

Regulated Health Professions Act Update

CMLTM Council Attending LABCON 2022

MLPAO

Reminder: Returning from Extended Leave

2023 Renewal

New Learning Module Coming Soon

2022 AGM Question and Answer Session

CMLTM Truth and Reconciliation Commission Calls
to Action Progress Report

**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

REGULATED HEALTH PROFESSIONS ACT (RHPA) UPDATE

Reserved Acts Update

The RHPA is based on reserved acts.

The government has identified 21 risk-prone activities that are performed to an individual in the course of providing healthcare

This is the first time that CMLTM will be able to apply for the reserved acts that are applicable to our profession.

Below are the activities CMLTM feels are applicable to Medical Laboratory Technologist practice of which we will be applying for. 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 #1 - Making a diagnosis and communicating it to an individual or his or her personal representative in circumstances in which it is reasonably foreseeable that the individual or representative will rely on the diagnosis to make a decision about the individual's health care.

CMLTM feels that MLTs do provide a diagnosis to an individual or physician (personal representative) for those test procedures where the test is the diagnosis. E.g., Pregnancy test, Covid -19 testing, Malaria, Sickle-Cell screening, etc.

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 reflex 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 4(b) - Inserting or removing an instrument or a device, hand, or finger beyond the point in the nasal passages where they normally narrow.

Many MLTs have completed the additional education to participate in nasal pharyngeal swab collection during the Covid pandemic. It seems reasonable that MLTs could continue to offer this service and, if approved, CMLTM will work to have this education added to the MLT program. CMLTM sees MLTs as experts in sample collection.

These swabs end up in our labs. MLTs understand that the collection process for any sample is critical to the end result from the lab.

This could be further expanded to include Reserved Act 2(c) – Inserting or removing an instrument or a device, hand, or finger beyond the pharynx.

This would allow MLTs to collect throat swabs.

Reserved Act #8 - Dispensing or selling a drug or vaccine

CMLTM believes that releasing blood products is dispensing and that the order received to release blood products is the same as a prescription. It is important to note that while not all blood products are considered drugs, some are. As part of information gathering, CMLTM has determined that all Immune and Hyperimmune globulins and Cell therapy products are listed on National Association of Pharmacy Regulatory Authorities (NAPRA) Schedule I

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.

CMLTM WILL SOON BE LAUNCHING A SURVEY TO ALL MEMBERS TO VALIDATE THAT THESE ACTS ARE PERFORMED BY MLTs. WE ENCOURAGE EVERY MLT TO RESPOND TO THE SURVEY.

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 government 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 government 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 IS WORKING WITH MANITOBA HEALTH TO DEVELOP NEW REGULATIONS FOR THE TRANSITION TO THE RHPA.

CMLTM has been meeting with Shared Health to discuss laboratory related issues including laboratory staffing issues. Shared Health has requested that CMLTM explore a regulatory process to recognize individuals with a degree with specific laboratory related studies (substantive equivalence) for limited registration.

Shared Health has also requested that CMLTM explore the possibility of regulating medical laboratory assistants (MLA) and combined laboratory & x-ray technologists (CLXT). Shared Health, Dynacare, and the College of Physicians and Surgeons of Manitoba (CPSM) have submitted letters of support for the regulation of MLAs by CMLTM.

The Manitoba Health Legislative Unit has informed CMLTM that the Minister of Health will consider CMLTM to regulate MLAs. CMLTM has been asked to submit a response to several questions related to the regulation of MLAs including the level of support from the MLAs.

In September, the MLA report was submitted and Manitoba Health inform us to include the regulation of CLXTs.

The work on the MLT regulations is almost completed. There are some minor issues that need to be clarified. We will finalize the regulations once we have confirmation on the regulation of MLAs and CLXTs.

The Manitoba Health Legislative Unit has appointed Kathy Doerksen as the lead for the reserved act application review process.

The goal is to have the regulations, including reserved acts, completed in early January 2023. This would mean that the regulations would go for public consultation (60 days) in Spring 2023 and be approved and enforced early 2024.

