrar & CEO will not:

7. Finish any fiscal year with an operating deficit or without sufficient liquidity for the following year.
8. Borrow or lend funds or use long-term reserves without Board authorization.
9. 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.
10. Operate without ensuring that reserves, as prescribed in the Summary of Financial Numerical Limitations Policy (EL Policy II-17), are maintained.
11. Hold surplus funds in financial instruments outside approved investment policies.

FINANCIAL OPERATIONS
The Registrar & CEO will not:

12. Make a single unbudgeted purchase exceeding $40,000 without Board approval.
13. Deviate from the approved budget by more than 25% in any quarter without updating the financial plan.
14. Miss accounts payable due dates.

REPORTING AND ACCOUNTABILITY
The Registrar & CEO will not operate without:

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.
16. Reporting on any annual surplus including proposed allocations for these surpluses.

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2027 Budget Assumptions
Board Member Feedback

Board Member	2027 Budget Assumptions Feedback
Walter Hewus	Reviewed the document and many of the budget assumptions have been touched on in previous board sessions. What I would like to get more information/direction are on some of the following that were highlighted: Expense/Revenue potential estimates pertaining to MLA if it comes to fruition. Not sure if there are any preliminary insights and time frame based on the board's approval to get a report in anticipation of MLA addition. Office upgrades of 60K .....some detail Update/Cost of independent consulting pertaining to the required fee increases required and a time line for implementation. In general, the first draft of budget assumptions is encompassing but not sure if any more detail can be incorporated at this time. As always thanks.
Lucy DiPietro-Dozois	I have read the report and reviewed the key budget assumptions and have no questions or other feedback. Thanks for all your work in getting this memo to us.
Peter McLeman	Under General Assumptions, Do we have estimates for costs that will be incurred with following new initiatives: • Development of Revised Ends Policies • Commitment to Global DEI Benchmarks • Implementation of framework to support AI • Governance modernization initiatives • Ongoing pursuit of regulation for MLA/Ts using GR firm In interest of getting to balanced budget do we need to prioritize any of the above.

Board Member	2027 Budget Assumptions Feedback
Nathan Clark	I note that your submission says consulting fees will decrease next year. Does this include fees beyond the governance consultant?
Mary Costantino	what I would add is a question about office upgrades. 60K is not huge in the grand scheme of things and I see 60K already approved for 2026 so curious why another 60K for 2027.
Andrew Chan	When the timing is appropriate, I would like to know what portion of the wage increases are related to merit increase, and what portion relates to headcount changes. You had mentioned in the assumption's memo that In 2026 the CMLTO staff complement was somewhat destabilized, with the Senior Director, Regulatory Programs on parental leave, the hiring of an Associate, Professional Practice and the recent resignation of the Professional Coordinator, Quality Assurance. The staff complement will restabilize in 2027, which means the overall human resources budget will be higher than in previous years. So there seemed to be a lot of plus and minuses that lead to an overall increase, so if you can break down the increase into more specificity like headcount changes and wage increases, that would be helpful when you present the budget.
Rohini Soni	I am satisfied with the key budget assumptions provided and have nothing further to add. I look forward to the detail presentation at the September meeting.
Jennifer Pilzecker	I find the 2027 Budget Assumptions reasonable. I appreciate the explanation provided in the briefing of some increased expenses and their projected trajectories going forward.
George Broukhanski	I don't have additional comments and agree with the comments from other Board members.
Lavern Bourne	Thanks for sharing the budget with us. I approve of the assumptions that were presented in the document.
Karen Persad	The overall key budget assumptions seem reasonable. Here are my comments/feedback on some areas with anticipated emerging impact and need for resources in 2027: • AI & digital automation - in addition to the implementation of the framework to support effective use by CMLTO and the Board, there is the need for a regulatory framework for the use of AI in medical laboratory practice, especially from a lens of public safety . This could lead to the development of further policies, professional practice guidelines, etc. • Regulation of MLATs - continuation of preparedness and having the agility to implement regulatory practices for MLATs quickly is needed, including having resources to handle the ripple effects (e.g. rebranding CMLTO)

Board Member	2027 Budget Assumptions Feedback
	• Increase in complex professional practice/conduct cases - due to flexible pathways to regulation, cases related to professional practice quality, mental health issues, etc. • Registration fee changes - although no changes to the reserve funds are planned, is there a possibility that the fee stabilization reserve fund be used/affected by plans for fee changes? • Governance modernization - the resources allocated towards this will be different from previous years as we have set many goals from our Board discussions and external governance assessment. Resources will need to be allocated accordingly over this multi-year endeavour.
Imaya Vithana	The key risks I identify include the projected depletion of the operating fund by 2028 if deficits continue, increasing regulatory complexity and case volume driving costs, staffing pressures associated with HR stabilization, the potential regulatory expansion to medical laboratory assistants and technicians, and the uncertainty introduced by government directed reforms that may impact both costs and revenue. Given these factors, the us as the Board must consider whether our stated Ends Policies remain achievable within the financial trajectory outlined.
Victor Lan	I have no comments.
Vivian Ufodike	Overall, the assumptions appear reasonable and aligned with the Board's current priorities and strategic direction. I support the continued focus on key initiatives, including governance modernization, AI implementation, DEI commitments, and the regulation of medical laboratory assistants and technicians. (I believe the board has been doing on great job on these discussions yearly) Given the projected pressure on operating funds, it is prudent to review options that support the long-term financial sustainability of the College (Expense is dropping momentarily which looks promising). I look forward to the financial modelling and further discussion. I also agree that it is important to maintain adequate operating flexibility. At this time, I do not have any additional assumptions to recommend.

CMLTO
2027 Budget

CMLTO CONSOLIDATED BUDGET

	2023 Actuals	2024 Actuals	2025 Actuals	2026 YTD Actuals (Jun 2026)	2026 Projected	2026 Final Budget (Revised May 2026)	Minimum	2027 Expected	Maximum	2028 Expected	2029 Expected
INCOME											
MLT Registrant Fees	2,296,557	2,332,600	2,379,060	2,364,459	2,484,459	2,400,000	2,405,664	2,532,277	2,658,891	2,961,904	3,140,631
MLAT Rostering Fees	6,920	4,550	890	3,153	5,153	4,000	3,800	4,000	4,200	4,000	4,000
Investment Income	150,631	177,575	150,329	61,756	111,756	100,000	85,500	90,000	94,500	90,000	90,000
Other income	23,571	25,636	15,703	9,339	21,839	25,000	19,000	20,000	21,000	20,000	20,000
TOTAL INCOME	**2,477,679**	**2,540,360**	**2,545,982**	**2,438,706**	**2,623,206**	**2,529,000**	**2,513,964**	**2,646,277**	**2,778,591**	**3,075,904**	**3,254,631**
EXPENSES											
Board & Committees											
Board	41,497	68,139	77,411	35,229	66,533	75,000	72,000	80,000	88,000	80,000	80,000
Committees	21,056	24,409	41,239	18,440	34,826	25,000	36,000	40,000	44,000	40,000	40,000
Professional Services	81,903	101,111	208,209	70,120	132,429	120,000	121,500	135,000	148,500	135,000	135,000
	144,456	**193,659**	**326,858**	**123,788**	**233,788**	**220,000**	**229,500**	**255,000**	**280,500**	**255,000**	**255,000**
Strategic Leadership Office											
Strategy - Planning, Development, Implementation	14,645	21,712	32,246	9,777	59,453	35,000	45,000	50,000	55,000	50,000	50,000
Professional Services	36,481	12,895	7,161	7,445	45,270	140,000	13,500	15,000	16,500	15,000	15,000
	51,125	**34,607**	**39,407**	**17,222**	**104,722**	**175,000**	**58,500**	**65,000**	**71,500**	**65,000**	**65,000**
Registration & Professional Practice											
Registration											
Professional Services	35,331	40,073	19,200	373	3,330	40,000	18,000	20,000	22,000	20,000	20,000
Registration expenses	9,660	13,475	15,746	1,138	10,174	10,000	9,900	11,000	12,100	12,000	13,000
Quality Assurance Program											
Professional services	12,304	5,655	2,811	357	3,192	10,000	2,700	3,000	3,300	3,000	3,000
Quality Assurance expenses	4,008	7,502	6,045	720	6,437	6,000	5,850	6,500	7,150	7,000	7,500
Registrant Relations	1,412	2,908	3,301	1,726	15,430	2,500	2,250	2,500	2,750	2,500	2,500
	62,715	**69,612**	**47,102**	**4,313**	**38,563**	**68,500**	**38,700**	**43,000**	**47,300**	**44,500**	**46,000**
Professional Conduct											
Professional Services	**87,657**	**188,589**	**236,822**	**84,432**	**171,932**	**175,000**	**157,500**	**175,000**	**192,500**	**175,000**	**175,000**
Corporate Communications											
Communications (registrants, public, stakeholders)	6,074		-			10,000	9,500	10,000	10,500	10,000	10,000
Communication Professional Services	17,415	29,829	28,710	11,347	26,347	20,000	19,000	20,000	21,000	20,000	20,000
	23,489	**29,829**	**28,710**	**11,347**	**26,347**	**30,000**	**28,500**	**30,000**	**31,500**	**30,000**	**30,000**
Corporate Services											
Salaries & Benefits	1,088,651	1,209,128	1,423,361	632,119	1,335,249	1,406,261		1,590,198		1,671,162	1,747,734
Office Operations	131,295	113,364	121,031	45,288	79,616	100,000		115,000		115,000	115,000
Membership Fees (to other organizations)	26,326	37,523	39,845	19,794	34,798	37,500		40,000		40,000	40,000
Rent	347,434	349,611	356,062	120,257	211,411	185,000		335,630		342,712	342,712
Repairs & Maintenance	3,862	650	1,248	968	1,701	5,000		5,000		5,000	5,000
Computer Systems	80,465	70,794	130,773	73,061	128,440	110,000		135,000		140,000	140,000
Internet	3,422	5,645	6,980	4,067	7,150	6,000		7,500		7,500	7,500
Professional Services	50,025	312,470	185,274	81,885	143,954	80,000		150,000		150,000	150,000
	1,731,481	**2,099,186**	**2,264,573**	**977,439**	**1,942,320**	**1,929,761**	**2,259,411**	**2,378,328**	**2,497,244**	**2,471,374**	**2,547,946**
Total Expenses	**2,100,924**	**2,615,482**	**2,943,472**	**1,218,542**	**2,517,672**	**2,598,261**	**2,772,111**	**2,946,328**	**3,120,544**	**3,040,874**	**3,118,946**
Net Operating Profit (Loss) Before Capital Expenditures and Depreciation	**376,755**	**-75,123**	**-397,490**	**1,220,165**	**105,534**	**-69,261**	**-258,148**	**-300,050**	**-341,953**	**35,030**	**135,684**
Capital Budget											
Office Upgrade (Hybrid Work Environment)	213,092	-	-	-	-	-		60,000		60,000	
Net Operating Profit (Loss) Before Depreciation	**163,663**	**-75,123**	**-397,490**	**1,220,165**	**105,534**	**-69,261**	**-258,148**	**-360,050**	**-341,953**	**-24,970**	**135,684**
Depreciation	146,405	101,185	54,840	15,237	53,237	76,000	84,000	17,000	110,000	2,000	500
Net Profit (Loss) Including Depreciation	**17,257**	**-176,308**	**-452,331**	**1,204,927**	**52,297**	**-145,261**	**-342,148**	**-377,050**	**-451,953**	**-26,970**	**135,184**

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

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CMLTO
EQUITY ANALYSIS

OPERATING FUND, December 31, 2018	819,513
NET PROFIT BEFORE DEPRECIATION 2019	263,330
LESS CAPITAL LEASE PAYMENTS	- 10,471
OPERATING FUND, December 31, 2019	1,072,372
NET PROFIT BEFORE DEPRECIATION 2020	360,780
LESS PURCHASE OF CAPITAL ASSETS	- 186,172
LESS RESERVE FUND ADDITION	- 220,000
OPERATING FUND, December 31, 2020	1,026,980
NET PROFIT BEFORE DEPRECIATION 2021	212,563
LESS PURCHASE OF CAPITAL ASSETS	- 1,200
OPERATING FUND, December 31, 2021	1,238,343
NET PROFIT BEFORE DEPRECIATION 2022	371,062
	-
OPERATING FUND, December 31, 2022	1,609,405
NET PROFIT BEFORE DEPRECIATION 2023	376,756
LESS PURCHASE OF CAPITAL ASSETS	- 213,091
OPERATING FUND, December 31, 2023	1,773,070
NET PROFIT BEFORE DEPRECIATION 2024	- 75,120
LESS PURCHASE OF CAPITAL ASSETS	- 24,576
OPERATING FUND, December 31, 2024	1,673,374
NET PROFIT BEFORE DEPRECIATION 2025	- 397,488
	-
OPERATING FUND, December 31, 2025	1,275,886
NET PROFIT BEFORE DEPRECIATION 2026	105,534
	-
OPERATING FUND, December 31, 2026	1,381,420
NET PROFIT BEFORE DEPRECIATION 2027	- 360,050
	-
OPERATING FUND, December 31, 2027	1,021,369
NET PROFIT BEFORE DEPRECIATION 2028	- 24,970
	-
OPERATING FUND, December 31, 2028	996,399
NET PROFIT BEFORE DEPRECIATION 2029	135,684
OPERATING FUND, December 31, 2029	1,132,084

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College of Medical Laboratory Technologists of Ontario

Executive Limitations
Annual Monitoring Report to the Board

Date : August 14, 2026

From : John Tzountzouris, Registrar & CEO

Subject : EL II-12 Financial Audit and External Auditors Policy Monitoring Report

For the Period : September 2025 – September 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
- ☒ **Monitoring Report**
  - ☐ Ends
  - ☒ **Executive Limitations**
  - ☐ Statutory Committee
- ☐ Ownership Linkage Report
- ☐ Incidental Report
  - ☐ Registrar & CEO
  - ☐ Board President
  - ☐ 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-12 Financial Audit and External Auditors 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-12 Financial Audit and External Auditors Policy for the period: 2025 – September 2026 in pursuit of public interest.

LEGEND: Level of Achievement

Compliance Fully Achieved

Compliance Partially Achieved

Compliance Not Achieved

Recommended Motion:

Be it resolved that:

The Board moves to approve:

• The Monitoring Report as understandable and that the data provided gives sufficient evidence to demonstrate full compliance with the EL II-12 Financial Audit and External Auditors Policy for the period of September 2025 – September 2026.

• The Monitoring Report as understandable and further, that the Registrar & CEO Interpretation of EL II-12 Financial Audit and External Auditors 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.

POLICY

In order to ensure the quality and reliability of the financial audit, the Board of Directors shall assess the effectiveness and performance of the external auditors every year and safeguard their independence in accordance with Rule 204 of the Chartered Professional Accountants of Canada (CPA) Code of Professional Conduct (the "CPA Code").

Additionally, the following provisions apply to safeguard against institutional familiarity and independence threats, which may impair auditor objectivity and independence in fact or in appearance and impede the ability of the external auditor:

Policy Criteria	**Registrar & CEO Interpretation Compliance will be achieved when:**		**Evidence** *I believe compliance with the policy is demonstrated by the following evidence:*	**Conclusion**
	Conceptual Definition / Result	**Operational Definition / Result**		
The maximum term that an external auditor can serve is five (5) consecutive years.	No further interpretation is required.	No further interpretation is required.	Welch LLP is currently in its second year as CMLTO's external auditor. Accordingly, the current appointment complies with the Board's requirement that an external auditor serve no more than five (5) consecutive years.	
The external auditors shall not be re-appointed for a period of at least two (2) years after the completion of their tenure.	No further interpretation is required.	No further interpretation is required.	This criterion is not applicable during the current reporting period, as Welch LLP is currently in its second year as CMLTO's external auditor and the maximum term has not yet been completed.	

The Registrar and CEO assists the Board of Directors in fulfilling its oversight responsibilities regarding the integrity of the College's accounting and financial reporting.

Accordingly, the Registrar and CEO shall not fail to uphold appropriate conduct and accounting standards in order to safeguard the integrity of financial reporting and assure the quality of information reported to the Board of Directors and the public in order to avoid any potential reputational damage of reporting inaccurate or misleading information.

Additionally, the Registrar and CEO shall not operate without:

Policy Criteria	**Registrar & CEO Interpretation Compliance will be achieved when:**		**Evidence** *I believe compliance with the policy is demonstrated by the following evidence:*	**Conclusion**
	Conceptual Definition / Result	**Operational Definition / Result**		
Establishing a framework which sets out the criteria to be used for evaluation and selection of external auditors to ensure that the examination of CMLTO's financial data and other relevant information is conducted by highly qualified professionals who provide confidence to the College.	No further interpretation is required.	No further interpretation is required.	Compliance with this criterion is demonstrated through CMLTO's established vendor evaluation and procurement framework, including the evaluation and selection of external auditors in accordance with Executive Limitation EL II-16 Vendor Relations Policy. During the reporting period, the Board received the EL II-16 Vendor Relations Monitoring Report in May 2026, which demonstrated compliance with the policy and confirmed that vendor selection and evaluation processes, including those applicable to the appointment of the external auditor, were conducted in accordance with the approved vendor relations framework.	

Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
	Conceptual Definition / Result	**Operational Definition / Result**		
Making recommendations to the Board of Directors on the appointment of an external auditor, who best suits the needs of the College, based on the evaluation of the external auditors and through a competitive bidding process in accordance with Executive Limitations EL II-16 Vendor Relations Policy, if applicable.	No further interpretation is required.	No further interpretation is required.	Based on the annual evaluation of Welch LLP's performance and independence, the Registrar & CEO recommended the re-appointment of Welch LLP as CMLTO's auditors for fiscal year 2026. The Board approved the recommendation at its May 2026 meeting. Welch LLP was in the second year of its engagement and had not exceeded the maximum term established under Board Policy EL II-12 Financial Audit and External Auditors. Accordingly, no competitive bidding process was required during the reporting period.	✓
Ensuring a smooth transition if changing auditors and developing a mechanism to address any potential short-term deterioration in audit quality while the new firm gets familiar with the College business.	No further interpretation is required.	No further interpretation is required.	The current external auditor remained in place throughout the reporting period. Accordingly, no auditor transition activities were required.	✓
Maintaining an annual assessment framework and setting out audit quality indicators to be used for the evaluation of external auditors, which include, but not limited to: independence, objectivity and professional skepticism,	No further interpretation is required.	No further interpretation is required.	The independence, objectivity, and professional skepticism of the external auditor are governed by Generally Accepted Accounting Principles and the professional standards established by the Chartered Professional Accountants of Ontario. Welch LLP demonstrated compliance with these requirements through the documentation and representations provided in support of the 2025 annual financial audit.	✓

Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
	Conceptual Definition / Result	**Operational Definition / Result**		
quality of the engagement team, and quality of the communications and interactions with the external auditor.			The quality of the engagement team, communications, and interactions with the external auditor were assessed throughout the 2025 annual financial audit. Management reported to the Board that no issues were identified during the audit engagement. Welch LLP also confirmed that there were no issues regarding its working relationship or communications with management during the 2025 annual financial audit.	
Undertaking an evaluation of the performance and independence of the external auditors upon effective completion of the annual audit as per the annual assessment framework in order to make an informed recommendation to the Board of Directors on whether or not the incumbent external auditor should be re-appointed.	No further interpretation is required.	No further interpretation is required.	Following completion of the 2025 annual financial audit, management evaluated the performance and independence of Welch LLP in accordance with CMLTO's annual assessment framework. The evaluation confirmed that the audit engagement was completed successfully, with positive feedback from CMLTO staff, the Accounting Consultant, and Welch LLP regarding the audit process and working relationship. The evaluation also confirmed that Welch LLP continued to meet the criteria established under the annual assessment framework to support management's recommendation regarding the appointment of the external auditor.	
Presenting the results of the annual assessment of the external auditor to the Board of Directors, making a recommendation for re-	No further interpretation is required.	No further interpretation is required.	The results of management's annual assessment of Welch LLP's performance and independence were presented to the Board of Directors in the May 2026 briefing report.	

Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
	Conceptual Definition / Result	**Operational Definition / Result**		
appointment of the incumbent external auditor, and providing the Board with their rationale for their recommendation.			Based on the assessment, the Registrar & CEO recommended the re-appointment of Welch LLP as CMLTO's auditor and provided the rationale supporting the recommendation, including that Welch LLP was in the second year of its engagement and had not exceeded the maximum term established under EL II-12 Financial Audit and External Auditors Policy. The Board approved the recommendation at its May 2026 meeting.	
Recommending removal of external auditors to the Board of Directors due to conduct that breaches the CPA Code of Professional Conduct, if required.	No further interpretation is required.	No further interpretation is required.	No conduct concerns or breaches of the CPA Code of Professional Conduct were identified in relation to the external auditor during the 2025 annual financial audit. Accordingly, no recommendation to remove the external auditor was required during the reporting period.	
Analyzing the situation on a case-by-case basis to identify the reasons why the external auditor ceases to hold office (e.g., due to resignation) whether it arises from an inability to resolve contentious matters that could affect the financial reporting of the College and taking the necessary actions.	No further interpretation is required.	No further interpretation is required.	The external auditor remained in office throughout the reporting period. Accordingly, no review or action under this criterion was required.	

Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
	Conceptual Definition / Result	**Operational Definition / Result**		
Implementing an effective and reliable audit process in accordance with the Audit Policy and Procedure Manual to enable the preparation of financial statements that are free from material misstatement,	No further interpretation is required.	No further interpretation is required.	The annual financial statements and supporting documentation were prepared in accordance with CMLTO's established financial reporting and audit processes. Welch LLP's Audit Approach Letter, dated January 25, 2026, outlined the planned audit approach, including audit procedures designed to identify and address the risk of material misstatement in the financial statements. Welch LLP completed the 2025 annual financial audit in accordance with Canadian generally accepted auditing standards and issued an independent auditor's report on the financial statements. The audited financial statements were approved by the Board of Directors at its May 2026 meeting.	
Assessing the reasonableness of and approving the proposed audit fee in conjunction with the audit plan, with an appropriate focus on audit quality, and terms of engagement of the external auditor,	No further interpretation is required.	No further interpretation is required.	Welch LLP's Audit Approach Letter, dated January 25, 2026, outlined the proposed audit plan, audit scope, terms of engagement, and proposed audit fee for management's review. Management assessed the reasonableness of the proposed audit fee in the context of the planned audit approach, audit quality, and terms of engagement. The audit fee remained consistent with the Board-approved 2026 budget and comparable to previous audit engagements. Based on this assessment, management proceeded with the audit engagement.	
Analyzing and recommending audited annual financial statements to the Board of Directors,	No further interpretation is required.	No further interpretation is required.	Following completion of the 2025 annual financial audit, management analyzed the audited annual financial statements and reviewed the audit results with Welch LLP. Welch LLP presented the audited financial statements to the Executive Committee on April 15, 2026. Following its review,	

Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
	Conceptual Definition / Result	**Operational Definition / Result**		
			the Executive Committee supported the audited financial statements being presented to the Board of Directors for approval. Welch LLP subsequently presented the audited financial statements to the Board of Directors on May 25, 2026. Following its review, the Board approved the audited annual financial statements.	
Developing necessary resolution strategies and developing necessary action plans to rectify any material weaknesses and deficiencies identified by the external auditors and ensuring completion of identified resolution strategies and activities,	No further interpretation is required.	No further interpretation is required.	Welch LLP did not identify any material weaknesses or deficiencies during the 2025 annual financial audit. Welch LLP issued an independent auditor's report, which was presented to and accepted by the Board of Directors at its May 2026 meeting. Accordingly, no resolution strategies or corrective action plans were required during the reporting period.	
Ensuring all financial reporting requirements pursuant to RHPA are completed within the required timelines and current fiscal year accounts and disclosed in the annual report of the College along with information pertaining to the assessment of the external auditor and appointment	No further interpretation is required.	No further interpretation is required.	The 2025 CMLTO Annual Report, including the approved summary financial statements for the 2025 fiscal year, was submitted to the Minister of Health and publicly released on June 24, 2026 in accordance with applicable legislative and Ministry reporting requirements. The full audited financial statements are available from the Registrar & CEO upon request. Information regarding management's assessment of the external auditor, the recommendation for re-appointment, and	

Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
	Conceptual Definition / Result	**Operational Definition / Result**		
process to promote transparency and accountability.			the Board's appointment of the external auditor was publicly disclosed in the May 2026 Board meeting materials under Agenda Item 5.2, "Appointment of Auditors for Fiscal Year 2026" thereby supporting transparency and accountability.	
Developing and implementing a clear pre-approval policy outlining the guidelines for the engagement of the external auditor in regard to providing non-audit services in accordance with CPA Code of Professional Conduct Rule 204, which prohibits the external auditor from performing certain services,	No further interpretation is required.	No further interpretation is required.	CMLTO maintains processes to ensure that any proposed non-audit services provided by the external auditor would be reviewed and approved in accordance with Executive Limitation EL II-16 Vendor Relations Policy and CPA Code of Professional Conduct Rule 204. The scope of the financial audit process was outlined to the Board in Welch LLP's Audit Approach Letter of January 25, 2026. During the reporting period, non-audit services provided by Welch LLP included bookkeeping and general accountancy services. Welch LLP's files are inspected by CPA Ontario and one of the primary things they look at is independence, especially in situations where they provide other services. They are required to demonstrate our independence each year from a process perspective and that is typically done and documented in the file and involves the audit team (and partner) to be completely removed from the bookkeeping team (or cybersecurity team, etc.). Welch LLP must have safeguards in place to conduct the audit and remain independent in accordance with professional auditing standards.	

Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
	Conceptual Definition / Result	**Operational Definition / Result**		
			This is also addressed in the Management Representation Letter dated January 23, 2026.	
Ensuring that auditor's independence isn't compromised by taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm outlined in accordance with CPA Code of Professional Conduct Rule 204,	No further interpretation is required.	No further interpretation is required.	The external auditor's independence and compliance with applicable professional standards, including ethical requirements governing auditor independence, were confirmed in Welch LLP's Audit Approach Letter dated January 25, 2026. The audited financial statements, approved by the Board of Directors on May 25, 2026, confirm that the audit was conducted in accordance with Canadian generally accepted auditing standards and applicable professional requirements.	✓
Ensuring operational separation between the external auditor's audit and non-audit practices upon reviewing of prohibited services for auditors,	No further interpretation is required.	No further interpretation is required.	Welch LLP was engaged solely to perform the annual external financial statement audit during the reporting period. Welch LLP's Audit Approach Letter, dated January 25, 2026, confirmed the scope of the audit engagement and the firm's adherence to applicable professional standards. No non-audit services were provided by Welch LLP during the reporting period. Accordingly, operational separation between the audit and non-audit practices was maintained.	✓
Reporting to the Board of Directors, all non-audit services provided to the College by the external auditor during the previous fiscal year.	No further interpretation is required.	No further interpretation is required.	Non-audit services provided during the previous fiscal year to CMLTO by the same firm as the external auditor (Welch LLP) include bookkeeping and general accountancy. This is reported to the Board on a quarterly basis as part of the financial monitoring requires of the Executive Limitations Policy EL II-10.	✓

Definitions:

Institutional familiarity threats: Threats arising from long tenure of an external auditor, which may create a threat to independence that impedes the ability of the auditor and the engagement team from exercising appropriate professional skepticism.

OVERALL CONCLUSION

✓ I believe the evidence provided demonstrates that I am in full compliance with the EL II-12 Financial Audit and External Auditors Policy for the period: September 2025 – September 2026.

Respectfully submitted,

August 14, 2026

John Tzountzouris
Registrar & CEO

Date

College of Medical Laboratory Technologists of Ontario

Executive Limitations
Annual Monitoring Report to the Board

Date : August 31, 2026

From : John Tzountzouris, Registrar & CEO

Subject : EL II-25 Human Resources Parameters Policy Monitoring Report

For the Period : September 2025 – September 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
- ☒ **Monitoring Report**
  - ☐ Ends
  - ☒ **Executive Limitations**
  - ☐ Statutory Committee
- ☐ Ownership Linkage Report
- ☐ Incidental Report
  - ☐ Registrar & CEO
  - ☐ Board President
  - ☐ 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-25 Human Resources Parameters 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-25 Human Resources Parameters Policy for the period: September 2025 – September 2026 in pursuit of public interest.

LEGEND: Level of Achievement

Compliance Fully Achieved	**Compliance Partially Achieved**	**Compliance Not Achieved**

Recommended Motion:

Be it resolved that:

The Board moves to approve:

- The Monitoring Report as understandable and that the data provided gives sufficient evidence to demonstrate full compliance with the EL II-25 Human Resources Parameters Policy for the period of September 2025 – September 2026.

- The Monitoring Report as understandable and further, that the Registrar & CEO Interpretation of EL II-25 Human Resources Parameters 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.

SECTION A - 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:

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
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.	CMLTO employees are supported by a comprehensive, fair, equitable, and legally compliant human resources framework that clearly establishes the terms, conditions, rights, responsibilities, and protections associated with employment.	CMLTO maintains comprehensive Human Resources policies and procedures that are aligned with applicable legislation, human resources standards and best practices, and CMLTO's organizational values and EDI-J commitment. Policies are reviewed periodically and updated as required, with external human resources and/or legal expertise obtained where appropriate.	**1. COMPREHENSIVE HUMAN RESOURCES POLICIES** • CMLTO maintains a comprehensive Human Resources Policy Manual that addresses key areas of employment, including employee rights and responsibilities, compensation and benefits, workplace conduct, health and safety, confidentiality, conflict of interest, performance management, professional development, workplace relations, and other employment matters. • The Human Resources policies clarify employment expectations, responsibilities, and conditions and establish safeguards intended to support fair, respectful, equitable, inclusive, and safe employment practices. • The Human Resources Policy Manual is accessible to all staff and provides	

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				employees with clear direction regarding CMLTO's employment policies, procedures, and workplace expectations. **2. POLICY REVIEW AND EXTERNAL EXPERTISE** • CMLTO's Human Resources policies are reviewed on a regular cycle and updated as required to reflect legislative changes, evolving human resources practices, organizational requirements, and CMLTO's values and EDI-J commitments. • Policies are updated between scheduled reviews, as required, in response to legislative changes, organizational requirements, or evolving human resources practices. • The most recent comprehensive review of the Human Resources Policy Manual was undertaken in consultation with an external human resources firm and legal counsel, providing additional assurance regarding alignment with applicable employment legislation, human resources standards, and contemporary best practices.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
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				3. ALIGNMENT WITH ORGANIZATIONAL VALUES AND EDI-J • Human Resources policies are developed and reviewed with consideration of CMLTO's organizational values and overarching commitment to equity, diversity, inclusion, and justice, including expectations for fair, respectful, inclusive, and non-discriminatory employment practices. • During the reporting period, CMLTO's ongoing EDI-J work and organizational values continued to inform the review and development of human resources practices and workplace expectations.	
2	Providing a respectful work environment that values the contribution of employees and that provides harassment-free relations, transparent communications, and teamwork.	CMLTO employees experience a respectful and collaborative work environment in which their contributions are valued, workplace relations are free from harassment, communication is transparent, and teamwork is supported.	CMLTO maintains and reinforces Human Resources policies, workplace practices, and communication mechanisms that support respectful and harassment-free workplace relations, recognize employee contributions, promote transparent communication, and enable effective teamwork. Staff experience of the work environment is assessed through	**1. HUMAN RESOURCES POLICIES AND WORKPLACE EXPECTATIONS** • CMLTO's Human Resources Policy Manual includes policies that establish expectations for respectful and professional workplace conduct and mechanisms for raising and addressing workplace concerns, including the Respect in the Workplace, Open Door, Business Conduct, and Complaints policies.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
			the annual CMLTO Staff Human Resources Parameters Survey.	• These expectations are communicated and reinforced through staff orientation, policy acknowledgements, staff meetings, and ongoing management communications. **2. COMMUNICATION, COLLABORATION AND TEAMWORK** • Regular staff meetings and organizational updates provide opportunities for information sharing, discussion, staff input, and collaboration across functional areas. • During the reporting period, staff participated in a CMLTO Values working session focused on how CMLTO's values are reflected in workplace behaviours, interactions, collaboration, and decision-making. **3. STAFF EXPERIENCE** • The annual CMLTO Staff Human Resources Parameters Survey provides direct evidence of staff experience of the work environment: ○ 100% (9/9) of staff strongly agreed that the Registrar & CEO provides a	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
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				respectful work environment that values the contribution of staff. ○ 100% (9/9) of staff strongly agreed that the Registrar & CEO provides a work environment that enables harassment-free relations. ○ 100% (9/9) of staff strongly agreed that the Registrar & CEO provides a work environment that enables transparent communications. ○ 100% (9/9) of staff strongly agreed that the Registrar & CEO provides a work environment that enables teamwork. • No workplace harassment complaints were received during the reporting period.	
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.	Employees understand CMLTO's Ends (Critical Outcomes) Policies, the organization's public protection mandate, and how their work contributes to achieving the Board's intended outcomes.	CMLTO informs and regularly reinforces staff understanding of the Board's Ends (Critical Outcomes) Policies and CMLTO's public protection mandate through orientation, ongoing organizational communications,	**1. STAFF ORIENTATION** • All staff participate in annual orientation that includes CMLTO's **public protection mandate, Board Ends (Critical Outcomes) Policies, Registrar & CEO Ends Interpretation, Strategic Framework, and organizational priorities**.	

