



REGULATOR REVIEW Fall 2023

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Do you have an interesting article that you would like to see published in the CMLTM Newsletter?

Send it in to the CMLTM at janelle@cmltm.ca for consideration!
All articles are reviewed and approved by Council.



College of Medical Laboratory Technologists of Manitoba

Call us: 204.231.0311 or Toll Free: 1.877.331.0311
College of Medical Laboratory Technologists of Manitoba
245 Lilac Street, Winnipeg, Manitoba, R3M 2S2, Canada

MESSAGE FROM THE COUNCIL CHAIR

Submitted by, *Matthew Bueno de Mesquita, MLT*

It goes without saying that our MLT profession, as well as the entire healthcare system, have been forever changed by the global pandemic. Not all the changes have been negative. There is renewed attention on the quality and availability of healthcare for all Canadians. The upcoming years will be transformative, eventful, and likely will remain challenging.

It's clear that our profession has the attention of all levels of government as well as the many stakeholders with vested interest in the success of our healthcare system. This is why it's important that we as MLTs step up and get involved in the process of profession-led regulation.

The CMLTM Annual General Meeting (AGM) is an excellent opportunity to stay informed and get involved. Not everyone has the time to dedicate to being a council member or to sit on a CMLTM committee (although we hope that you do), and the AGM is a relatively small commitment of time that provides an opportunity for impactful participation. The AGM is an opportunity for Council to update members on Council's decisions, activities, and what's new. All CMLTM members are able to attend and participate in the AGM. This year's CMLTM AGM took place on September 23, 2023, and was recorded.

It was a privilege to host the internationally renowned Harry Cayton as our guest speaker. He has been, and continues to be instrumental in shaping the regulation of healthcare in Canada and around the world. A recording of the guest speaker presentation by *Harry Cayton, Profession led Regulation: a privilege not a right*, has been posted on the CMLTM YouTube channel. A recording of the annual general meeting is also posted on the CMLTM YouTube channel.

REMINDER: RETURNING FROM EXTENDED LEAVE

Adam Chrobak, BSc, MBA, MLT, Registrar/CEO, CMLTM

If you are currently on the Inactive: NonPracticing roster and you are returning to work from an extended leave you must contact the CMLTM office before your scheduled start date to reinstate your Active: Practicing registration.

You are not able to reinstate your Active: Practicing registration on-line. The Board of Assessors (BOA) must approve all registrations, including reinstatements. The reinstatements are normally processed and approved the same or next day, but it relies on the availability of the BOA. Please contact the CMLTM office at least one week before your scheduled return date to ensure your registration has been reinstated before you return to work.

Laboratory supervisors are responsible to verify the registration status of MLTs before they are allowed to return to work. Laboratory supervisors are asked to request to see a current Certificate to Practice from returning MLTs or visit the CMLTM website and use the [Member Search](#) link.

In an effort to become more efficient and reduce our carbon footprint, CMLTM has moved to a paper-less system. CMLTM has discontinued the printing of the Certificate to Practice (card) and income tax receipts. Registrants can print/view their Certificate to Practice and income tax receipts from their CMLTM on-line account by clicking on the "My Account" tab.

2024 RENEWAL

The renewal notice for the 2024 practice year will be emailed in the first week of October 2023.

The deadline for renewal is November 15, 2023. Please remember to renew before the deadline to avoid the late fee (20% of registration fee).

The Active: Practicing [registration fee](#) for the 2024 practice year is \$508.12.

All practicing members are required to successfully complete and pass (60% pass mark) the new jurisprudence learning module, [Health Equity and Cultural Humility](#), before their renewal is approved.

Please remember that you might be required to update your record checks. CMLTM members are required to submit the following updated record checks every five (5) years.

- *Criminal record check (with vulnerable sector check)*
- *Child abuse registry check*
- *Adult abuse registry check*

Record checks must be up to date before you are able to complete your renewal.

