



Annual Report 2019



Back row left to right: Rajinder Pal Bhullar (Council, Public Representative), Erin Sadler, MLT (Council, Member), Steven Wu (Council, Public Representative), Anna Avalos, MLT (Council, Member), Tarnnumjahan M. Sayed, MLT (Council, Chair), Brad Collignon, MLT (Council, Treasurer), Janie McBey, MLT (Complaints Committee, Chair), Tracey Pronyk-Ward, MLT (Board of Assessors, Chair)

Front row (sitting) left to right: Heather Mauthe, MLT, ART (Continuing Competency Committee, Chair), Sajjid Janjua, MLT (Council, Vice-Chair), Cynthia Rempel Patrick (Council, Public Representative), Sandy Brooks, MLT (Council, Secretary)



College of Medical Laboratory Technologists of Manitoba

Annual Report 2019

1	Code of Ethics for Medical Laboratory Technologists	2	Code of Ethics for Medical Laboratory Technologists	3	Registrar Annual Report	4	Report from Council Chair
			Use of Social Media				
5	Structural Organization Chart	6	Public Representative's Report	7	Inquiry Committee	8	Board of Assessors
	Functional Organization Chart				Complaints Committee		Nominations Committee
9	Continuing Competency Committee	10	Independent Auditor's Report				

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HOURS OF OPERATION

Monday to Friday
8:00AM – 4:00PM



Canadian Alliance of Medical Laboratory Professionals Regulators
Alliance canadienne des organismes de réglementation des professionnels de laboratoire médical

INTRODUCTION

The Code of Ethics describes the expected ethical obligations and principles that patients, the profession and the public believe will guide the professional and personal conduct of all medical laboratory technologists (MLTs). These principles can be thought of more as exhibited behaviours than the knowledge and skills listed in a Standards of Practice document.

The Code of Ethics, along with the Standards of Practice, defines professionalism in the practice of medical laboratory technology. MLTs adhere not only to the guidelines, but also to the underlying spirit and precepts.

A medical laboratory technologist's fundamental responsibility is to manage the prescribed medical laboratory services for patients in an effort to improve their health. MLTs have professional obligations to work collaboratively with colleagues and other healthcare providers to deliver professional services.

Patient safety and protection is paramount at all times.

The Code of Ethics will:

- *Promote an MLT's recognition of the professional and personal conduct expectations for medical laboratory technology practice.*
- *Represent the minimum standards of professional behaviour and ethical conduct expected of all MLTs.*
- *Apply to MLTs at all times in all dimensions of professional and personal conduct, including technical and nontechnical fields such as education, administration, quality assurance, and research.*

The ethical obligations and principles are not listed in order of importance. They should be balanced against each other and considered in relation to all of the obligations and principles described by the Code of Ethics. Over time, it will evolve in response to regulatory, legal, and ethical expectations and will be adopted only after stakeholder consultation. Legislation, regulations, bylaws, Code of Ethics, Standards of Practice and practice guidelines collectively establish a framework for the practice of ethical and safe medical laboratory technology.

ETHICAL OBLIGATIONS

Medical laboratory technologists demonstrate an application of their ethical obligations through their professional and personal conduct.

Obligations to Patients:

Medical laboratory technologists put their patient(s)' interest(s) above their personal interest(s). MLTs carry out their professional duties competently and with integrity. They respect their patients' individual needs and overall welfare at all times, including the patients' right to freedom of choice in health care provider, free and enlightened consent, and an expectation of confidentiality of all patient information, in accordance with existing legislation.

Obligations to the Public:

Medical laboratory technologists are dedicated to serving the public's health care needs through respectful, accessible, and cooperative interactions with the public and patients, other healthcare providers, and students. MLTs facilitate awareness and understanding of the medical laboratory technology profession.

Obligations to the Profession:

Medical laboratory technologists contribute to the profession's development through collaboration, mentorship, self-development, and support of its institutions. MLTs strive for excellence in their professional practice, and professional and personal conduct through life-long learning. Medical laboratory technologists recognize, disclose, and resolve conflicts of interest to safeguard patient care.

Obligations to the Regulatory Body:

Medical laboratory technologists understand, respect and comply with provincial Acts and regulations, and the Code of Ethics, Standards of Practice, bylaws and practice guidelines approved by their regulatory body. Medical laboratory technologists cooperate and maintain harmonious relations with, and promptly reply to all correspondence from the regulatory body at all times.

Obligations to Oneself:

Medical laboratory technologists are accountable and responsible for their professional and personal conduct. MLTs practice within their scope of professional competence and recognize their professional and personal limitations. Medical laboratory technologists maintain and improve their knowledge, skills, judgement and behaviours to ensure the best possible patient care.

ETHICAL PRINCIPLES

Medical laboratory technologists demonstrate the following ethical principles through the medical laboratory technology services delivered, either alone or in collaboration with a multidisciplinary team, and any services rendered under the MLTs' direction and supervision.

Confidentiality / Privacy / Conflict of Interest

Medical laboratory technologists shall:

- *Respect and protect patient confidentiality and privacy by understanding and complying with applicable privacy legislation and policies regarding the collection, use, and disclosure of confidential information.*
- *Recognize, disclose, and act appropriately to resolve conflicts of interest that arise in the course of professional activities. They will maintain the integrity of personal health information, maintain transparency, and deliver unbiased patient-centered care. MLTs never use confidential information to the detriment of a patient or to benefit themselves or another person.*

Diversity / Respect / Dignity / Consent

Medical laboratory technologists shall:

- *Value, respect and protect the rights, welfare, and dignity of all patients by providing patient care and service with respect for human rights, regardless of, but not limited to race, ethnicity, religion, language, sexual orientation, age and socio-economic status, mental or physical abilities at all times.*
- *Obtain free and informed consent from patients before undertaking any action, in accordance with relevant legislation and policies, recognizing that consent can be withdrawn at any time.*
- *Maintain appropriate professional boundaries with patients, colleagues, and other healthcare providers while delivering patient-centered care.*

Continued on Next Page

Safety

Medical laboratory technologists shall:

- Practice according to established protocols, safety guidelines, relevant current provincial and federal legislation, institutional policies and procedures, and environmental considerations. They do so to protect patients, colleagues, healthcare providers, society, the environment, and themselves from any potential harm while acting in the best interest of the patient.
- Promote a culture of safety with colleagues, and other healthcare team members.