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			and alignment of staff work with organizational priorities.	• During the reporting period, all staff attended the **CMLTO Annual Staff Orientation held on April 29, 2026**, which reinforced CMLTO's public protection mandate and organizational priorities. • During the reporting period, **one new employee** completed CMLTO's onboarding and orientation process, including orientation to CMLTO's public protection mandate and key organizational policies. **2. ONGOING REINFORCEMENT** • Throughout the reporting period, the Registrar & CEO reinforced CMLTO's public protection mandate and strategic priorities through regular staff meetings, organizational updates, Board Highlights, policy updates, strategic planning discussions, and professional development activities. • Staff received regular updates on Board discussions, strategic priorities, governance decisions, regulatory issues, and organizational initiatives, maintaining ongoing awareness of CMLTO's public	

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				protection mandate and the Board's intended outcomes. • Weekly meetings with the Manager, Regulatory Programs, Governance Specialist, and Corporate Communications Specialist provided additional opportunities for ongoing orientation, information sharing, and alignment with organizational priorities. • Individual work objectives and departmental operating plans are aligned with CMLTO's strategic priorities and the Board's Ends (Critical Outcomes) Policies, reinforcing the connection between employees' work and achievement of the Board's intended outcomes. • The CMLTO Operating Plan includes a dedicated Public Interest Assessment Framework component with specific public interest outcomes for which staff are responsible and report on regularly, further reinforcing the integration of CMLTO's public protection mandate into employees' work. **3. STAFF UNDERSTANDING**	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
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				The annual CMLTO Staff Human Resources Parameters Survey provided additional evidence regarding staff understanding of the orientation and their connection to the Board's Ends. Assuming the same results this year: • **100%** (9/9) of staff who attended general orientation reported that they found the general and ongoing orientation useful. • **100%** (9/9) of staff strongly agreed that they understand how their work contributes to the achievement of the Board's Ends Policies.	
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.	Employees understand, engage with, and demonstrate CMLTO's organizational values and commitment to equity, diversity, inclusion, and justice through their work, behaviours, interactions, and decision-making.	CMLTO communicates and reinforces its organizational values and EDI-J commitments through staff orientation, ongoing learning and engagement activities, organizational practices, and opportunities for staff to apply these principles in their work. Staff understanding and application of the Values are assessed through employee	**1. VALUES ORIENTATION AND ENGAGEMENT** • CMLTO's organizational values and commitment to EDI-J are communicated and reinforced through staff orientation, organizational communications, and ongoing staff activities. • 100% (10/10) of staff participated in the annual staff orientation session held on April 29, 2026, which included discussion of the CMLTO Values in practice. • During the reporting period, staff participated in a CMLTO Values working	

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			feedback and organizational activities.	session focused on how the Values are reflected in staff behaviours, interactions, decision-making, and day-to-day work. • Staff have been informed of the Board's Principles related to equity, diversity, inclusion, and justice. **2. EDI-J LEARNING AND APPLICATION** • 100% of staff completed required AODA training, reinforcing awareness of accessibility requirements and inclusive practices. • Staff participated in external events and learning opportunities related to equity, diversity, inclusion, and justice, supporting continued awareness and application of EDI-J principles in their work. • CMLTO's EDI-J commitments continued to inform organizational practices and workplace expectations. **3. STAFF UNDERSTANDING AND PRACTICE** • In the annual CMLTO Staff Human Resources Parameters Survey, 100% (9/9) of staff strongly agreed with the	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				statement, "I understand how my behaviours support the CMLTO's Values."	
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.	Employees understand their job responsibilities and performance expectations and their protections and duties under applicable Board, Operating, and Human Resources Policies.	CMLTO provides employees with current job descriptions and access to applicable Board, Operating, and Human Resources Policies, and provides orientation and ongoing communication to support employees' understanding of and compliance with their responsibilities and policy requirements.	**1. JOB RESPONSIBILITIES AND EXPECTATIONS** • All staff have current job descriptions that clearly identify their roles, responsibilities, and job expectations and are accessible on the CMLTO SharePoint site. • Job descriptions were comprehensively reviewed and updated in 2025 through a collaborative process involving staff and an external human resources firm. No further updates were required during the reporting period. • One new employee is oriented to their job responsibilities and expectations as part of CMLTO's onboarding process. **2. POLICY ORIENTATION AND ACCESS** • Staff are provided with and have access to applicable Board, Operating, and Human Resources Policies, including relevant Executive Limitations Policies, through the CMLTO SharePoint site.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				• Staff responsibilities and policy expectations are reinforced through annual staff orientation, policy acknowledgements, organizational communications, and ongoing management discussions. **3. STAFF UNDERSTANDING AND COMPLIANCE** The annual CMLTO Staff Human Resources Parameters Survey provided direct evidence of staff understanding of their responsibilities and policy requirements: • 100% (9/9) of staff strongly agreed with the statement, "I have been oriented to my job responsibilities and expectations." • 100% (9/9) of staff strongly agreed with the statement, "I have been informed of my protections and duties under Board policies." • 100% (9/9) of staff strongly agreed that they are in compliance with CMLTO's operating policies and procedures, as appropriate.	

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				• 100% (9/9) of staff strongly agreed that they are in compliance with CMLTO's Human Resources policies.	
6	Ensuring that external and internal stakeholder relationships are conducted professionally, respectfully, and with integrity.	Employees conduct relationships with internal and external stakeholders professionally, respectfully, ethically, and with integrity.	CMLTO establishes and communicates standards of professional and ethical conduct for employee interactions with internal and external stakeholders and reinforces these expectations through Human Resources policies, organizational Values, orientation, and ongoing workplace practices.	**1. PROFESSIONAL CONDUCT AND WORKPLACE EXPECTATIONS** • CMLTO's Human Resources policies establish expectations for ethical, professional, respectful, and integrity-based conduct in employees' interactions with internal and external stakeholders. • These expectations are reinforced through staff orientation, CMLTO's organizational values, policy acknowledgements, and ongoing management communications. • During the reporting period, the CMLTO Values working session reinforced how CMLTO's Values are reflected in staff behaviours, interactions, relationships, and decision-making. **2. PROFESSIONAL AND RESPECTFUL RELATIONSHIPS** • Staff regularly engage with registrants, applicants, members of the public, vendors,	

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				external partners, CMLTO Board and Committee Members. • CMLTO's Values and EDI-J commitments provide additional direction for respectful, equitable, inclusive, and professional interactions with internal and external stakeholders. • Staff participated in relevant external learning opportunities related to EDI-J, supporting continued awareness of respectful and inclusive practices in their interactions with others. **3. STAFF CONDUCT AND ORGANIZATIONAL ASSURANCE** The annual CMLTO Staff Human Resources Parameters Survey provided direct evidence regarding staff conduct in internal and external relationships: • 100% (9/9) of staff strongly agreed with the statement, "I have conducted myself professionally and with integrity in my relationships with internal and external stakeholders."	

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				• 11% (1/9) of staff reported experiencing a situation in which an internal or external stakeholder expressed an issue with their professionalism and/or integrity. This was in relation to a Registrant who was harassing a staff member. No complaints regarding staff professionalism, respectful conduct, or integrity in interactions with internal or external stakeholders were received during the reporting period. The Registrar & CEO was not aware of any concerns or feedback during the reporting period regarding staff professionalism, respectful conduct, or integrity in interactions with internal or external stakeholders.	
7	Evaluating 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.	Employment decisions, including hiring, promotion, and termination, are made fairly, consistently, and objectively based on relevant qualifications, performance, experience, and job requirements, while complying with applicable CMLTO By-Law cooling-off requirements.	CMLTO uses documented and objective criteria and processes to evaluate candidates for employment and employees for promotion or termination. Hiring decisions consider relevant qualifications, experience, references, and job requirements; employee performance and advancement are assessed through CMLTO's Performance Management Approach; and	**1. OBJECTIVE RECRUITMENT AND SELECTION** • During the reporting period, **one employee was hired as Associate, Professional Practice** through CMLTO's established recruitment and selection process. • The candidate was evaluated against objective criteria related to the requirements of the position, including qualifications, relevant experience,	✓

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
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			applicable cooling-off requirements under CMLTO By-Law Section 7.9 are verified as part of the recruitment process.	competencies, references, and suitability for the role. • Compliance with the applicable **CMLTO By-Law Section 7.9 cooling-off requirements** was verified as part of the recruitment process. **2. OBJECTIVE PROMOTION AND EMPLOYEE DEVELOPMENT** • During the reporting period, **two employees were promoted through an objective assessment of their qualifications, experience, performance, and ability to meet the requirements of the respective positions**: o Associate, Professional Practice to **Coordinator, Professional Conduct**; and o Associate, Professional Practice to **Coordinator, Quality Assurance**. • Promotion decisions considered the requirements and responsibilities of the positions together with the employees' demonstrated performance, experience,	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				competencies, and readiness to assume the expanded responsibilities. • All CMLTO employees participate in CMLTO's formal **Performance Management Approach**, including annual performance and development plans and quarterly performance discussions, providing an ongoing basis for evaluating employee performance and development. **3. EMPLOYMENT DECISIONS AND OVERSIGHT** • Employment decisions, including recruitment, promotion, and termination, are made based on documented job requirements, performance expectations, organizational requirements, and other relevant objective criteria. • No employee terminations occurred during the reporting period. • The Registrar & CEO's performance continues to be monitored and evaluated by the Executive Committee in accordance with the Board's established Registrar & CEO performance monitoring process, as set out in BCR III-10, Registrar & CEO	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				Annual Summative Performance Evaluation Policy.	
8	Providing reasonable and relevant opportunities for professional growth based on development plans and regular performance management feedback.	Employees are supported in their professional growth through relevant learning and development opportunities that strengthen the knowledge, skills, and competencies required for their current roles and ongoing development.	Professional development needs and opportunities are identified through employee development plans and regular performance management discussions. Development opportunities are supported based on relevance to employees' roles and development needs and consistency with CMLTO's professional development priorities and approved budget. Additional development opportunities are considered throughout the year as appropriate.	**1. PERFORMANCE AND DEVELOPMENT PLANNING** • All CMLTO employees participate in CMLTO's formal **Performance Management Approach**, which includes annual performance and development plans and quarterly performance discussions. • Professional development needs and opportunities are identified through individual development plans and ongoing performance discussions and were supported during the reporting period in accordance with organizational priorities and the Board-approved 2026 professional development budget. • Staff also participate in additional development opportunities throughout the year based on their roles, development needs, and emerging organizational priorities. **2. ORGANIZATION-WIDE PROFESSIONAL DEVELOPMENT**	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				During the reporting period, staff participated in a range of organization-wide learning and development opportunities, including: • **Overview of Artificial Intelligence: Opportunities, Risks, and Emerging Trends** – presented by Paul Smith, Founder, Future Directors, at the November 2025 Board meeting; • **AI Literacy and Governance Training Session** – January 2026; • **CMLTO Values Session** – April 2026; • **Policy Governance as a System – Principle 1: Careholdership** – August 2026; and • **CMLTO AI Implementation Plan** – August 2026. **3. INDIVIDUAL PROFESSIONAL DEVELOPMENT** • In addition to organization-wide learning, staff participated in individual professional development opportunities throughout the reporting period consistent with their development plans, roles, and areas of responsibility. • Staff participated in relevant external conferences, educational sessions, webinars, and other learning opportunities to maintain and enhance knowledge and	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				competencies relevant to their responsibilities. • During the reporting period, two employees advanced from Associate, Professional Practice positions to Coordinator roles, demonstrating opportunities for internal professional growth and career development.	

SECTION B – DISPUTE MECHANISMS

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

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
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.	Employees can respectfully express dissenting opinions regarding workplace issues, including opinions based on personal or professional ethics or CMLTO's EDI-J commitments, and are protected from discrimination, retaliation, or adverse treatment as a result.	CMLTO maintains and communicates policies and workplace practices that support employees in respectfully expressing dissenting opinions and prohibit discrimination, retaliation, or adverse treatment resulting from such expression. Employees have mechanisms to raise concerns	**1. POLICIES AND WORKPLACE EXPECTATIONS** • CMLTO's Human Resources policies support open and respectful communication and provide mechanisms for employees to raise workplace concerns and express differing perspectives, including through the **Open Door, Respect in the Workplace, Business Conduct, Complaints, and Whistleblower Policies**.	✓

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
			and provide differing perspectives through established workplace channels.	• These policies and workplace expectations prohibit inappropriate or discriminatory treatment and retaliation related to employees raising workplace concerns. • Expectations regarding respectful communication and workplace conduct are reinforced through staff orientation, policy acknowledgements, staff meetings, and ongoing management communications. **2. OPPORTUNITIES FOR STAFF INPUT AND DISSENT** • Regular staff meetings, individual meetings with management, performance discussions, and organizational planning activities provide opportunities for employees to raise questions, provide feedback, express differing perspectives, and identify concerns. • During the reporting period, the **CMLTO Values working session** provided an additional opportunity for staff to openly discuss organizational strengths and opportunities for improvement and contribute their perspectives. **3. STAFF EXPERIENCE**	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				The annual CMLTO Staff Human Resources Parameters Survey provided direct evidence regarding employees' comfort with respectfully expressing dissent: • 100% (9/9) of staff responded "Yes" when asked whether they would be comfortable expressing a respectful dissenting opinion on an important matter. • As all staff responded "Yes," no staff identified reasons why they would be uncomfortable expressing a respectful dissenting opinion. • Four (4) staff members reported having respectfully expressed a dissenting opinion during the reporting period. In all cases, the staff members reported a positive process as evidenced by the following quote, which summarizes all of the feedback received from staff: “Was a safe, thoughtful, collaborative, and supported discussion.” **4. ORGANIZATIONAL ASSURANCE** • No complaints regarding discrimination or retaliation resulting from an employee's respectful expression of dissent were received during the reporting period.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				• The Registrar & CEO was not aware of any instances in which an employee experienced discrimination, retaliation, or adverse treatment as a result of respectfully expressing a dissenting opinion during the reporting period.	
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 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	Employees have access to fair and transparent processes for raising and resolving employment-related concerns, including alternate dispute resolution, escalation to the Board where specified conditions are met, and a whistleblower process.	CMLTO maintains and communicates Human Resources policies and procedures that provide employees with mechanisms to raise and resolve employment-related concerns, including internal complaint and conflict resolution processes, the right to grieve to the Board where the conditions established in Board policy are met, and an appropriate whistleblower process.	**1. COMPLAINT AND CONFLICT RESOLUTION PROCESSES** • CMLTO Human Resources Policy Manual establishes processes for employees to raise and seek resolution of workplace concerns, including through the **Open Door, Respect in the Workplace, Complaints, and Whistleblower policies**. • The policies establish documented processes for raising, reviewing, and addressing employment-related concerns, including available avenues for escalation where appropriate. • Staff are informed of applicable complaint and conflict resolution processes through orientation, access to the Human Resources Policy Manual, policy acknowledgements, and ongoing workplace communications. **2. RIGHT TO GRIEVE TO THE BOARD**	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
	10.2 Providing an appropriate whistle-blower process.			• Staff are informed of their right to grieve to the Board where the conditions established under EL II-25 are met, including where internal grievance procedures have been exhausted, an employee alleges that Board policy has been violated to their legal or ethical detriment, or an employee alleges that Board policy does not adequately protect their human rights. • No grievances were brought to the Board during the reporting period. Accordingly, there were no matters through which the operation of the Board grievance process could be further assessed. **3. WHISTLEBLOWER PROCESS** • CMLTO maintains a **Whistleblower Policy** that provides employees with an established process for reporting concerns regarding suspected wrongdoing or inappropriate conduct. • The Whistleblower Policy is accessible to staff through the CMLTO Human Resources Policy Manual, and staff understanding of the process is assessed through the annual Human Resources Parameters Survey.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
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				• No reports were made under the Whistleblower Policy during the reporting period. Accordingly, there were no matters through which the operation of the Whistleblower process could be further assessed. **4. STAFF UNDERSTANDING AND EXPERIENCE** The annual CMLTO Staff Human Resources Parameters Survey provided evidence regarding staff understanding and experience of CMLTO's conflict resolution and whistleblower processes: • 100% (9/9) of staff responded "Yes" when asked whether they understand CMLTO's conflict resolution procedures, including the right to grieve a complaint to the Board. • 22% (2/9) of staff responded "Yes" when asked whether CMLTO provides fair and transparent alternate dispute mechanisms or conflict resolution processes regarding employment issues; the remaining 78% (7/9) indicated that they had not needed to use these processes. • 100% (9/9) of staff responded "Yes" when asked whether they understand CMLTO's Whistleblower process.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				The Registrar & CEO was not aware of any concerns during the reporting period regarding employee access to CMLTO's complaint, conflict resolution, grievance, or whistleblower processes.	

SECTION C – 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:

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
11	Promise or imply permanent or guaranteed employment for any reason.	Employees and candidates for employment are not promised or provided with any assurance of permanent or guaranteed employment.	CMLTO uses written employment documentation that clearly establishes the applicable terms and conditions of employment and does not promise or imply permanent or guaranteed employment. Employment-related letters are reviewed by legal counsel, as appropriate, prior to being issued.	**1. EMPLOYMENT TERMS AND DOCUMENTATION** • CMLTO employment offer letters clearly establish the applicable terms and conditions of employment and do not promise or imply permanent or guaranteed employment. • During the reporting period, **one employee was hired as Associate, Professional Practice** and was provided with a written	✓

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				offer of employment setting out the applicable terms and conditions of employment. • During the reporting period, **two employees were promoted from Associate, Professional Practice positions to Coordinator roles** and were provided with written documentation confirming the applicable terms and conditions of their new positions. • Employment-related letters are prepared and/or reviewed by Legal Counsel, in consultation with the Registrar & CEO, as appropriate, prior to being provided to the employee or successful candidate. **2. ORGANIZATIONAL PRACTICE** • CMLTO does not make verbal or written commitments to employees or candidates that promise or imply permanent or guaranteed employment outside the terms established in their employment documentation. • No employment commitments inconsistent with CMLTO's established employment	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				terms and documentation were identified during the reporting period.	
12	Operate without establishing current employee compensation and benefits which: 12.1 Create a competitive compensation program, including salary, vacation, sick and personal leave, a basic level of benefits and retirement savings program, which supports the recruitment and retention of high-quality staff. 12.2 are in keeping with the geographic or 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	CMLTO provides employees with a competitive, equitable, and legally compliant compensation and benefits program that supports the recruitment and retention of qualified staff, reflects relevant market conditions and job responsibilities, and recognizes reasonable performance in salary progression.	CMLTO maintains a structured compensation and benefits program that includes established job levels and salary ranges, vacation and leave provisions, employee benefits, and retirement savings benefits. Compensation is periodically benchmarked against relevant external market data and adjusted as appropriate, with reasonable performance serving as a key criterion for progression through the salary grid. Compensation practices are administered in accordance with applicable legislative requirements and CMLTO's commitment to equitable and non-discriminatory employment practices.	**1. COMPETITIVE COMPENSATION AND BENEFITS** • CMLTO maintains an established compensation program in which positions are classified by job level, with defined salary ranges and salary grids for each level. • CMLTO's total compensation program includes salary, vacation, sick and personal leave, a comprehensive employee benefits program, and retirement benefits for eligible employees, as established through the CMLTO Human Resources Policy Manual. • All eligible employees are enrolled in CMLTO's employee benefits program following the applicable eligibility period and have access to the retirement benefits applicable to their employment. **2. MARKET BENCHMARKING AND COMPENSATION REVIEW** • CMLTO periodically benchmarks job levels and compensation against relevant external market information, including compensation	✓

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
	key criteria for progress through the salary grid and which avoid discriminatory structural bias in the compensation framework.			information from comparable regulatory organizations and other relevant market sources. • A comprehensive external compensation benchmarking review was completed in **2024**, consistent with CMLTO's three-year benchmarking cycle, and employee compensation was adjusted as appropriate based on the results. • CMLTO targets the 50th percentile of the relevant comparator market in establishing compensation for its job levels. • Compensation decisions consider relevant market trends, position responsibilities and requirements, and CMLTO's financial resources. **3. PERFORMANCE-BASED AND EQUITABLE COMPENSATION** • CMLTO's compensation practices recognize reasonable employee performance as a key criterion for annual progression through the applicable salary grid. • Annual salary progression during the reporting period was determined in	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				accordance with CMLTO's established compensation practices, with employee performance considered as a key criterion. • All CMLTO employees participate in CMLTO's formal Performance Management Approach, including annual performance and development planning and quarterly performance discussions, providing an established basis for assessing employee performance. • Compensation and benefits are administered in accordance with applicable legislative requirements and CMLTO Human Resources policies. • CMLTO's compensation practices are applied consistently within established job levels and salary ranges and are intended to avoid discriminatory structural bias in compensation.	

SECTION D – REGISTRAR & CEO COMPENSATION

The Registrar & CEO shall not:

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
13	Change their own compensation and benefits except as their own benefits are consistent with the benefits program for all other employees.	The Registrar & CEO does not independently determine or change their own compensation or benefits and receives benefits that are consistent with the benefits program applicable to other eligible employees.	Changes to the Registrar & CEO's compensation require Board approval, and changes to the Registrar & CEO's benefits occur only where they are consistent with changes to the employee benefits program applicable to other eligible employees.	**1. REGISTRAR & CEO COMPENSATION** • The Registrar & CEO does not have authority to independently change their own compensation. • The Board retains authority for approval of the Registrar & CEO's compensation in accordance with BCR III-25.05 Registrar & CEO Compensation Program: Structure and Administration Policy. • No changes were made to the Registrar & CEO's compensation without Board approval during the reporting period. **2. REGISTRAR & CEO BENEFITS** • The Registrar & CEO participates in the employee benefits program applicable to eligible CMLTO employees and does not independently establish or modify their own benefits. • Changes to benefits applicable to the Registrar & CEO occur only as part of, or consistently with, changes to the applicable employee benefits program. • During the reporting period, there were no enhancements to CMLTO's employee benefits	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				program.	

Definitions:

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

OVERALL CONCLUSION

✓ I believe the evidence provided demonstrates that I am in full compliance with EL II-25 Human Resources Parameters Policy for the period: September 2025 – September 2026.

Respectfully submitted,

August 31, 2026

John Tzountzouris
Registrar & CEO

Date

College of Medical Laboratory Technologists of Ontario

Executive Limitations
Annual Monitoring Report to the Board

Date : August 14, 2026

From : John Tzountzouris, Registrar & CEO

Subject : EL II-35 Staff Conduct and Transparency Policy Monitoring Report

For the Period : September 2025 – September 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
- ☒ **Monitoring Report**
  - ☐ Ends
  - ☒ **Executive Limitations**
  - ☐ Statutory Committee
- ☐ Ownership Linkage Report
- ☐ Incidental Report
  - ☐ Registrar & CEO
  - ☐ Board President
  - ☐ 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-35 Staff Conduct and Transparency 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-35 Staff Conduct and Transparency for the period: September 2025 – September 2026 in pursuit of public interest.

LEGEND: Level of Achievement

Compliance Fully Achieved	**Compliance Partially Achieved**	**Compliance Not Achieved**

Recommended Motion:

Be it resolved that:

The Board moves to approve:

- The Monitoring Report as understandable and that the data provided gives sufficient evidence to demonstrate full compliance with the EL II-35 Staff Conduct and Transparency Policy for the period of September 2025 – September 2026.

- The Monitoring Report as understandable and further, that the Registrar & CEO Interpretation of EL II-35 Staff Conduct and Transparency Policy is reasonable, and that the data/evidence provided demonstrates reasonable achievement of the Registrar & CEO Interpretation. The Board confirms this is evidence of successful Registrar & CEO performance in this area.

Policy

The Registrar & CEO may not operate without conditions of employment which clearly articulate the expectations for the CMLTO employees in terms of results to be achieved and prudent, ethical, inclusive, and equitable behaviours. In addition, the Registrar & CEO may not operate without enforcing these expectations in a fair manner with due process.

Further, they may not operate without:

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
REQUIREMENTS FOR CLEAR POLICY AND JOB EXPECTATIONS					
1	Ensuring that staff are fully oriented to the CMLTO core mandate regarding public protection.	Staff understand CMLTO's statutory public protection mandate and the role of the College as Ontario's regulator of Medical Laboratory Technologists, and recognize how their individual responsibilities contribute to achieving that mandate.	CMLTO maintains a comprehensive orientation and ongoing communication framework that ensures all staff are oriented to the College's statutory public protection mandate through onboarding, annual orientation, ongoing organizational communications, strategic planning, and operational planning processes.	**1. STAFF ORIENTATION & ONBOARDING** **CMLTO Annual Staff Orientation** • All staff participate in an annual staff orientation to reinforce CMLTO's statutory public protection mandate, organizational priorities, and their responsibilities in supporting the College's regulatory functions. • During the reporting period, all staff attended the CMLTO Annual Staff Orientation held on April 29, 2026. The orientation included CMLTO's 2026 Key Areas of Focus and a review of the CMLTO Human Resources Policies, including the Code of Conduct and Conflict of Interest requirements.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		

				• As part of the annual orientation, all staff completed and signed the required annual acknowledgements, including:
				  ○ CMLTO Staff Confidentiality and Conflict of Interest Declaration;
				  ○ Human Resources Policy Acknowledgement; and
				  ○ Annual Staff Survey.
				
				CMLTO Annual Board Orientation
				• All staff attended the CMLTO Annual Board Orientation Session held in conjunction with the February 12, 2026 Board meeting. The session, titled *"Overview of CMLTO Organization, CMLTO Strategic Framework 2024–2027, and CMLTO Key Strategic Priorities,"* reinforced CMLTO's public protection mandate, strategic direction, and the Board's governance priorities.
				