NEW JURISPRUDENCE MODULE, HEALTH EQUITY & CULTURAL SENSITIVITY, REQUIREMENT FOR REGISTRATION AND RENEWAL

A Collaborative Effort

CMLTM participated with 15 other health regulatory colleges on the creation of an introductory learning module on Equity, Diversity, and Inclusion.

Manitoba's health regulatory colleges are mandated by the government to protect the public interest, in part by developing and enforcing standards of practice. To ensure the safe, ethical, and competent provision of services to patients and clients, a regulatory College also provides guidance to health professionals in interpreting and applying the standards, policies, and legislation to all aspects of their practice. Creating resources such as this jurisprudence learning module is one way that the College carries out this role.

The Collaborative hired subject matter experts to create the module content and ensure appropriate level of content.

Why is this a priority for Manitoba's regulated health community?

Health inequity is widespread and persistent, and its root causes are social, political, and economic. If inequity is framed exclusively as a problem facing people who are disadvantaged, the responses will only ever target the needs of the disadvantaged and will not address the social structures causing the disadvantage.

The inequities and mistreatment of marginalized groups has been brought to light through media reports, advocacy efforts, and government reports. Some examples include the Brian Sinclair inquiry, Truth and Reconciliation Commission Calls to Action, the George Floyd trials, Black Lives Matter, the In Plain Sight report, and the Joyce's Principal report.

Jurisprudence Learning Module Goal

The goal of this jurisprudence learning module is to enhance your awareness and understanding of health inequities by introducing and defining words, phrases, and concepts in context. The module will encourage you to reflect on your own unconscious biases (which we all have) in the hopes of improving patient care across many patient populations. Also, as this topic relates to regulations, standards of practice, and your professional code of ethics, the module clarifies professional expectations for addressing disparities in health equity through equity-oriented practice.

The new jurisprudence learning module is titled: [HEALTH EQUITY AND CULTURAL HUMILITY](#)

Council has revised and updated the CMLTM jurisprudence policy, [BOA-18](#), to include the requirement for all practicing members to complete the new module before their 2024 renewal is approved. All practicing members are required to successively complete (60% pass mark) the new module prior to the 2024 renewal. The module is available on the CMLTM Learning Management System.

REGULATED HEALTH PROFESSIONS ACT (RHPA) UPDATE

Submitted by Adam Chrobak, BSc, MBA, MLTk, | [Click here for more info](#) 

Regulated Health Professions Act

In 2009, the Regulated Health Professions Act was passed by the Manitoba Government. The RHPA will change the way health professions are regulated in Manitoba and replace current legislation, bring the regulated health professions under one umbrella act. The RHPA will set consistent rules and processes for governance, registration, complaints and discipline.

Each profession-specific legislation will be repealed when the profession transitions to the RHPA. Professional self-regulation will continue under the RHPA. Each profession will continue to have a college, regulations, code of ethics, and standards to govern its members.

The RHPA is a new model for health profession regulation. It is based on a model that regulates the provision of specific health services/procedures identified as “reserved acts”. The RHPA defines twenty-one (21) reserved acts. Health professions authorised to perform the reserved acts must have the appropriate education, competence, and skill required to perform the reserved act safely.

Profession-specific regulation will identify the reserved acts a profession is authorized to perform, and the limits or conditions related to those reserved acts. Under the RHPA, reserved acts are not exclusive to any one health profession.

The RHPA was proclaimed in 2014 when the College of Audiologists & Speech Language Pathologists of Manitoba (CASLPM) transitioned to the RHPA. The following professions have transitioned to the RHPA.

- The College of Audiologists & Speech Language Pathologists of Manitoba (CASLPM), 2014
- The College of Registered Nurses of Manitoba (CRNM), 2018
- The College of Physicians & Surgeons of Manitoba (CPSM), 2019
- The College of Paramedics of Manitoba (CPMB), 2020
- The College of Registered Nurses of Manitoba (CRPNM), 2022

Manitoba Health, Legislative Unit, is actively working with four (4) health professions to develop profession specific regulations and transition to the RHPA.