Accountability / Responsibility

Medical laboratory technologists shall:

- Exercise independent judgment, accept responsibility for their actions and the foreseeable consequences of their actions, and recognize their accountability for the service they provide.
- Practice within the scope of their professional competence, recognize the competence of others and seek their assistance as required.
- Take appropriate action in responding to situations which may jeopardize patient care or harm the profession, including reporting impaired, incompetent, and/or unethical colleagues in accordance with their legal requirements.

Professionalism / Behaviours / Attitudes / Professional Development

Medical laboratory technologists shall:

- Strive for excellence in their professional practice, and in their professional and personal conduct to uphold the integrity of the profession and the public trust.
- Communicate effectively with patients, the public, colleagues and other healthcare providers, contributing to a healthy and positive work environment.
- Maintain and enhance professional practice and augment their knowledge, skills, judgement, and behaviour through self-reflection and self-directed professional development and by demonstrating continued competence.
- Demonstrate collegiality, mentorship, and sharing of new and emerging professional knowledge.

Collaboration

Medical laboratory technologists shall:

- Display integrity and respect in all interactions and collaboration with healthcare providers and others involved in patient care.
- Contribute to ongoing improvement in healthcare provision through an application of a process-orientation and focus on quality.
- Promote learning by facilitating the sharing of knowledge, skills and judgment processes with colleagues, students, other healthcare professionals, and the public.

Use of Social Media



Social Media is fast becoming a common means of exchanging and creating information, and sharing ideas and pictures. Social media includes Facebook, Twitter, YouTube, LinkedIn, MYSpace, Yelp, Wikipedia, etc. Social media is different from traditional types of media in terms of reach, the speed at which information is shared, the permanence of the information and the ease at which information is accessed. It is important to recognize the risks when posting information online. Once the information is posted, it is very rapidly disseminated and can have global implications

CONFIDENTIALITY

- MLTs have a moral and legal responsibility to protect the privacy and confidentiality of clients. Never disclose any client information as any information could be enough for someone to identify a client.
- Information shall only be accessed on a “need to know” basis.
- MLTs must always comply with confidentiality laws and employer policies regarding social media usage.

PROFESSIONALISM

- MLTs have the right to express their own opinion but must be aware that anything posted, even if done off duty and off premises reflects on themselves and their profession.
- MLTs must always maintain professional and ethical conduct, do not post derogatory remarks or sensitive information about clients, colleagues, supervisors, the workplace or a regulatory body.
- MLTs should maintain professional boundaries with clients and should be careful when considering “friend requests”.

GUIDING PRINCIPLES

- Positive aspects of social media usage are to be embraced however sharing of inappropriate information could result in professional discipline such as fines, dismissal and being reported to the professional regulatory body.



Registrar Annual Report

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



“Two roads diverged in a wood, and I—I took the one less traveled by, and that has made all the difference.”
 – Robert Frost

2019 has been another busy year for the CMLTM office as it continues to implement the decisions of Council and work to improve the College’s ability to fulfill its regulatory mandate of public protection.

CMLTM continues to search for an appropriate tenant to rent the surplus office space in the CMLTM building. CMLTM has met with a few prospective tenants but they were not a good fit.

CMLTM collaborated with eight (8) other health professions that are under the Regulated Health Professions Act (RHPA) and are members of the Manitoba Alliance of Health Professions Regulators (MAHPR) on the development of a second eLearning Module. The new module addresses issues related to regulated professionals use of social media professionally and personally. The development of the module, Pause Before You Post: Social Media Awareness, was completed in the Fall of 2019. CMLTM Council has decided to make it a requirement for all new applicants and current registrants to complete the new module.

The Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR), consisting of the Registrars from each of the provinces that regulates MLTs in Canada, have applied for a federal grant to develop a new national landing page for internationally educated applicants (IEA). The landing page will be the “one-stop-shop” for internationally educated medical laboratory technologists (IEMLT) looking for qualification recognition and registration to practice as an MLT in Canada. Two other important components of the grant application include the development of a clinical competency assessment process and the validation of the current English Language Competency standards for the medical laboratory technologist practice in Canada.

CAMLPR and the Canadian Society for Medical Laboratory Sciences (CSMLS) have transitioned the national entry-to-practice exam (CSMLS MLS exam) from a paper-based exam to a computer-based exam (CBE). The June 2019 exam was the first CBE delivered by CSMLS. A number of the exam candidates across Canada experienced technical issues and were logged out during the exam. CAMLPR decided that the technical difficulties may have contributed to some of the exam candidate’s performance on the exam. Exam candidates that were not successful were given the

opportunity to retake the exam on an alternative date with no consequences.

CMLTM continues to collaborate with six (6) other health profession regulators and the Manitoba Institute for Patient Safety (MIPS) on a critical incident reporting system for health professionals practicing outside of the publicly funded health system.

CMLTM Council has developed and implemented a five-year financial plan to address CMLTM’s long term financial stability. The plan includes significant cost savings (where possible), by reducing discretionary spending and investigating all opportunities for cost savings. Council has strengthened the Legal Reserve Fund by implementing a special levy for the next four (4) years. All funds collected under the special levy will be allocated to the Legal Reserve fund. Council has also created an Operating Reserve Fund (a Line of Credit, \$150,000) and a Capital Reserve Fund.