				New Employee Onboarding
				• During the reporting period, one (1) new staff member joined CMLTO and successfully completed CMLTO's documented onboarding and orientation process, including a review of key organizational policies and orientation to CMLTO's public protection mandate.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				2. ONGOING REINFORCEMENT • Throughout the reporting period, the Registrar & CEO reinforced CMLTO's statutory public protection mandate through regular staff meetings, organizational updates, Board Highlights, strategic planning discussions, policy updates, and professional development activities. These communications included updates on Board discussions, strategic priorities, governance decisions, emerging regulatory issues, and organizational initiatives, reinforcing the public interest considerations underlying CMLTO's work and maintaining staff alignment with its statutory mandate. • In addition, the Registrar & CEO held weekly meetings with the Manager, Regulatory Programs, Governance Specialist, and Corporate Communications Specialist to provide ongoing updates regarding organizational priorities, Board decisions, strategic initiatives, emerging regulatory issues, and other matters supporting CMLTO's statutory public protection mandate.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				3. ORGANIZATIONAL ALIGNMENT • Individual work objectives and departmental operating plans are aligned with CMLTO's strategic priorities and the Board's Ends (Critical Outcomes) Policies. • In addition to the components of the CMLTO Operating Plan that support achievement of the Board's Ends (Critical Outcomes) Policies, the Operating Plan includes a dedicated Public Interest Assessment Framework (PIAF) component. This component establishes specific ppublic interest outcomes and accountability measures for which staff members are responsible and report monthly, reinforcing the integration of CMLTO's public protection mandate into organizational planning and performance monitoring.	
2	An enforced internal Code of Conduct, including a conflict of interest policy, of which all employees are made aware, which clearly define expected behaviour for employees.	Staff understand and comply with CMLTO's standards of professional conduct, ethical behaviour, and conflict of interest requirements.	CMLTO maintains and enforces documented human resource policies that collectively establish an internal Code of Conduct, including conflict of interest requirements, and ensures that all employees are made aware of these expectations through orientation, annual acknowledgement, ongoing	**1. DOCUMENTED HUMAN RESOURCES POLICIES** • The CMLTO Human Resources Manual contains documented policies and procedures that collectively establish CMLTO's internal Code of Conduct, including expectations regarding professional conduct, confidentiality, conflicts of interest, respectful workplace	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
			communication, and management oversight..	practices, and other employee responsibilities. • These policies are reviewed periodically and are accessible to all staff. **2. ONGOING AWARENESS AND COMPLIANCE** • Employee awareness of the Code of Conduct and Conflict of Interest requirements is established through CMLTO's onboarding and annual staff orientation processes. • Expectations regarding professional conduct, confidentiality, and conflicts of interest are reinforced through regular management discussions, staff meetings, policy updates, and ongoing organizational communications. • The annual CMLTO Staff Human Resources Parameters Survey provides additional assurance that staff understand and comply with organizational expectations. During the reporting period: **100% (9/9)** of staff strongly agreed with the statement: *"I am in compliance with*	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				the CMLTO's operating policies and procedures, as appropriate." **100% (9/9)** of staff strongly agreed with the statement: *"I am in compliance with the CMLTO's human resource policies."* • During the reporting period, staff participated in a working session focused on CMLTO's organizational values and how those values inform staff responsibilities, decision-making, and compliance with CMLTO policies and procedures. **3. ENFORCEMENT** • Employee conduct concerns, including potential conflicts of interest, are addressed in accordance with CMLTO's established Human Resources policies and procedures. • No material breaches of the Code of Conduct or Conflict of Interest requirements requiring formal disciplinary action were identified during the reporting period.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
3	Requiring staff to become familiar with and comply with all legal requirements and CMLTO policies and procedures.	Staff understand and comply with applicable legal requirements and CMLTO policies and procedures.	CMLTO establishes and communicates applicable legal, policy, and procedural requirements and requires staff to comply with them in carrying out their responsibilities.	**1. LEGAL AND POLICY REQUIREMENTS** • CMLTO maintains documented policies and procedures applicable to staff responsibilities, and relevant legislative, regulatory, and policy requirements are communicated to staff as appropriate. • Changes to applicable requirements are communicated to staff and incorporated into organizational policies, procedures, and practices, as required. **2. LEGISLATIVE COMPLIANCE TRAINING** • **100% (9/9)** of staff completed required **Accessibility for Ontarians with Disabilities Act, 2005 (AODA)** training during the reporting period. • **100% (9/9)** of staff completed the Ministry of Labour, Immigration, Training and Skills Development's **Worker Health and Safety Awareness in 4 Steps** training module during the reporting period. **3. STAFF COMPLIANCE** • The annual CMLTO Staff Human Resources Parameters Survey provides additional assurance regarding staff compliance with	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				CMLTO policies and procedures. During the reporting period: ○ **100% (9/9)** of staff strongly agreed that they were in compliance with CMLTO's operating policies and procedures. ○ **100% (9/9)** of staff strongly agreed that they were in compliance with CMLTO's human resource policies. **4. MANAGEMENT ASSURANCE** • No instances of non-compliance with applicable legal requirements or CMLTO policies and procedures requiring corrective action were identified during the reporting period.	
4	Providing staff with a definition of prohibited behaviour, which is unlawful, imprudent, non-inclusive, inequitable, or in violation of commonly accepted business and professional ethics.	Employees understand appropriate professional behaviour and business conduct expectations and can identify prohibited or inappropriate conduct.	CMLTO maintains a comprehensive set of administrative policies within the Human Resources Manual that define expected professional behaviour and business conduct, including prohibited conduct.	**1. DOCUMENTED STANDARDS OF CONDUCT** • The CMLTO Human Resources Manual contains a comprehensive set of administrative policies that establish standards of professional behaviour and business conduct and identify conduct that is unlawful, imprudent, non-inclusive, inequitable, or inconsistent with commonly accepted business and professional ethics.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				• These policies establish expectations regarding matters such as professional and ethical conduct, conflicts of interest, confidentiality, respectful and inclusive workplace behaviour, harassment and discrimination, and other employee responsibilities. • The Human Resources policies are accessible to all staff and are reviewed and updated periodically, as appropriate. **2. STAFF AWARENESS AND REINFORCEMENT** • Staff are made aware of expected and prohibited behaviours through CMLTO's onboarding, annual staff orientation, Human Resources policy acknowledgement processes, and ongoing organizational communications. • Expectations regarding professional conduct, ethical behaviour, equity and inclusion, and appropriate workplace behaviour are reinforced through staff meetings, policy updates, and other staff learning and development activities. **3. STAFF CONFIRMATION**	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				The annual CMLTO Staff Human Resources Parameters Survey provides additional assurance that staff understand their responsibilities regarding professional and ethical conduct. During the reporting period: 100% (9/9) of staff confirmed that they understand their responsibility to conduct CMLTO business with honesty, integrity, and professionalism in a manner that protects CMLTO's public image and reputation.	
SAFEGUARD INFORMATION					
5	Providing staff with a policy which requires safeguarding of CMLTO's confidential information and, where appropriate, the confidential information of other parties with whom CMLTO does business.	Staff understand their responsibility to safeguard CMLTO's confidential information and confidential information entrusted to CMLTO by other parties.	CMLTO maintains and communicates policies and information-handling standards that establish staff responsibilities for safeguarding CMLTO's confidential information and, where applicable, confidential information of other parties.	**1. CONFIDENTIALITY REQUIREMENTS** • The CMLTO Human Resources Manual contains policies establishing staff responsibilities for safeguarding CMLTO's confidential information and, where applicable, confidential information belonging to other parties with whom CMLTO conducts business. • During the reporting period, staff were provided with the CMLTO Data Classification & Handling Standard, which establishes an organization-wide framework for classifying and handling CMLTO information based on sensitivity, privacy risk, legal exposure, statutory disclosure	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				requirements, and operational and reputational impact. • The Standard applies to CMLTO information that is stored, processed, transmitted, disclosed, analyzed, or used in Artificial Intelligence (AI) systems across regulatory, governance, administrative, and technological functions. It operationalizes applicable legislative and regulatory requirements, including the *Regulated Health Professions Act, 1991*, Ontario Regulation 261/18, *Personal Health Information Protection Act, 2004*, and *Personal Information Protection and Electronic Documents Act*. **2. STAFF AWARENESS AND ACKNOWLEDGEMENT** • Staff are made aware of their confidentiality obligations through CMLTO's onboarding, annual staff orientation, Human Resources policy acknowledgement processes, and organizational information-handling standards. • As part of the annual staff orientation process, all staff completed and signed the CMLTO Staff Confidentiality and Conflict of	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				Interest Declaration, confirming their understanding of and responsibility to comply with CMLTO's confidentiality requirements.	
UNCONFLICTED POSITION					
6	Providing staff with a policy which requires them to avoid actual or potential conflicts of interest with CMLTO or the appearance thereof, in all transactions.	Staff understand their responsibility to avoid actual, potential, or perceived conflicts of interest in the conduct of CMLTO business.	CMLTO maintains and communicates policies that require staff to identify, disclose, and avoid actual, potential, or perceived conflicts of interest in CMLTO transactions.	**1. CONFLICT OF INTEREST REQUIREMENTS** • The CMLTO Human Resources Manual contains policies establishing staff responsibilities regarding conflicts of interest and requiring employees to avoid actual, potential, or perceived conflicts between their personal interests and their responsibilities to CMLTO. • The policies establish expectations regarding the identification and disclosure of conflicts of interest and appropriate management of situations where a conflict may arise in connection with CMLTO business or transactions. • Conflict of interest requirements form part of CMLTO's broader expectations regarding professional and ethical conduct and are accessible to all staff.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				2. STAFF AWARENESS AND ACKNOWLEDGEMENT • Staff are made aware of CMLTO's Conflict of Interest requirements through onboarding, annual staff orientation, and Human Resources policy acknowledgement processes. • All staff complete and sign the CMLTO Staff Confidentiality and Conflict of Interest Declaration annually, acknowledging their responsibilities regarding conflicts of interest. • During the reporting period, all staff attended the CMLTO Annual Staff Orientation on April 29, 2026, which included a review of CMLTO's Human Resources policies, including Conflict of Interest requirements.	
7	Providing staff with a policy which does not allow employees to accept gifts, payments, services, or other inducements which appear to compromise the unconflicted position of staff.	Staff understand that they must not accept gifts, payments, services, or other inducements that could compromise, or appear to compromise, their impartiality.	CMLTO maintains and communicates policies that prohibit staff from accepting gifts, payments, services, or other inducements that could compromise, or appear to compromise, their impartiality in conducting CMLTO business.	**1. GIFTS AND INDUCEMENTS REQUIREMENTS** • The CMLTO Human Resources Manual contains an administrative policy that prohibits staff from accepting gifts, payments, services, favours, or other inducements that could compromise, or	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	Operational Definition / Result		
				appear to compromise, their impartiality or professional responsibilities. • The policy applies to gifts or other inducements offered by individuals or organizations having dealings with CMLTO, including registrants, vendors, suppliers, and other parties. • Staff are made aware of these requirements through CMLTO's Human Resources policies and related staff orientation and acknowledgement processes. **2. STAFF CONFIRMATION** • The annual CMLTO Staff Human Resources Parameters Survey provides additional assurance regarding staff adherence to these requirements. During the reporting period, 100% (9/9) of staff confirmed that they had not accepted gifts, payments, services, or other inducements that compromised their position as a CMLTO staff member. **3. MANAGEMENT ASSURANCE** • The Registrar & CEO was not aware of any instances during the reporting period in	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				which staff accepted gifts, payments, services, or other inducements contrary to CMLTO's requirements.	
CMLTO REPUTATION					
8	Directing staff to conduct CMLTO business with honesty, integrity, and equity, and in a professional manner that protects CMLTO's good public image and reputation.	Staff conduct CMLTO business honestly, ethically, equitably, and professionally.	CMLTO establishes and communicates standards of conduct that require staff to act with honesty, integrity, equity, and professionalism in a manner that protects CMLTO's public image and reputation.	**1. STANDARDS OF CONDUCT** • CMLTO's Human Resources policies establish expectations regarding honest, ethical, equitable, and professional conduct in carrying out CMLTO business. • These expectations are reinforced through CMLTO's organizational values, staff orientation, and ongoing management communications. • During the reporting period, staff participated in a CMLTO Values working session focused on the organization's values and how they translate into staff behaviour, decision-making, and the conduct of CMLTO business. **2. STAFF CONFIRMATION** • The annual CMLTO Staff Human Resources Parameters Survey provides additional assurance regarding staff understanding of these expectations. During the reporting	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				period, 100% (9/9) of staff confirmed that they understand their responsibility to conduct CMLTO business with honesty, integrity, and professionalism in a manner that protects CMLTO's public image and reputation. **3. MANAGEMENT ASSURANCE** • The Registrar & CEO did not receive any information or feedback during the reporting period indicating that staff conduct was inconsistent with these expectations.	
9	Directing staff to build relationships with registrants, clients, vendors, the public, and fellow employees based on inclusion and trust.	Staff build respectful, inclusive, and trust-based relationships with internal and external parties.	CMLTO establishes and reinforces expectations for inclusive, respectful, and trust-based interactions through organizational policies, values, staff development, and ongoing communication.	**1. DIRECTION AND EXPECTATIONS** • CMLTO's Human Resources policies and organizational values establish expectations for respectful, inclusive, equitable, and professional interactions with colleagues and individuals and organizations with whom CMLTO engages. • These expectations are communicated and reinforced through staff orientation, organizational policies, regular staff meetings, management communications, and professional development activities.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				• During the reporting period, staff participated in a CMLTO Values working session focused on CMLTO's organizational values and how they translate into staff behaviour, interactions, decision-making, and relationships with internal and external parties. • CMLTO's commitment to equity, diversity, inclusion, and justice is incorporated into organizational policies and practices and provides additional direction regarding inclusive and respectful engagement with registrants, key parties, the public, and fellow employees. **2. EDUCATION AND PROFESSIONAL DEVELOPMENT** • 100% (9/9) of staff completed required AODA training during the reporting period, reinforcing accessibility and inclusive service obligations in interactions with the public and other parties. • Staff continued to participate in relevant organizational and external learning and professional development activities that supported their ability to build inclusive, respectful, and trust-based relationships	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				with CMLTO's registrants, key parties, the public, and fellow employees.	
10	Directing staff to treat every individual with respect, dignity, and equity in the conduct of CMLTO business.	Staff treat all individuals with respect, dignity, and equity in the conduct of CMLTO business.	CMLTO establishes and communicates standards of conduct requiring respectful, dignified, and equitable treatment of all individuals and reinforces these expectations through organizational policies, values, and staff development.	**1. DIRECTION AND EXPECTATIONS** • CMLTO's Human Resources Manual contains policies that establish expectations for ethical, respectful, equitable, and professional behaviour in the workplace, including the Business Conduct, Open Door, and Respect in the Workplace Policies. • These policies are intended to foster a workplace in which individuals are treated with respect and dignity, concerns can be raised appropriately, and employees can work without fear of retaliation. • Staff are made aware of these expectations through CMLTO's onboarding, annual staff orientation, Human Resources policy acknowledgement processes, and ongoing management communications. • During the reporting period, staff participated in a CMLTO Values working session focused on how CMLTO's organizational values translate into staff	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	Operational Definition / Result		
				behaviour, interactions, decision-making, and the treatment of others. • CMLTO's EDI-J principles and organizational practices provide additional direction regarding equitable, inclusive, and respectful treatment of individuals in CMLTO's internal and external interactions. **2. STAFF CONFIRMATION** • The annual CMLTO Staff Human Resources Parameters Survey provided additional assurance regarding staff adherence to these expectations. During the reporting period, 100% (9/9) of staff confirmed that they had not received feedback from a registrant, client, vendor, member of the public, or fellow staff member indicating that they had failed to treat them in a respectful, dignified, or equitable manner. **3. MANAGEMENT ASSURANCE** • The Registrar & CEO was not aware of any instances during the reporting period in which staff conduct was inconsistent with CMLTO's expectations regarding respectful, dignified, and equitable treatment of individuals.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
11	Requiring staff to promptly report to the Registrar & CEO any violations of ethical principles or CMLTO policies that come to the employee's attention and cooperate fully in any audit, inquiry, review, or investigation by the organization.	Staff promptly report known violations of ethical principles or CMLTO policies and cooperate fully with organizational audits, inquiries, reviews, and investigations.	CMLTO establishes and communicates requirements for staff to promptly report known or suspected violations and to cooperate fully with organizational audits, inquiries, reviews, and investigations.	**1. REPORTING AND COOPERATION REQUIREMENTS** • CMLTO's Human Resources policies establish staff responsibilities to promptly report known or suspected violations of ethical principles, organizational policies, or other applicable requirements to the Registrar & CEO. • The Human Resources policies also require staff to cooperate fully with organizational audits, inquiries, reviews, or investigations, as applicable. • Staff are made aware of these responsibilities through onboarding, annual staff orientation, Human Resources policy acknowledgement processes, and ongoing management communications. • CMLTO's Open Door Policy provides an established mechanism through which staff may raise concerns or report potential violations. **2. REPORTING DURING THE REPORTING PERIOD** • The annual CMLTO Staff Human Resources Parameters Survey indicated that 100% (9/9) of staff reported that they had not	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				identified or reported any violations of ethical principles or CMLTO policies during the reporting period.	

Note:

Definition of Transparency:

In this context, as used in the humanities and in a governance context, the concept of 'transparency' means openness, communication, and accountability. It is an extension of the meaning of a 'transparent' object, as one that can be seen through. Examples of 'transparent' staff conduct can include open and focused meetings / communication, openness of financial and business process transactions, and regular open review and monitoring of work processes and results.

OVERALL CONCLUSION

✓ I believe the evidence provided demonstrates that I am in full compliance with EL II-35 Staff Conduct and Transparency Executive Limitations Policy for the period: September 2025 – September 2026.

Respectfully submitted,

August 14, 2026

John Tzountzouris
Registrar & CEO

Date

College of Medical Laboratory Technologists of Ontario

Executive Limitations
Annual Monitoring Report to the Board

Date : August 14, 2026

From : John Tzountzouris, Registrar & CEO

Subject : EL II-80 Executive Succession Plan Policy Monitoring Report

For the Period : September 2025 – September 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
- ☒ **Monitoring Report**
  - ☐ Ends
  - ☒ **Executive Limitations**
  - ☐ Statutory Committee
- ☐ Ownership Linkage Report
- ☐ Incidental Report
  - ☐ Registrar & CEO
  - ☐ Board President
  - ☐ 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-80 Executive Succession Plan 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-80 Executive Succession Plan Policy for the period September 2025 – September 2026, in pursuit of public interest.

LEGEND: Level of Achievement

Goal Fully Achieved

Goal Partially Achieved

Goal Not Achieved

Recommended Motion:

Be it resolved that:

The Board moves to approve:

- The Monitoring Report as understandable and that the data provided gives sufficient evidence to demonstrate full compliance with the EL II-80 Executive Succession Plan Policy for the period of September 2025 – September 2026.

- The Monitoring Report as understandable and further, that the Registrar & CEO Interpretation of EL II-80 Executive Succession Plan Policy is reasonable, and that the data/evidence provided demonstrates reasonable achievement of the Registrar & CEO Interpretation. The Board confirms this is evidence of successful Registrar & CEO performance in this area.

In order to protect the Board, the CMLTO, and the public from a loss of Registrar & CEO services, the Registrar & CEO shall not operate without:

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
1	Ensuring one or more senior staff member(s) who are familiar with the Board and Registrar & CEO processes and issues, and who are capable of assuming Registrar & CEO responsibilities in emergency situations.	Continuity of executive leadership is maintained by ensuring that the Registrar & CEO's key responsibilities can be assumed by qualified senior staff during an emergency or unexpected absence.	One or more senior staff members are formally designated, appropriately prepared, and maintain sufficient familiarity with the Board's governance processes, organizational operations, and the Registrar &CEO's governance, regulatory, operational, and administrative responsibilities to provide interim executive leadership during an emergency or unexpected absence.	**1. Designation and Operational Continuity** To ensure continuity of executive leadership during an emergency or unexpected absence of the Registrar & CEO, CMLTO has established formal executive succession and business continuity arrangements: • Two (2) senior staff members—the **Manager, Regulatory Programs** and the **Governance Specialist**—are designated to assume specific Registrar & CEO responsibilities on an interim emergency basis, consistent with their respective areas of responsibility and expertise. • Documented acting authority and delegated decision-making arrangements were maintained to support continuity of governance, regulatory, and operational functions. • The CMLTO Business Continuity Plan identifies interim executive leadership responsibilities and provides for the continuation of critical governance and organizational functions during emergency situations.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				• Succession planning and delegated authority arrangements were reviewed during the reporting period to ensure they remained current and appropriate to the organization's operational needs. **<u>2. Governance Familiarity and Organizational Awareness</u>** To ensure designated senior staff remain familiar with Board governance processes, organizational priorities, and the Registrar & CEO's responsibilities, the Registrar & CEO maintained regular communication and knowledge-sharing throughout the reporting period. Evidence of this includes: • Manager, Regulatory Programs and Governance Specialist participated, as appropriate, in Board meetings, Board education sessions, strategic planning discussions, and governance-related initiatives. • The Manager, Regulatory Programs plays a key role in supporting the organization's regulatory mandate by leading regulatory operations, contributing to Board materials and strategic initiatives as appropriate, participating in Board and strategic	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				planning discussions, supporting organizational decision-making, and maintaining a comprehensive understanding of the Registrar & CEO's regulatory, operational, and leadership responsibilities. • Governance Specialist plays a key role in supporting the Board's governance functions by developing and coordinating Board and Executive Committee agenda items, preparing Board agenda items, actively participating in all Board and Executive Committee meetings, supporting the implementation of Board decisions, and leading governance policy reviews and other strategic governance initiatives. Through these responsibilities, the Governance Specialist maintains a comprehensive understanding of Board governance processes, organizational priorities, and the Registrar & CEO's governance responsibilities. • Following Board meetings, the Registrar & CEO regularly briefed senior staff and all staff on Board discussions, strategic priorities, governance decisions, emerging risks, and significant organizational initiatives to ensure ongoing organizational awareness and leadership continuity.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				• Regular all-staff and executive leadership meetings were held throughout the reporting period to discuss strategic priorities, regulatory developments, operational initiatives, organizational risks, and emerging issues. • Cross-functional updates ensured staff remained informed of significant organizational activities, regulatory trends, and progress toward strategic objectives. These activities ensured that designated senior staff maintained current knowledge of the governance, regulatory, strategic, and operational matters necessary to support executive leadership continuity. **3. Leadership Readiness** CMLTO continued to strengthen executive leadership capacity through professional development, succession planning, cross-training, and knowledge transfer: • Individual Development Plans supported the continued development of leadership competencies and executive capacity. • The Manager, Regulatory Programs and Governance Specialist participated in	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				professional development activities relevant to their leadership responsibilities. • Cross-training and ongoing knowledge transfer activities increased organizational resilience and reduced reliance on any one individual for critical executive functions. • The Registrar & CEO delegated selected executive responsibilities, projects, and decision-making opportunities to designated senior staff, where appropriate, to broaden their leadership experience and organizational knowledge. • Designated senior staff continued to develop familiarity with the Registrar & CEO's governance, regulatory, operational, and administrative responsibilities through ongoing collaboration and participation in executive leadership activities. **4. Demonstrated Operational Continuity** During the reporting period, executive succession arrangements were demonstrated through the successful continuation of organizational operations during periods when the Registrar & CEO was unavailable. Examples include:	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				• Designated senior staff assumed delegated responsibilities during planned absences, including vacations, conferences, and other periods of unavailability. • Operational decision-making, regulatory activities, Board support functions, and key stakeholder communications continued without interruption during these periods. • Established delegation arrangements enabled critical organizational functions to continue while maintaining appropriate oversight and accountability. • No material disruption to governance, regulatory, or operational activities occurred as a result of planned absences of the Registrar & CEO. • The Registrar & CEO reviewed executive succession capacity during the reporting period and is satisfied that no material succession gaps were identified that would compromise CMLTO's ability to maintain interim executive leadership. Ongoing professional development, cross-training, and knowledge transfer activities continue to strengthen succession readiness.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				5. Senior Staff Declarations The declarations from the Manager, Regulatory Programs and Governance Specialist below provide additional assurance that the executive succession arrangements are effective. Each declaration confirms that the individual has the knowledge and organizational familiarity necessary to assume their designated Registrar & CEO responsibilities under CMLTO's executive succession and delegated authority arrangements during an interim emergency or unexpected absence. **Kathrine Stevenson, Manager, Regulatory Programs:** ***The Registrar & CEO has kept me informed of Board discussions and decisions, as appropriate, as well as regulatory issues and approaches. This occurs through routine touchpoints, team meetings and email communications as required. Additionally, during the reporting period I have been involved in the management of human resources, as appropriate. I have been provided access to CMLTO financials as well for the purpose of invoice payments. This has enabled me to provide continuity of regulatory and administrative processes should there be an occasion that the Registrar & CEO could not provide their services on an emergency basis.***	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				Maggie Cakar, Governance Specialist: ***Through my extensive involvement in CMLTO Board governance, strategic direction, and organizational matters since 2012, together with progressively expanded responsibilities, I have developed comprehensive knowledge of the Board's governance priorities and processes and the related responsibilities of the Registrar & CEO. My institutional knowledge, advanced understanding and application of Policy Governance®, and direct involvement in supporting the Board and the Board-related work of the Registrar & CEO provide me with the experience and readiness to assume designated responsibilities on an interim emergency basis while maintaining continuity, quality, and effective support to the Board.***	
2	Maintaining an organization-wide succession plan, for short-term, long-term, and permanent loss of Registrar & CEO services along with other leadership positions, in an equitable and fair manner.	CMLTO maintains organizational continuity and leadership stability by ensuring that succession planning is in place for the short-term, long-term, and permanent loss of the Registrar & CEO, as well as other key leadership positions, through equitable and fair succession practices.	CMLTO maintains and periodically reviews an organization-wide succession plan that identifies succession strategies for the short-term, long-term, and permanent loss of the Registrar & CEO and other key leadership positions. The succession plan supports leadership continuity through equitable and fair succession planning practices, leadership development, knowledge	**<u>1. Organization-wide Succession Planning</u>** CMLTO maintains formal executive succession and business continuity arrangements designed to support the continuity of leadership and critical organizational functions. Evidence of this includes: • A staff back-up plan identifying continuity arrangements for critical strategic, governance, regulatory, operational,	✓

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
			transfer, and appropriate succession preparedness.	financial, communications, and administrative functions. • An organization-wide succession approach that addresses the short-term, long-term, and permanent loss of Registrar & CEO services, as well as other key leadership positions. • Periodic review and updating of succession planning and delegated authority arrangements to reflect changes in organizational structure, staffing, and operational requirements. • Alignment of succession planning with CMLTO's Business Continuity Plan and delegated authority framework. **2. Continuity of Registrar & CEO Responsibilities** Succession arrangements have been established to ensure continuity across the principal responsibilities identified in the Board-approved Registrar & CEO Position Description. **Regulatory Program Leadership** The Manager, Regulatory Programs is designated to provide leadership for regulatory operations during the short-term, long-term, or permanent loss of Registrar & CEO services, supported by legal	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				counsel, documented procedures, and established operational practices. **Staff Leadership and Organizational Capacity** Leadership continuity for staff management is supported through documented human resource processes, delegated responsibilities, secure access to organizational information, and external human resources support, where required. **Financial and Administrative Management** Financial and administrative continuity is supported through delegated signing authority, shared financial responsibilities, established administrative procedures, and support from the Accounting Consultant, Corporate Services, and the IT Consultant. **Relationship with the Board** Governance continuity is supported through collaboration among the Registrar & CEO, Board Chair, Governance Specialist, and Governance Consultant. Board governance records, policies, meeting documentation, and annual governance processes are maintained to support continuity during any interruption of Registrar & CEO services.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				The following declaration from the Board Chair provides additional assurance regarding continuity of the Board–Registrar & CEO relationship: ***"Mr. Tzountzouris continues to keep the Chair and Board well informed of any major incidences, issues, opportunities, and relevant trends in the healthcare system. Throughout the reporting period, information has been shared at Board meetings, through regular briefing and incidental reports, as well as in between Board meetings through email, phone discussions, or virtual sessions. The Registrar & CEO has provided timely communication to the Board and has been in support of a collaborative partnership between the Registrar & CEO and Board Chair. I feel that myself as well as the Board are well informed of any relevant governance, strategic, and operational matters, as appropriate."*** **Linkage to the External Environment** Continuity of external relationships is supported through documented key party information, shared corporate calendars, knowledge transfer among staff, and delegated communication responsibilities. These arrangements enable CMLTO to maintain communication with external stakeholders during the temporary or permanent loss of Registrar & CEO services.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				3. Organizational Knowledge Management and Retention CMLTO maintains systems to preserve organizational knowledge and reduce reliance on any one individual. Evidence of this includes: • An organization-wide Records Management Scheme. • Secure electronic document management through SharePoint and established network security standards. • Program-specific procedure manuals documenting critical operational processes. • Documented Board Policies and records, annual planning processes, and organizational procedures. • An annual schedule of Executive Office processes monitored throughout the year to support continuity of critical administrative functions. **4. Leadership Development and Succession Readiness** Executive succession capacity is strengthened through ongoing leadership development and organizational knowledge transfer. Evidence of this includes:	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				• Individual Development Plans supporting leadership growth and succession readiness. • Cross-training and knowledge transfer across functional areas. • Delegation of leadership responsibilities and executive projects, where appropriate. • Ongoing participation of senior staff in governance, strategic planning, operational leadership, and regulatory initiatives to broaden organizational knowledge and executive leadership capacity. **5. Equitable and Fair Succession Planning** Succession planning is conducted in a manner that supports CMLTO's commitment to equitable, fair, and transparent organizational practices. Evidence of this includes: • Succession planning based on organizational needs, competencies, demonstrated leadership capabilities, and operational requirements. • Leadership development opportunities available to staff through Individual Development Plans and professional development.	

#	Policy Criteria	Registrar & CEO Interpretation Compliance will be achieved when:		Evidence *I believe compliance with the policy is demonstrated by the following evidence:*	Conclusion
		Conceptual Definition / Result	**Operational Definition / Result**		
				• Succession planning that supports continuity of organizational leadership while remaining consistent with CMLTO's human resource practices and organizational commitment to equity, diversity, inclusion, and belonging.	

Definitions:

"Registrar & CEO services" means those outlined in the Board-CEO Relationship Policies (BCR III-04) Registrar & CEO Position Description Policy and (BCR III-05) Registrar & CEO Job Products Policy. Specifically, these include services provided in the following five categories:

- Regulatory program leadership
- Staff leadership & organizational capacity
- Financial & administrative management
- Relationship with the Board
- Linkage to external environment

"Loss of Registrar & CEO services" means the inability of the Registrar & CEO to provide their services for a short-term or long-term period, or due to permanent loss.

"Emergency" loss of Registrar & CEO services means the sudden, unexpected, and immediate loss of Registrar & CEO services. It would be considered to be the condition until the short term loss plan could be brought into place.

"Short-term" means a planned or unplanned Registrar & CEO absence of one month or less.

"Long-term" means a planned or unplanned Registrar & CEO absence of greater than one month, but less than six months.

"Permanent loss" means Registrar & CEO termination, resignation, or other unplanned absence which does not allow the Registrar & CEO to provide their services.

OVERALL CONCLUSION

I believe the evidence provided demonstrates that I am in full compliance with EL II-80 Executive Succession Plan Policy.

Respectfully submitted,

August 14, 2026

John Tzountzouris
Registrar & CEO

Date

College of Medical Laboratory Technologists of Ontario

AGENDA ITEM 6.0

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

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AGENDA ITEM 7.0

7.0	**BOARD MONITORING AGENDA OF REGISTRAR & CEO – CMLTO ENDS & EXECUTIVE LIMITATIONS POLICIES**
7.1	Board Performance Feedback to Registrar & CEO Regarding Policies Monitored at the September Meeting ***(If Required by Board)***
7.2	Registrar & CEO Incidental Briefing / Environmental Scan Report
7.3	Board Chair's Report on Mid-Year R/CEO Performance Discussion
7.4	Registrar & CEO Performance Tracking Through Monitoring Reports
7.5	Governance Support to the Board of Directors

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AGENDA ITEM 8.0

8.0	MOTION TO REOPEN BOARD MEETING
8.1	Motion to Open Meeting to the Public

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AGENDA ITEM 9.0

9.0	RISE AND REPORT
9.1	Report on Matters Discussed in Closed Meeting

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AGENDA ITEM 10.0

10.0	BOARD POLICY REVIEW – EXECUTIVE LIMITATIONS
10.1	Overview of Board Policy Review Processes
10.2	**Regular Policy Review:** EL II-12 Financial Audit and External Auditors Policy
10.3	**Regular Policy Review:** EL II-80 Executive Succession Plan Policy

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Agenda Item: 10.1

Briefing Report to Board of Directors

Date	:	August 28, 2026
From	:	John Tzountzouris, Registrar & CEO Maggie Cakar, Governance Specialist
Subject	:	Overview of Board Policy Review Processes

Report Purpose:

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

PUBLIC INTEREST RATIONALE:

The Board's policy review process supports effective governance by ensuring Board policies remain clear, current, monitorable, and aligned with Policy Governance® principles, enabling the Board to effectively fulfill its public interest mandate.

BACKGROUND

As part of the Board's ongoing policy review process, Board policies are reviewed regularly pursuant to GP IV-35.10 Developing and Maintaining the Board Policies Policy to ensure they remain relevant, current, and effective in supporting the Board's governance responsibilities. Where required, a policy may also undergo a special review between regular review cycles to address an emerging governance need, issue, or other circumstance requiring earlier consideration.

The Board's approach to policy review continues to evolve, with an increased focus on modernizing and simplifying Board policies, strengthening their monitorability, and ensuring continued alignment with Policy Governance® principles.

BOARD POLICY REVIEW AND REVISION APPROACH

In developing proposed policy revisions, consideration is given to:

- **Clarity and simplicity** – Simplifying language, removing duplication, and focusing policies on clear and enduring governance expectations.
- **Monitorability** – Ensuring policy provisions establish clear criteria against which compliance can reasonably be assessed.

- **Governance alignment** – Ensuring consistency with the CMLTO's statutory mandate, By-Law, related Board policies, and broader governance framework.

- **Current governance practices** – Considering relevant regulatory developments, governance practices, and comparator information, where appropriate.

- **Policy Governance® alignment** – Ensuring policies clearly reflect the Board's governance role and appropriately distinguish governance expectations from operational or procedural matters.

To further support the Board's review and consideration of proposed revisions:

- **Proposed Revisions Summary** – Each policy review includes a summary table outlining the key proposed revisions and the rationale for each change.

- **Environmental Scan / Benchmarking** – Where appropriate, policy reviews include an environmental scan of comparable policies or governance approaches among Ontario regulatory colleges to provide additional context and inform the Board's consideration of proposed revisions.

Together, these considerations support the development of **clearer, more concise, durable, and monitorable Board policies** while preserving the Board's underlying governance values and expectations.

BOARD MEMBER POLICY REVIEW CONSIDERATIONS – GOVERNANCE OF RISK

In reviewing policy revisions, Board Members are encouraged to pay particular attention to the **governance of risk**, including whether the Board's values and expectations regarding relevant risks are clearly articulated in policy. These values and expectations are particularly important, as they provide the foundation for the boundaries and governance direction expressed through Board policy.

EARLY POLICY REVIEW PROCESS

As part of the Board's **Early Policy Review Process**, Board Members are invited to review proposed policy revisions in advance of the Board meeting and provide comments and suggested changes. Feedback received, where there is substantial agreement, is incorporated into the next draft. Matters requiring further discussion are identified in the Policy Review Briefing Report and brought forward for Board discussion and decision.

Board Member participation in the Early Policy Review Process is an important part of the policy development and review process. Board Members are encouraged to independently and critically review proposed revisions, consider them through the lens of their governance responsibilities and Policy Governance® principles, and provide their observations, questions, and suggested changes. This individual

consideration helps ensure that the final policy reflects the informed and collective judgment of the Board.

Active participation at this early stage also allows areas of agreement to be addressed efficiently in advance and enables Board meeting discussion to focus on matters requiring collective deliberation and direction.

College of Medical Laboratory Technologists of Ontario

Briefing Report to Board of Directors

Date	:	August 31, 2026
From	:	Andrew Chan, Policy Champion Maggie Cakar, Governance Specialist
Subject	:	Regular Policy Review: EL II-12 Financial Audit and External Auditors Policy

Report Purpose:

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

PUBLIC INTEREST:

Revisions to the EL II-12 Financial Audit and External Auditors Policy strengthen Board oversight of the College's external audit process, support transparent and accountable financial governance, and promote public confidence in the integrity of the College's financial reporting.

Recommended Motion:

Be it resolved that:

The Board moves to approve the updated **EL II-12 Financial Audit and External Auditors Policy** outlined in Figure 2 as relevant and current.

BACKGROUND

EL II-12 Financial Audit and External Auditors Policy establishes the Board's executive risk boundaries for the Registrar & CEO with respect to the appointment, independence, oversight, and reporting of the College's external auditor. The Policy provides the Board's governance expectations for the external audit process and supports effective financial oversight, accountability, and transparency.

The Policy was approved by the Board on September 14, 2023, and is now being presented for its first regular policy review at the September Board meeting.

Through the Board's **Early Policy Review Process**, Board Members were invited to provide substantive feedback on the proposed policy revisions in advance of the

Board meeting. This process supports a more efficient regular policy review by identifying matters that can be addressed in advance of Board discussion.

To further support the Board's review of proposed policy revisions, the following materials are provided:

- **Figure 1** outlines the proposed revisions to the EL II-12 Financial Audit and External Auditors Policy,
- **Figure 2** provides the EL II-12 Financial Audit and External Auditors Policy with the proposed revisions incorporated,
- **Figure 3** provides a summary of the proposed revisions and the rationale for each change, and
- **Figure 4** provides an environmental scan and benchmark review of comparable approaches to financial audit and external auditor oversight.
- **Figure 5** provides a summary of the pre-meeting Board feedback on the proposed policy revisions. Thank you to those who shared input. The key comments and matters identified through the Early Policy Review Process are outlined in Figure 5.

SUMMARY OF PROPOSED REVISIONS

The proposed revisions are intended to modernize **EL II-12 Financial Audit and External Auditors** by strengthening its alignment with Policy Governance® principles, improving governance clarity, and establishing concise, monitorable executive limitations while while preserving the Board's governance oversight of the College's external audit process and financial reporting.

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

- Alignment with Policy Governance® principles and the Executive Limitations framework;
- An environmental scan of governance approaches used by comparable Ontario health regulatory colleges; and
- Clarification of the distinction between Board governance responsibilities and management implementation.

KEY UPDATES

1. Alignment with the Policy Governance® Executive Limitations Framework

The Policy has been substantially revised to better reflect the purpose of an Executive Limitation by:

- Establishing clear governance expectations rather than operational requirements;
- Focusing on the outcomes the Registrar & CEO must achieve rather than prescribing implementation methods; and
- Improving consistency with the structure and drafting approach used throughout the Executive Limitations policies.

2. Modernization of the Background and Policy Purpose

The Background has been revised to better reflect the Board's responsibility for overseeing the College's external audit process and financial reporting.

The Policy Purpose has also been refined to clearly establish the Board's executive risk boundaries with respect to the appointment, independence, oversight, and reporting of the external auditor.

3. Simplification of Executive Limitations

The Executive Limitations have been reorganized into four governance-focused areas:

- Appointment of the External Auditor;
- Auditor Independence;
- Audit Oversight; and
- Financial Reporting.

The revised structure improves readability and monitorability while preserving management flexibility regarding implementation.

4. Removal of Prescriptive and Operational Requirements

The Policy has been streamlined by removing detailed operational and procedural requirements that are more appropriately addressed through legislation, the CMLTO By-Law, professional standards, related Board policies, and management processes. This approach focuses the Policy on governance outcomes while avoiding unnecessary operational direction.

5. Strengthened Governance Clarity

The Policy has been revised to more clearly distinguish between the governance responsibilities of the Board and the operational responsibilities of the Registrar & CEO.

Existing Board requirements respecting external auditor term limits and the cooling-off period have been retained and repositioned within the Auditor Independence section to better align related governance safeguards.

6. Removal of Definitions

The Definitions section has been removed.

The Policy no longer relies on technical auditing terminology requiring formal definitions. Removing the Definitions section simplifies the Policy, reduces unnecessary complexity, and improves readability without affecting the Board's governance expectations.

7. Updated References

The References section has been updated to better align the Policy with its legislative and governance framework.

The **Regulated Health Professions Act, 1991** and the **Medical Laboratory Technology Act, 1991** have been added as legislative references, while the reference to the **CPA Code of Professional Conduct** has been removed, recognizing that professional standards governing the external auditor are more appropriately addressed through professional auditing standards rather than Board policy.