- The College of Medical Laboratory Technologists of Manitoba (CMLTM)
- College of Licenced Practical Nurses of Manitoba (CLPNM)
- The College of Physiotherapists of Manitoba (CPM)
- Psychologists Association of Manitoba (PAM)

Reserved Acts

CMLTM submitted the proposed MLT Reserved Acts and met with the following key stakeholders to discuss the proposed reserved act. There presentations were well received with no objections to the CMLTM submission.

- Canadian Forces Bases
- College of Physicians and Surgeons of Manitoba (CPSM)
- Manitoba Association of Health Care Professionals (MAHCP)
- Canadian Blood Services (CBS)

- Doctors Manitoba
- Dynacare Laboratory and Health Services
- Manitoba Alliance of Health Regulatory Colleges (MAHRC)
- National Microbiology Laboratory-Canadian Science Centre for Human and Animal Health
- Manitoba Association for Medical Laboratory Science
- Shared Health Services Manitoba, Diagnostic Services, Laboratory and Radiologic
- Cadham Provincial Laboratory
- Provincial Clinical and Preventative Services Planning
- Provincial Medical Leadership Council

Manitoba Health, Legislative unit, notified CMLTM that the CMLTM Reserved Act submission was accepted and recommended for approval.

The following are the reserved acts CMLTM feels (verified by the survey) are applicable to Medical Laboratory Technologist practice and have been included in the CMLTM reserved act submission. Some of these activities are performed routinely and some are performed after additional education, and some are performed discreetly by only a few practicing MLTs.

Reserved Act # 2 - Ordering or receiving reports of screening or diagnostic tests.

CMLTM feels that MLTs routinely add and cancel tests using laboratory protocols and algorithms for reflux testing. (eg. Adding a differential to a CBC or cancelling it. Adding or cancelling urine microscopic examination. Adding factor assay testing when INR or APTT are prolonged.)

In some rare cases MLTs also receive reports. (E.g. Stem Cell Therapy Laboratory when determining donor suitability.)

Reserved Act #3(a) - Performing a procedure on tissue below the dermis.

This Act describes the procedure of phlebotomy and skin puncture which are routine procedures for many practicing MLTs.

Reserved Act #10(e) - Applying or ordering the application of X-rays or other ionizing radiation for diagnostic imaging or therapeutic purposes, including computerized axial tomography, positron emission tomography and radiation therapy.

MLTs who have completed the 6-month x-ray assist program at Red River College routinely perform x-rays and therefore should be granted this reserved act.

There are many other activities that are a critical part of the work of MLTs that are not on this list. MLTs should not be discouraged by the relatively small number of reserved acts that CMLTM can apply for.

It is also important to note that the Manitoba Health has not recognized any “laboratory specific” acts like the importance of ensuring an instruments performance through quality control and calibration procedures. The list recognized by the Manitoba Health focuses on procedures performed on patients directly. Most of the important work of MLTs is not performed directly on patients but is performed for patients.

CMLTM RHPA Regulation

The Minister of Health requested CMLTM explore the regulation of medical laboratory assistants (MLA) and combined laboratory & x-ray technologists (CLXT). Key stakeholders have submitted letters of support for the regulation of MLAs and CLXTs by CMLTM.

CMLTM has submitted a report related to the regulation of MLAs and CLXTs to Manitoba Health, Legislative Unit. The Deputy Minister of Health decided not to include the regulation of MLAs and CLXTs under the CMLTM RHPA Regulations at this time. The submission has been referred to the Assistant Deputy Minister of Health Office to investigate the regulation of MLAs and CLXTs.

CMLTM is working with the Manitoba Health Legislative Unit to develop the draft regulations. The draft regulations will be very similar to the current regulations under The Medical Laboratory Technologists Act. Here are highlights of some expected changes in the new regulations.