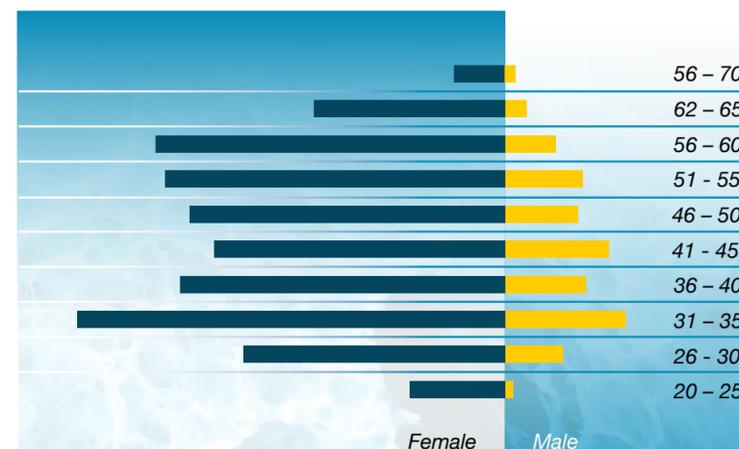
CMLTM Council has been reflecting on the Truth and Reconciliation Commission’s Calls to Action and how they may apply to how CMLTM operates. Council has created a special working group that includes CMLTM registrants that have self-identified as First-Nation heritage. The working group has been tasked to review the Calls to Action and develop an action plan to address the Calls to Action that apply to CMLTM. The working group will develop the CMLTM Truth and Recognition statement to be approved by Council. Council will develop a communication strategy once the statement has been approved.

CMLTM 2019 Demographics

Age	Gender	Count
20-25	Female	28
20-25	Male	3
26-30	Female	77
26-30	Male	17
31-35	Female	126
31-35	Male	36
36-40	Female	95
36-40	Male	24
41-45	Female	86
41-45	Male	31
46-50	Female	93
46-50	Male	22
51-55	Female	100
51-55	Male	23
56-60	Female	103
56-60	Male	16
61-65	Female	57
61-65	Male	7
66-70	Female	15
66-70	Male	4

The CMLTM registry totals as of December 31, 2019:

Active: General	896
Active: Limited	60
Conditional	3
Inactive	36
Inactive: Retired	23
Student	78
Rejected	0
Honorary	2
Total	1098



Report from Council Chair

Tarnnumjahan M. Sayed, MLT, Council Chair



This past year, CMLTM witnessed some notable developments for the organization. We began implementation of a 5-year plan to provide financial stability and sustainability.

During our strategic planning, we revised the vision, mission, and values to guide the organization's future activities; clearly communicate the organization's role to registrants and the public; and define the organization's service expectations.

Vision: Excellence and leadership in medical laboratory regulation.

Mission: Protection of the public through regulation by ensuring ethical and competent Medical Laboratory Technologists.

Values:

Leadership: The College will provide expertise and continually seek improvement in professional regulation and practice.

Integrity: The College will conduct itself in a professional, fair, honest, and transparent manner to our members and the public.

Accountability: The College will be accountable to the public, government, and our members by following policy and conducting investigations in a fair, equitable, and confidential manner.

In 2019, the Council started sending out a summary of the Council meetings to all registrants via e-mail ahead of the release of the meeting minutes in an effort to enhance transparency and public awareness.

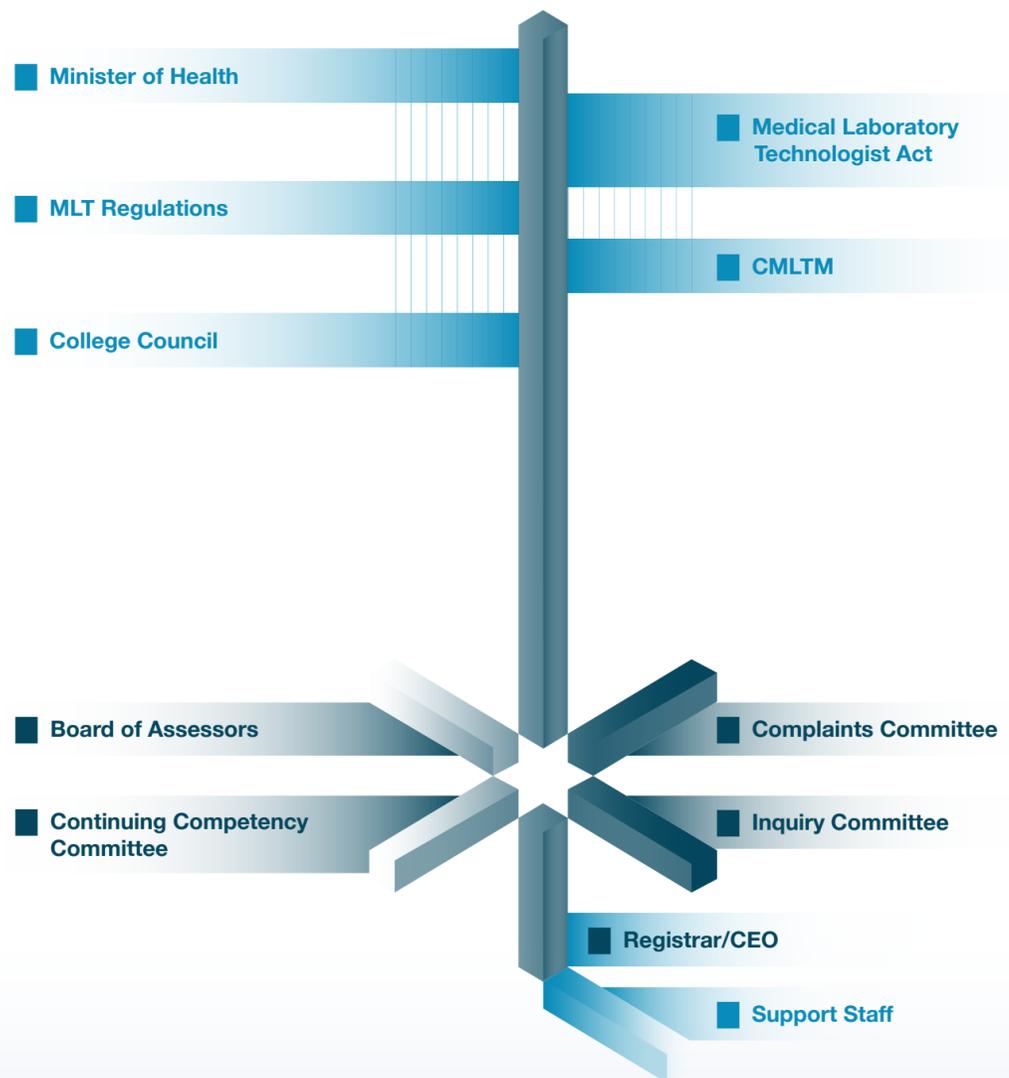
During the year, some of our long-standing Council members finished their volunteer terms. We are sad to say goodbye to:

- Linda Schroeder, Chair of the Continuing Competency Committee
- Robert Young, Public Representative
- Robert Harvey, Public Representative
- Leanne Matthes, Public Representative

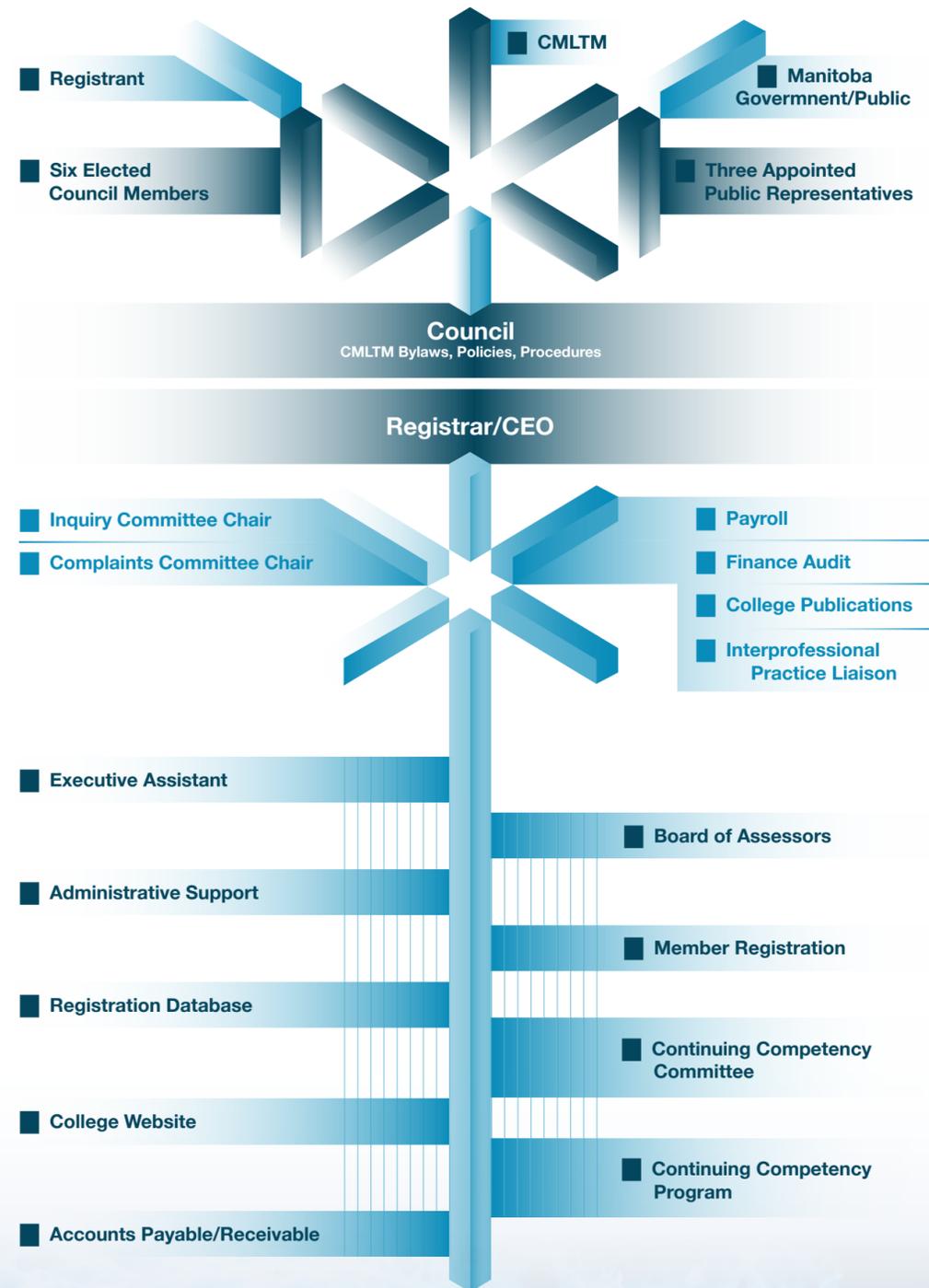
We now have a few new faces with us. We are happy to welcome Rajinder Pal Bhullar, Cynthia Rempel Patrick, and Steven Wu as new Public Representatives on Council. CMLTM and its Council looks forwards to their contributions towards patient safety.

As a reminder, Council is comprised of volunteers and it is those volunteers that drive the College to excel. We are always looking for MLTs to become involved with the CMLTM and the Council that governs it. We currently have two (2) open rural positions and two (2) open urban positions available for the 2020 nominations. If you feel that this opportunity is a fit for you or if you know of anyone who you think might be a good fit for Council, I encourage you to step forward and complete the nomination forms available on the CMLTM website.