The revised References section identifies the principal legislative, governance, and Board policy documents that support the Policy, improving consistency across the College's governance framework.

Together, these revisions result in a more concise, governance-focused Executive Limitation that is easier to understand, monitor, and maintain while preserving the Board's oversight of the College's external audit process and financial reporting.

PRESENTATION OF PROPOSED REVISIONS

To support ease of review, the proposed revisions in **Figure 1 (Proposed Revisions to the EL II-12 Financial Audit and External Auditors Policy)** are colour-coded according to the nature of the changes:

- **Green** – **Policy Governance® refinements** that strengthen alignment with Policy Governance principles by clarifying governance expectations, consolidating related provisions, improving monitorability, removing operational or prescriptive content, and refocusing the policy on Board-level governance outcomes.
- **Blue** – **Governance-informed enhancements** that improve clarity, strengthen Board oversight, modernize the policy structure, eliminate duplication with legislation, By-Laws, professional standards, and related Board policies, and enhance consistency with the College's refreshed governance framework and current governance best practices.
- **Red** – **Administrative / Editorial revisions**, including formatting, headings, terminology, grammar, cross-references, and other non-substantive changes that improve readability and consistency.

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

proposed revision includes a brief annotation identifying the nature and rationale for the revision.

BOARD REVIEW CONSIDERATIONS

Board Members are asked to consider:

- Does the Policy clearly establish appropriate, monitorable executive limitations regarding the appointment, independence, oversight, and reporting of the external auditor?
- Do the proposed revisions appropriately distinguish between the Board's governance responsibilities and the Registrar & CEO's responsibility for implementation while preserving appropriate management flexibility?
- Do the proposed revisions improve the Policy's clarity, consistency, monitorability, and alignment with Policy Governance® principles and the College's refreshed governance framework?
- Does the revised Policy provide appropriate governance oversight of the College's external audit process and financial reporting, or are there additional governance risks or considerations that should be reflected in the Policy?

APPENDICES:

- **Figure 1** – Proposed Revisions to EL II-12 Financial Audit and External Auditors Policy
- **Figure 2** – EL II-12 Financial Audit and External Auditors Policy Incorporating the Proposed Revisions
- **Figure 3** – Summary of Proposed Revisions – EL II-12 Financial Audit and External Auditors Policy
- **Figure 4** – Environmental Scan and Benchmark Review of Financial Audit and External Auditor Governance Policies
- **Figure 5** – Board Feedback on Proposed Revisions to EL II-12 Financial Audit and External Auditors Policy

FIGURE 1
Proposed Revisions to EL II-12 Financial Audit and External Auditors Policy

Policy Title: Financial Audit and External Auditors		**Policy Section: EL** Executive Limitation	**Policy Number:** EL II-12
Approved By: Board of Directors	**Date Approved:** Sept 14, 2023	**Date Reviewed/ Revised:** Sept 14, 2023 Ready for Sept 15, 2026	**President's Signature:** Chee Yun (Helen) Mearsy

~~**PUBLIC INTEREST RATIONALE**~~

~~An independent financial audit, which is the examination and verification of the College's financial records by an independent external auditor, provides assurance that a 'true and fair' view of the College's financial position and performance has been presented in accordance with the relevant accounting standards. It underpins the trust and obligation of stewardship between the CMLTO Board of Directors and its ownership and ensures fiscal accountability of the College.~~

~~Reliable financial reporting is vital to build trust and credibility in responsible management of the College funds and resources, which is of immense importance to the public and vital to protecting the public interest as it promotes transparency and provides assurance as to whether the College activities are managed in a way that demonstrates responsible stewardship to the public of Ontario~~. ***[Blue – Governance-informed enhancement]***

BACKGROUND

~~Pursuant to Section 6 (3) of the *Regulated Health Professions Act, 1991*, each College shall have its financial statements audited and published in its annual report every year.~~

~~In order to meet its obligations to the public of Ontario and fulfil its fiduciary responsibility, the Board of Directors shall ensure that it receives relevant and reliable information as a result of a robust and reliable audit process, which ensures the integrity of the financial statements of the College and any formal disclosure of information pertaining to the financial position and performance of the College.~~

~~The CMLTO By-Law / Section 3.8 – Fiscal Year and Financial Audit provides a framework for the financial audit process.~~

The Board is responsible for appointing an independent external auditor in accordance with applicable legislation to audit the College's annual financial statements. An independent external audit provides assurance regarding the integrity of the College's

financial reporting and supports the Board in exercising effective financial oversight. ***[Green – Policy Governance® refinements]***

PURPOSE

~~The Board of Directors needs confidence in the robustness of its financial reporting as part of its risk management, and hence, shall have assurance as to whether the information presented is completely and accurately captured, and transparently reported.~~

~~EL II-12 Financial Audit and Auditors Policy, which outlines the Board's executive risk boundaries for the Registrar and CEO with regards to financial audit and audit related matters, serves as the principal guidance document for the conduct of the financial audit by external auditors and a framework for the assessment of the effectiveness and efficiency of the external auditor.~~

EL II-12 Financial Audit and External Auditors Policy establishes the Board's executive risk boundaries for the Registrar & CEO with respect to CMLTO's external audit and financial reporting in support of effective Board oversight.
[Governance-informed enhancement]

POLICY

~~In order to ensure the quality and reliability of the financial audit, the Board of Directors shall assess the effectiveness and performance of the external auditors every year and safeguard their independence in accordance with Rule 204 of the Chartered Professional Accountants of Canada (CPA) Code of Professional Conduct (the "CPA Code").~~

The Registrar & CEO shall not operate without practices that ensure the appointment, independence, oversight, and reporting of the external auditor, preserve the integrity of the CMLTO's financial reporting, and provide the Board with the information necessary to exercise effective financial oversight. ***[Policy Governance® refinement]***

~~Additionally, The following provisions apply to safeguard against institutional familiarity and independence threats, which may impair auditor objectivity and independence in fact or in appearance and impede the ability of the external auditor:~~

~~**Subjecting external auditors to term limits**~~

- ~~The maximum term that an external auditor can serve is five (5) consecutive years.~~

~~**Enforcing a cooling-off period**~~

- ~~The external auditors shall not be re-appointed for a period of at least two (2) years after the completion of their tenure~~. ***[Relocated to Section 2 – Auditor Independence to group all auditor independence safeguards together.]***

~~The Registrar and CEO assists the Board of Directors in fulfilling its oversight responsibilities regarding the integrity of the College's accounting and financial reporting.~~

~~Accordingly, the Registrar and CEO shall not fail to uphold appropriate conduct and accounting standards in order to safeguard the integrity of financial reporting and assure the quality of information reported to the Board of Directors and the public in order to avoid any potential reputational damage of reporting inaccurate or misleading information.~~

~~Additionally~~, The Registrar and CEO shall not operate without;

~~**Selection and Recommendation of External Auditor for New Appointment**~~

1. Appointment of the External Auditor

- ~~Establishing a framework which sets out the criteria to be used for evaluation and selection of external auditors to ensure that the examination of CMLTO's financial data and other relevant information is conducted by highly qualified professionals who provide confidence to the College.~~

- ~~Making recommendations to the Board of Directors on the appointment of an external auditor, who best suits the needs of the College, based on the evaluation of the external auditors and through a competitive bidding process in accordance with Executive Limitations EL II-16 Vendor Relations Policy, if applicable.~~

- ~~Ensuring a smooth transition if changing auditors and developing a mechanism to address any potential short-term deterioration in audit quality while the new firm gets familiar with the College business.~~

1.1 Maintaining a process for assessing the qualifications, independence, experience, and suitability of a proposed external auditor to support recommendations to the Board regarding appointment or re-appointment, in accordance with applicable Board policies.

~~**Evaluation and Recommendation of the Incumbent External Auditor for Re-Appointment**~~

2. Auditor Independence

- ~~Maintaining an annual assessment framework and setting out audit quality indicators to be used for the evaluation of external auditors, which include, but not limited to:~~

- ~~independence, objectivity and professional skepticism,~~
- ~~quality of the engagement team, and~~
- ~~quality of the communications and interactions with the external auditor.~~

2.1. Maintaining practices that preserve the independence and objectivity of the external auditor, including the management of non-audit services provided by the external auditor.

In addition, the following Board requirements apply to further safeguard the independence and objectivity of the external auditor:

1. **Term Limits:** The maximum term that an external auditor may serve is five (5) consecutive years.
2. **Cooling-off Period:** The external auditor shall not be re-appointed for a period of at least two (2) years following completion of its maximum term.

3. Audit Oversight

- ~~Undertaking an evaluation of the performance and independence of the external auditors upon effective completion of the annual audit as per the annual assessment framework in order to make an informed recommendation to the Board of Directors on whether or not the incumbent external auditor should be re-appointed.~~

3.1 Maintaining practices for annual evaluation of the performance and independence of the external auditor.

- ~~Presenting the results of the annual assessment of the external auditor to the Board of Directors, making a recommendation for re-appointment of the incumbent external auditor, and providing the Board with their rationale for their recommendation.~~

3.2 Providing the Board with sufficient information to support informed decisions regarding the appointment, re-appointment, independence, or performance of the external auditor.

3.3 Providing the Board with information regarding non-audit services provided by the external auditor where relevant to the Board's assessment of the auditor's independence.

~~Recommendation on Removal of External Auditor~~

- ~~Recommending removal of external auditors to the Board of Directors due to conduct that breaches the CPA Code of Professional Conduct, if required.~~

~~**Analyzing Situations that External Auditor Ceases to Hold Office**~~

- ~~Analyzing the situation on a case-by-case basis to identify the reasons why the external auditor ceases to hold office (e.g., due to resignation) whether it arises from an inability to resolve contentious matters that could affect the financial reporting of the College and taking the necessary actions.~~

~~**Execution of Financial Audit**~~

Financial Reporting

- ~~Implementing an effective and reliable audit process in accordance with the Audit Policy and Procedure Manual to enable the preparation of financial statements that are free from material misstatement,~~

- ~~Assessing the reasonableness of and approving the proposed audit fee in conjunction with the audit plan, with an appropriate focus on audit quality, and terms of engagement of the external auditor,~~

- ~~Analyzing and recommending audited annual financial statements to the Board of Directors,~~

- ~~Developing necessary resolution strategies and developing necessary action plans to rectify any material weaknesses and deficiencies identified by the external auditors and ensuring completion of identified resolution strategies and activities,~~

- ~~Ensuring all financial reporting requirements pursuant to RHPA are completed within the required timelines and current fiscal year accounts and disclosed in the annual report of the College along with information pertaining to the assessment of the external auditor and appointment process to promote transparency and accountability.~~

4.1 Ensuring the completion of the annual financial audit and all statutory financial reporting requirements in accordance with applicable legislation, accounting standards, and prescribed timelines, and no longer than six (6) months after the end of the fiscal year.

4.2 Presenting the audited financial statements and related audit findings to the Board at the first meeting directly after the external audit.

~~**Engagement of Non-Audit Services**~~

- ~~Developing and implementing a clear pre-approval policy outlining the guidelines for the engagement of the external auditor in regard to providing non-audit services in accordance with CPA Code of Professional Conduct Rule 204, which prohibits the external auditor from performing certain services,~~

- ~~Ensuring that auditor's independence isn't compromised by taking into account relevant ethical guidance regarding the provision of non-audit services by the external audit firm outlined in accordance with CPA Code of Professional Conduct Rule 204,~~

- ~~Ensuring operational separation between the external auditor's audit and non-audit practices upon reviewing of prohibited services for auditors,~~

- ~~Reporting to the Board of Directors, all non-audit services provided to the College by the external auditor during the previous fiscal year.~~

~~**DEFINITIONS**~~

~~**Institutional familiarity threats:** Threats arising from long tenure of an external auditor, which may create a threat to independence that impedes the ability of the auditor and the engagement team from exercising appropriate professional skepticism.~~ ***[Green – Policy Governance® refinements]***

REFERENCES

- ~~Chartered Professional Accountants of Ontario CPA Code of Professional Conduct~~

- Regulated Health Professions Act, 1991 ***[Governance-informed enhancement]***

- Medical Laboratory Technology Act, 1991 ***[Governance-informed enhancement]***

- CMLTO By-Law / Section 3.8 Fiscal Year and Financial Audit
- EL II-16 Vendor Relations Policy

FIGURE 2
EL II-12 Financial Audit and External Auditors Policy
With the Proposed Revisions Incorporated

Policy Title: Financial Audit and External Auditors		**Policy Section: EL** Executive Limitation	**Policy Number:** EL II-12
Approved By: Board of Directors	**Date Approved:** Sept 14, 2023	**Date Reviewed/ Revised:** Sept 14, 2023 Sept 15, 2026	**President's Signature:** Chee-Yuen (Helen) Mearsy

BACKGROUND

The Board is responsible for appointing an independent external auditor in accordance with applicable legislation to audit the College's annual financial statements. An independent external audit provides assurance regarding the integrity of the College's financial reporting and supports the Board in exercising effective financial oversight.

PURPOSE

EL II-12 Financial Audit and External Auditors Policy establishes the Board's executive risk boundaries for the Registrar & CEO with respect to CMLTO's external audit and financial reporting in support of effective Board oversight.

THE POLICY

The Registrar & CEO shall not operate without practices that ensure the appointment, independence, oversight, and reporting of the external auditor, preserve the integrity of the College's financial reporting, and provide the Board with the information necessary to exercise effective financial oversight.

Accordingly, the Registrar and CEO shall not operate without;

1. Appointment of the External Auditor

1.1. Maintaining a process for assessing the qualifications, independence, experience, and suitability of a proposed external auditor to support recommendations to the Board regarding appointment or re-appointment, in accordance with applicable Board policies.

2. Auditor Independence

2.1. Maintaining practices that preserve the independence and objectivity of the external auditor, including the management of non-audit services provided by the external auditor.

In addition, the following Board requirements apply to further safeguard the independence and objectivity of the external auditor:

- **Term Limits:** The maximum term that an external auditor may serve is five (5) consecutive years.
- **Cooling-off Period:** The external auditor shall not be re-appointed for a period of at least two (2) years following completion of its maximum term.

3. Audit Oversight

3.1. Maintaining practices for annual evaluation of the performance and independence of the external auditor.

3.2. Providing the Board with sufficient information to support informed decisions regarding the appointment, re-appointment, independence, or performance of the external auditor.

3.3. Providing the Board with information regarding non-audit services provided by the external auditor where relevant to the Board's assessment of the auditor's independence.

4. Financial Reporting

4.1. Ensuring the completion of the annual financial audit and all statutory financial reporting requirements in accordance with applicable legislation, accounting standards, and prescribed timelines, and no longer than six (6) months after the end of the fiscal year.

4.2. Presenting the audited financial statements and related audit findings to the Board at the first meeting directly after the external audit.

REFERENCES

- *Regulated Health Professions Act, 1991*
- *Medical Laboratory Technology Act, 1991*
- CMLTO By-Law / Section 3.8 Fiscal Year and Financial Audit
- EL II-16 Vendor Relations Policy

FIGURE 3
Proposed Revisions Summary Table EL II-12 Financial Audit and External Auditors Policy

Section	Summary of Revision	Rationale
Public Interest Rationale	Deleted the standalone Public Interest Rationale section.	The governance intent of the Policy is appropriately reflected through the Background, Policy Purpose, and substantive policy provisions. Removing the standalone section aligns the Policy with CMLTO's refreshed Executive Limitations framework and eliminates duplication.
Background	Revised the Background to provide concise governance context and relocated legislative references to the References section.	Improves clarity and consistency with the governance-focused format adopted for the refreshed Executive Limitations policies.
References	Updated the References section by removing the CPA Code of Professional Conduct and adding the Regulated Health Professions Act, 1991 and the Medical Laboratory Technology Act, 1991.	Aligns the Policy with its legislative framework while removing references to professional standards that govern the external auditor rather than Board governance.
Definitions	Deleted the Definitions section.	The defined term is no longer required following the removal of detailed operational provisions. Removing the section improves clarity and eliminates unnecessary content.
Policy Structure	Reorganized the Policy into governance-focused sections addressing Appointment of the External Auditor, Auditor Independence, Audit Oversight, and Financial Reporting.	Improves readability, monitorability, and consistency with the College's refreshed Executive Limitations framework.
Executive Limitation	Replaced detailed operational requirements with a single overarching executive limitation governing financial audit and external auditor practices.	Establishes a clear governance outcome while preserving management flexibility regarding implementation.
Appointment of the External Auditor	Replaced detailed appointment, procurement, and transition requirements with a governance expectation requiring the Registrar & CEO to maintain a process supporting recommendations to the Board regarding the appointment or re-appointment of an independent external auditor.	Focuses on the Board's governance interest in ensuring recommendations are supported by an appropriate assessment while preserving management flexibility regarding the assessment and procurement process.
Auditor Independence	Consolidated auditor independence requirements into a single governance expectation and relocated the existing Board requirements respecting external auditor term limits and the cooling-off period to this section.	Groups all governance safeguards supporting auditor independence and objectivity within a single section, improving the organization and logical flow of the Policy while preserving the Board's existing requirements.
Audit Oversight	Consolidated evaluation, reporting, Board information, and auditor succession requirements into monitorable governance expectations.	Ensures the Board receives the information necessary to exercise effective oversight while removing procedural detail that does not require Board policy direction.
Financial Reporting	Consolidated financial reporting requirements into two governance expectations addressing completion of the annual audit and reporting to the Board.	Focuses the Policy on governance outcomes rather than administrative processes while maintaining appropriate Board oversight of financial reporting.
Operational Requirements	Removed detailed operational, procedural, procurement, and implementation requirements throughout the Policy.	These matters are more appropriately governed through legislation, the CMLTO By-Law, related Board policies (including EL II-16 Vendor Relations professional standards, committee oversight, and management procedures, rather than through Executive Limitations policy.

FIGURE 4
Environmental Scan and Benchmark Review of Financial Audit and External Auditor Governance Policies

Organization	Governance Document	Observations
Comparable Ontario Health Regulatory Colleges	By-laws; Audit Committee Terms of Reference; Financial Governance Documents	Most colleges govern financial audit and external auditor matters through a combination of by-laws, Audit Committee Terms of Reference, financial governance documents, and applicable legislation rather than through a standalone Board policy.

Summary:

An environmental scan of comparable Ontario health regulatory colleges found that most organizations do not maintain a standalone Board policy governing financial audits and external auditors. Instead, governance expectations are generally addressed through by-laws, Audit Committee Terms of Reference, financial governance documents, and applicable legislation.

Accordingly, the proposed revisions were informed primarily by Policy Governance® principles and governance best practices while preserving CMLTO's existing governance approach of maintaining a standalone Executive Limitations policy in this area to establish clear Board expectations and executive accountability.

FIGURE 5
Board Feedback on Proposed Revisions to
EL II-12 Financial Audit and External Auditors Policy

BOARD MEMBER FEEDBACK RECEIVED

5/20 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting.

BOARD MEMBERS RESPONDING

1. Lucia Di Pietro
2. Walter Hewus
3. Lavern Bourne
4. Imaya Vithana
5. Mary Costantino

SUMMARY OF BOARD MEMBER FEEDBACK

Overall, feedback from the five Board Members was supportive of the proposed revisions to **EL II-12 Financial Audit and External Auditors Policy**.

- Board Members generally indicated that the revised Policy was clear, simplified, appropriate, and effective, with no substantive concerns identified.
- One terminology change was suggested to replace references to the "College" with "CMLTO" in the Background and Policy sections. **As an administrative/terminology alignment, this change will be incorporated into the revised draft, consistent with the Board's established terminology.**
- Positive feedback was also received regarding the Environmental Scan and Benchmark Review and the Summary of Proposed Revisions as supporting materials for the policy review.

FOR BOARD DISCUSSION IN SEPTEMBER

Section 2.1 – External Auditor Fees

The Policy Champion proposed an addition to Section 2.1 to specify that the annual review of audit and non-audit services provided by the external auditor also include **the fees charged to the CMLTO for each service**.

2.1 Maintaining practices that preserve the independence and objectivity of the external auditor, including the management of non-audit services provided by the external auditor, particularly the fees charged to the College for each.

Management's perspective is that oversight of the external auditor's independence and objectivity, including risks associated with non-audit services, is a Board governance responsibility. The review of fees for individual audit and non-audit services may relate more directly to operational considerations such as cost assessment, negotiation, and value for money under the Policy Governance® framework.

The Board is invited to consider the Policy Champion's proposed addition regarding the review of fees charged for individual audit and non-audit services, together with Management's perspective outlined above.

College of Medical Laboratory Technologists of Ontario

Briefing Report to Board of Directors

Date : August 31, 2026

From : Matthew Wong-Fung, Policy Champion
Maggie Cakar, Governance Specialist

Subject : Regular Policy Review: EL II-80 Executive Succession Plan Policy

Report Purpose:

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

PUBLIC INTEREST:

Revisions to the EL II-80 Executive Succession Policy strengthen governance oversight by establishing clear executive boundaries for executive succession planning and leadership continuity. This helps ensure the CMLTO maintains the organizational capacity necessary to fulfill its statutory mandate and protect the public interest.

Recommended Motion:

Be it resolved that:
The Board moves to approve the updated **EL II-80 Executive Succession Policy** outlined in Figure 1 as relevant and current.

BACKGROUND

EL II-80 Executive Succession Policy outlines the Board's ethics, equity, prudence, and risk boundaries in the form of Executive Limitations related to CMLTO executive succession planning

The policy underwent a special review on May 27, 2024, and is now being presented for its regular policy review at the September Board meeting.

Through the Board's **Early Policy Review Process**, Board Members were invited to provide substantive feedback on the proposed policy revisions in advance of the Board meeting. This process supports a more efficient regular policy review by identifying matters that can be addressed in advance of Board discussion.

To further support the Board's review of proposed policy revisions, the following materials are provided:

- **Figure 1** outlines the proposed revisions to the EL II-80 Executive Succession Policy,
- **Figure 2** provides the EL II-80 Executive Succession Policy with those proposed revisions incorporated,
- **Figure 3** provides the Proposed Revisions Summary Table EL II-80 Executive Succession Policy,
- **Figure 4** provides Environmental Scan and Benchmark Review of Executive Succession Policies, and.
- **Figure 5** provides a summary of the pre-meeting Board feedback on the proposed policy revisions. Thank you to those who shared input. The key comments and matters identified through the Early Policy Review Process are outlined in Figure 5.

SUMMARY OF PROPOSED REVISIONS

The proposed revisions are intended to modernize EL II-80 Executive Succession Policy by strengthening its alignment with Policy Governance® principles, improving governance clarity, and establishing concise, monitorable executive limitations without altering the Board's overall values regarding leadership continuity.

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

- Alignment with Policy Governance® principles and Executive Limitations structure,
- Benchmarking against executive succession governance policies of comparable Ontario health regulatory colleges, and
- Clarification of the distinction between Board governance responsibilities and management implementation.

KEY UPDATES

1. Alignment with Policy Governance® Executive Limitations Structure

The Policy has been substantially revised to better reflect the purpose of an Executive Limitation by:

- Establishing clear governance expectations rather than operational instructions,

- Focusing on the outcomes the Registrar & CEO must achieve rather than prescribing implementation methods, and
- Improving consistency with the structure and drafting approach used throughout the Executive Limitations section.

2. Modernization of the Background and Policy Purpose

The Background has been revised to better reflect the Board's governance responsibility for ensuring continuity of executive leadership and organizational capacity necessary for the CMLTO to fulfill its statutory mandate and protect the public interest.

The Policy Purpose has also been refined to clearly establish the Board's executive boundaries regarding executive succession planning and leadership continuity, consistent with the purpose statements used throughout the CMLTO Executive Limitations policies.

3. Removal of Prescriptive and Operational Requirements

The Policy has been streamlined by removing detailed operational requirements that are more appropriately addressed through management processes and supporting operational documentation.

This includes the removal of:

- Detailed succession planning processes,
- Prescribed categories of succession (e.g., emergency, short-term, long-term),
- Specific staffing expectations,
- Implementation details regarding succession planning, and
- Operational definitions better suited to management documents.

This ensures the Policy defines **what must be achieved** rather than **how management must achieve it**, while preserving management flexibility.

4. Simplification of Executive Limitations

The Executive Limitations have been revised to focus on two (2) enduring governance expectations:

- Maintaining sufficient executive leadership capacity to ensure continuity of the Registrar & CEO's responsibilities, and
- Maintaining succession planning that supports continuity of executive leadership and organizational capacity.

These expectations provide clear, monitorable governance boundaries while allowing management the flexibility to determine the most appropriate succession planning approach, recognizing that executive absences and transitions may differ in their

circumstances and require management to tailor leadership arrangements and implementation strategies accordingly.

5. Removal of Definitions

The Definitions section has been removed.

Definitions relating to "Registrar & CEO services," "emergency loss," "short-term," "long-term," and "permanent loss" have been removed because they are operational in nature and would be more appropriately addressed through management processes and supporting documentation, allowing management to adapt succession planning to the circumstances while remaining within the Board's governance expectations.
The definition of "Registrar & CEO services" has also been removed because the Registrar & CEO's responsibilities are already established in the Board-CEO Relationship Policies—BCR III-04 Registrar & CEO Position Description Policy and BCR III-05 Registrar & CEO Job Products Policy. Removing this duplicated content improves consistency across Board policies and avoids repeating governance expectations that are already addressed elsewhere.

Where appropriate, the Policy now uses plain language (e.g., "temporary or permanent absence of the Registrar & CEO"), eliminating the need for detailed definitions.

6. Improved Clarity, Durability, and Monitorability

Throughout the policy:

- Language has been simplified and modernized,
- Duplicative wording and operational details have been removed,
- Governance expectations have been clarified, and
- The Policy has been made more durable by removing references to operational practices that may evolve over time without requiring Board Policy amendments.

7. Addition of References

A “References” section has been added to identify related governance documents, including the CMLTO By-Law and the relevant Board-CEO Relationship Policies. Rather than repeating detailed content from these documents within the Policy, the References section directs readers to the authoritative source for information regarding the appointment of an Acting Registrar & CEO and the Registrar & CEO's responsibilities and job products. This approach improves consistency across the governance framework, reduces duplication between Board policies, and supports a more concise and durable Executive Limitation.

Together, these revisions result in a concise Executive Limitation that is easier to understand, monitor, and maintain.

PRESENTATION OF PROPOSED REVISIONS

To support ease of review, the proposed revisions are colour-coded according to the nature of the changes:

- **Green** – **Policy Governance® refinements** that strengthen alignment with Policy Governance principles by clarifying governance expectations, improving monitorability, and removing operational or prescriptive content.
- **Blue** – **Governance-informed enhancements** that enhance clarity, strengthen governance oversight, improve consistency with the CMLTO governance framework, or reflect current governance best practices.
- **Red** – **Administrative / Editorial revisions**, including formatting, terminology, grammar, and other non-substantive changes.

in **Figure 1** (Proposed Revisions to the EL II-80 Executive Succession Policy). In addition, each proposed revision includes a brief annotation identifying the nature and rationale for the revision.

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

BOARD REVIEW CONSIDERATIONS

Board Members are asked to consider:

- Does the Policy clearly establish appropriate and monitorable executive limitations regarding executive succession planning?
- Does the Policy clearly capture the Board's values as they relate to executive succession?
- Does the policy appropriately distinguish between the Board's governance responsibilities and Registrar & CEO's responsibility for implementation?
- Do the revisions improve clarity, consistency, and alignment with Policy Governance® principles?
- Does the Policy provide appropriate governance oversight while preserving management flexibility?
- Does the revised Policy continue to support continuity of executive leadership and organizational capacity in the public interest?
- Are there any emerging governance risks or considerations that require additional or revised executive limitations?

APPENDICES:

- **Figure 1** – Proposed revisions to the EL II-80 Executive Succession Policy
- **Figure 2** – EL II-80 Executive Succession Policy with those proposed revisions incorporated
- **Figure 3** – Proposed Revisions Summary Table EL II-80 Executive Succession Policy
- **Figure 4** – Environmental Scan and Benchmark Review of Executive Succession Policies
- **Figure 5** – Board Feedback on Proposed Revisions to EL II-80 Executive Succession Policy

FIGURE 1
Proposed Revisions to EL II-80 Executive Succession Policy

Policy Title: EXECUTIVE SUCCESSION PLAN		Policy Section: II Executive Limitations	Policy Number: II-80
Approved By: Board of Directors	**Date Approved:** Jan 23, 1996	**Date Reviewed/ Revised:** Dec 1, 2009 Nov 29, 2010 Nov 29, 2011 Sept 15, 2015 Nov 28, 2019 Sept 13, 2022 May 27, 2024 Ready for Sept 15, 2026	**Board Chair's Signature:**

BACKGROUND

The Board is responsible ~~and accountable to ensure continuity of leadership and sufficient organizational capacity for the continuous competent operation of the organization in the event of the loss of the Registrar and CEO services.~~ for ensuring the continuity of executive leadership and organizational capacity necessary for the CMLTO to fulfill its statutory mandate and protect the public interest. ***[Policy Governance® refinement]***

~~In order to mitigate the risks involved in the loss of the Registrar and CEO services, prudent governance requires the Board to be sure that the College has mitigated the risks of not having a proactive approach to building and sustaining a talent pipeline, as well as a plan for service continuity.~~ Prudent governance requires appropriate succession planning to support continuity of leadership and organizational stability in the event of the temporary or permanent absence of the Registrar & CEO. ***[Policy Governance® refinement]***

POLICY PURPOSE

The purpose of this policy is to ~~outline the Board's ethics, equity, prudence, and risk boundaries in the form of Executive Limitations related to CMLTO executive succession planning and ensure that the requirements of CMLTO By-Law Section 2.5.2 Appointment of Acting Registrar and CEO are met if the position of Registrar and CEO becomes vacant.~~ establish the Board's executive boundaries regarding executive succession planning to ensure continuity of executive leadership and organizational capacity. ***[Policy Governance® refinement]***

POLICY

~~In order to protect the Board, the CMLTO, and the public from a loss of Registrar and CEO services, the Registrar and CEO shall not operate without:~~

To ensure the continuity of executive leadership and the CMLTO's ability to fulfill its statutory mandate in the event of the temporary or permanent absence of the Registrar & CEO, the Registrar & CEO shall not operate without: ***[Policy Governance® refinement]***

1. ~~Ensuring one or more senior staff member(s) who are familiar with the Board and Registrar and CEO processes and issues, and who are capable of assuming Registrar and CEO responsibilities in emergency situations.~~ Maintaining sufficient executive leadership capacity to ensure continuity of the Registrar & CEO's responsibilities in the event of a temporary or permanent absence. ***[Policy Governance® refinement]***
2. ~~Maintaining an organization-wide succession plan, for short-term, long-term, and permanent loss of Registrar & CEO services along with other leadership positions, in an equitable and fair manner.~~ Maintaining succession planning that supports continuity of executive leadership and organizational capacity. ***[Policy Governance® refinement]***

DEFINITIONS

~~"Registrar & CEO services" refers to the services outlined in the Board-CEO Relationship Policies (BCR III-04) Registrar & CEO Position Description Policy and (BCR III-05) Registrar & CEO Job Products Policy. Specifically, these include services provided in the following five categories:~~

~~1. Regulatory program leadership~~
~~2. Staff leadership & organizational capacity~~
~~3. Financial & administrative management~~
~~4. Relationship with the Board~~
~~5. Linkage to external environment~~

~~"Loss of Registrar & CEO services" means the inability of the Registrar & CEO to provide their services for a short-term or long-term period, or due to permanent loss.~~

~~"Emergency loss of Registrar & CEO services" means the sudden, unexpected, and immediate loss of Registrar & CEO services. It would be considered to be the condition until the short-term loss plan could be brought into place.~~

~~"Short-term" means a planned or unplanned Registrar & CEO absence of one (1) month or less.~~

~~"Long-term" means a planned or unplanned Registrar & CEO absence of greater than one (1) month, but less than six (6) months.~~

~~"Permanent loss" means Registrar & CEO termination, resignation, or other unplanned absence which does not allow the Registrar & CEO to provide their services.~~ ***[Policy Governance® refinement]***

REFERENCES

- CMLTO By-Law – Section 2.5.2 Appointment of Acting Registrar and CEO
- BCR III-04 Registrar & CEO Position Description Policy
- BCR III-05 Registrar & CEO Job Products Policy

[Governance-informed adjustment]

FIGURE 2

EL II-80 Executive Succession Policy With the Proposed Revisions Incorporated

Policy Title: **EXECUTIVE SUCCESSION PLAN**		**Policy Section: II** Executive Limitations		**Policy Number:** II-80
Approved By: Board of Directors	**Date Approved:** Jan 23, 1996	**Date Reviewed/ Revised:** Dec 1, 2009 Nov 29, 2010 Nov 29, 2011 Sept 15, 2015	Nov 28, 2019 Sept 13, 2022 May 27, 2024 Sept 15, 2026	**Board Chair's Signature:**

BACKGROUND

The Board is responsible for ensuring the continuity of executive leadership and organizational capacity necessary for the CMLTO to fulfill its statutory mandate and protect the public interest.

Prudent governance requires appropriate succession planning to support continuity of leadership and organizational stability in the event of the temporary or permanent absence of the Registrar & CEO.

POLICY PURPOSE

The purpose of this policy is to establish the Board's executive boundaries regarding executive succession planning to ensure continuity of executive leadership and organizational capacity.