- Member type will become Register.
- Membership class will be added.
- Registration status (no change).
- Field of Practice (currently used but list needs to be updated).
- Practice restrictions (no change).

New membership classes under the RHPA

- MLT Full (Currently Active: Practicing)
- MLT Interim (New). Intended for applicants coming from a regulated jurisdiction (labour mobility applicants) waiting for criminal record checks.
- MLT Temporary, same as current, used for MLTs coming from other regulated jurisdictions for a specific purpose for a maximum term of three months. An example is the Canadian Forces MLTs used during the pandemic.
- MLT Graduate (New), used for new graduates or internationally educated applicants (IEA) that are eligible to write the exam or are waiting for their results from the exam. Supervised practice required. Converted to full when they pass the exam. Closed if they fail the exam twice.
- MLT Conditional, used for all other applicants that require supervised practice, i.e. re-entry to practice, IEA. Note: members that require supervised practice as a result of a complaint decision will have a practice restriction added to their registration.
- MLT Substantive Equivalence, use for candidates where BOA-20 applies. They are able to complete learning plan and supervised practice requirements.
- Requirement to have \$5 million professional liability insurance (PLI). Practicing MLTs will be required to carry their own PLI; will not be able to rely on employer liability insurance.

2023 CMLTM AGM GUEST SPEAKER PRESENTATION

Harry Cayton was the guest speaker at the 2023 CMLTM Annual General Meeting. The presentation, *Profession led Regulation: a privilege not a right*, was recorded and is available on the CMLTM YouTube Channel.

In 2018, as a result of serious concerns with the College of Dental Surgeons of BC (CDSBC) the B.C. government commissioned Harry Cayton to investigate and make recommendations on how to reform the health regulatory system in BC.

The result of the investigation was the *Cayton Report* (2018) which included recommendations on how to modernize the regulation of health professions.

2023 CMLTM AGM QUESTIONS AND ANSWER SESSION

The approved minutes from the AGM will be posted on the CMLTM website once Council has approved them. As per the AGM agenda, Item 15: New Business: this allows attendees to ask questions and raise concerns. Any issues raised may be brought forth for future consideration by the Council.

This year there was one question raised during the time allotted to this agenda item.

Question: “I think the open forum (townhall) was a great idea. Do you feel it went well and will you be having another one?”

Answer, Matthew Bueno de Mesquita (Council Chair): “Yes, I think it went well. Personally, I feel that the CMLTM can continue to communicate and have open forums for communication with all members as we are self-regulated. This is the best way to have scheduled times to bring forward our comments, questions, concerns, and have discussions I would love to have more.”



WHY DOES IT TAKE SO LONG TO GET MY PROFESSIONAL PORTFOLIO AUDIT RESULTS BACK?

In the instant world that we live in, it is natural to expect instant results. After all, don't those healthcare professionals who rely on laboratory testing results expect those results immediately?

CMLTM endeavors to provide excellent customer service to our registrants. We often receive calls from members asking for their audit result a week or two after submitting their professional portfolio.

I hope this review of the current process helps to answer questions about this very important part of Professional Regulation.

CMLTM selects 20% of registrants for audit each year. This equals to 180 members.

CMLTM divides the selected individuals into 3 batches. This allows the office to complete the audits in what we feel is a reasonable timeframe. (4-6 weeks)

Members are notified of their requirement to submit their portfolio by email and provided with 4 weeks to submit a paper audit to the office or enter and upload supporting documents to the online portal. During Covid the Continuing Competency Committee extended the time from "the Call" to "Received" from 4 weeks to 6 weeks.

For audits that will be conducted in 2024, the time to submit will be returned to 4 weeks.