I would like to offer my heartfelt thanks to the CMLTM office staff, my fellow Council members (both past and present), and all CMLTM registrants for the support I have received over this past year as Council Chair. It has been quite the experience.



Structural Organization



Functional Organization

Public Representatives' Report

Cynthia Rempel Patrick, on behalf of the Public Representatives on Council



The Public Representatives to the CMLTM Council are:

- Nominated by the Minister of Health
- Appointed by Council
- Responsible to monitor the public interest from a governance viewpoint within CMLTM
- Expected to bring expertise and advisory capabilities to the Council.

As 2019 comes to a close we wish to record in your Annual Report our following observations:

1. The College of Medical Laboratory Technologists of Manitoba is meeting its obligations as the body charged with regulation of the profession. Under Council leadership the responsibilities of the College are met chiefly by the office of the Registrar, the Board of Assessors and supporting Committees.
2. We are impressed with the quality of staff and of the Council and Committee volunteers involved in the leadership and governance of the College.
3. We generally commend the level of discourse, and the commitment to conscientious governance, that we observe at Council, and in the issues and policy decisions brought to Council. As well as the sensible policy developments being framed by the Council, we congratulate the commitment to annual Strategic Planning activities.
4. It remains a challenge to obtain Council members from rural regions. We encourage members to consider offering their services, as we continue to make efforts to recruit rural Committee and Council members to sustain equitable and fair representation for College members.

As Public Representatives we can attest that College members have been well served by the Council, College staff, and its volunteers over the 2019 year.

All stakeholders in the College, including registered MLTs, the patient public, other health care professionals and the leadership of Manitoba Health, Seniors and Active Living may be assured that they are well served by the College of Medical Laboratory Technologists of Manitoba.

*Public Representatives,
as appointed in
September 2018:*



RAJINDER PAL BHULLAR



CYNTHIA REMPEL PATRICK



STEVEN WU

Inquiry Committee

2019 Inquiry Committee Members:

- *Vacant, Chair*
- *Tracey Pearson, MLT*
- *Darlene Grantham, Public Representative*

The Inquiry Committee is going through a transition as the previous Chair, Bonnie Grahame, MLT, stepped down after a number of years of service on the Inquiry Committee. The Inquiry Committee, along with Council, would like to thank Bonnie for all her years of dedication, passion, and experience that she brought to the Committee.

Bonnie had agreed to stay active within the Committee if an inquiry should arise, however the Inquiry Committee did not have any complaints referred in 2019. The Council was actively trying to fill the Committee Chair position. We are happy to announce that Brad Collignon, MLT, BSc has agreed to Chair the committee once his duties as Treasurer are completed on Council after December 31, 2019.

Complaints Committee

Janie McBey, MLT, Complaints Committee Chair



According to the Medical Laboratory Technologist Act the Council shall appoint a Complaints Committee to review and investigate any complaints filed against current and former CMLTM registrants.

2019 Complaints Committee Members

- Janie McBey, MLT, Committee Chair
- Erin Sadler, MLT
- Beverly Muzyk, Public Representative
- Donna Phillips, Public Representative

The Complaints Committee met in person and via teleconference a total of 6 times in 2019.

Throughout the meetings in the first half of 2019, the committee reviewed and suggested changes to all of the Complaints Committee policies. These were forwarded to CMLTM Council for review and approval. Complaint 2018-01 was finalized during 2019 as were two of the four complaints filed this year; 2019-01 and 2019-02. Complaints 2019-03 and 2019-04 were not completed during 2019.

Complaint 2018-01 was related to alleged incompetent practice by an MLT registered with CMLTM. Complaint 2018-01 was finalized after the submission of a report from the investigators after a thorough formal review. The Committee found the registrant guilty of incompetent practice and offered the registrant an agreement. The registrant has not responded to the agreement, nor has the registrant renewed their registration with CMLTM.

Complaint 2019-01 was related to the practice and/or conduct of a registrant complying with the employer's approved policies/procedures and clear communication. After reviewing the employer's approved policies and a series of communications, the Committee decided that all policies were followed and no further action was required.

Complaint 2019-02 was related to a member's concerns with respect to another member's practice and conduct via social media and bullying in the form of rumors. After a review of communications, the Committee decided that no further action was necessary, but took the opportunity to remind the complainant of CMLTM's position statement on social media. The Committee further provided suggested readings and educational activities on professionalism, ethics, Standards of Practice, and expectations for MLT's.

Complaints 2019-03 and 2019-04 were related to two registrants for the same incident. The complaints alleged that the registrants practiced in an unprofessional manner and failed to follow their employer's standard operating policies and the CMLTM Standards of Practice. The Committee assigned each member a file number in order to assess and respond to their responses to the complaint as separate issues. These complaints were not finalized in 2019 and have carried-over to 2020.

All complaints filed in 2019 were decided upon by reviewing materials submitted by complainants and members and did not require a formal investigation.

Nominations Committee Report

Brad Collignon, MLT, Nomination Committee Chair



The CMLTM Council is a significant part of the governance and regulation of the practice of medical laboratory technology in Manitoba. The CMLTM Council election process is an important event every year and I would like to take this opportunity to thank everyone who participated in the CMLTM 2019 election process.

As part of the transition from two (2) to three (3)-year terms on Council; Sandy Brooks has agreed to extend her term as rural representative on Council for an additional 2 years and Tannu Sayed has agreed to extend her term as city representative on Council for 1 year. There remains one 2-year position open from rural

We received one nomination for our two open positions on the 2020 CMLTM Council. There was one vacancy for Electoral Division #1, within the City of Winnipeg, and we did not receive any nominations. However, Sajjid Janjua agreed to be appointed by Council to the Division #1 position on Council for a 3-year term. There was one vacancy for Electoral Division #2, outside the City of Winnipeg, and we received one nomination. We would like to welcome Kamran Bashir as a new member to the CMLTM Council. Council is currently seeking a candidate for the vacant position from within Winnipeg to be appointed at the next Council meeting. We would like to encourage all members to consider running for Council in future years.