POLICY

To ensure the continuity of executive leadership and the CMLTO's ability to fulfill its statutory mandate in the event of the temporary or permanent absence of the Registrar & CEO, the Registrar & CEO shall not operate without:

1. Maintaining sufficient executive leadership capacity to ensure continuity of the Registrar & CEO's responsibilities in the event of a temporary or permanent absence.

2. Maintaining succession planning that supports continuity of executive leadership and organizational capacity.

REFERENCES:

- CMLTO By-Law / Section 2.5.2 Appointment of Acting Registrar and CEO
- BCR III-04 Registrar & CEO Position Description Policy
- BCR III-05 Registrar & CEO Job Products Policy

FIGURE 3
Proposed Revisions Summary Table EL II-80 Executive Succession Policy

Section	Summary of Revision	Rationale
Background	Revised to emphasize the Board's responsibility for ensuring continuity of executive leadership and organizational capacity necessary to fulfill the College's statutory mandate and protect the public interest.	Clarifies the Board's governance role, reinforces the public interest purpose of executive succession planning, and aligns the policy with the CMLTO's statutory mandate.
Policy Purpose	Refined to establish the Board's executive boundaries for executive succession planning and leadership continuity.	Improves consistency with the purpose statements used throughout the CMLTO Executive Limitations policies and reinforces the governance focus of the policy.
Policy Structure	Revised to align with the Executive Limitations format by establishing governance expectations rather than operational direction.	Strengthens consistency with Policy Governance® principles by defining clear, monitorable executive boundaries rather than management instructions.
Executive Limitations	Replaced detailed operational requirements with two (2) concise governance expectations focused on leadership continuity and succession planning.	Focuses on the outcomes the Registrar & CEO must achieve while preserving management flexibility regarding implementation.
Operational Requirements	Removed prescriptive requirements relating to staffing arrangements, succession planning processes, and implementation details.	Eliminates operational prescription, clearly distinguishes governance from management responsibilities, and improves policy durability.
Definitions	Definitions section has been removed in its entirety.	Eliminates operational detail, reduces duplication with related governance documents, and improves clarity and readability.
Language and Structure	Simplified and modernized wording throughout the policy; removed redundant and operational language; improved organization and readability.	Enhances clarity, consistency, readability, and monitorability while creating a more durable governance policy.
Governance Alignment	Reviewed against Policy Governance® principles and benchmarked against governance policies of comparable Ontario health regulatory colleges.	Ensures the policy aligns with Policy Governance® principles while confirming that the Board's core governance expectations for executive succession planning are consistent with those reflected in comparable Ontario health regulatory colleges.
Overall Policy	Streamlined the policy by reducing operational detail and focusing on enduring governance expectations for executive succession and leadership continuity.	Creates a concise, principles-based Executive Limitation that is easier to understand, monitor, and maintain while preserving the Board's governance oversight and management's flexibility to determine the most appropriate succession planning approach based on the circumstances.

FIGURE 4

Environmental Scan and Benchmark Review of Executive Succession Policies

College	Policy / References
College of Occupational Therapists of Ontario (COTO)	*Succession Plan for the Position of Registrar & Chief Executive Officer (CEO)* (Governance Manual, Policy 8.4)
College of Registered Psychotherapists of Ontario (CRPO)	*Policy on Registrar & CEO Succession Planning*
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)	CTCMPAO Succession Plan Policy
College of Opticians of Ontario (COO)	*Emergency Registrar, CEO Succession Policy* (Governance Policy 2-14)
College of Respiratory Therapists of Ontario (CRTO)	*Succession Plan Policy (CP-135)*

Summary:

A review of publicly available executive succession policies from comparable Ontario health regulatory colleges indicates that executive succession planning is commonly governed through Board policy.

The review found that these policies consistently establish governance expectations for leadership continuity and succession planning. However, many also incorporate operational provisions, such as acting appointments, succession procedures, communication protocols, and implementation timelines.

The proposed revisions to EL II-80 Executive Succession Policy retain the Board's core governance expectations by requiring the Registrar & CEO to maintain executive leadership continuity and appropriate succession planning while removing operational detail that is more appropriately addressed through management processes and supporting documentation. This approach strengthens the distinction between governance and management, aligns with Policy Governance® principles, preserves management's flexibility to determine the most appropriate succession planning approach based on the circumstances, and results in a more concise, durable, and monitorable Executive Limitation.

FIGURE 5
Board Feedback on Proposed Revisions to EL II-80 Executive Succession Policy

BOARD MEMBER FEEDBACK RECEIVED
5/20 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting.

BOARD MEMBERS RESPONDING
1. Tammie Rix
2. Lucia Di Pietro
3. Imaya Vithana
4. Mary Costantino
5. George Broukhanski

SUMMARY OF BOARD MEMBER FEEDBACK

Overall, feedback from the five Board Members was supportive of the proposed revisions to **EL II-80 Executive Succession Policy**, with Members noting that the revised Policy is streamlined, clear, succinct, monitorable, and aligned with Policy Governance® principles. Feedback also identified several matters for further consideration, including whether the two proposed Policy limitations could be further consolidated, whether equity and fairness should remain explicitly reflected in the Policy, and whether the streamlined Policy sufficiently captures the Board's values and expectations regarding executive succession risk. Clarification was also requested regarding the proposed removal of the Definitions section, which has been addressed as outlined in Figure 5.

SUMMARY OF BOARD FEEDBACK AND FOLLOW-UP ON PROPOSED POLICY REVISIONS

FEEDBACK THEME	SUMMARY OF BOARD FEEDBACK	RESPONSE / FOLLOW-UP
Overall Support for Proposed Revisions	Board Member feedback was supportive of the proposed revisions. Board Members described the revised Policy as streamlined, succinct, clear, monitorable, and well aligned with Policy Governance® principles.	No further action required.
Policy Limitations – Sections 1 and 2	Two (2) Board Members noted that the two (2) proposed Policy limitations appear similar and suggested considering whether they could be combined. One (1) Board Member also questioned the removal of the previous reference to maintaining continuity of leadership in an "equitable and fair manner."	**FOR BOARD DISCUSSION IN SEPTEMBER** The Board is invited to consider whether the two (2) limitations should remain distinct or be further consolidated and whether the previous equity and fairness concept should be reflected in the revised Policy. **MANAGEMENT PERSPECTIVE FOR BOARD CONSIDERATION:** The two (2) proposed limitations are intended to address related but distinct aspects of executive succession: • **Section 1** addresses maintaining sufficient executive leadership capacity to provide continuity in the event of a Registrar & CEO absence, while • **Section 2** addresses broader succession planning to support ongoing executive leadership readiness and organizational capacity. The previous reference to succession planning being undertaken in an "equitable and fair manner" was removed as part of streamlining the Policy. However, this language reflects a Board value previously articulated in the Policy regarding the governance of succession planning. To retain this Board value, it is recommended that "guided by principles of equity and fairness" be incorporated into Section 2.

FEEDBACK THEME	SUMMARY OF BOARD FEEDBACK	RESPONSE / FOLLOW-UP
		To more clearly distinguish these expectations, address the potential overlap identified through the Early Policy Review Process, **and retain the Board's previously articulated values of equity and fairness in succession planning**, the following revised wording is proposed for the Board's consideration: 1. Maintaining sufficient executive leadership capacity to ensure continuity of the Registrar & CEO's responsibilities in the event of a temporary or permanent absence. 2. Maintaining ongoing succession planning that supports executive leadership readiness and organizational capacity, guided by principles of equity and fairness.
Governance of Succession Risk and Assurance	1. One (1) Board Member encouraged the Board to consider whether the streamlined two-limitation structure sufficiently captures relevant governance-level succession risks. 2. The Board Member also suggested that periodic assurance, such as an annual update on succession readiness, could strengthen Board oversight, and identified emerging risks—including talent shortages, regulatory complexity, and equity in leadership development—as areas to monitor in considering whether future policy refinements may be required.	**BOARD DISCUSSION IN SEPTEMBER** The Board is invited to consider whether the proposed revisions continue to adequately reflect its values, expectations, and risk boundaries related to executive succession. **MANAGEMENT PERSPECTIVE FOR BOARD CONSIDERATION:** 1. The existing EL II-80 Executive Succession Policy already contains a two-limitation structure. The proposed revisions do not reduce the number of limitations; rather, the wording of the two (2) limitations has been refined to improve clarity, monitorability, and alignment with Policy Governance® principles. 2. With respect to periodic assurance, the Registrar & CEO provides the Board with an annual monitoring report on compliance with EL II-80 Executive Succession Policy each September. This annual monitoring provides the Board with assurance regarding compliance with the executive succession expectations and risk boundaries established in the Policy.

FEEDBACK THEME	SUMMARY OF BOARD FEEDBACK	RESPONSE / FOLLOW-UP
Removal of Definitions Section in Proposed Revisions Table in the final briefing report	One Board Member requested clarification as to whether the Definitions section is being removed in its entirety.	Confirmed that the Definitions section is proposed to be removed in its entirety. Detailed definitions were considered operational in nature and are more appropriately addressed through management processes and supporting documentation. The Proposed Revisions Summary Table in this briefing report has been updated to clearly indicate that the Definitions section is being removed in its entirety. No further action required.

College of Medical Laboratory Technologists of Ontario

AGENDA ITEM 11.0

11.0	BOARD POLICY REVIEW – GOVERNANCE PROCESS
11.1	**Regular Policy Review:** GP IV-170 Emergency Class of Registration Policy
11.2	**Regular Policy Review:** GP IV-80 Board Code of Conduct, Confidentiality, and Conflict of Interest Policy
11.3	**Special Policy Review:** GP IV-45 Board Linkage with Ownership/Careholdership

Back to Agenda

College of Medical Laboratory Technologists of Ontario

Briefing Report to Board of Directors

Date : August 31, 2026

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

Subject : Regular Policy Review:
GP IV-170 Emergency Class of Registration Policy

Report Purpose:

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

PUBLIC INTEREST:

Revisions to the GP IV-170 Emergency Class of Registration Policy strengthen governance oversight by establishing a clear and durable governance framework for the Board's oversight of the Emergency Class of Registration. This helps ensure that decisions regarding emergency registration support the CMLTO's statutory mandate to protect the public interest by promoting timely access to safe, competent, and qualified medical laboratory technologists during emergency circumstances.

Recommended Motion:

Be it resolved that:
The Board moves to approve the updated **GP IV-170 Emergency Class of Registration Policy** outlined in Figure 2 as relevant and current.

BACKGROUND

GP IV-170 Emergency Class of Registration Policy establishes the Board's governance approach for determining when emergency circumstances warrant opening, monitoring, and closing the CMLTO Emergency Class of Registration.

The Policy was approved on September 14, 2023, and is now being presented for its first regular policy review at the September Board meeting.

Through the Board's **Early Policy Review Process**, Board Members were invited to provide substantive feedback on the proposed policy revisions in advance of the

Board meeting. This process supports a more efficient regular policy review by identifying matters that can be addressed in advance of Board discussion.

To further support the Board's review of proposed policy revisions, the following materials are provided:

- **Figure 1** outlines the proposed revisions to the GP IV-170 Emergency Class of Registration Policy,
- **Figure 2** provides the GP IV-170 Emergency Class of Registration Policy with those proposed revisions incorporated,
- **Figure 3** provides the Proposed Revisions Summary Table for the GP IV-170 Emergency Class of Registration Policy,
- **Figure 4** provides the Environmental Scan and Benchmark Review of Emergency Class of Registration Governance Policies, and
- **Figure 5** provides a summary of Board Feedback on Proposed Revisions to GP IV-170 Emergency Class of Registration Policy

SUMMARY OF PROPOSED REVISIONS

The proposed revisions are intended to strengthen GP IV-170 Emergency Class of Registration Policy by improving its alignment with Policy Governance® principles, clarifying the Board's decision-making role, and establishing a concise and durable governance framework for opening, monitoring, and closing the Emergency Class of Registration.

The revisions preserve the Board's authority and public interest responsibilities while removing legislative duplication, operational direction, and procedural details that are more appropriately addressed through legislation, regulation, the CMLTO By-Law, or operational processes.

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

- Alignment with Policy Governance® principles and the Governance Process Policy structure,
- Review of the applicable legislative, regulatory, and CMLTO governance framework,
- Benchmarking against Emergency Class of Registration policies and related instruments of comparable Ontario health regulatory colleges, and
- Clarification of the distinction between the Board's governance and decision-making responsibilities and management's responsibility for implementation.

KEY UPDATES

1. Alignment with the Governance Process Policy Structure
The Policy has been revised to better align with the Governance Process policy structure by clarifying the Board's governance responsibilities, strengthening the focus on decision-making, and distinguishing governance from management.

2. Refinement of the Background and Policy Purpose
The Background and Policy Purpose have been revised to provide concise governance context regarding the CMLTO's obligation to maintain an Emergency Class of Registration and the Board's authority to determine whether emergency circumstances exist and whether opening the class is in the public interest. Detailed legislative explanations and operational information have been removed to maintain the Policy's focus on the Board's governance responsibilities and decision-making framework.

3. Clarification of the Board's Authority
The Policy clarifies the circumstances under which the Board may open the Emergency Class of Registration and confirms that, where permitted by applicable legislation, the Executive Committee may exercise the Board's authority between Board meetings with respect to matters requiring immediate attention. Legislative details have been streamlined to reduce duplication while preserving clarity regarding governance authority and decision-making.

4. Strengthening of Board Decision Criteria
The Board decision criteria have been strengthened to include consideration of the nature, extent, and duration of the emergency circumstances; their impact on registration pathways, access to medical laboratory technology services, and the public interest; the need for timely regulatory action; the availability of alternative measures; and any other relevant information. These revisions provide a more comprehensive, evidence-informed framework for Board decision-making while preserving Board discretion.

5. Clarification of Opening the Emergency Class
The Policy clarifies that the Board will open the Emergency Class of Registration by passing a motion once the applicable legal and public interest requirements have been met. Operational notification requirements have been removed, with management responsible for implementing the Board's decision in accordance with applicable legislation, regulations, the CMLTO By-Law, and supporting operational processes.

6. Strengthening of Monitoring Expectations
The monitoring provision has been revised to require the Registrar & CEO to monitor the circumstances supporting the Emergency Class of Registration and provide the Board with sufficient information to assess whether it remains necessary and in the

public interest. This strengthens the Board's ongoing governance oversight while establishing a clear, monitorable expectation.

7. Clarification of Closing the Emergency Class
The Policy clarifies that the Board will close the Emergency Class of Registration when the emergency circumstances no longer exist or continued issuance and renewal of emergency certificates is no longer in the public interest. Operational notification and implementation requirements have been removed, as they are more appropriately addressed through management processes and applicable legal requirements.

8. Removal of Legislative Duplication and Operational Detail
The Policy has been streamlined by removing legislative and operational details, including legislative explanations, registration process descriptions, supervision requirements, notification procedures, and other implementation matters already addressed through legislation, regulation, the CMLTO By-Law, or management processes. This reduces duplication and maintains the Policy's focus on the Board's governance responsibilities.

9. Improved Clarity, Durability, and Monitorability
The Policy has been revised to improve clarity, monitorability, and durability by simplifying language, clarifying the Board's governance responsibilities, reinforcing the public interest focus, strengthening monitoring expectations, and removing legislative and operational detail.

These revisions result in a concise Governance Process policy that is easier to understand, apply, monitor, and maintain.

PRESENTATION OF PROPOSED REVISIONS
To support ease of review, the proposed revisions are colour-coded according to the nature of the changes:

- **Green – Policy Governance® refinements** that strengthen alignment with Policy Governance® principles by clarifying the Board's governance role, distinguishing governance from management, improving monitorability, and removing operational or prescriptive content.

- **Blue – Governance-informed enhancements** that enhance the Board's decision-making framework, strengthen public interest oversight, improve consistency with the CMLTO governance and legislative framework, or reflect governance practices identified through the environmental scan and benchmark review.

- **Red – Administrative / Editorial revisions**, including formatting, terminology, grammar, and other non-substantive changes.

The colour coding is applied in Figure 1, Proposed Revisions to the GP IV-170 Emergency Class of Registration Policy. In addition, each proposed revision includes a brief annotation identifying the nature and rationale for the revision.

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

BOARD REVIEW CONSIDERATIONS
Board Members are asked to consider:

- Does the revised Policy clearly establish the Board's governance responsibilities and decision-making framework for opening, monitoring, and closing the Emergency Class of Registration?
- Does the revised Policy appropriately distinguish between the Board's governance responsibilities and management's responsibility for implementation while preserving management flexibility?
- Do the revisions strengthen the Policy's clarity, consistency, monitorability, and alignment with Policy Governance® principles?
- Does the revised Policy provide an appropriate governance framework for supporting the Board's statutory mandate and public interest responsibilities?
- Are there any additional governance, regulatory, or public interest considerations that should be reflected in the Policy?

APPENDICES:

- **Figure 1** – Proposed Revisions to the GP IV-170 Emergency Class of Registration Policy
- **Figure 2** – GP IV-170 Emergency Class of Registration Policy with the Proposed Revisions Incorporated
- **Figure 3** – Proposed Revisions Summary Table for the GP IV-170 Emergency Class of Registration Policy
- **Figure 4** – Environmental Scan and Benchmark Review of Emergency Class of Registration Governance Policies
- **Figure 5** – Summary of Board Feedback on Proposed Revisions to GP IV-170 Emergency Class of Registration Policy

FIGURE 1
Proposed Revisions to GP IV-170 Emergency Class of Registration Policy

Policy Title: Emergency Class of Registration		**Policy Section: IV** Governance Process	**Policy Number:** GP IV-170
Approved By: Board of Directors	**Date Approved:** Sept 14, 2023	**Date Reviewed/ Revised:** Sept 14, 2023 Ready for Sept 15, 2026	**Board Chair's Signature:** Chair. Yours (Helen) Mearsy

BACKGROUND

~~Pursuant to the Health Professions Procedural Code set out in Schedule 2 to the *Regulated Health Professions Act, 1991* (Section 2.1 – Duty of College), *"It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals."*~~

~~Further, the Health Professions Procedural Code set out in Schedule 2 to the *Regulated Health Professions Act, 1991* (Section 16.3 "Emergency Classes of Registration"), mandates the CMLTO Board of Directors to make regulations establishing an emergency class of registration.~~ The CMLTO is required to maintain an emergency class of registration to support an adequate supply of qualified medical laboratory technologists when emergency circumstances disrupt ordinary registration pathways or otherwise require an expedited regulatory response. ***[Policy Governance® refinement]***

~~The purpose of the emergency class of registration is to ensure uninterrupted supply of medical laboratory technologists in Ontario when an emergency is declared by the Minister of Health or the CMLTO Board of Directors. An emergency is defined strictly as an interruption to the normal registration processes.~~ The CMLTO Board is authorized to determine whether emergency circumstances exist and whether opening the Emergency Class of Registration is in the public interest. ***[Governance-informed adjustment]***

~~The College maintains its commitment to its public protection mandate by focusing its efforts on ensuring uninterrupted access to health care professionals by the public during an emergency.~~

The CMLTO classes of certificate of registration and registration requirements are outlined in Ontario Regulation 207/94 (Part 1 – Registration) under the *Medical Laboratory Technology Act, 1991.*

The emergency certificate of registration provides the applicants, who don't yet meet all the registration requirements, with an expedited route to registration during an emergency by exempting some of the entry-to-practise requirements while requiring adequate core requirements to be met.

This simplified alternate route to registration allows the applicants to rapidly enter the workforce under the supervision of a holder of a practicing certificate of registration, who is in compliance with ~~the College~~CMLTO's supervision requirements, in the event that there is an interruption to the normal registration processes.

POLICY PURPOSE

The purpose of this policy is to ~~describe the Board's approach, principles, and process for addressing Board decisions related to the emergency class of registration regarding:~~

~~1. Specifying the emergency circumstances for the purpose of enacting the emergency class of registration,~~
~~2. Opening the Emergency Class of Registration for issuance and renewal, and~~
~~3. Closing the Emergency Class Registration for issuance and renewal.~~

establish the Board's governance approach for determining when the Emergency Class of Registration should be opened, monitored, and closed. ***[Policy Governance® refinement]***

POLICY

Authority to Make Decisions Regarding the Emergency Class of Registration

Pursuant to Ontario Regulation 207/94, the Emergency Certificate of Registration ~~can be issued and renewed under two circumstances~~ may be opened when ***[Governance-informed adjustment]***:

1. The Minister of Health requests that the ~~College~~ CMLTO ~~to~~ issue and renew Emergency Certificate of Registration ~~to qualified applicants~~, or ***[Administrative / Editorial revision]*** or

2. The CMLTO Board of Directors ~~declares the existence of~~ determines that emergency circumstances exist and that issuing and renewing ~~that make it in the public interest for the College to issue and renew~~ emergency certificates of registration ~~in the emergency class to qualified applicants~~ is in the public interest. ***[Policy Governance® refinement]***

~~This Emergency Class of Registration Policy enables and expedites emergency registration under such extraordinary circumstances warranting regulatory intervention, where the existing pathway to registration outlined in Ontario Regulation 207/94 may not be available or accessible.~~

~~With the authority granted by the Professions Procedural Code set out in Schedule 2 to the *Regulated Health Professions Act, 1991* (*Section 12.1* Executive Committee's exercise of Council's powers), the Executive Committee can act in emergencies for the Board of Directors and as such has the authority to declare an emergency and open the emergency class of registration for issuance and renewal.~~

Where permitted by applicable legislation, the Executive Committee may exercise the Board's authority between Board meetings with respect to matters requiring immediate attention, including decisions regarding the Emergency Class of Registration. ***[Governance-informed adjustment]***

Specifying the Emergency Circumstances Warranting Emergency Registration[1]

The emergency circumstances, for the purpose of enacting emergency registration by the CMLTO Board of Directors (or the Executive Committee), include, but are not limited to situations where:

1. It is in the public interest to issue certificates of registration in the emergency class,
2. There is a significant interruption of a registration pathway which warrants immediate regulatory intervention,
3. There is a significant interruption and lengthy delay to the College's ability to process applications for registration for other classes, which cannot be resolved in a timely manner.

Opening the Emergency Class of Registration for Issuance and Renewal

~~If t~~The CMLTO Board of Directors ~~identifies the existence of emergency circumstances, it can declare an emergency and enact the~~ will open ~~that~~ the Emergency Class of Registration ~~for issuance and renewal~~ by passing a motion where it determines that the applicable legal and public-interest requirements have been met. ***[Policy Governance® refinement]***

The CMLTO ~~College must take the appropriate measures to notify the public, applicants, and the Ministry of Health of declaration of the emergency and opening~~

[1]CMLTO By-Law / Article 13 – Declared Emergencies defines an '*emergency*' and outlines the steps that the CMLTO Board of Directors can take in the event of the declaration of a state of emergency. However, an '*emergency circumstance*', which warrants regulatory intervention to open emergency class of registration for issuance and renewal, is considered broader than a '*declared state of emergency*'. This provides the CMLTO Board of Directors with a level of discretion in determining an '*emergency circumstance*'.

~~of the emergency class of registration for issuance and renewal.~~ will implement the Board's decision in accordance with applicable legislation, regulations, the CMLTO By-Law, and supporting operational processes. ***[Policy Governance® refinement]***

Assessing the Emergency Circumstances and Their Impact on the Public and the Workforce Capacity

~~When~~ While the Emergency Class ~~of registration is in effect~~ remains open, ~~the Registrar & CEO will monitor the situation and assess the emergency circumstances and their impact on the public and the workforce capacity on a regular basis and will provide the Board with updates as appropriate to inform their decision making regarding the Emergency Class of Registration~~ the Board will periodically assess, based on information and updates provided by the Registrar & CEO, whether the Emergency Class should remain in effect. ***[Policy Governance® refinement]***

Closing the Emergency Class Registration for Issuance and Renewal

If the Board of Directors determines that emergency circumstances that made it in the public interest to issue and renew the certificate of registration in the emergency class have ended, it will pass a motion to close the Emergency Class of Registration.

~~The College must take the appropriate measures to notify the public, applicants and the Ministry of Health that the emergency ended, and that the Emergency Class of Registration has been closed.~~

REFERENCES

- *Pandemic and Emergency Preparedness Act, 2022*
- *Regulated Health Professions Act, 1991*
- *Medical Laboratory Technology Act, 1991*
- Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act, 1991)*
- Ontario Regulation 207/94 – **Registration**
- CMLTO By-Law / Article 13 – Declared Emergencies

FIGURE 2
GP IV-170 Emergency Class of Registration Policy
With the Proposed Revisions Incorporated

Policy Title: Emergency Class of Registration		**Policy Section: IV** Governance Process	**Policy Number:** GP IV-170
Approved By: Board of Directors	**Date Approved:** Sept 14, 2023	**Date Reviewed/ Revised:** Sept 14, 2023 Sept 15, 2026	**Board Chair's Signature:** Chee-Yuen (Helen) Meaney

BACKGROUND

The CMLTO is required to maintain an emergency class of registration to support an adequate supply to qualified medical laboratory technologists when emergency circumstances disrupt ordinary registration pathways or otherwise require an expedited regulatory response.

The CMLTO Board is authorized to determine whether emergency circumstances exist and whether opening the Emergency Class of Registration is in the public interest.

The CMLTO classes of certificate of registration and registration requirements are outlined in Ontario Regulation 207/94 (Part 1 – Registration) under the *Medical Laboratory Technology Act, 1991.*

The emergency certificate of registration provides the applicants, who don't yet meet all the registration requirements, with an expedited route to registration during an emergency by exempting some of the entry-to-practise requirements while requiring adequate core requirements to be met.

This simplified alternate route to registration allows the applicants to rapidly enter the workforce under the supervision of a holder of a practising certificate of registration, who is in compliance with CMLTO's supervision requirements, in the event that there is an interruption to the normal registration processes.

POLICY PURPOSE

The purpose of this Policy is to establish the Board's governance approach for determining when the emergency class of registration should be opened, monitored, and closed.

POLICY

Authority to Make Decisions Regarding the Emergency Class of Registration

Pursuant to Ontario Regulation 207/94, the Emergency Class of Registration may be opened when:

1. The Minister of Health requests that the CMLTO issue and renew Emergency Certificate of Registration, or
2. The CMLTO Board of Directors determines that emergency circumstances exist and that issuing and renewing emergency certificates of registration is in the public interest.

Where permitted by applicable legislation, the Executive Committee may exercise the Board's authority between Board meetings with respect to matters requiring immediate attention, including decisions regarding the Emergency Class of Registration.

Specifying the Emergency Circumstances Warranting Emergency Registration[2]

The emergency circumstances, for the purpose of enacting emergency registration by the CMLTO Board of Directors (or the Executive Committee), include, but are not limited to situations where:

1. It is in the public interest to issue certificates of registration in the emergency class,
2. There is a significant interruption of a registration pathway which warrants immediate regulatory intervention,
3. There is a significant interruption and lengthy delay to the College's ability to process applications for registration for other classes, which cannot be resolved in a timely manner.

Opening the Emergency Class of Registration for Issuance and Renewal

The CMLTO Board of Directors will open the Emergency Class of Registration by passing a motion where it determines that the applicable legal and public-interest requirements have been met.

The CMLTO will implement the Board's decision in accordance with applicable legislation, regulations, the CMLTO By-Law, and supporting operational processes.

[2]CMLTO By-Law / Article 13 – Declared Emergencies defines an '*emergency*' and outlines the steps that the CMLTO Board of Directors can take in the event of the declaration of a state of emergency. However, an '*emergency circumstance*', which warrants regulatory intervention to open emergency class of registration for issuance and renewal, is considered broader than a '*declared state of emergency*'. This provides the CMLTO Board of Directors with a level of discretion in determining an '*emergency circumstance*'.

Assessing the Emergency Circumstances and Their Impact on the Public and the Workforce Capacity

While the Emergency Class remains open, the Board will periodically assess, based on information and updates provided by the Registrar & CEO, whether the Emergency Class should remain in effect.

Closing the Emergency Class Registration for Issuance and Renewal

If the Board of Directors determines that emergency circumstances that made it in the public interest to issue and renew the certificate of registration in the emergency class have ended, it will pass a motion to close the Emergency Class of Registration.

REFERENCES

- *Pandemic and Emergency Preparedness Act, 2022*
- *Regulated Health Professions Act, 1991*
- *Medical Laboratory Technology Act, 1991*
- Health Professions Procedural Code (Schedule 2 to the *Regulated Health Professions Act, 1991)*
- Ontario Regulation 207/94 – Registration
- CMLTO By-Law / Article 13 – Declared Emergencies

FIGURE 3
Proposed Revisions Summary Table GP IV-170 Emergency Class of Registration Policy

Section	Summary of Revision	Rationale
Background	Revised to provide concise context regarding the CMLTO's obligation to maintain an Emergency Class of Registration and the Board's authority to determine when it should be opened in the public interest.	Improves governance focus by removing legislative duplication and operational background while retaining the key governance context.
Policy Purpose	Refined to clearly establish the Board's governance approach for determining when the Emergency Class of Registration should be opened, monitored, and closed.	Clarifies the purpose of the Policy and improves consistency with the Governance Process policy structure.
Board Authority	Clarified the Board's authority and the circumstances under which the Emergency Class of Registration may be opened.	Reinforces the Board's governance responsibilities while reducing duplication of legislative provisions.
Opening, Monitoring and Closing the Emergency Class	Clarified the Board's responsibilities for opening, monitoring, and closing the Emergency Class of Registration and distinguished governance decisions from management implementation.	Strengthens governance oversight, improves monitorability, and clarifies the distinction between governance and management responsibilities.
Legislative and Operational Content	Removed detailed legislative explanations and operational requirements already addressed through legislation, regulation, the CMLTO By-Law, or management processes.	Reduces duplication, improves policy durability, and maintains focus on enduring governance expectations.
Language and Structure	Simplified and refined language throughout the Policy and improved organization and readability.	Improves clarity, consistency, and ease of interpretation.
Governance Alignment	Reviewed against Policy Governance® principles and benchmarked against emergency registration governance policies and related instruments of comparable Ontario health regulatory colleges.	Ensures the Policy aligns with Policy Governance® principles while confirming that the Board's governance approach remains consistent with comparable Ontario health regulatory colleges and tailored to the CMLTO governance framework.
Overall Policy	Streamlined the Policy by focusing on the Board's governance responsibilities and decision-making framework for the Emergency Class of Registration.	Results in a concise, principles-based Governance Process policy that is easier to understand, apply, monitor, and maintain while preserving appropriate governance oversight.

FIGURE 4
Environmental Scan and Benchmark Review of GP IV-170 Emergency Class of Registration Policy

All Ontario health regulatory colleges were required to establish an Emergency Class of Registration following the *Pandemic and Emergency Preparedness Act, 2022.* The legislative framework generally provides that the Minister may request activation of the Emergency Class of Registration or that the Board/Council may determine that emergency circumstances exist and that issuing emergency certificates of registration is in the public interest.

The environmentl scan indicates that colleges have documented this framework in different ways:

College	Comparable Instrument	Relevance to GP IV-170
College of Occupational Therapists of Ontario (COTO)	*Emergency Class of Registration Policy*	A comparable governance approach. It establishes Board criteria for activating the class, ongoing monitoring by the Registrar, and a Board decision to close the Emergency Class of Registration.
College of Physiotherapists of Ontario (CPO)	*Emergency Class Policy: Opening, Monitoring, and Resolution (Council Meeting Materials, December 14–15, 2023, page: 117)*	A Board-approved policy specifically addressing opening, monitoring, and closing the emergency class. Public Board materials confirm approval in December 2023.
College of Respiratory Therapists of Ontario (CRTO)	*Emergency Registration Policy* and Emergency Class information	Uses a registration policy framework supported by detailed provisions in its Registration Regulation to facilitate expedited registration during emergency circumstances.
College of Massage Therapists of Ontario (CMTO)	*Emergency Class Supervision Policy*	Primarily an operational policy governing supervision after the class is opened, rather than a governance policy governing the Board's activation decision.
College of Physicians and Surgeons of Ontario (CPSO)	Emergency Circumstances Practice class in its Registration Regulation	Relies principally on the regulation rather than a separate governance policy. The framework authorizes the Board to determine whether emergency circumstances exist and whether activation is in the public interest.

Summary:

A review of publicly available policies, regulations, and supporting materials from comparable Ontario health regulatory colleges confirms that emergency registration is consistently based on two (2) core considerations:

1. Emergency circumstances materially affect ordinary registration pathways or access to regulated health professionals, and
2. Opening the emergency class is necessary or appropriate in the public interest.

The comparable governance policies reviewed for COTO and CPO also distinguish among three Board functions:

- Determining whether the emergency class should be opened,
- Receiving information to monitor whether the circumstances continue, and
- Determining when access to the class should end.

The revised GP IV-170 reflects these governance functions while removing legislative duplication, operational implementation requirements, and procedural detail. The result is a more concise Governance Process policy that preserves the Board's authority, decision-making criteria, monitoring expectations, and public interest oversight.

FIGURE 5

Summary of Board Feedback on Proposed Revisions to GP IV-170 Emergency Class of Registration Policy

BOARD MEMBER FEEDBACK RECEIVED

8/20 Board Members provided feedback on the draft revisions to this policy in advance of the Board meeting.