Janelle Baril (CMLTM Admin Assist) tracks audits received. She sends reminders to members who have not yet submitted as the deadline for submission approaches. The CMLTM Deputy Registrar (Tricia VanDenakker) conducts all audits to ensure consistency of audit policies and completes the audit summary and additional feedback forms for each audit.

Tricia will reach out to members if there are minor deficiencies or errors that can easily be corrected by registrants (eg. Missing documentation for a Category 1 or 2 item, missing goals). If you receive this type of email, you will be given 1 week to make the corrections without penalty.

Depending on complexity, each audit can take between 10 minutes to 30 minutes to review. Given that Tricia only works parttime (0.5 FTE), it can take 4-5 weeks for her to complete a batch of audits.

Once the batch of audits is complete, Janelle then prepares the audit result letters which are signed by Adam Chrobak, Registrar. This could take another week. Result letters are then emailed to each registrant.

You can expect to receive your audit results 4-6 weeks after the deadline for submission.

If you have any questions about, the audit process or activities completed, you are encouraged to contact the CMLTM office.

Common Errors Observed:

- Lack of supporting documentation for Category 1 or 2
- Certificates with missing information which requires items to be recategorized from Category 1 or 2 to Category 3
- Missing Goals
- Work related goals instead of Continuing Education goals. (eg I want to learn how to troubleshoot instrument x)
- Forgetting to include transferrable skills for Category 5 items.
- Listing multiple years of activities on a single line (eg. 5 years of Category 1 on a single line)
- Including work-required training (eg competencies)

LANGUAGE PROFICIENCY REQUIREMENTS ARE NOT DISCRIMINATORY

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Ever since the notorious decision of [Brar and others v. B.C. Veterinary Medical Association and Osborne](#), 2015 BCHRT 151 (CanLII), regulators have been uncertain as to when their language proficiency requirements could be seen as discriminatory towards internationally trained applicants. An application for registration by a teacher hopeful in British Columbia indicates that language proficiency requirements, absent evidence to the contrary, can constitute valid registration requirements.

The matter began with a decision of the British Columbia Human Rights Tribunal: [Harun-ar-Rashid v. Ministry of Education \(Teacher Regulation Branch\)](#), 2021 BCHRT 75 (CanLII). The applicant applied for a certificate in BC. Initially he was told that he would not have to demonstrate language proficiency because of his five years of teaching experience elsewhere

in Canada. However, communications between representatives of the regulator and the applicant raised concerns about his English-language proficiency. He was required to pass a proficiency test. The applicant refused. He initiated a series of challenges culminating in a human rights complaint. He argued that the language proficiency requirement was used as a pretext to discriminate against him on several bases including ancestry, colour, place of origin, and race.

The Tribunal dismissed the complaint. Even though other provinces did not require such evidence of language proficiency, there was no evidence that the requirement was based on stereotypes or that it was unduly onerous or unattainable by certain groups of people. The applicant was assessed individually and there was a basis for credible concerns about his

language proficiency. There was also no evidence of bias by the regulator; the applicant's case was based on speculation.

The applicant sought judicial review, which was dismissed on the basis that it disclosed no reasonable claim for judicial review: [Harun-ar-Rashid v British Columbia \(Human Rights Tribunal\)](#), 2022 BCSC 965 (CanLII). On further appeal on various grounds, including that the Superior Court Judge was biased, the matter was also dismissed: [Harun-ar-Rashid v. British Columbia \(Human Rights Tribunal\)](#), 2023 BCCA 276 (CanLII).

Language proficiency requirements are not necessarily discriminatory

CMLTM SUBSTANTIVE EQUIVALENCE POLICY

Definition

Substantial equivalency from a CMLTM perspective is defined as a determination by CMLTM that the education, examination, and experience requirements of an individual potential licensee are comparable to, or exceed, the education, examination, and experience requirements contained in the CMLTM statutes and rules and therefore that given individual may be considered for registration.