Board of Assessors

Tracey Pronyk-Ward, MLT, Board of Assessors Chair



In accordance with the Medical Laboratory Technologist's Act, Regulations and By-Laws, the Board of Assessors (BOA) is a standing Committee whose mandate is to protect the Public interest by ensuring an Applicant to the College of Medical Laboratory Technologists of Manitoba (CMLTM) is appropriately qualified to practice as a Medical Laboratory Technologist in Manitoba.

2019 Board of Assessors Members

- Tracey Pronyk-Ward, MLT, Chair
- Trevor Kotowich, MLT
- Gloria Mactavish

During the period January 1, 2019- December 31, 2019, the Board of Assessors reviewed one hundred twelve (112) applications with the following decisions:

Classification	Approved
Active General Certificate to Practice	22
Conditional General Certificate to Practice	36
Conditional Limited Certificate to Practice	1
Conditional Certificates to Practice upgraded to Active	32
Status upgraded from Inactive to Active Certificate to Practice	16
Active Limited Certificate to Practice	5

Three (3) Active General Certificates to Practice were relocations from another province: two (2) from Saskatchewan, one (1) from Ontario. One (1) Conditional, Limited to Practice, (1) Clinical Genetics.

Five (5) Active Limited Certificate to Practice, (1) Cytology, (3) Clinical Genetics, (1) Microbiology (substantive equivalence).

The Board of Assessors reviewed the CMLTM approved refresher courses.

As Chair, I would like to express my sincere appreciation to the members of the Board of Assessors, Gloria Mactavish and Trevor Kotowich for their assistance, dedication and commitment over the past year.

Continuing Competency Committee

Heather Mauthe, MLT, ART Continuing Competency Committee Chair



The mandate of the Continuing Competency Committee is to oversee the College's Continuing Competency Program development, maintenance and registrant compliance. The Committee reports and makes recommendations to the CMLTM Council. The Council maintains final decision-making power.

2019 Continuing Competency Committee Members

- Heather Mauthe, MLT, Committee Chair
- Linda Schroeder, MLT
- Henri Beaubien, MLT
- Joyce MacDonald, MLT
- Wendy Leduc, MLT
- Julie Burgoyne, MLT

Committee Activity

The committee met two times in 2019. The Deputy Registrar audited all portfolios for the year. The committee met in the fall to re-audit a random sample of the portfolios for quality assurance. Four from each audit session were reviewed which accounts for 5% of total audits. Only one significant portfolio discrepancy was found, moving it from a pass to a fail for documentation.

Meetings were held to complete continuing education (CE) assessments, train new CCC members, consider program improvements, and finish developing Program policies to serve as a transparent guide to the CCC processes. Policy completion: CCC 05 – CCC Document - Call for Audit Rules that will outline the rules for auditing registrants including; requirements for new grads, new registrants, return to practice, and how requests for deferring audit will be handled.

Continuing Competency Audit

It is the professional responsibility of all registrants to meet the requirements of the Continuing Competency Program as part of our ongoing commitment to public protection.

The CMLTM has set a goal to verify that commitment by randomly auditing a minimum of 20% of practicing registrants annually. In 2019, 25% (236) of our 955 active members were audited. The majority (86.9%) of audited members passed on initial audit. The table below outlines the audit findings for the year.

I would like to personally thank Linda Schroeder for her many years of dedicated work chairing the CCC and for agreeing to stay on one year as a volunteer to help mentor the new Committee.

Audit Results for 2019	January 25	March 4	May 1	Total
Pass	55	65	60	180
Pass Less than 5 years	6	6	7	19
Marginal Pass	1	2	3	6
Fail Less than 5 years	0	0	0	0
Fail Documentation	1	2	3	6
Fail Activities	7	6	7	20
Fail Activities and Documentation	2	1	0	3
Incomplete submission	0	1	0	1
Non-compliant, suspended	0	0	1	1
Total	72	83	81	236

Less Than 5 years refers to registrants with less than 5 years of Canadian Practice. The 5-year minimum practice hours and continuing education hours would not apply to these audits. A fail would be due to missing documentation.

Marginal Pass includes submitted continuing education hours completed in the year of audit that was reassigned to 5-year audit period to meet required hours.

Incomplete submission refers to portfolios submitted without or improperly completed log sheets that prevents auditing of the portfolio. Submitters are given one month to resubmit properly completed log sheets.

To the Members of the College of Medical Laboratory Technologists of Manitoba:

OPINION

We have audited the financial statements of the College of Medical Laboratory Technologists of Manitoba (the "Organization"), which comprise the statement of financial position as at December 31, 2019, and the statements of operations, changes in net assets (deficit) and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the Organization as at December 31, 2019, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

BASIS FOR OPINION

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the Organization in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

OTHER INFORMATION

Management is responsible for the other information. The other information comprises the information included in the annual report, but does not include the financial statements and our auditor's report thereon. The annual report is expected to be made available to us after the date of this auditor's report.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated.

When we read the annual report, if we conclude that there is a material misstatement therein, we are required to communicate the matter to those charged with governance.