BOARD MEMBERS RESPONDING

1. Mary Costantino
2. Matthew Wong-Fung
3. George Broukhanski
4. Lavern Bourne
5. Tammie Rix
6. Lucia Di Pietro
7. Imaya Vithana
8. Walter Hewus

SUMMARY OF BOARD MEMBER FEEDBACK

Overall, feedback from the eight (8) Board Members was supportive of the proposed revisions to **GP IV-170 Emergency Class of Registration Policy**. Board Members generally indicated that the revised Policy was clear, concise, appropriately structured, aligned with governance principles, and supportive of the Board's responsibilities and public interest mandate. Several Board Members indicated that they had no additional changes or concerns. Positive feedback was also received regarding the policy review process and supporting materials, particularly the Environmental Scan and Benchmark Review, which was noted as providing additional confidence in the proposed revisions, and the Summary of Proposed Revisions, which was identified as helpful in supporting the review.

Feedback also included an editorial correction, a terminology alignment, and questions regarding the environmental scan, the Emergency Class process and the status of individuals registered in the Emergency Class following its closure, and the proposed removal of specific notification requirements. These matters and the related follow-up are summarized below.

SUMMARY OF BOARD FEEDBACK AND FOLLOW-UP ON PROPOSED POLICY REVISIONS

FEEDBACK THEME	SUMMARY OF BOARD FEEDBACK	RESPONSE / FOLLOW-UP
Overall Support and Editorial / Terminology Changes	Board Member feedback was supportive of the proposed revisions, with Members noting the clarity, conciseness, and overall simplification of the Policy. Positive feedback was also received regarding the supporting materials, particularly the Environmental Scan and Benchmark Review and the Summary of Proposed Revisions, which were noted as helpful in supporting the review and providing confidence in the proposed revisions. One grammatical correction was identified to change "supply to qualified medical laboratory technologists" to "supply **of** qualified medical laboratory technologists." A terminology change was also suggested to replace "College" with "CMLTO" for consistency.	**MANAGEMENT FOLLOW-UP:** The grammatical correction will be incorporated. The replacement of "College" with "CMLTO" will also be incorporated as an administrative/terminology alignment, consistent with the Board's established terminology.
Environmental Scan / Benchmarking	One Board Member asked why the Ontario health regulatory colleges included in the Environmental Scan and Benchmark Review were selected and whether CMRITO has similar Emergency Class provisions.	**MANAGEMENT FOLLOW-UP:** The environmental scan was intended to provide examples of the **different approaches Ontario health regulatory colleges have taken to documenting and governing the Emergency Class of Registration**, rather than an exhaustive review of all colleges. The comparators were selected to illustrate a range of approaches, including Board-level governance policies, registration policies supported by regulation, operational policies, and reliance primarily on regulatory provisions.

FEEDBACK THEME	SUMMARY OF BOARD FEEDBACK	RESPONSE / FOLLOW-UP
		In response to the Board Member's question, CMRITO's approach was also reviewed. CMRITO relies primarily on its Registration Regulation, supported by Council-approved policies addressing specific aspects of Emergency Class implementation: These supporting policies include: **Registration Regulation:** CMRITO Regulations – Ontario Regulation 31/24 (Registration) **Supporting State of Emergency Policies:** CMRITO – State of Emergency Policies CMRITO has also adopted supporting Council-approved policies dealing with particular aspects of implementation. **Policy 12.2 – Emergency Certificate of Registration – Approved Jurisdictions** directs the Registration Committee to develop and maintain a list of jurisdictions for Council approval purposes, while **Policy 12.3 – Emergency Certificate of Registration – Approved Supervisors** establishes eligibility criteria and responsibilities for those supervising **Policy 12.4 Emergency Class registrants and Emergency Certificate of Registration – Opening, Monitoring, and Closing Policy**, which addresses the opening, monitoring, and closing of the Emergency Class of Registration.
Emergency Class Process and Status of Registrants	Board Members requested clarification regarding: 1. Who initiates the process leading to a determination by the Board or Executive Committee that emergency circumstances exist, and 2. What happens to individuals registered in the Emergency Class	**MANAGEMENT PERSPECTIVE / FOLLOW-UP:** These matters are addressed through the applicable Registration Regulation and CMLTO's supporting operational policies and processes rather than through the Board Policy. CMLTO Registration Regulation – O. Reg. 207/94 With respect to **initiation of the Emergency Class**, the Registration Regulation provides two (2) pathways: the Minister of Health may request that CMLTO

FEEDBACK THEME	SUMMARY OF BOARD FEEDBACK	RESPONSE / FOLLOW-UP
	once the class is closed, including whether their registration/ employment is affected and whether time practised under the Emergency Class may count toward active engagement requirements.	initiate Emergency Class registrations where the Minister determines that emergency circumstances call for it, or the Board may determine that emergency circumstances exist and that issuing Emergency Class certificates is in the public interest. Where activation is not initiated by the Minister, CMLTO's supporting operational processes provide the mechanism for bringing relevant circumstances forward for Board or Executive Committee consideration. With respect to **Emergency Class registrants following closure**, closing the Emergency Class does not result in the immediate expiry of existing Emergency Class certificates. Under the Registration Regulation, an Emergency Class certificate expires three (3) months after the earlier of the Minister withdrawing the request or the Board declaring that the emergency circumstances have ended. The Regulation also provides a pathway for an Emergency Class registrant to apply for a practising certificate, including recognition of at least one (1) year of practice under an Emergency Class certificate for the specific purpose established in the Regulation. Closure of the Emergency Class does not itself determine an individual's employment status; the Regulation governs registration status and authority to practise. Whether practice under an Emergency Class certificate satisfies other active engagement requirements would be determined in accordance with the applicable registration requirements and CMLTO processes.
Removal of Specific Notification Requirements	One Board Member asked for the rationale for removing the previous reference to notifying the public regarding the ending of the Emergency Class of Registration.	**MANAGEMENT FOLLOW-UP:** The specific reference to notifying the public, applicants, and the Ministry of Health is proposed to be removed because these activities form part of implementing the Board's decision and represent one of several steps within the broader implementation process. The revised wording maintains the Board's governance expectation while leaving implementation details to Management.

College of Medical Laboratory Technologists of Ontario

Briefing Report to Board of Directors

Date	:	August 31, 2026
From	:	Karen Persad, Policy Champion Maggie Cakar, Governance Specialist
Subject	:	Regular Policy Review: GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy

Report Purpose:

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

Recommended Motion 1:
Be it resolved that:
The Board moves to approve the:

1. Updated **GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy** outlined in Figure 2 as relevant and current, and

2. Proposed revisions to the **CMLTO By-Law**, as outlined in Figure 4.

BACKGROUND

GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy supports the CMLTO's governance framework for Board and Committee Member conduct and the Board's accountability for monitoring its compliance with the applicable Code of Conduct, Conflict of Interest, and Confidentiality requirements established in the CMLTO By-Law.

The CMLTO By-Law establishes requirements applicable to Board and Committee Members through:

- **Article 6** – Code of Conduct
- **Article 7** – Conflict of Interest
- **Article 8** – Confidentiality

These Articles are reproduced in Appendices 1–3 of GP IV-80. The CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form, referenced in the By-Law, is included as Appendix 4.

The Policy was last reviewed on May 29, 2023, and is now coming forward for regular policy review at the September Board meeting.

As part of the regular review of GP IV-80, the related CMLTO By-Law provisions and declaration form were also reviewed to ensure continued alignment, clarity, and consistency across the governance framework. This review resulted in proposed revisions to GP IV-80, Article 6 – Code of Conduct of the CMLTO By-Law, and the associated declaration form.

Through the Board's **Early Policy Review Process**, Board Members were invited to provide substantive feedback on the proposed policy revisions in advance of the Board meeting. This process supports a more efficient regular policy review by identifying matters that can be addressed in advance of Board discussion.

- To further support the Board's review of proposed policy revisions, the following materials are provided:
- **Figure 1** outlines the proposed revisions to GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy,
- **Figure 2** provides GP IV-80 with the proposed revisions incorporated,
- **Figure 3** provides the Proposed Revisions Summary Table for GP IV-80,
- **Figure 4** outlines the proposed revisions to the applicable provisions of the CMLTO By-Law,
- **Figure 5** provides the Environmental Scan and Benchmark Review of Code of Conduct, Confidentiality, and Conflict of Interest governance approaches, and
- **Figure 6** provides a summary of Board Feedback on Proposed Revisions to GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy.

SUMMARY OF PROPOSED REVISIONS

The proposed revisions are intended to strengthen the clarity, consistency, accountability, and monitorability of GP IV-80 and its alignment with the related CMLTO By-Law provisions, while maintaining the Board's existing expectations regarding ethical conduct, integrity, confidentiality, conflict of interest, and public trust.

The revisions clarify the respective roles of the CMLTO By-Law and GP IV-80. The **CMLTO By-Law remains the authoritative source for the Code of Conduct, Conflict of Interest, and Confidentiality requirements applicable to Board and Committee Members**, while **GP IV-80 establishes the basis for monitoring the Board's compliance with those requirements**.

The review also identified opportunities to modernize related provisions of the CMLTO By-Law and the associated declaration form, including updating equity, diversity, inclusion and justice (EDI-J) terminology and alignment, strengthening the process for determining whether an alleged Code of Conduct violation warrants formal resolution, and improving the clarity and consistency of the declaration form.

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

- Alignment with Policy Governance® principles and the role of Governance Process policies,
- Clarification of the relationship between GP IV-80 and the CMLTO By-Law,
- Reduction of duplication between the Policy and the By-Law,
- Clarification of the criteria, responsibility, and timing for monitoring the Board's compliance,
- Alignment with the Board's current equity, diversity, inclusion and justice principles and values,
- Strengthening procedural clarity and proportionality within the Code of Conduct complaint-resolution process, and
- Revision of the associated declaration form for clarity and consistency.

KEY UPDATES

1. Clarification of the Relationship Between GP IV-80 and the CMLTO By-Law

GP IV-80 has been revised to more clearly distinguish the respective roles of the Policy and the CMLTO By-Law.

Articles 6, 7, and 8 of the CMLTO By-Law remain the authoritative source for the Code of Conduct, Conflict of Interest, and Confidentiality requirements applicable to Board and Committee Members.

Rather than restating these equirements, the revised GP IV-80 sets out the basis for monitoring the Board's compliance with them. This approach strengthens consistency across the governance framework and reduces the potential for duplication or inconsistency between the Policy and the By-Law.

2. Modernization of the Background and Addition of a Clear Policy Purpose

The Background has been streamlined to more clearly establish the CMLTO's statutory public interest mandate, the individual accountability of Board and Committee Members, and the role of Articles 6, 7, and 8 of the CMLTO By-Law in establishing the applicable requirements.

The **Purpose** section has been strengthened to clarify that GP IV-80 establishes the basis for monitoring the Board's compliance with the Code of Conduct, Conflict of Interest, and Confidentiality requirements established in the CMLTO By-Law in support of ethical decision-making, accountability, integrity, and public trust.

3. Clarification of Board and Committee Member Compliance Expectations

The Policy more directly establishes that Board and Committee Members shall comply with the applicable requirements of the CMLTO By-Law.

The revised Policy also expressly connects the applicable declaration requirements to the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form included in Appendix 4.

This provides clearer context for the inclusion of the declaration form within GP IV-80 while maintaining the CMLTO By-Law as the source of the applicable declaration requirements.

4. Clarification of Board Compliance Monitoring

The revised Policy expressly establishes that the provisions of Articles 6, 7, and 8 of the CMLTO By-Law constitute the criteria against which the Board's compliance with GP IV-80 will be assessed.

The Policy also identifies the **Board Chair** as responsible for conducting the monitoring and establishes that monitoring will occur at the **last Board meeting of each year**. This is in alignment with GP IV-70 CMLTO Board Effectiveness Evaluation Policy, Appendix 1A.

These revisions formalize the existing monitoring relationship between GP IV-80 and the applicable By-Law provisions and provide greater clarity regarding the monitoring criteria, responsibility, and timing.

5. Modernization of Equity, Diversity, Inclusion and Justice Provisions

The Code of Conduct provisions in Article 6 of the CMLTO By-Law relating to diversity, equity, and inclusion have been updated to align with the Board's current **equity, diversity, inclusion and justice** terminology and governance commitments.

These revisions modernize the terminology and strengthen alignment with the Board's current EDI-J governance approach without materially changing the underlying expectations for respectful and inclusive conduct.

As these revisions are primarily terminological and alignment-focused, circulation of the proposed changes to Registrants is not required.

6. Strengthening of the Code of Conduct Complaint Resolution Process

Article 6 of the CMLTO By-Law has also been revised to provide additional guidance for determining whether an alleged Code of Conduct violation warrants formal resolution by the Executive Committee following the preliminary determination of facts.

The addition of these considerations provides a clearer and more consistent basis for determining when formal Executive Committee involvement is warranted, supports a proportionate response to the circumstances of each matter, and strengthens procedural clarity and accountability within the Code of Conduct complaint-resolution process.

As these revisions clarify the internal process for assessing Code of Conduct complaints and do not alter Registrant rights or obligations, circulation of the proposed changes to Registrants is not required.

7. Modernization of the Declaration Form

The CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form, included as Appendix 4 to GP IV-80 and referenced in the CMLTO By-Law, has been updated to improve clarity, consistency, and alignment with the current governance framework. These revisions improve the readability and clarity of the form without changing the underlying declaration obligations established in the CMLTO By-Law.

8. Improved Clarity, Consistency, and Governance Alignment

Throughout GP IV-80 and the related revisions:

- Language has been simplified and modernized,
- Duplicative wording has been reduced,
- The respective roles of GP IV-80 and the CMLTO By-Law have been clarified,
- The connection between the By-Law provisions and Board monitoring has been made explicit,
- Monitoring responsibility and timing have been clarified,
- EDI-J terminology has been updated, and

- Procedural guidance for Code of Conduct complaints has been strengthened; and
- The declaration form has been updated for clarity and consistency.

Together, the proposed revisions strengthen alignment across GP IV-80, the CMLTO By-Law, and the associated declaration form while maintaining the substantive governance expectations relating to conduct, confidentiality, conflict of interest, accountability, integrity, and public trust.

PRESENTATION OF PROPOSED REVISIONS

To support ease of review, the proposed revisions to GP IV-80 and the related CMLTO By-Law provisions are colour-coded according to the nature of the changes:

- **Green – Policy Governance® refinements** that strengthen alignment with Policy Governance® principles, clarify the role of GP IV-80 as a Governance Process policy, and improve the basis for monitoring Board compliance.

- **Blue – Governance-informed enhancements** that strengthen governance clarity, improve consistency across the CMLTO governance framework, enhance procedural clarity and accountability, or reflect current governance practices and commitments.

- **Red – Administrative / Editorial revisions**, including formatting, terminology, grammar, and other non-substantive changes.

The proposed revisions to GP IV-80 are presented in **Figure 1**, with the proposed revisions incorporated into the Policy in **Figure 2**. The corresponding proposed revisions to the CMLTO By-Law are presented in **Figure 4**.

This approach is intended to clearly distinguish the nature and purpose of the proposed revisions while enabling the Board to consider the related Policy and By-Law changes as part of a coordinated governance review.

BOARD REVIEW CONSIDERATIONS

Board Members are asked to consider:

- Does the revised GP IV-80 clearly distinguish between the role of the Policy and the substantive requirements established in the CMLTO By-Law?

- Does the Policy appropriately establish the basis for monitoring the Board's compliance with the applicable By-Law requirements?

- Are the responsibility and timing for monitoring the Board's compliance sufficiently clear?
- Do the proposed revisions appropriately maintain the CMLTO By-Law as the authoritative source for Code of Conduct, Conflict of Interest, and Confidentiality requirements?
- Do the proposed additions to the Code of Conduct complaint-resolution process provide appropriate guidance for determining when formal Executive Committee resolution is warranted?
- Do the proposed revisions improve clarity, consistency, and alignment across GP IV-80, the CMLTO By-Law, and the associated declaration form?
- Are there any emerging governance risks or considerations that should be addressed through the Policy, By-Law, or supporting documentation?

APPENDICES

- **Figure 1** – Proposed Revisions to GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy
- **Figure 2** – GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy with Proposed Revisions Incorporated
- **Figure 3** – Proposed Revisions Summary Table – GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy
- **Figure 4** – Proposed Revisions to the CMLTO By-Law
- **Figure 5** – Environmental Scan and Benchmark Review of Code of Conduct, Confidentiality, and Conflict of Interest Governance Approaches
- **Figure 6** – Summary of Board Feedback on Proposed Revisions to GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy.

FIGURE 1
Proposed Revisions to
GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy

Policy Title: **BOARD CODE OF CONDUCT, CONFIDENTIALITY AND CONFLICT OF INTEREST POLICY**		**Policy Section: IV** Governance Process	**Policy Number:** IV-80
Approved By: Board of Directors	**Date Approved:** Jan. 23, 1996 May 3, 2013	**Date Reviewed/ Revised:** Sept 13, 2007 Sept 16, 2010 May 2, 2013 Sept 17, 2013 Sept 22, 2016 Sept 17, 2019 May 29, 2023 Sept 15, 2026	**Board Chair's Signature:** Chair. Yours (Helen) Mearns

BACKGROUND:
The CMLTO has the statutory mandate to regulate the profession of medical laboratory technology in ~~serve and~~ the public interest pursuant to the *Regulated Health Professions Act (RHPA), 1991* and the *Medical Laboratory Technology Act, 1991*. ***[Governance-informed enhancement]***

~~This policy supports the Board of Directors, which determines the strategic direction of the College to fulfil the mandate of regulating the profession in the public interest, by ensuring that Board and Committee Members understand and meet their individual accountabilities and perform their duties in a manner that promotes the highest standard of public trust and integrity.~~

~~All CMLTO Board and Committee Members shall demonstrate their commitment to the public interest by complying with the Code of Conduct, Conflict of Interest and Confidentiality provisions of the CMLTO By-Law and act in a manner that is consistent with the statutory mandate of the College to regulate the profession in the public interest.~~

Board and Committee Members are individually accountable for carrying out their duties in a manner that supports the CMLTO's public interest mandate and maintains public trust and confidence in its governance. ***[Governance-informed enhancement]***

~~The Board of Directors adopted the following CMLTO By-Law articles, which apply to all Board and Committee Members:~~ The CMLTO By-Law establishes requirements applicable to all Board and Committee Members with respect to:

- **Article 6** – Code of Conduct (Appendix 1)
- **Article 7** – Conflict of Interest (Appendix 2)
- **Article 8** – Confidentiality (Appendix 3)

PURPOSE [MOVED UP]

~~The Code of Conduct, Confidentiality, and Conflict of Interest Policy (GP IV-80) sets out the guiding principles, obligations, and expectations of Board Members regarding their conduct to ensure they maintain the highest standards of public trust and integrity in all aspects of carrying out their duties, as outlined in, and in support of, all relevant By-Law articles. This policy applies to all CMLTO Board and Committee Members.~~

The purpose of GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy is to establish the basis for monitoring the Board's compliance with the Code of Conduct, Conflict of Interest, and Confidentiality requirements established in the CMLTO By-Law in support of ethical decision-making, accountability, integrity, and public trust. ***[Governance-informed enhancement]***

The Policy applies to Board and Committee Members. The CMLTO By-Law remains the authoritative source for these requirements. ***[Governance-informed enhancement]***

THE POLICY:

The CMLTO Board recognizes that public interest is best served when Board and Committee Members act with fairness, honesty and integrity, and maintain the highest standards of professional and personal conduct.

~~To that end, the expectations for code of conduct, conflict of interest, and confidentiality, as outlined in the CMLTO By-Law, serve as a public declaration of the principles of prudent conduct and ethics that the CMLTO Board has decided the public can expect from the CMLTO Board and Committee Members.~~

~~The Code of Conduct, Confidentiality, and Conflict of Interest Policy (GP IV-80) supplements the CMLTO By-Law Articles pertaining to the Code of Conduct of the College and affirms the importance of abiding by the relevant By-Law provisions.~~

Accordingly, the Code of Conduct, Conflict of Interest, and Confidentiality requirements established in the CMLTO By-Law and reproduced in Appendices 1–3 represent the standards of conduct and ethical behaviour that the public can expect from CMLTO Board and Committee Members. ***[Governance-informed enhancement]***

Board and Committee Members shall comply with these requirements, including applicable declaration requirements requiring completion of the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form provided in Appendix 4. ***[Governance-informed enhancement]***

For the purposes of monitoring the Board's compliance with this Policy, these requirements constitute the criteria against which compliance will be assessed. The Board Chair shall conduct this monitoring at the last Board meeting of each year.

In the event of uncertainty, this Policy shall be interpreted in a manner consistent with the CMLTO's statutory mandate, the CMLTO By-Law, and the principles of the Policy Governance® Model.

APPENDICES:

Appendix 1 – CMLTO By-Law / Article 6 – Code of Conduct

Appendix 2 – CMLTO By-Law / Article 7 – Conflict of Interest

Appendix 3 – CMLTO By-Law / Article 8 – Confidentiality

Appendix 4 – CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form

APPENDIX 1

CMLTO BY-LAW

ARTICLE 6 – CODE OF CONDUCT

6.1 DEFINITIONS AND INTERPRETATIONS

In this article;

"Board Member" includes all Board members, whether elected, appointed by the Board of Directors, or appointed by the Lieutenant Governor in Council, and

"Committee Member" includes all statutory and non-statutory committee members, including standing and ad hoc committee members.

6.2 PURPOSE OF CODE OF CONDUCT

The College has the statutory mandate to serve and protect the public interest pursuant to the RHPA and the Act.

The Code of Conduct supports the Board of Directors, which determines the strategic direction of the College to fulfil the mandate of regulating the profession in the public interest, by ensuring that the Board and Committee Members understand and meet their individual accountability, and perform their duties in a manner that promotes the highest standard of public trust and integrity.

6.3 OBLIGATIONS UNDER CODE OF CONDUCT

The Code of Conduct of the College applies to all Board and Committee Members.

All Board and Committee Members shall demonstrate their commitment to the public interest by complying with the Code of Conduct of the College and act in a manner that is consistent with the statutory mandate of the College to regulate the profession in the public interest.

UNCONFLICTED LOYALTY AND ACCOUNTABILITY

The Board and Committee Members shall demonstrate their loyalty and accountability to the public by:

- Recognizing and acknowledging:
  - Their fiduciary duty to act in the best interest of the public and the College consistent with its goals and objectives and its mandate to protect the public,
  - Their accountability to the public for their actions and decisions,

- That their fiduciary duty and accountability to the public supersedes any conflicting loyalty to other advocacy or interest groups, membership on other Boards, the College staff or the personal interest of any Board Member.

- Promoting public interest in their contributions and discussions at the Board and Committee meetings and making all decisions in good faith and in the best interest of the public after considering all the information and evidence,

- Respecting the authority of the Registrar and CEO and holding them accountable for their performance, and

- Adhering to the governance model the College has adopted.

BOARD WHOLENESS

The Board Members shall recognize and acknowledge that the Board of Directors is a collective entity which, as a whole, is accountable for the College's outcomes. To that end, they shall support the wholeness of the Board by:

- Refraining from attempting to exercise individual authority over the College,

- Upholding and abiding by the decisions of the Board, regardless of the level of individual disagreement or personal position on the issue,

- Recognizing that the Board of Directors speaks with one voice,

- Refraining from speaking on behalf of the College, unless explicitly authorized to do so by the Board Chair or the Registrar and CEO,

- Referring all requests for comment by the media, public and others on the College business to its designated official spokespeople pursuant to the Media and Official Communications Section of this By-Law and the relevant Board Policies,

- Maintaining the expected decorum at the Board and Committee meetings and adhering to the meeting rules of order,

- Discharging all their duties in a way that protects the reputation of the College, and

- Raising concerns if an apparent wrongdoing by other Board or Committee members is observed.

TRANSPARENCY AND INTEGRITY

The Board and Committee Members shall act with fairness, honesty and integrity and maintain the highest standards of professional and personal conduct by:

- Understanding and complying with their duties set out in the RHPA, the Act, their regulations, this By-Law, and the policies of the College,
- Complying with their conflict of interest obligations pursuant to the Conflict of Interest Article of this By-Law,
- Complying with their confidentiality obligations pursuant to the Confidentiality Article of this By-Law,
- Complying with their obligations related to use of social media pursuant to the relevant Board Policy, and
- Refraining from attempting to influence a statutory decision unless one is a member of the Committee or the panel of the Committee assigned to make a decision about the matter.

RESPECT AND COLLABORATION

The Board and Committee Members shall demonstrate collaboration by:

- Fostering respect and trust, and demonstrating confidence in colleagues,
- Respecting the roles and individuality of and maintaining appropriate boundaries between the Board of Directors, the Committees and the College staff,
- Recognizing that they have no authority to instruct staff members whose role is not to report to or work for individual Board or Committee Members, and
- Considering the views of other Board and Committee members expressed during the discussion of a matter and refrain from acting in a manner which demonstrates a closed mind on a matter that is before the Board or the Committee.

COMPETENCE AND DILIGENCE

The Board and Committee Members shall demonstrate competence in their roles by:

- Being familiar and complying with the provisions of the RHPA the Act, and their regulations, this By-Law, the policies of the College and the rules of order so that they can make informed decisions,

- Participating at the required Board and Committee orientation and education sessions which will better equip them in carrying out their duties,

- Being prepared for and diligently attending the Board and/or Committee meetings regularly[1] and being punctual,

- Participating actively and constructively in discussions and decision-making at the Board and/or Committee meetings, and

- Making decisions solely on merit and in the public interest after considering all the information and evidence.

~~DIVERSITY,~~ EQUITY, DIVERSITY, INCLUSION AND JUSTICE ~~INCLUSION~~

Board and Committee Members shall support ~~diversity,~~ equity, diversity, ~~and~~ inclusion, and justice by:

- Treating everyone equally and with dignity, and participating in all Board and Committee discussions in a respectful, courteous and constructive manner,

- Supporting and respecting the value of diversity by welcoming and respecting alternative opinions, recognizing the diverse backgrounds, experience and skills of the Board and Committee Members,

- Refraining from engaging in any type of unprofessional behaviour which might reasonably be perceived as discriminatory or as verbal, physical or sexual abuse or harassment and intervening, if appropriate, when such behaviour is being observed, and

- Complying with the College's ~~Diversity Statement/Policy~~ equity, diversity, inclusion and justice principles and values, and relevant Board policies.

6.4 DECLARATION FORM

All Board and Committee Members shall sign the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form upon election or appointment, prior to commencing service, and annually thereafter, indicating that they have read and will comply with the Code of Conduct of the College.

[1] Grounds for Disqualification: The Board shall disqualify a Board Member from sitting on the Board if the Board Member, subject to the discretion of the Board of Directors to excuse the absence, fails, without reasonable cause, to attend three (3) consecutive regular meetings of the Board of Directors or two (2) consecutive meetings of a Committee to which the Board Member has been appointed,

Failure to do so may cause suspension from all duties of the Board and Committee Members until this requirement is met and may amount to grounds for disqualification from the Board and/or the Committees.

Each Board or Committee Member shall immediately notify the Registrar and CEO and complete an amended CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form should the information which was previously included in the form change.

6.5 CODE OF CONDUCT RESOLUTION PROCESS

6.5.1 INFORMAL PROCESS

Informal resolution process, including but not limited to providing feedback, guidance, advice, counselling or reminders, may be pursued as the first means of remedying behaviour or activity which allegedly breaches the Code of Conduct of the College.

Any individual who identifies and/or witnesses an activity or behaviour by another Board or Committee Member, which they believe contravenes the Code of Conduct of the College may, if it is possible and appropriate to do so, pursue the informal resolution process and seek to address the behaviour and activity which appears to violate the Code of Conduct with the Board or Committee Member whose behaviour or activity appears to contravene the Code of Conduct.

6.5.2 FORMAL COMPLAINT PROCESS

Any individual who identifies and/or witnesses an activity or behaviour by a Board or Committee Member, which they believe contravenes the Code of Conduct of the College, may file a formal complaint against a Board or Committee Member, where it was not possible to reach an informal resolution or if an informal resolution was deemed not to be suitable.

The informal resolution process is not a precondition or a prerequisite to pursuing the formal complaint process.

6.5.2.1 FILING A COMPLAINT

Any person may make a complaint against a Board or Committee Member of the College who is believed to have contravened the Code of Conduct of the College or any other duties set out in this By-Law.

The concerns about a Board Member's compliance with the Code of Conduct of the College shall be brought to the attention of the Registrar and CEO and a formal complaint shall be filed.

The concerns about a committee member's compliance with the Code of Conduct of the College shall be brought to the attention of the relevant committee Chair, who shall immediately report the concern to the Registrar and CEO.

The complainant shall file a written complaint with the Registrar and CEO, which includes the name(s) of the individual(s) concerned, and a detailed description of the alleged conduct that forms the basis of the complaint.

The Registrar and CEO shall report the complaint to the Board Chair. If the Board Chair is the subject of the complaint, the Registrar and CEO shall report the complaint to one of the Vice-Chairs.

The Board or Committee Member, whose conduct is the subject of concern, shall be informed about the complaint in writing.

6.5.2.2 PRELIMINARY DETERMINATION OF FACTS

The Board Chair (or Vice-Chair if the complaint is about the Board Chair), the Registrar and CEO, with the assistance of Legal Counsel where appropriate, shall conduct a preliminary investigation about the alleged violation of the Code of Conduct of the College by a Board or Committee Member.

The Board or Committee Member, whose conduct is the subject of the complaint, shall be given the opportunity to make written submissions.

In determining whether a complaint warrants formal resolution by the Executive Committee, the Board Chair (or Vice-Chair, where applicable), the Registrar and CEO, and Legal Counsel, where involved, shall consider:

- The nature and seriousness of the alleged conduct,
- The extent to which the facts are disputed,
- The potential impact on the integrity, reputation, governance effectiveness, or public trust in the college,
- Whether corrective action can reasonably be achieved without formal proceedings, and
- Whether referral to the Executive Committee is necessary to ensure procedural fairness, transparency, and accountability.

Where the Board Chair (or Vice-Chair), the Registrar and CEO, the Legal Counsel, upon completion of the investigation, believe that the complaint does not warrant formal resolution by the Executive Committee, they shall provide a report to the Executive Committee about the investigation and conclusion, with reasons for the conclusion.

The Executive Committee may accept the report or conduct an additional investigation or other action.

6.5.2.3 REFERRAL TO THE EXECUTIVE COMMITTEE

Where the Board Chair (or Vice-Chair) and the Registrar and CEO upon completion of the investigation, believe that the complaint warrants formal resolution by the Executive Committee, they shall refer the complaint to the Executive Committee and provide a report to the Executive Committee about the investigation conducted.

The Executive Committee, after receiving the referral:

- Shall determine whether there are any material facts in dispute, in which case it shall pursue a fair and reasonable process to assess those facts it deems necessary,

- May initiate additional investigation if it deems appropriate,

- May make an interim decision at any time to protect the integrity and reputation of the College, which may include but not limited to directing that the Board or Committee Member, who is the subject of the matter, be suspended from their duties until the matter is resolved, and

- Shall review the relevant facts and reach a decision as to whether they believe there was a breach of the Code of Conduct or not.

Where the Executive Committee determines that the complaint does not warrant formal resolution by the Board, it may take an action it deems appropriate, and shall provide a report to the Board about the investigation and conclusion, with reasons for the conclusion.

6.5.2.4 REFERRAL TO THE BOARD OF DIRECTORS

Where the Executive Committee determines that there has been a breach of Code of Conduct and that the complaint warrants formal resolution by the Board, it may either call a special Board meeting and schedule the complaint for formal determination before the Board or include the matter on the agenda of the next regular Board meeting for appropriate action by the Board.

The Board shall:

- Review the relevant facts and circumstances,

- Request the Legal Counsel of the College to present relevant evidence, if it deems necessary,

- Consider the implications or anticipated implications of the Board or Committee Member's actions on the College, and

- Determine whether the Board or the Committee Member, who is the subject of the complaint, breached the Code of Conduct of the College.

The Board or the Committee Member, who is the subject of the matter referred to the Board, shall be given the opportunity to make written and, at the Board's sole discretion, may be given the opportunity to make oral submissions explaining their actions to the Board.

The Board or the Committee Member, who is the subject of the matter referred to the Board, and the complainant, if a Board Member, shall excuse themselves from the deliberations pertaining to the complaint and is not entitled to vote on the matter when Council makes a determination on the complaint.

Any deliberation or vote by the Board of Directors shall be with the public excluded, unless the Board Member, who is the subject of the matter under consideration, requests otherwise.

Where the Board determines that there has not been a breach of the Code of Conduct, it shall take no further action regarding the matter.

Where the Board determines that there has been a breach of Code of Conduct, it may take an action it deems appropriate, including but not limited to:

- Demanding an apology from the Board or Committee Member in a form acceptable to the Board, who may be suspended until such apology is received or another resolution acceptable to the Board is reached, or

- Requiring assurances from the Board or Committee Member that similar behaviour will not be repeated in the future, or

- Censuring the Board or Committee Member verbally or in writing, or

- Removing the Board or the Committee Member from the Committees they serve on, or

- Removing the Board or the Committee Member as Chair of any Committees they serve on, or

- Disqualifying the Board or Committee Member if the conduct constitutes grounds for disqualification, or

- Recommending to the Public Appointments Secretariat that the public Board Member be removed from the Board, or

- Any other sanction the Board deems appropriate to the circumstances.

The decision of the Board shall be final and not subject to appeal.