Practice in Use

CMLTM Council approved the first Substantive Equivalence policy in September 2015. (BOA-15). This policy was created to provide a mechanism to address the critical and growing shortage of staff to work in Molecular Diagnostics.

Since creating this policy, only a handful of individuals have been hired into positions through this route.

Manitoba was not the only province to create such a policy and similar policies are in effect in Alberta and Ontario.

This first policy relied on CSMLS to conduct a prior learning assessment to determine if a particular candidate's education aligned with the molecular diagnostics portion of the Clinical Genetics Competency profile. Since CSMLS no longer offers subject examinations, CMLTM relied on the employers initial and annual TACAs to ensure competence to practice.

For those of us who have practised as an MLT for many years, you may recall that CSMLS used to have subject syllabi (prior to the competency profile era) and offer subject certification examinations. (I.e. one could complete education (usually a BSc) and clinical training in a single subject like Microbiology or Chemistry and then write an exam in that one subject). These individuals would then be able to practice in their subject/discipline.

CSMLS discontinued subject examinations in the 1980s when there was a surplus of technologists. During those turbulent times, many subject certified MLTs lost their jobs because of the restrictive nature of their practice. At the same time, in an effort to increase efficiency and reduce costs, microbiology and pathology labs were consolidated and centralized. Chemistry, Hematology and Blood banks evolved into core labs with staff expected to cross train and cover all core areas.

What goes around comes around...

As the MLT shortage continues to grow, Regulators across Canada are facing increased pressure to consider alternative pathways to licensure. CMLTM has provided information on Alternative Pathways Project and has invited all registrants to participate in the focus group phase of this project. Employers across the country are also struggling to fill Technologist vacancies. CMLTM was approached by Shared Health (Manitoba's largest employer) to revise our substantive equivalence process for areas of the lab beyond molecular diagnostics. The employer is hoping to recruit individuals possessing the analytical skills (of a particular practice area) to some specialty areas of the laboratory.

The new substantive equivalence policy (BOA-20) has been approved by Council to address this need and expand on the expectations of the employer and the individual who may be selected. Shared Health has developed learning plans for the following practice areas: toxicology, metabolic/special chemistry, molecular genomics, cytogenetics, molecular microbiology, and immunohistochemistry.

What has changed/improved?

CMLTM will conduct a Prior Learning Assessment process. The individual must have completed a minimum on an honors degree from a Canadian University. The individual must clearly demonstrate knowledge and skill in the analytical techniques of the specialty area of the laboratory.

The employer will provide training in the following CSMLS competency areas:

- Safe work practices
- Data and Specimen Collection and Handling
- Interpretation and reporting of results.
- Quality Management
- Critical thinking
- Communication and interaction
- Professional Practice

CMLTM approved assessments will be conducted for each area of training including the analytical skills.

CMLTM reserves the right to require a subject-type examination. CMLTM will grant limited practice registration (ie. limited to area in which individual has been hired into) to the individual upon successful completion of all components.

New line on job postings

Education (Degree/Diploma/Certificate)

- Graduate of an approved Medical Laboratory Technology program
- **Successful completion of the CMLTM Prior Learning Assessment process for a discipline specialty, as deemed by the Employer, may also be considered.**

The new line (in red) above, has been added to all job postings to address this need. While CMLTM would like to have this line limited to those specialty areas where CMLTM has reviewed and approved the learning plans, the union requires Shared Health to standardize all job postings.

If you have questions about this change in policy, please feel free to contact [Adam Chrobak](#) or [Tricia VanDenakker](#).



Newsletter Policy

The College of Medical Laboratory Technologists of Manitoba is responsible for distributing current information about services or relevant information to the membership. This is done through a newsletter which will be distributed electronically or through the mail.

The Council is Responsible for Reviewing All Submitted Content

The College is not responsible for any opinions expressed in the newsletter and nor are they responsible for the accuracy of the content published. The information presented in the newsletter can not be reprinted without the written consent of the Registrar/CEO