RESPONSIBILITIES OF MANAGEMENT AND THOSE CHARGED WITH GOVERNANCE FOR THE FINANCIAL STATEMENTS

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Organization's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Organization or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Organization's financial reporting process.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- *Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.*
- *Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control.*
- *Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.*
- *Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Organization's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Organization to cease to continue as a going concern.*
- *Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.*

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Winnipeg, Manitoba,
June 2, 2020

Statement of Financial Position

For the year ended December 31st, 2019

	2019	2018
Assets – Current		
Cash	474,472	360,547
Accounts Receivable	5,813	–
Portfolio investments (Note 4) (Note 7)	205,058	180,146
Prepaid expenses	4,197	–
	689,540	540,693
Capital assets (Note 5)	636,240	669,282
	1,325,780	1,209,975
Liabilities – Current		
Accounts payable and accruals	21,472	21,898
Unearned member fees	541,123	443,560
Current portion of term loan due on demand (Note 6)	26,300	25,200
	588,895	490,658
Term loan due on demand (Note 6)	327,625	351,122
	916,520	841,780
Net Assets – Defecit		
Unrestricted (Defecit)	(120,055)	(171,766)
Invested in capital assets	282,315	292,961
Internally restricted (Note 6)	247,000	247,000
	409,280	368,195
	1,325,780	1,209,975

Statement of Changes in Net Assets

For the year ended December 31st, 2019

	Unrestricted	Invested in capital assets	Internally restricted	2019	2018
Net assets (deficit), beginning of year	(171,766)	292,961	247,000	368,195	411,765
Excess (deficiency) of revenue over expenses	92,220	(51,155)	–	41,065	(43,570)
Payment of interest and principal on term loan	(40,509)	40,509	–	–	–
Net assets (deficit), end of year	(120,055)	282,315	247,000	409,260	368,195

Statement of Operations

For the year ended December 31st, 2019

	2019	2018
Revenue		
Member Fees	461,320	451,521
Expenses		
Accounting and Audit fees	17,963	21,987
Advertising	–	27,312
Amortization	33,042	34,664
Bank charges and interest	15,845	13,106
Committee and program expense	20,941	43,338
Database and website costs	15,066	11,646
Interest on term loan due on demand	18,112	17,859
Jurisprudence costs	2,522	13,075
Legal fees	26,284	9,697
Membership fees - Canadian Alliance	233	294
Membership fees - Council on Licensure	353	705
Membership fees - Health Standards Organization	1,890	2,835
Membership fees - Other	5,484	6,240
Membership fees - Patient Safety	595	500
Rental	275	28
Office	25,875	33,178
Postage	2,439	2,448
Professional development	1,239	13,528
Professional fees - Other	–	4,065
Property taxes	15,394	15,225
Repairs and maintenance	16,441	13,754
Staff and contractors	206,869	183,568
Telephone, internet, and fax	6,483	6,540
Utilities	8,434	9,137
	441,779	484,729
Deficiency of revenue over expenses before other items	19,541	(33,208)
Other items		
Gain on disposal of capital assets	50	400
Investment fees	(3,348)	(3,305)
Investment income (loss)	24,296	(8,430)
Other income	526	973
	21,524	(10,362)
Deficiency of revenue over expenses	41,065	(43,570)

Statement of Cash Flow

For the year ended December 31st, 2019

	2019	2018
Cash provided by (used for) the following activities Operating		
Excess (deficiency) of revenue over expenses	41,065	(43,570)
Amortization	33,042	34,664
Gain on disposal of capital assets	(50)	(400)
Change in fair value of marketable securities	(23,164)	10,078
Gain on disposal of marketable securities	(4,418)	(4,876)
	46,475	(4,104)
Changes in working capital accounts		
Accounts receivable	(5,813)	–
Prepaid expenses	(4,197)	4,376
Accounts payable and accruals	(426)	(6,353)
Unearned member fees	97,563	6,077
	133,602	(4)
Financing		
Repayments of term loan due on demand	(22,397)	(22,650)
Investing		
Proceeds on disposal of capital assets	50	400
Change in portfolio investments	2,670	5,063
Decrease in cash resources	113,925	(17,191)
Cash resources, beginning of year	360,547	377,738
Cash resources, end of year	474,472	360,547

Notes to the Financial Statements

For the year ended December 31st, 2019

1. Nature of the organization

The College of Medical Laboratory Technologists of Manitoba (the "Organization") was created by act of Legislature through Bill 13 of the 37th Legislature and is a not-for-profit organization and thus is exempt from income taxes under the Income Tax Act.

The Organization's purpose is to serve as the registering and certifying body for medical laboratory technologists in Manitoba in order to serve and protect the public interest.

2. Nature of the organization

Capital Assets Held by Not-for-Profit Organizations

Effective January 1, 2019, the Organization adopted the Accounting Standard Board's (AcSB) new accounting standards improvements for not-for-profit organizations related to capital assets under Section 4433 *Tangible Assets Held by Not-for-Profit Organizations*. Applying this new Section results in changes to the determination of impairment and write-downs of capital assets and allows for the recognition of partial impairments of these assets. The Organization elected under the transitional provisions to apply the requirements for componentization to capital assets at the date of initial application.

There was no material impact on the financial statements from the application of the new accounting recommendations.

3. Significant accounting policies

The financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations set out in Part III of the CPA Canada Handbook - Accounting, as issued by the Accounting Standards Board in Canada, which are:

Cash

Cash includes balances with banks and short-term investments with maturities of three months or less. Cash subject to restrictions that prevent its use for current purposes is included in restricted cash.

Portfolio investments

Portfolio investments with prices quoted in an active market are measured at fair value while those that are not quoted in an active market are measured at cost less impairment.

Capital assets

Purchased capital assets are recorded at cost. Contributed capital assets are recorded at fair value at the date of contribution if fair value can be reasonably determined.

Amortization is provided using the straight-line method at rates intended to amortize the cost of assets over their estimated useful lives.

	Rate
Buildings	40 years
Computer equipment	2-5 years
Office equipment	5 years
Database	10 years

Long-lived assets

Long-lived assets consist of capital assets. Long-lived assets held for use are measured and amortized as described in the applicable accounting policies.

When the Organization determines that a long-lived asset no longer has any long-term service potential to the Organization, the excess of its net carrying amount over any residual value is recognized as an expense in the statement of operations. Write-downs are not reversed.

Revenue recognition

The Organization follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Endowment contributions are recognized as direct increases in net assets.

Restricted investment income is recognized as revenue in the year in which the related expenses are incurred. Unrestricted investment income is recognized as revenue when earned.