Nothing herein shall prevent the Board, any member thereof, or any other person from referring the matter complained of to any outside authority at any stage of the process.

APPENDIX 2

CMLTO BY-LAW
ARTICLE 7 – CONFLICT OF INTEREST

No revisions proposed.

APPENDIX 3

CMLTO BY-LAW
ARTICLE 8 – CONFIDENTIALITY

No revisions proposed.

APPENDIX 4

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO) CODE OF CONDUCT AND CONFIDENTIALITY AGREEMENT, CONFLICT OF INTEREST DECLARATION FORM

CMLTO CODE OF CONDUCT

The College has the statutory mandate to serve the public interest pursuant to the *Regulated Health Professions Act (RHPA), 1991* and the *Medical Laboratory Technology Act, 1991*.

All CMLTO Board and Committee Members shall demonstrate their commitment to the public interest by complying with the Code of Conduct of the College and act in a manner that is consistent with the statutory mandate of the College to regulate the profession in the public interest.

CERTIFICATION

By signing this form, I hereby certify that:

Please initial each statement below to confirm your acknowledgment.

	I understand and uphold the statutory mandate of the ~~College~~ CMLTO and agree to serve the public interest.
	I understand and agree to comply with my obligations, duties and responsibilities set out in the *Regulated Health Professions Act*, *1991* and the *Medical Laboratory Technology Act, 1991*, their regulations, the CMLTO By-Law and the policies of the College.
	I understand and agree to comply with my obligations, duties and responsibilities outlined in following articles of the CMLTO By-law: Article 6 – Code of Conduct Article 7 – Conflict of Interest Article 8 – Confidentiality
	I have no actual, potential, or perceived conflicts of interest to disclose at this time.
	I wish to disclose the following actual, potential or real conflict(s) of interest:
	I understand that I have an ongoing obligation to declare any actual, potential or real conflict(s) of interest promptly as they ~~should one~~ arise ~~in the future~~.
	I understand and acknowledge that my failure to comply with the provisions of the By-lLaw of the ~~College~~ CMLTO will be considered a breach of my obligations to the College, and may result in disqualification from the Board of Directors and/or Committees of the College.
	I understand that the provisions of Article 8 – Confidentiality of the CMLTO By-law survive the expiry of my term of office as a Board and/or Committee Member at the College.
	I understand the penalties outlined in S. 40 (2) and (3) of the RHPA for contravening S. 36 (1) of the RHPA.
	The information ~~set forth~~ provided above is true, complete, and accurate to the best of my knowledge, and that I fully disclose~~d~~s all relevant interests ~~information to~~ in accordance with my obligations as a CMLTO Board or Committee ~~m~~Member under the CMLTO Code of Conduct as ~~at~~ of the date of this declaration.

Name of the Declarant	**Declarant's Signature**
Declarant's Position	**Date**

FIGURE 2
GP IV-80 Board Code of Conduct, Confidentiality and Conflict of Interest Policy
With the Proposed Revisions Incorporated

Policy Title: **BOARD CODE OF CONDUCT, CONFIDENTIALITY AND CONFLICT OF INTEREST POLICY**		**Policy Section: IV** Governance Process		**Policy Number:** IV-80
Approved By: Board of Directors	**Date Approved:** Jan. 23, 1996 May 3, 2013	**Date Reviewed/ Revised:** Sept. 13, 2007 Sept. 16, 2010 May 2, 2013 Sept. 17, 2013	Sept 22, 2016 Sept 17, 2019 May 29, 2023 Sept 15, 2026	**Board Chair's Signature:** Chee. Yuen (Helen) Meaney

BACKGROUND
The CMLTO has the statutory mandate to regulate the profession of medical laboratory technology in the public interest pursuant to the *Regulated Health Professions Act, 1991* and the *Medical Laboratory Technology Act, 1991*.

Board and Committee Members are individually accountable for carrying out their duties in a manner that supports the CMLTO's public interest mandate and maintains public trust and confidence in its governance.

The CMLTO By-Law establishes requirements applicable to all Board and Committee Members with respect to:

- **Article 6** – Code of Conduct (Appendix 1)
- **Article 7** – Conflict of Interest (Appendix 2)
- **Article 8** – Confidentiality (Appendix 3)

PURPOSE

The purpose of GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy is to establish the basis for monitoring the Board's compliance with the Code of Conduct, Conflict of Interest, and Confidentiality requirements established in the CMLTO By-Law in support of ethical decision-making, accountability, integrity, and public trust.

The Policy applies to Board and Committee Members. The CMLTO By-Law remains the authoritative source for these requirements.

THE POLICY

The CMLTO Board recognizes that the public interest is best served when Board and Committee Members act with fairness, honesty, and integrity and maintain the highest standards of professional and personal conduct.

Accordingly, the Code of Conduct, Conflict of Interest, and Confidentiality requirements established in the CMLTO By-Law and reproduced in Appendices 1–3 represent the standards of conduct and ethical behaviour that the public can expect from CMLTO Board and Committee Members.

Board and Committee Members shall comply with these requirements, including applicable declaration requirements requiring completion of the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form provided in Appendix 4.

For the purposes of monitoring the Board's compliance with this Policy, these requirements constitute the criteria against which compliance will be assessed. The Board Chair shall conduct this monitoring at the last Board meeting of each year.
In the event of uncertainty, this Policy shall be interpreted in a manner consistent with the CMLTO's statutory mandate, the CMLTO By-Law, and the principles of the Policy Governance® Model.

APPENDICES:

Appendix 1 – CMLTO By-Law / Article 6 – Code of Conduct

Appendix 2 – CMLTO By-Law / Article 7 – Conflict of Interest

Appendix 3 – CMLTO By-Law / Article 8 – Confidentiality

Appendix 4 – CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form

APPENDIX 1

CMLTO BY-LAW

ARTICLE 6 – CODE OF CONDUCT

6.1 DEFINITIONS AND INTERPRETATIONS

In this article;

"Board Member" includes all Board members, whether elected, appointed by the Board of Directors, or appointed by the Lieutenant Governor in Council, and

"Committee Member" includes all statutory and non-statutory committee members, including standing and ad hoc committee members.

6.2 PURPOSE OF CODE OF CONDUCT

The College has the statutory mandate to serve and protect the public interest pursuant to the RHPA and the Act.

The Code of Conduct supports the Board of Directors, which determines the strategic direction of the College to fulfil the mandate of regulating the profession in the public interest, by ensuring that the Board and Committee Members understand and meet their individual accountability, and perform their duties in a manner that promotes the highest standard of public trust and integrity.

6.3 OBLIGATIONS UNDER CODE OF CONDUCT

The Code of Conduct of the College applies to all Board and Committee Members.

All Board and Committee Members shall demonstrate their commitment to the public interest by complying with the Code of Conduct of the College and act in a manner that is consistent with the statutory mandate of the College to regulate the profession in the public interest.

UNCONFLICTED LOYALTY AND ACCOUNTABILITY

The Board and Committee Members shall demonstrate their loyalty and accountability to the public by:

- Recognizing and acknowledging:
  - Their fiduciary duty to act in the best interest of the public and the College consistent with its goals and objectives and its mandate to protect the public,
  - Their accountability to the public for their actions and decisions,

- That their fiduciary duty and accountability to the public supersedes any conflicting loyalty to other advocacy or interest groups, membership on other Boards, the College staff or the personal interest of any Board Member.

- Promoting public interest in their contributions and discussions at the Board and Committee meetings and making all decisions in good faith and in the best interest of the public after considering all the information and evidence,

- Respecting the authority of the Registrar and CEO and holding them accountable for their performance, and

- Adhering to the governance model the College has adopted.

BOARD WHOLENESS

The Board Members shall recognize and acknowledge that the Board of Directors is a collective entity which, as a whole, is accountable for the College's outcomes. To that end, they shall support the wholeness of the Board by:

- Refraining from attempting to exercise individual authority over the College,

- Upholding and abiding by the decisions of the Board, regardless of the level of individual disagreement or personal position on the issue,

- Recognizing that the Board of Directors speaks with one voice,

- Refraining from speaking on behalf of the College, unless explicitly authorized to do so by the Board Chair or the Registrar and CEO,

- Referring all requests for comment by the media, public and others on the College business to its designated official spokespeople pursuant to the Media and Official Communications Section of this By-Law and the relevant Board Policies,

- Maintaining the expected decorum at the Board and Committee meetings and adhering to the meeting rules of order,

- Discharging all their duties in a way that protects the reputation of the College, and

- Raising concerns if an apparent wrongdoing by other Board or Committee members is observed.

TRANSPARENCY AND INTEGRITY

The Board and Committee Members shall act with fairness, honesty and integrity and maintain the highest standards of professional and personal conduct by:

- Understanding and complying with their duties set out in the RHPA, the Act, their regulations, this By-Law, and the policies of the College,
- Complying with their conflict of interest obligations pursuant to the Conflict of Interest Article of this By-Law,
- Complying with their confidentiality obligations pursuant to the Confidentiality Article of this By-Law,
- Complying with their obligations related to use of social media pursuant to the relevant Board Policy, and
- Refraining from attempting to influence a statutory decision unless one is a member of the Committee or the panel of the Committee assigned to make a decision about the matter.

RESPECT AND COLLABORATION

The Board and Committee Members shall demonstrate collaboration by:

- Fostering respect and trust, and demonstrating confidence in colleagues,
- Respecting the roles and individuality of and maintaining appropriate boundaries between the Board of Directors, the Committees and the College staff,
- Recognizing that they have no authority to instruct staff members whose role is not to report to or work for individual Board or Committee Members, and
- Considering the views of other Board and Committee members expressed during the discussion of a matter and refrain from acting in a manner which demonstrates a closed mind on a matter that is before the Board or the Committee.

COMPETENCE AND DILIGENCE

The Board and Committee Members shall demonstrate competence in their roles by:

- Being familiar and complying with the provisions of the RHPA the Act, and their regulations, this By-Law, the policies of the College and the rules of order so that they can make informed decisions,
- Participating at the required Board and Committee orientation and education sessions which will better equip them in carrying out their duties,

- Being prepared for and diligently attending the Board and/or Committee meetings regularly[2] and being punctual,

- Participating actively and constructively in discussions and decision-making at the Board and/or Committee meetings, and

- Making decisions solely on merit and in the public interest after considering all the information and evidence.

EQUITY, DIVERSITY, INCLUSION AND JUSTICE

Board and Committee Members shall support equity, diversity, inclusion, and justice by:

- Treating everyone equally and with dignity, and participating in all Board and Committee discussions in a respectful, courteous and constructive manner,

- Supporting and respecting the value of diversity by welcoming and respecting alternative opinions, recognizing the diverse backgrounds, experience and skills of the Board and Committee Members,

- Refraining from engaging in any type of unprofessional behaviour which might reasonably be perceived as discriminatory or as verbal, physical or sexual abuse or harassment and intervening, if appropriate, when such behaviour is being observed, and

- Complying with the College's equity, diversity, inclusion and justice principles and values, and relevant Board policies.

6.4 DECLARATION FORM

All Board and Committee Members shall sign the CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form upon election or appointment, prior to commencing service, and annually thereafter, indicating that they have read and will comply with the Code of Conduct of the College.

Failure to do so may cause suspension from all duties of the Board and Committee Members until this requirement is met and may amount to grounds for disqualification from the Board and/or the Committees.

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[2] Grounds for Disqualification: The Board shall disqualify a Board Member from sitting on the Board if the Board Member, subject to the discretion of the Board of Directors to excuse the absence, fails, without reasonable cause, to attend three (3) consecutive regular meetings of the Board of Directors or two (2) consecutive meetings of a Committee to which the Board Member has been appointed,

Each Board or Committee Member shall immediately notify the Registrar and CEO and complete an amended CMLTO Code of Conduct and Confidentiality Agreement, Conflict of Interest Declaration Form should the information which was previously included in the form change.

6.5 CODE OF CONDUCT RESOLUTION PROCESS

6.5.1 INFORMAL PROCESS

Informal resolution process, including but not limited to providing feedback, guidance, advice, counselling or reminders, may be pursued as the first means of remedying behaviour or activity which allegedly breaches the Code of Conduct of the College.

Any individual who identifies and/or witnesses an activity or behaviour by another Board or Committee Member, which they believe contravenes the Code of Conduct of the College may, if it is possible and appropriate to do so, pursue the informal resolution process and seek to address the behaviour and activity which appears to violate the Code of Conduct with the Board or Committee Member whose behaviour or activity appears to contravene the Code of Conduct.

6.5.2 FORMAL COMPLAINT PROCESS

Any individual who identifies and/or witnesses an activity or behaviour by a Board or Committee Member, which they believe contravenes the Code of Conduct of the College, may file a formal complaint against a Board or Committee Member, where it was not possible to reach an informal resolution or if an informal resolution was deemed not to be suitable.

The informal resolution process is not a precondition or a prerequisite to pursuing the formal complaint process.

6.5.2.1 FILING A COMPLAINT

Any person may make a complaint against a Board or Committee Member of the College who is believed to have contravened the Code of Conduct of the College or any other duties set out in this By-Law.

The concerns about a Board Member's compliance with the Code of Conduct of the College shall be brought to the attention of the Registrar and CEO and a formal complaint shall be filed.

The concerns about a committee member's compliance with the Code of Conduct of the College shall be brought to the attention of the relevant committee Chair, who shall immediately report the concern to the Registrar and CEO.

The complainant shall file a written complaint with the Registrar and CEO, which includes the name(s) of the individual(s) concerned, and a detailed description of the alleged conduct that forms the basis of the complaint.

The Registrar and CEO shall report the complaint to the Board Chair. If the Board Chair is the subject of the complaint, the Registrar and CEO shall report the complaint to one of the Vice-Chairs.

The Board or Committee Member, whose conduct is the subject of concern, shall be informed about the complaint in writing.

6.5.2.2 PRELIMINARY DETERMINATION OF FACTS

The Board Chair (or Vice-Chair if the complaint is about the Board Chair), the Registrar and CEO, with the assistance of Legal Counsel where appropriate, shall conduct a preliminary investigation about the alleged violation of the Code of Conduct of the College by a Board or Committee Member.

The Board or Committee Member, whose conduct is the subject of the complaint, shall be given the opportunity to make written submissions.

In determining whether a complaint warrants formal resolution by the Executive Committee, the Board Chair (or Vice-Chair, where applicable), the Registrar and CEO, and Legal Counsel, where involved, shall consider:

- The nature and seriousness of the alleged conduct,
- The extent to which the facts are disputed,
- The potential impact on the integrity, reputation, governance effectiveness, or public trust in the college,
- Whether corrective action can reasonably be achieved without formal proceedings, and
- Whether referral to the Executive Committee is necessary to ensure procedural fairness, transparency, and accountability.

Where the Board Chair (or Vice-Chair), the Registrar and CEO, the Legal Counsel, upon completion of the investigation, believe that the complaint does not warrant formal resolution by the Executive Committee, they shall provide a report to the Executive Committee about the investigation and conclusion, with reasons for the conclusion.

The Executive Committee may accept the report or conduct an additional investigation or other action.

6.5.2.3 REFERRAL TO THE EXECUTIVE COMMITTEE

Where the Board Chair (or Vice-Chair) and the Registrar and CEO upon completion of the investigation, believe that the complaint warrants formal resolution by the Executive Committee, they shall refer the complaint to the Executive Committee and provide a report to the Executive Committee about the investigation conducted.

The Executive Committee, after receiving the referral:

- Shall determine whether there are any material facts in dispute, in which case it shall pursue a fair and reasonable process to assess those facts it deems necessary,

- May initiate additional investigation if it deems appropriate,

- May make an interim decision at any time to protect the integrity and reputation of the College, which may include but not limited to directing that the Board or Committee Member, who is the subject of the matter, be suspended from their duties until the matter is resolved, and

- Shall review the relevant facts and reach a decision as to whether they believe there was a breach of the Code of Conduct or not.

Where the Executive Committee determines that the complaint does not warrant formal resolution by the Board, it may take an action it deems appropriate, and shall provide a report to the Board about the investigation and conclusion, with reasons for the conclusion.

6.5.2.4 REFERRAL TO THE BOARD OF DIRECTORS

Where the Executive Committee determines that there has been a breach of Code of Conduct and that the complaint warrants formal resolution by the Board, it may either call a special Board meeting and schedule the complaint for formal determination before the Board or include the matter on the agenda of the next regular Board meeting for appropriate action by the Board.

The Board shall:

- Review the relevant facts and circumstances,

- Request the Legal Counsel of the College to present relevant evidence, if it deems necessary,

- Consider the implications or anticipated implications of the Board or Committee Member's actions on the College, and

- Determine whether the Board or the Committee Member, who is the subject of the complaint, breached the Code of Conduct of the College.

The Board or the Committee Member, who is the subject of the matter referred to the Board, shall be given the opportunity to make written and, at the Board's sole discretion, may be given the opportunity to make oral submissions explaining their actions to the Board.

The Board or the Committee Member, who is the subject of the matter referred to the Board, and the complainant, if a Board Member, shall excuse themselves from the deliberations pertaining to the complaint and is not entitled to vote on the matter when Council makes a determination on the complaint.

Any deliberation or vote by the Board of Directors shall be with the public excluded, unless the Board Member, who is the subject of the matter under consideration, requests otherwise.

Where the Board determines that there has not been a breach of the Code of Conduct, it shall take no further action regarding the matter.

Where the Board determines that there has been a breach of Code of Conduct, it may take an action it deems appropriate, including but not limited to:

- Demanding an apology from the Board or Committee Member in a form acceptable to the Board, who may be suspended until such apology is received or another resolution acceptable to the Board is reached, or
- Requiring assurances from the Board or Committee Member that similar behaviour will not be repeated in the future, or
- Censuring the Board or Committee Member verbally or in writing, or
- Removing the Board or the Committee Member from the Committees they serve on, or
- Removing the Board or the Committee Member as Chair of any Committees they serve on, or
- Disqualifying the Board or Committee Member if the conduct constitutes grounds for disqualification, or
- Recommending to the Public Appointments Secretariat that the public Board Member be removed from the Board, or
- Any other sanction the Board deems appropriate to the circumstances.

The decision of the Board shall be final and not subject to appeal.

Nothing herein shall prevent the Board, any member thereof, or any other person from referring the matter complained of to any outside authority at any stage of the process.

APPENDIX 2

CMLTO BY-LAW
ARTICLE 7 – CONFLICT OF INTEREST

No revisions proposed.

APPENDIX 3

CMLTO BY-LAW
ARTICLE 8 – CONFIDENTIALITY

No revisions proposed.

APPENDIX 4

COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ONTARIO (CMLTO) CODE OF CONDUCT AND CONFIDENTIALITY AGREEMENT, CONFLICT OF INTEREST DECLARATION FORM

CMLTO CODE OF CONDUCT

The College has the statutory mandate to serve the public interest pursuant to the *Regulated Health Professions Act (RHPA), 1991* and the *Medical Laboratory Technology Act, 1991*.

All CMLTO Board and Committee Members shall demonstrate their commitment to the public interest by complying with the Code of Conduct of the College and act in a manner that is consistent with the statutory mandate of the College to regulate the profession in the public interest.

CERTIFICATION

By signing this form, I hereby certify that:

Please initial each statement below to confirm your acknowledgment.

	I understand and uphold the statutory mandate of the CMLTO and agree to serve the public interest.
	I understand and agree to comply with my obligations, duties and responsibilities set out in the *Regulated Health Professions Act*, *1991* and the *Medical Laboratory Technology Act, 1991*, their regulations, the CMLTO By-Law and the policies of the College.
	I understand and agree to comply with my obligations, duties and responsibilities outlined in following articles of the CMLTO By-law: Article 6 – Code of Conduct Article 7 – Conflict of Interest Article 8 – Confidentiality
	I have no actual, potential, or perceived conflicts of interest to disclose at this time.
	I wish to disclose the following actual, potential or real conflict(s) of interest:
	I understand that I have an ongoing obligation to declare any actual, potential or real conflict(s) of interest promptly as they arise.
	I understand and acknowledge that my failure to comply with the provisions of the By-Law of the CMLTO will be considered a breach of my obligations to the College, and may result in disqualification from the Board of Directors and/or Committees of the College.
	I understand that the provisions of Article 8 – Confidentiality of the CMLTO By-law survive the expiry of my term of office as a Board and/or Committee Member at the College.
	I understand the penalties outlined in S. 40 (2) and (3) of the RHPA for contravening S. 36 (1) of the RHPA.
	The information provided above is true, complete, and accurate to the best of my knowledge, and that I fully disclosed all relevant interests in accordance with my obligations as a CMLTO Board or Committee Member under the CMLTO Code of Conduct as of the date of this declaration.

Name of the Declarant	**Declarant's Signature**
Declarant's Position	**Date**

FIGURE 3
Proposed Revisions Summary Table
GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy and Related CMLTO By-Law Provisions

Section	Summary of Revision	Rationale
Background	Streamlined and updated the statutory and governance context, including Board and Committee Member accountability and the role of the CMLTO By-Law.	Improves clarity and establishes the By-Law as the source of the applicable conduct, conflict of interest, and confidentiality requirements.
Purpose	Revised the Purpose to clarify that GP IV-80 establishes the basis for monitoring the Board's compliance with the requirements established in the CMLTO By-Law.	Clarifies the function of GP IV-80 and strengthens alignment with Policy Governance® and the Board's monitoring framework.
Policy	Clarified the relationship between GP IV-80 and the CMLTO By-Law, including Board and Committee Member compliance expectations and the connection to the declaration form.	Reduces duplication and improves consistency and clarity across the governance framework.
Policy – Monitoring	Established the By-Law requirements as the criteria for assessing Board compliance and clarified the responsibility and timing for annual monitoring.	Strengthens monitorability and provides a clear and consistent basis for Board compliance monitoring.
By-Law – Article 6 (EDI-J)	Updated the Code of Conduct to reflect current equity, diversity, inclusion and justice terminology, principles, values, and relevant Board policies.	Aligns the By-Law with the Board's current EDI-J terminology and relevant policy.
By-Law – Article 6 (Complaint Resolution)	Added considerations to guide the determination of whether a Code of Conduct complaint warrants formal resolution by the Executive Committee.	Improves clarity, consistency, and proportionality in the complaint-resolution process.
Appendix 4 – Declaration Form	Modernized the form to clarify statutory, By-Law, conflict of interest, confidentiality, disclosure, and certification acknowledgements, with related terminology and formatting improvements.	Improves clarity, consistency, accountability, and alignment with the CMLTO By-Law and GP IV-80.
Throughout	Simplified language, removed duplication, and made administrative, terminology, and formatting updates.	Improves readability, usability, consistency, and durability.

FIGURE 4

Proposed Revisions to CMLTO By-Law

CURRENT BY-LAW PROVISION	PROPOSED BY-LAW AMENDMENTS	RATIONALE
6.3 OBLIGATIONS UNDER CODE OF CONDUCT **DIVERSITY, EQUITY AND INCLUSION** Board and Committee Members shall support diversity, equity and inclusion by: • Treating everyone equally and with dignity, and participating in all Board and Committee discussions in a respectful, courteous and constructive manner, • Supporting and respecting the value of diversity by welcoming and respecting alternative opinions, recognizing the diverse backgrounds, experience and skills of the Board and Committee Members, • Refraining from engaging in any type of unprofessional behaviour which might reasonably be perceived as discriminatory or as verbal, physical or sexual abuse or harassment and intervening, if appropriate, when such behaviour is being observed, and • Complying with the College's Diversity Statement/Policy.	**6.3 OBLIGATIONS UNDER CODE OF CONDUCT** ~~**DIVERSITY,**~~ **EQUITY, DIVERSITY, INCLUSION AND JUSTICE** ~~**INCLUSION**~~ **(EDI-J)** Board and Committee Members shall support ~~diversity,~~ equity, diversity, ~~and~~ inclusion, and justice by: • Treating everyone equally and with dignity, and participating in all Board and Committee discussions in a respectful, courteous and constructive manner, • Supporting and respecting the value of diversity by welcoming and respecting alternative opinions, recognizing the diverse backgrounds, experience and skills of the Board and Committee Members, • Refraining from engaging in any type of unprofessional behaviour which might reasonably be perceived as discriminatory or as verbal, physical or sexual abuse or harassment and intervening, if appropriate, when such behaviour is being observed, and • Complying with the College's ~~Diversity Statement/Policy~~ equity, diversity, inclusion and justice principles and values, and relevant Board policies.	The proposed revisions are primarily intended to update terminology and strengthen alignment with the CMLTO By-Law and relevant Board policies. The revisions replace the previous Diversity, Equity and Inclusion terminology with CMLTO's current Equity, Diversity, Inclusion and Justice (EDI-J) terminology and replace the reference to the former Diversity Statement/Policy with the College's current EDI-J principles and values and relevant Board policies.

CURRENT BY-LAW PROVISION	PROPOSED BY-LAW AMENDMENTS	RATIONALE
6.5.2.2 PRELIMINARY DETERMINATION OF FACTS The Board Chair (or Vice-Chair if the complaint is about the Board Chair), the Registrar and CEO, with the assistance of Legal Counsel where appropriate, shall conduct a preliminary investigation about the alleged violation of the Code of Conduct of the College by a Board or Committee Member. The Board or Committee Member, whose conduct is the subject of the complaint, shall be given the opportunity to make written submissions. Where the Board Chair (or Vice-Chair), the Registrar and CEO, the Legal Counsel, upon completion of the investigation, believe that the complaint does not warrant formal resolution by the Executive Committee, they shall provide a report to the Executive Committee about the investigation and conclusion, with reasons for the conclusion. The Executive Committee may accept the report or conduct an additional investigation or other action.	**6.5.2.2 PRELIMINARY DETERMINATION OF FACTS** The Board Chair (or Vice-Chair if the complaint is about the Board Chair), the Registrar and CEO, with the assistance of Legal Counsel where appropriate, shall conduct a preliminary investigation about the alleged violation of the Code of Conduct of the College by a Board or Committee Member. The Board or Committee Member, whose conduct is the subject of the complaint, shall be given the opportunity to make written submissions. In determining whether a complaint warrants formal resolution by the Executive Committee, the Board Chair (or Vice-Chair, where applicable), the Registrar and CEO, and Legal Counsel, where involved, shall consider: ○ The nature and seriousness of the alleged conduct, ○ The extent to which the facts are disputed, ○ The potential impact on the integrity, reputation, governance effectiveness, or public trust in the college, ○ Whether corrective action can reasonably be achieved without formal proceedings, and ○ Whether referral to the Executive Committee is necessary to ensure procedural fairness, transparency, and accountability. Where the Board Chair (or Vice-Chair), the Registrar and CEO, the Legal Counsel, upon completion of the investigation, believe that the complaint does not warrant formal resolution by the Executive Committee, they shall provide a report to the Executive Committee about the investigation and conclusion, with reasons for the conclusion. The Executive Committee may accept the report or conduct an additional investigation or other action.	The proposed addition provides clear criteria to guide the preliminary determination of whether a Code of Conduct complaint warrants formal resolution by the Executive Committee. The criteria support a consistent, proportionate, and transparent assessment by identifying relevant considerations such as the seriousness of the alleged conduct, the extent to which facts are disputed, potential impacts on governance and public trust, opportunities for corrective action, and procedural fairness and accountability.

FIGURE 5
Environmental Scan and Benchmark Review
Code of Conduct, Conflict of Interest, and Confidentiality Governance Approaches

College	Policy / References
College of Occupational Therapists of Ontario (COTO)	COTO Governance Manual 5.1 Code of Conduct for Directors and Committee Appointees — page 96 5.2 Confidentiality and Disclosure of College Information — page 99 5.3 Conflict of Interest — page 101
College of Respiratory Therapists of Ontario (CRTO)	CRTO By-Law 2, Schedule A – Code of Conduct and Conflict of Interest, Confidentiality Policy & Agreement.
College of Registered Psychotherapists of Ontario (CRPO)	CRPO By-laws – Duties of Board and Committee Members; Conflict of Interest; and Schedule 3, Code of Conduct
College of Opticians of Ontario (COO)	COO By-Law – Article 7, Duties of Directors and Committee Members, and Schedule D, Code of Conduct; Governance Process Policies, including Board and Committee Principles and Director and Committee Member Responsibilities.
College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario (CTCMPAO)	CTCMPAO By-Laws – Schedule 1, Code of Conduct for Members of the Council and All Committees; related By-Law provisions addressing conflicts of interest, confidentiality, and Council/Committee responsibilities.

Summary

A review of publicly available governance materials from comparable Ontario health regulatory colleges indicates that Code of Conduct, Conflict of Interest, and Confidentiality expectations are commonly established through By-Laws, governance policies, or a combination of both. The structure and location of these requirements vary across colleges.

The review demonstrates that there is no single governance structure used across comparable colleges. However, the approaches generally seek to clearly establish expected standards of conduct, conflict-of-interest requirements, confidentiality obligations, and mechanisms supporting accountability.

The proposed revisions to GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy recognize that the CMLTO By-Law already establishes the substantive requirements applicable to Board and Committee Members. The Policy clarifies the relationship between the Policy and the By-Law and establishes the By-Law requirements as the basis for monitoring the Board's compliance. The related proposed By-Law revisions further modernize the EDI-J provisions and strengthen procedural clarity within the Code of Conduct complaint-resolution process. This approach maintains the CMLTO By-Law as the authoritative source of the applicable requirements, reduces duplication across governance documents, and results in a clearer and more monitorable Governance Process policy.

FIGURE 6
Summary of Board Feedback on
Proposed Revisions to GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest 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. Matthew Wong-Fung
2. Lavern Bourne
3. Mary Costantino
4. George Broukhanski
5. Lucia Di Pietro
6. Imaya Vithana

SUMMARY OF BOARD MEMBER FEEDBACK

Overall, feedback from the six (6) Board Members was supportive of the proposed revisions to **GP IV-80 Code of Conduct, Confidentiality, and Conflict of Interest Policy**. Board Members generally indicated that the revised Policy was acceptable and supported the proposed approach, with one Board Member specifically noting that the revisions provide clear roles, appropriate oversight, and effective guidance while maintaining the CMLTO By-Law as the authoritative source of requirements. Several Board Members indicated that they had no additional changes or concerns.

Positive feedback was also received regarding the policy review process and supporting materials, particularly the Environmental Scan and Benchmark Review, which was noted as providing additional confidence in the proposed revisions, and the Summary of Proposed Revisions, which was identified as helpful in supporting the review.

Feedback also included administrative and formatting changes and requests for clarification regarding the meaning of "disqualifying" a Board or Committee Member, completion of the conflict of interest declaration in Appendix 4 where there is no conflict to disclose, and the distinction between "actual" and "real" conflicts of interest. These matters and the related follow-up are summarized below.

SUMMARY OF BOARD FEEDBACK AND FOLLOW-UP ON PROPOSED POLICY REVISIONS

FEEDBACK THEME	SUMMARY OF BOARD FEEDBACK	RESPONSE / FOLLOW-UP
Overall Support and Administrative / Formatting Changes	Board Member feedback was supportive of the proposed revisions. One Board Member noted that the revisions provide clear roles, appropriate oversight, and effective guidance while maintaining the CMLTO By-Law as the authoritative source of requirements. Positive feedback was also received regarding the Environmental Scan and Benchmark Review and the Summary of Proposed Revisions. Administrative feedback included replacing references to "College" with "CMLTO" in Appendices 1 and 4 for terminology alignment and correcting a formatting issue in Appendix 4 where the Code of Conduct declaration extends onto an additional page.	References to "College" will be replaced with "CMLTO" where appropriate as With respect to the suggested replacement of "College" with "CMLTO" in Appendices 1 and 4, these Appendices reflect provisions of the CMLTO By-Law. While the Board has adopted the use of "CMLTO" rather than "College" in its Board policies, making this terminology change to selected provisions of the By-Law would create inconsistency with the terminology used throughout the remainder of the By-Law. **This terminology alignment will therefore be considered as part of a comprehensive future review of the CMLTO By-Law.** The formatting of Appendix 4 will also be corrected in the final version.
Meaning of "Disqualifying" a Board or Committee Member	One Board Member requested clarification regarding the meaning of "disqualifying the Board or Committee Member if the conduct constitutes grounds for disqualification" within the complaint resolution provisions.	**MANAGEMENT FOLLOW-UP:** The reference to **"disqualifying the Board or Committee Member if the conduct constitutes grounds for disqualification"** appears in **CMLTO By-Law Section 6.5.2.4 – Referral to the Board of Directors**, which sets out actions the Board may take after determining that a Board or Committee Member has breached the Code of Conduct. In this context, "disqualifying" means that where the conduct resulting in the Code of Conduct breach also meets one or more of the established grounds for

FEEDBACK THEME	SUMMARY OF BOARD FEEDBACK	RESPONSE / FOLLOW-UP
		disqualification under the By-Law, the applicable disqualification provisions may be applied. The relevant provisions are: • **Section 4.6 – Disqualification of Board Members:** Section 4.6.1 establishes the grounds for disqualification of a Board Member, which include, among other grounds, failure to comply with the Board's Code of Conduct and related declaration requirements and conduct that, in the opinion of the Board, could reasonably be seen to harm the reputation of the Board or CMLTO. Section 4.6.2 provides that a Board Member who is disqualified ceases to hold office as a member of the Board and any committee or sub-committee on which they serve. Section 4.6.4 establishes the process for determining whether the criteria for disqualification have been met. For Public Board Members, jurisdiction for disqualification rests with the Lieutenant Governor in Council, with the Chair reporting the matter through the applicable process and requesting removal. • **Section 5.6 – Disqualification of Committee Members:** Section 5.6.1 provides that a Committee Member shall be disqualified where they meet one or more of the grounds for disqualification applicable to Board Members and also provides for removal where a Committee Member fails to discharge their duties, including circumstances involving a conflict of interest or other breach of applicable legislation, the By-Law, or Board and Committee Policies. Section 5.6.2 establishes the effect of disqualification, and Section 5.6.4 addresses the process for bringing potential grounds for disqualification forward and the removal of Board and Non-Board Committee Members. Accordingly, **disqualification under Section 6.5.2.4 is not automatically triggered by every Code of Conduct breach. It is an action available where the conduct underlying the breach also meets the applicable grounds for disqualification established elsewhere in the By-Law.**

FEEDBACK THEME	SUMMARY OF BOARD FEEDBACK	RESPONSE / FOLLOW-UP
Appendix 4 – Conflict of Interest Declaration and Terminology	1. One Board Member requested clarification regarding how a Board or Committee Member should initial the statement "I wish to disclose the following actual, potential or real conflict(s) of interest" when there is no conflict to disclose. 2. The Board Member also asked about the distinction between an "actual" and a "real" conflict of interest.	**BOARD DISCUSSION IN SEPTEMBER** **MANAGEMENT PERSPECTIVE FOR BOARD CONSIDERATION:** The Board Member's feedback identified two areas in Appendix 4 requiring clarification. 1. First, the form currently instructs Members to initial **each** statement, while also including two (2) alternative conflict of interest declarations: one confirming that there are no conflicts to disclose and another indicating that the Member wishes to disclose a conflict. These statements are mutually exclusive and should not both require acknowledgement. To address this issue, the following revision to Appendix 4 is proposed **(reflecting the terminology revision outlined in item 2 below):** **Please select and initial one of the following statements, as applicable:** _____ I have no actual, potential, or perceived conflicts of interest to disclose at this time. _____ I wish to disclose the following actual, potential, or **perceived** conflict(s) of interest: 2. **The existing conflict of interest terminology also contains an ambiguity.** Article 7.1 currently refers to "real or perceived, actual or potential, and direct or indirect conflicts" but does not separately define or distinguish between a **"real"** and an **"actual"** conflict of interest. To address this ambiguity, it is proposed that **"actual" be used consistently throughout the CMLTO By-Law where "real" and "actual"**

FEEDBACK THEME	SUMMARY OF BOARD FEEDBACK	RESPONSE / FOLLOW-UP
		are intended to describe the same concept, and that references to "real" in this context be removed. Article 7.1 would accordingly be revised to provide that conflicts of interest include **actual or potential, perceived, and direct or indirect conflicts**. Corresponding revisions would be made to Appendix 4 so that the declaration form consistently refers to **actual, potential, or perceived conflicts of interest**. **Proposed Corresponding Revisions to Appendix 4** The existing statement, "I have no actual, potential, or perceived conflicts of interest to disclose at this time," **already reflects the proposed terminology and requires no terminology change.** **Current:** I wish to disclose the following actual, potential or **real** conflict(s) of interest: **Proposed:** I wish to disclose the following actual, potential or **perceived** conflict(s) of interest: **Current:** I understand that I have an ongoing obligation to declare any actual, potential or **real** conflict(s) of interest promptly as they arise. **Proposed:** I understand that I have an ongoing obligation to declare any actual, potential or **perceived** conflict(s) of interest promptly as they arise.

FEEDBACK THEME	SUMMARY OF BOARD FEEDBACK	RESPONSE / FOLLOW-UP
		RATIONALE OF PROPOSED REVISIONS: These revisions are intended to improve clarity and consistency without changing the substantive conflict of interest requirements established by the By-Law. The proposed terminology recognizes that an actual conflict exists, a potential conflict may arise based on the circumstances, a perceived conflict may reasonably be perceived to exist, and a conflict may be direct or indirect depending on the nature of the interest or connection.

College of Medical Laboratory Technologists of Ontario

Briefing Report to Board of Directors

Date	:	August 31, 2026
From	:	Imaya Vithana, Policy Champion Maggie Cakar, Governance Specialist
Subject	:	Special Policy Review: GP IV-45 Board Linkage with Ownership/Careholdership Policy

Report Purpose:

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

PUBLIC INTEREST:

Effective governance depends on the Board maintaining meaningful linkage with the public, on whose behalf it governs. Clarifying and modernizing GP IV-45 Board Linkage with Ownership/Careholdership Policy will strengthen the Board's accountability to the public, improve the clarity and durability of its governance model, and ensure governance decisions continue to be informed by the values, expectations, and concerns of CMLTO's Owners/Careholders in support of its public interest mandate.

Recommended Motion:

Be it resolved that:

The Board moves to approve the updated **GP IV-45 Board Linkage with Ownership/Careholdership Policy** outlined in Figure 1 as relevant and current.

BACKGROUND

Ownership/Careholdership linkage is a foundational concept within the Policy Governance® model. The Board governs on behalf of its owners/careholders and is accountable for understanding their values, expectations, and perspectives to inform its governance decisions, including the establishment of Ends (Critical Outcomes) Policies and the exercise of governance oversight.

GP IV-45 Board Linkage with Ownership/Careholdership Policy establishes the Board's framework for maintaining meaningful linkage with CMLTO's

owners/careholders and using the information obtained through that linkage to inform its governance responsibilities.

GP IV-45 underwent a special review on September 15, 2023, and was scheduled for its next regular review in December 2026.

At its April 2026 Strategic Planning Meeting, the Board confirmed that the public of Ontario constitutes CMLTO's Ownership/Careholdership and directed that GP IV-45 Board Linkage with Ownership/Careholdership Policy be reviewed to reflect this determination while remaining consistent with Policy Governance® principles.

Accordingly, GP IV-45 is being presented for a special policy review at the September 2026 Board meeting.

Through the Board's **Early Policy Review Process**, Board Members were invited to provide substantive feedback on the proposed policy revisions in advance of the Board meeting. This process supports a more efficient regular policy review by identifying matters that can be addressed in advance of Board discussion.

SUMMARY OF PROPOSED REVISIONS

The proposed revisions are intended to modernize GP IV-45 Board Linkage with Ownership/Careholdership Policy by strengthening its alignment with Policy Governance® principles, reflecting the Board's determination that the public of Ontario constitutes CMLTO's Owners/Careholders, improving governance clarity, and establishing a concise, enduring policy focused on the Board's ownership/careholdership linkage responsibilities.

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

- Alignment with Policy Governance® principles governing ownership/careholdership linkage,
- The Board's determination that the public of Ontario constitutes CMLTO's Owners/Careholders,
- An environmental scan of governance approaches used by comparable organizations, and
- Clarification of the distinction between governance expectations and implementation practices.

KEY UPDATES

1. Alignment with Policy Governance® Principles

The Policy has been substantially revised to better reflect the purpose of a Policy Governance® ownership/careholdership linkage policy by:

- Focusing on the Board's enduring governance responsibilities rather than implementation processes,
- Establishing concise governance expectations that are principles-based and monitorable, and
- Improving consistency with the structure and drafting approach used throughout CMLTO's Governance Process policies.

2. Recognition of the Public as CMLTO's Owners/Careholders
The Policy has been revised to reflect the Board's determination that the public of Ontario constitutes CMLTO's Owners/Careholders.

The revised Policy clearly **recognizes the public of Ontario as CMLTO's careholders and will maintain meaningful careholder linkage with the public on whose behalf it governs.**

3. Simplification of Governance Expectations
The Policy has been streamlined to focus on four enduring governance expectations:

- Understanding the values, expectations, concerns, and emerging issues of the public,
- Using information obtained through ownership linkage to inform governance decisions, including Ends (Critical Outcomes) Policies,
- Obtaining information from Registrants and other key parties to better understand matters affecting the public interest, and
- Periodically evaluating the adequacy and effectiveness of the Board's ownership linkage activities.

These governance expectations provide clear Board direction while avoiding prescriptive procedural detail.

4. Removal of Prescriptive and Administrative Requirements
The Policy has been streamlined by removing detailed procedural and administrative requirements that may appropriately evolve over time.

This includes the removal of:
- Detailed ownership linkage planning requirements,
- Prescribed consultation processes,
- Administrative responsibilities relating to linkage activities, and
- Detailed procedural direction respecting Board participation.

This approach preserves the Board's accountability for meaningful ownership/careholdership linkage while allowing flexibility regarding how linkage activities are planned and implemented.

5. Clarification of Ownership/Careholdership Linkage and Stakeholder Engagement
The revised Policy more clearly distinguishes ownership/careholdership linkage from stakeholder engagement.

While ownership/careholdership linkage is maintained with the public, the Policy recognizes that Registrants, employers, educators, government, health system partners, subject matter experts, and other stakeholders continue to provide valuable information that supports the Board's understanding of matters affecting the public interest and the environment in which the CMLTO carries out its statutory mandate.

6. Improved Clarity, Durability, and Monitorability
Throughout the Policy:

- Language has been simplified and refreshed,
- Duplicative and explanatory material has been removed,
- Governance expectations have been clarified, and
- The Policy has been made more durable by removing procedural requirements and implementation practices that may evolve over time without requiring Board policy amendments.

Together, these revisions result in a concise, principles-based Governance Process Policy that is easier to understand, monitor, and maintain while strengthening the Board's accountability to the public through meaningful ownership/careholdership linkage.

PRESENTATION OF PROPOSED REVISIONS

To support the Board's review, the proposed Policy is presented as a complete, integrated document in **Figure 1** rather than as a tracked-changes version. Given the extent of the proposed revisions, presenting the Policy in its entirety provides a clearer and more readable basis for Board consideration.

To further support the Board's review of proposed policy revisions, the following materials are provided:

- **Figure 1** – Proposed GP IV-45 Board Linkage with Ownership/Careholdership Policy
- **Figure 2** – Proposed Revisions Summary Table - GP IV-45 Board Linkage with Ownership/Careholdership Policy
- **Figure 3** – Environmental Scan and Benchmark Review of Board Linkage Policies
- **Figure 4** – A summary of Board Feedback on Proposed Revisions to GP IV-45 Board Linkage with Ownership/Careholdership Policy

Together, these materials are intended to provide the Board with the context and rationale supporting the proposed policy while facilitating an efficient and informed policy review.

BOARD REVIEW CONSIDERATIONS

Board Members are asked to consider:

- Does the revised Policy clearly recognize the public as CMLTO's Careholders?
- Does the Policy appropriately distinguish careholder linkage from stakeholder engagement?
- Does the Policy establish clear and enduring governance expectations while avoiding operational or procedural direction?
- Does the revised Policy appropriately support the Board's responsibility to inform Ends (Critical Outcomes) Policies and other governance decisions?
- Are there additional governance expectations or careholder linkage principles that should be reflected in the Policy?

FIGURE 1

Proposed GP IV-45 Board Linkage with Careholdership Policy

Policy Title: BOARD LINKAGE WITH CAREHOLDERSHIP		**Policy Section:** IV Governance Process		**Policy Number:** IV-45
Approved By: Board of Directors	**Date Approved:** Sept 13, 2007	**Date Reviewed/ Revised:** Sept 16, 2010 May 10, 2011 Sept 18, 2014 Sept 27, 2017 Nov 27, 2017	Dec 1, 2020 Sept 15, 2023 Ready for Sept 15, 2026	**Board Chair's Signature:**

BACKGROUND

The CMLTO Board governs on behalf of the public of Ontario, whom it recognizes as the CMLTO's careholders, and is accountable for ensuring that the CMLTO fulfills its statutory mandate in the public interest. Meaningful careholder linkage enables the Board to understand the values, expectations, concerns, and emerging issues of the public and to use that understanding to inform its governance decisions.

POLICY PURPOSE

This Policy defines the Board's responsibility for maintaining meaningful careholder linkage with the public of Ontario to ensure that its governance decisions are informed by the values, expectations, concerns, and emerging issues of those on whose behalf it governs.

Meaningful linkage includes obtaining sufficient information to understand the values, expectations, concerns, and emerging issues of the public.

POLICY

The Board recognizes the public of Ontario as CMLTO's careholders and will maintain meaningful careholder linkage with the public on whose behalf it governs.

Accordingly, the Board:

1. Will make reasonable efforts to understand the values, expectations, concerns, and emerging issues of the public as they relate to the CMLTO's statutory mandate and responsibility to protect the public interest.

2. Will use information obtained through careholder linkage as a primary source of information for establishing and assessing Ends (Critical Outcomes) Policies and other governance decisions.

3. May also obtain information and perspectives from registrants, employers, educators, government, health system partners, subject matter experts, and other

stakeholders to better understand matters affecting the public interest and the environment in which the CMLTO carries out its mandate.

4. Will periodically evaluate whether its careholder linkage activities provide sufficient information to inform Ends (Critical Outcomes) Policies and other governance decisions.

FIGURE 2
Proposed Revisions Summary Table GP IV-45 Board Linkage with Ownership/Careholdership Policy

Section	Summary of Revision	Rationale
Background	Revised to recognize the public of Ontario as CMLTO's Careholdership and clarify the purpose of careholder linkage.	Aligns the Policy with the Board's careholdership determination and Policy Governance® principles.
Policy Structure	Reorganized around key governance expectations relating to careholder linkage, governance decision-making, information gathering, and periodic evaluation.	Improves clarity, monitorability, and durability.
Ownership	Revised to recognize the public as CMLTO's Careholders while distinguishing careholder linkage from stakeholder engagement.	Reflects the Board's careholdership determination and clarifies governance terminology.
Procedural Requirements	Removed detailed planning, consultation, and administrative requirements.	Focuses the Policy on enduring governance expectations while preserving flexibility regarding how c**areholder** linkage activities are planned and implemented.
Overall Policy	Streamlined the Policy into a concise, principles-based Governance Process Policy focused on careholder linkage.	Creates a durable policy that is easier to understand, monitor, and maintain.

FIGURE 3
Environmental Scan and Benchmark Review of Board Linkage Governance

Organization / Comparator	Governance Approach
Comparable Ontario health regulatory colleges	Public accountability, public engagement, and consultation are generally addressed through governance frameworks, governance manuals, Board policies, committee mandates, and established governance practices rather than through standalone ownership/careholdership linkage policies.
Professional Geoscientists Ontario (PGO)	Uses a Policy Governance® framework, including **GP2 – Linkage with the Public and Registrants** *(page 18)*, which establishes Council's responsibility to maintain meaningful linkage with the public and registrants and use that information to inform governance. This provides the closest comparator to CMLTO's GP IV-45 Board Linkage with Ownership/Careholdership Policy.

Summary:

An environmental scan included a review of Board linkage and public accountability governance approaches used by comparable Ontario health regulatory colleges.

The review found that Ontario health regulatory colleges generally do not use a Policy Governance® Model and therefore do not maintain standalone Board policies addressing ownership/careholdership linkage. Instead, Board accountability, public engagement, and consultation are typically addressed through governance frameworks, governance manuals, Board policies, committee mandates, and established governance practices.

Professional Geoscientists Ontario (PGO) was identified as the closest comparator because it continues to use a Policy Governance® governance framework, including **GP2 – Linkage with the Public and Registrants**, which establishes Council's responsibility to maintain meaningful linkage with the public and registrants and to use that information to inform governance.

Accordingly, the proposed revisions were informed primarily by Policy Governance® principles and governance best practices while preserving CMLTO's decision to maintain a standalone Governance Process Policy that clearly articulates the Board's responsibility to maintain meaningful linkage with the public as CMLTO's Ownership/Careholdership.

FIGURE 4

Summary of Board Feedback on Proposed Revisions to GP IV-45 Board Linkage with Ownership/Careholdership 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. Matthew Wong-Fung
2. Mary Costantino
3. George Broukhanski
4. Lavern Bourne
5. Lucia Di Pietro
6. Walter Hewus

SUMMARY OF BOARD MEMBER FEEDBACK

Overall, feedback from the six (6) Board Members was supportive of the proposed revisions to GP IV-45 Board Linkage with Ownership/Careholdership Policy. Board Members generally indicated agreement with the proposed revisions, with several noting that they had no additional changes, comments, or concerns.

Positive feedback was also received regarding the policy review process and supporting materials. In particular, the Environmental Scan and Benchmark Review was noted as providing additional confidence in the proposed revisions, and the Proposed Revisions Summary Table was identified as helpful in supporting the Board's review.

No changes to the proposed Policy were identified as necessary based on the Board Member feedback received.

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AGENDA ITEM 12.0

12.0	BOARD LINKAGE AGENDA
12.1	CMLTO Board/Careholdership Linkage Plan Refresh

Back to Agenda

College of Medical Laboratory Technologists of Ontario

Agenda Item: 12.1

Briefing Report to Board of Directors

Date : August 28, 2026

From : John Tzountzouris, Registrar & CEO
Maggie Cakar, Governance Specialist
Michelle Price, Corporate Communications Specialist

Subject : Next Iteration of CMLTO Board / Careholder Linkage

- ☐ 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 RATIONALE:

Board–Careholdership Linkage is a core governance function that serves the public interest by ensuring that the Board's authority, decision-making, and policy direction are grounded in an informed understanding of the values, expectations, and long-term interests of the public on whose behalf CMLTO exists.

BACKGROUND

Board/Careholdership Linkage is a core governance responsibility through which the Board seeks to understand the values and perspectives of those on whose behalf it governs. For CMLTO, meaningful linkage with its Careholdership helps ensure that Board governance, including the development of Ends (Critical Outcomes) Policies, remains informed by the public interest and the needs of the people of Ontario.

In 2026, the Board strengthened the foundation for CMLTO's Careholdership Linkage work by confirming the public of Ontario as its Careholdership and reviewing the results of 2024–2025 linkage activities.

The Board considered how public input received to date could inform future governance decisions, CMLTO Ends (Critical Outcomes) Policy direction, and understanding of public-interest risks, while identifying recurring themes related to public trust and understanding, transparency and accountability, future

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regulatory risks, and public awareness and engagement. The Board expressed interest in continuing to hear from and broaden engagement with the public, providing a foundation for the next phase of Careholdership Linkage.

CMLTO's Board/Careholdership Linkage work has evolved over several years. Previous Linkage Plans established multi-year approaches for identifying careholder groups, building relationships, gathering perspectives, and strengthening the Board's understanding of the values, expectations, and public-interest concerns of those on whose behalf it governs.

As the Board moves into the next phase of Careholdership Linkage, **the proposed approach in the briefing report is intentionally different from the multi-year linkage plans previously presented to the Board**. With the Board beginning a comprehensive refresh of its Ends (Critical Outcomes) Policies, the immediate purpose of linkage is **to ensure that the Board has the careholdership insight it requires to exercise informed governance judgment in determining CMLTO's future Ends.**

Accordingly, the proposed approach is not a new multi-year schedule of linkage activities or engagement methods. Rather, it is a focused linkage plan aligned with the **Ends refresh process**. It builds on the substantial careholdership input already gathered and focuses on identifying whether any additional insight is required to support the Board's Ends deliberations.

The proposed plan is therefore centred on one key governance question:

Considering what the Board has already heard from its Careholdership, what additional insight, if any, does the Board need to inform the development of the refreshed Ends (Critical Outcomes) Policies? Additionally, how can the Board consider what it has already heard from the Careholdership as it considers an Ends refresh?

This approach recognizes that Careholdership Linkage is an ongoing governance discipline rather than a stand-alone engagement plan. Its focus and timing should respond to the governance work before the Board. **At this stage of the governance cycle, that work is the CMLTO Ends (Critical Outcomes) Policy Refresh.**

Alignment with Governance Process Policy GP IV-45 Board Linkage with Ownership/Careholdership

As part of the September 2026 meeting, the Board will also consider proposed revisions to Governance Process Policy GP IV-45 Board Linkage with Ownership/Careholdership. The proposed revisions are intended to clarify and

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streamline the Board's approach to ownership/careholdership linkage and reinforce its purpose as a governance function.

The Board's consideration of the revised policy precedes this discussion intentionally. If approved, the revised GP IV-45 will provide the governance framework within which the next phase of Board/Careholdership Linkage is undertaken.

PURPOSE OF THE NEXT ITERATION OF CMLTO BOARD/CAREHOLDERSHIP LINKAGE

The immediate purpose of the next phase of Board/Careholdership Linkage is therefore to ensure that the Board has the careholdership information it considers necessary to support the February 2027 Future Needs and Perspectives discussion and subsequent Ends deliberation.

This does not necessarily mean that extensive new linkage activity is required. The Board has already received substantial input through the 2024–2025 linkage work.

Accordingly, the starting point is not *"Who should we engage and how?"* but rather consideration of what the Board already knows and identification of what additional careholdership insight, if any, is required to support the Ends refresh.

Careholdership Linkage will be one of several sources of information supporting the Board's Ends deliberations, alongside the environmental scan, regulatory and healthcare trends, developments affecting the medical laboratory profession, workforce and demographic information, emerging public needs, and other relevant evidence. Together, these inputs inform, but do not determine, the Board's Ends decisions.

Figure 1 provides an overview of the **Proposed Board/Careholdership Linkage Plan** and illustrates how linkage is proposed to unfold across the Ends refresh process, including the Board's role at each stage, the broader evidence informing Ends deliberations, and the ongoing governance cycle within which Careholdership Linkage operates. The proposed stages of the Plan are described in greater detail later in Appendix 2.

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FIGURE 1

Proposed Board/Careholdership Linkage Plan Aligned with the Ends (Critical Outcomes) Policy Refresh

KEY GOVERNANCE QUESTION

Considering what the Board has already heard from its careholdership, **what additional insight, if any, does the Board need to inform the development of the refreshed Ends (Critical Outcomes) Policies?**

Between past linkage initiatives and moving forward with the Ends (Critical Outcomes) Policy refresh, we will engage with the public by sharing educational information and messaging based on the input received from previous linkage initiatives. This will provide the public with a solid baseline understanding to help determine whether there are current gaps of which the Board has not yet been made aware and whether there is anything further they need to be informe of.

THE LINKAGE PLAN

1 SEPTEMBER 2026 Board Direction

The Board will:

- Review existing careholdership information and governance-significant themes.
- Consider those themes in the context of the upcoming Ends refresh.
- Identify what additional careholdership insight, if any, it needs to inform its Ends deliberations.

OUTPUT: DIRECTION ON THE "WHAT"

2 FALL 2026 – JANUARY 2027 Focused Linkage (If Required)

Based on the Board's September direction, any additional linkage identified as necessary to support the Ends refresh will be undertaken.

The Board will not prescribe the methods; those will be selected to best obtain the needed insight.

OUTPUT: ADDITIONAL CAREHOLDERSHIP INSIGHT

3 FEBRUARY 2027 Future Needs and Perspectives

Results of any additional linkage (if undertaken) will be presented to the Board, alongside other evidence, to inform the Future Needs and Perspectives discussion.

OUTPUT: INPUT TO FEBRUARY DISCUSSION

4 APRIL 2027 Ends Deliberation

At this stage, the Board will use the full body of evidence, rather than individual engagement findings in isolation, to exercise its governance judgment regarding CMLTO's future long-term outcomes.

OUTPUT: INFORMED ENDS DECISIONS

EVIDENCE INFORMING ENDS DELIBERATIONS

- Environmental Scan
- Regulatory & Healthcare Trends
- Developments Affecting the Medical Laboratory Profession
- Workforce & Demographic Information
- Emerging Public Needs
- Other Relevant Evidence
- Careholdership Insight

Together, these inputs inform, but do not determine, the Board's Ends decisions.
The Board remains responsible for exercising its collective governance judgment within its statutory mandate and responsibility to protect and serve the public interest.

ONGOING GOVERNANCE CYCLE

Governance Information Need → Careholdership Linkage → Board Deliberation → Ends / Governance Direction → Implementation and Monitoring → Further Linkage → Future Review

GOVERNANCE PRINCIPLES

- **Board direction on the "what":** The Board identifies what it needs to understand.
- **Methods aligned to need:** Engagement methods are selected to best obtain the needed insight.
- **Governance purpose:** Linkage supports the Board's responsibility to protect and serve the public interest.
- **Responsive and timely:** Linkage occurs at the time and scope required by the Board's governance work.
- **Ongoing discipline:** Linkage is continuous and responsive to governance needs.

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WHAT THE BOARD HAS HEARD TO DATE

As the Board begins to prepare for the CMLTO Ends (Critical Outcomes) Policy Refresh, it is recommended that the Board consider the results of previous Careholder engagement initiatives as part of its deliberations. These results were presented during the April 2026 Generative / Strategic Directions Planning Session and are included in Appendix 1.

The current CMLTO High Level Ends Policy states: "The public receives safe, high-quality medical laboratory services provided by CMLTO registrants". Specifically, the CMLTO exists for the following Ends:

- **Ends Policy 1** – Effective Medical Laboratory Professions Regulation
- **Ends Policy 2** – Accountable Professionals
- **Ends Policy 3** – Effective Regulation with the Health System

While the Registrar & CEO reports to the Board on the achievement of HLP 1 and HLP 2 in December and HLP 3 in September, in accordance with CMLTO's Ends & EL Policy Monitoring Report Schedule, and these reports are included in the public Board meeting materials, there may be an opportunity to communicate these results more directly to the public in a way that clearly demonstrates how CMLTO is achieving its mandate.

Past engagement activities have shown that the public:

- Expressed a level of "blind trust" that CMLTO will fulfill its mandate, while also raising questions about how the public knows that CMLTO is doing so, and
- Identified a need for ongoing education and awareness regarding CMLTO's public-protection mandate, health profession regulation more broadly, and the medical laboratory system.

During the April 2026 generative discussion, the Board considered the importance of moving from "blind trust" toward "active trust" through future public engagement. The Board also recognized that there may be public-interest and public-safety information, perspectives, or emerging risks of which it is not yet aware.

GOVERNANCE CONSIDERATIONS

The proposed approach is grounded in five (5) governance principles:

Purpose-driven linkage: Linkage should respond to an identified governance information need; during the current cycle, that need relates to Ends development.

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Board direction on the "what": The Board identifies what it needs to understand; appropriate linkage methods are designed and implemented consistent with that direction.

Use existing information first: New linkage should address genuine information gaps rather than repeat questions already explored.

Insight informs but does not determine Ends: Careholdership perspectives are one input to the Board's independent governance judgment within CMLTO's statutory public-interest mandate.

Alignment with the governance cycle: Linkage priorities may change as the Board moves from Ends development to implementation, monitoring, and future Ends review.

GOVERNANCE QUESTIONS FOR BOARD DISCUSSION

1. Sufficiency of Existing Careholdership Insight

Considering the careholdership input gathered to date, does the Board have sufficient insight into the public's long-term values, needs, and expectations to inform the upcoming Ends refresh?

2. Additional Information Required

What additional careholdership insight, if any, would strengthen the Board's ability to determine the long-term public outcomes CMLTO should seek to achieve through its refreshed Ends?

3. Priority Areas for Further Exploration

If additional careholdership insight is required, what public-interest questions or emerging issues should be prioritized for further exploration before the February 2027 Future Needs and Perspectives discussion?

INTENDED OUTCOME

The intended outcome of the September discussion is for the Board to confirm whether the careholdership information gathered to date is sufficient to support the Ends refresh and, where additional insight would strengthen its deliberations, identify the governance-level questions or areas of inquiry it wishes to explore further.

Board direction will inform any focused linkage activity to be undertaken between September 2026 and February 2027. The resulting information will be brought forward as part of the February 2027 Future Needs and Perspectives discussion and subsequently integrated into the information supporting the April 2027 facilitated Ends deliberation.

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LOOKING AHEAD: LINKAGE AS AN ONGOING GOVERNANCE DISCIPLINE

The proposed Board/Careholdership Linkage approach represents an evolution from CMLTO's previous multi-year Board/Careholdership Linkage Plans toward a more cyclical and governance-driven model. Rather than establishing engagement activities several years in advance, Careholdership Linkage would be aligned with the Board's governance cycle and the information it needs at particular points in that cycle.

In the current phase, linkage will support the development of refreshed **CMLTO Ends (Critical Outcomes) Policy**. Once the Ends are approved and move into implementation and monitoring, the Board can revisit what it needs to hear from, or communicate to, CMLTO's Careholdership. This creates an ongoing cycle of governance information needs, Careholdership Linkage, Board deliberation, governance direction, implementation and monitoring, and further linkage.

This approach positions Careholdership Linkage as an integrated part of the Board's regular governance work rather than as a separate multi-year engagement initiative. It also provides flexibility for linkage to remain purposeful, proportionate and responsive to the Board's evolving information needs. As CMLTO continues to communicate with the public about how it is fulfilling its mandate, the Board may also consider opportunities to use appropriate linkage mechanisms to identify knowledge gaps, emerging concerns, or perspectives that may not otherwise be known to it.

As part of the **CMLTO Ends (Critical Outcomes) Policy Refresh**, the Board could consider how ongoing public input and education about CMLTO's fulfillment of its mandate can be reflected within its governance approach. The Board could also consider incorporating Careholdership Linkage into its regular governance agenda, providing an ongoing opportunity to consider what it needs to learn from, and communicate to, CMLTO's Careholdership.

APPENDICES:

Appendix 1 - Outcomes of 2024-2025 CMLTO Board/Linkage Activities

Appendix 2 - Proposed CMLTO Board/Careholdership Linkage Plan: September 2026 to April 2027

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APPENDIX 1

April 2026 Board Strategic Planning Session
Outcomes of 2024-2025 CMLTO Board/Linkage Activities

The 2024–2025 CMLTO Board/Careholdership Linkage activities generated a significant body of information about public perceptions, expectations, concerns, and priorities.

At a high level, the information reflects several governance-significant themes, including:

All groups had a clear understanding of CMLTO's role:
A key consideration is how CMLTO can ensure that the Careholdership fully understands the purpose of the organization and how CMLTO demonstrates its impact. While some members of the Careholdership may understand CMLTO's regulatory purpose, there may be a need to provide greater clarity regarding the value and impact of CMLTO's work.

This includes considering why should the public care that CMLTO regulates Medical Laboratory Technologists (MLTs), and what value does this regulatory role provide to the public? Engaging the Careholdership to better understand their perspectives may help identify whether there are gaps in the existing Ends (Critical Outcomes) Policies related to the public value and impact of CMLTO's regulatory work.

Broad support for MLAT regulation:
There was a call for greater public understanding and support for CMLTO's role in regulating MLA/Ts. Consideration should be given to how information about this topic is shared with the public on an ongoing basis. Public education campaigns were identified as a viable option.

Call for increased public awareness about the laboratory system and regulation in general:
The Board expressed an interest in hearing from the public about the most effective ways to receive education and information about the profession. Polls and surveys were suggested as potential methods for sharing this information.

The Board also expressed an interest in exploring public education initiatives focused on regulation more broadly.

Desire for more transparency around how complaints are handled and the general reporting process at CMLTO:

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Consideration was given to how the Board can ensure that Careholders have access to the information they need to understand CMLTO's complaints and reporting processes. This included consideration of how CMLTO can move from "blind trust" toward more informed trust by providing greater transparency and access to information.

A suggestion was made to identify common themes among complaints and reports received by the College, organized into general categories, and share information about emerging trends.

These themes do not themselves prescribe future Ends. Rather, they form part of the existing evidence base available to the Board as it considers its future Ends. The September discussion provides an opportunity for the Board to assess whether this existing insight is sufficient or whether additional careholdership perspectives are needed before the February 2027 Future Needs and Perspectives discussion.

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APPENDIX 2
PROPOSED BOARD/CAREHOLDERSHIP LINKAGE PLAN: SEPTEMBER 2026 TO APRIL 2027

Rather than approving another multi-year linkage plan, the proposed approach is to align the next phase of careholdership linkage directly with the Ends refresh.

September 2026 – Board Direction
The Board will:

- Review at a high level the significant careholdership themes already identified,
- Consider those themes in the context of the upcoming Ends refresh,
- Identify whether there are important gaps in the careholdership information currently available to it, and
- Provide governance direction regarding any additional careholdership insight it believes would assist its Ends deliberations.

Fall 2026–January 2027 – Focused Linkage, as Required
Based on the Board's September direction, any additional linkage considered necessary will be undertaken. The Board would determine what it needs to understand. The design and implementation of appropriate linkage methods would follow from the Board's governance direction.

If the Board determines that the existing careholdership information is sufficient for the purposes of the Ends refresh, no additional linkage activity would be required solely for that purpose. Existing careholdership insight would instead be synthesized and carried forward into the February 2027 Future Needs and Perspectives discussion.

February 2027 – Careholdership Insight Brought Into Ends Development
The results of existing and any additional careholdership linkage will be synthesized and presented as part of the Future Needs and Perspectives stage of the Ends refresh.

The Board will consider this information together with developments affecting the profession, workforce and demographic information, emerging public needs, and other evidence accumulated through the review.

April 2027 – Integration Into Ends Deliberation
The relevant careholdership themes will be incorporated into the synthesis of information supporting the April 2027 facilitated Ends deliberation. At that stage, the Board will use the full body of evidence, rather than individual engagement findings in isolation, to exercise its governance judgment regarding CMLTO's future long-term outcomes.

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AGENDA ITEM 13.0

13.0	**ADJOURNMENT**

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THANK YOU FOR YOUR ATTENDANCE