Member fees are recognized as revenue in the fiscal period to which they relate.

Continued on Next Page

3. Significant accounting policies (Continued from previous page)

Measurement uncertainty (use of estimates)

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period.

Accounts receivable are stated after evaluation as to their collectability and an appropriate allowance for doubtful accounts is provided where considered necessary. Amortization is based on the estimated useful lives of capital assets.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess of revenues and expenses in the periods in which they become known.

Financial instruments

The Organization assesses impairment of all of its financial assets measured at cost or amortized cost. The Organization groups assets for impairment testing when available information is not sufficient to permit identification of each individually impaired financial asset in the group; there are numerous assets affected by the same factors; no asset is individually significant, etc.

Management considers whether the issuer is having significant financial difficulty; whether there has been a breach in contract, such as a default or delinquency in interest or principal payments; etc. in determining whether objective evidence of impairment exists. When there is an indication of impairment, the Organization determines whether it has resulted in a significant adverse change in the expected timing or amount of future cash flows during the year.

If so, the Organization reduces the carrying amount of any impaired financial assets to the highest of: the present value of cash flows expected to be generated by holding the assets; the amount that could be realized by selling the assets; and the amount expected to be realized by exercising any rights to collateral held against those assets. Any impairment, which is not considered temporary, is included in current year excess (deficiency) of revenues over expenses.

Significant accounting policies

The Organization reverses impairment losses on financial assets when there is a decrease in impairment and the decrease can be objectively related to an event occurring after the impairment loss was recognized. The amount of the reversal is recognized in the excess of excess (deficiency) in the year the reversal occurs.

4. Portfolio investments

	2019	2018
Measured at cost		
Redeemable GIC, earning interest at 0.90%, maturing May 8, 2020	10,000	10,000
Measured at fair value		
Fixed income and equity investments	195,058	170,146
	205,058	180,146

The change in fair value of portfolio investments during the year was a gain of \$23,164 (2018 - loss of \$10,078)

5. Capital assets

	Cost	Accumulated Amortization	2019 Net Book Value
Land	100,000	–	100,000
Buildings	593,486	64,269	529,217
Computer equipment	8,563	8,563	–
Office equipment	18,085	18,085	–
Database	122,658	115,635	7,023
	842,792	206,552	636,240

	Cost	Accumulated Amortization	2018 Net Book Value
Land	100,000	–	100,000
Buildings	593,486	49,432	544,054
Computer equipment	8,563	8,563	–
Office equipment	18,085	18,085	–
Database	122,658	97,430	25,228
	842,792	173,510	669,282

6. Term loan due on demand

	2019	2018
Term loan due on demand bearing interest at prime plus 1.00% (2018 - prime plus 1.00%) payable in monthly instalments of \$3,375, maturing April 2020, and is secured with property, having a net book value of \$529,217 (2018 - \$544,054), pledged as collateral as well as a general security agreement.	353,925	376,322
Less: current portion of term loan due on demand	(26,300)	(25,200)
	327,625	351,122

Principal repayments on term loan due on demand in each of the next five years, assuming demand is not made and the loan is renewed on similar terms, are estimated as follows:

2020	26,300
2021	27,400
2022	28,600
2023	29,800
2024	31,100
	143,200

7. Internally restricted net assets

In 2007, the Council (governing body) of the Organization allocated \$100,000 of net assets for the purpose of establishing a legal fund to be used for future legal expenses. The fund has now reached the level of \$247,000 as at December 31, 2019 through approved allocations of \$50,000 in 2008, \$20,000 in 2010, \$17,000 in 2012 and \$60,000 in 2013. The Organization may not use these internally restricted amounts for any other purposes without the approval of the Council.

8. Commitments

The Organization as part of an agreement with Accreditation Canada Health Standards Organization Equal program committed to pay a fee of approximately \$1,900 annually for services in the initial and future years. The agreement is based on the initial fee and an increment that reflects the increase in the consumer price index.

9. Financial instruments

The Organization, as part of its operations, carries a number of financial instruments. It is management's opinion that the Organization is not exposed to significant interest, currency, credit, liquidity or other price risks arising from these financial instruments except as otherwise disclosed.

Interest rate risk

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. Changes in market interest rates may have an effect on the cash flows associated with some financial assets and liabilities, known as cash flow risk, and on the fair value of other financial assets or liabilities, known as price risk. The Organization is exposed to interest rate risk primarily relating to the term loan due on demand and portfolio investments.

Liquidity risk

Liquidity risk is the risk that the Organization will encounter difficulty in meeting obligations associated with financial liabilities. The Organization enters into transactions to borrow funds from financial institutions for which repayment is required at various maturity dates.

Other price risk

Other price risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices (other than those arising from interest rate risk or foreign currency risk), whether those changes are caused by factors specific to the individual financial instrument or its issuer, or factors affecting all similar financial instruments traded in the market. The Organization's investments in publicly-traded securities exposes the Organization to price risk as these investments are subject to price changes in an open market due to a variety of reasons including changes in market rates of interest, general economic indicators and restrictions on credit markets.

10. Contingencies

The Organization, in the normal course of operations, is subject to lawsuits. The Organization will accrue for losses in instances where it is probable that liabilities will be incurred and where such liabilities can be reasonably estimated.

11. Subsequent event

Subsequent to year-end, there was a global outbreak of COVID-19 (coronavirus), which has had a significant impact on businesses through the restrictions put in place by the Canadian, provincial and municipal governments regarding travel, business operations and isolation/quarantine orders. At this time, it is unknown the extent of the impact the COVID-19 outbreak may have on the Organization, as this will depend on future developments that are highly uncertain and that cannot be predicted with confidence. These uncertainties arise from the inability to predict the ultimate geographic spread of the disease, and the duration of the outbreak, including the duration of travel restrictions, business closures or disruptions, and quarantine/isolation measures that are currently, or may be put, in place by Canada and other countries to fight the virus.