REGULATORY REFORM IN CANADA

During the recent Canadian Network of Agencies for Regulation (CNAR) annual conference, the buzz at the conference was the recently passed [Bill 36 2022](#) in BC. Bill 36 was a response to the [Cayton Report](#) released in 2018.

Maybe we need to add a little context. This is very important for CMLTM members to understand, especially when CMLTM is a single mandate college. CMLTM must regulate our members and make decisions in the best interest of the public.

The Cayton report was a result of the BC government becoming aware that the College of Dental Surgeons of BC (CDSBC) were not acting in the best interest of the public. In fact, the Council had lost sight of their mandate and were concentrating on member advocacy issues. The BC government took control of the CDSBC, replaced the Council, and installed a supervisor to run the College. They also commissioned Harry Cayton to investigate what happened and make recommendations on how to reform the health regulatory system in BC.

The BC government began to implement all of the recommendations which resulted in Bill 36 which has recently passed and enacted into force.

Here are some of the more important changes for health profession regulation in BC.

- Amalgamation of similar professions into 6 umbrella colleges
 - College of Physicians and Surgeons of BC
 - BC College of Nurses and Midwives
 - BC College of Oral Health Professions
 - Pharmacists
 - Regulatory College of Complementary and Alternative Health and Care Professionals
 - Regulatory College of Allied Health and Care Professionals
- Legislation is more prescriptive on how a profession regulates their members
- More government oversight and reporting requirements
- Central Independent complaint investigation, discipline process
- Competence criteria for Council members
- Council appointed based on their competence, no elections
- 50% of Council must be public representatives
- And more.

Several provincial governments are moving in this direction, including Alberta, Ontario, and more recently Nova Scotia.

Alberta was going through a similar health profession regulation reform process, [Bill 23, the Professional Governance Act](#). The Bill was scheduled to be discussed on October 31, 2022. However, the Alberta Legislative Session was prorogued on October 30, 2022, and the Bill “died on the floor”. This Bill will not be enacted into law at this time.



CMLTM COUNCIL ATTENDING LABCON 2022, WINNIPEG, MB

Matthew Bueno de Mesquita, MLT, Council Vice-Chair

This year the Canadian Society for Medical Laboratory Science (CSMLS) national conference was held in Winnipeg from June 3rd to 5th. As conferences go, this conference is unique in that the focus isn't just on continuing education, but it is also used as a mirror for our profession to self-reflect. It is for the latter reason that the CMLTM Council felt that we should attend the conference, participate, network and, most importantly, listen.

It is true to say that the CSMLS and the CMLTM have markedly different goals. The CSMLS role is to advocate and “promote, maintain and protect the professional identity and interests” of medical laboratory professionals. This includes providing member services like continuing education (CE) and professional liability insurance (PLI).

The CMLTM's mandate is to regulate the practice of MLTs and make its decisions in the best interest of the public. The CMLTM mission statement is to “ensure public safety by upholding ethical and competent medical laboratory technologist practice”. This includes setting the entry-to-practice requirements and practice standards.

Both CMLTM and CSMLS are primarily concerned with the same two things: quality laboratory practices and the MLT profession.

There were expert lectures from all areas of laboratory science, and information sessions and working groups on topics that are at the front of everyone's minds: burnout, overtime, redeployment, and staffing levels, etc. All of this served to reinforce that we are indeed not alone in our struggles. I encourage you to check out the [Mental Health Tool Kit](#) that the CSMLS has developed.

We had some great conversations with the sponsors of the event. Many of the companies who make products and provide services that we use daily in our professional lives had booths and representation present at the event. It quickly became obvious that these companies are in the business of solving our problems, and nearly all their proposed solutions are rooted in advanced technology. This served to reinforce our collective privilege of self-regulation. Who better to set the standards of MLT practice than those who understand the demands of the modern diagnostic laboratories than us ourselves? As the field grows, changes, and modernizes so must we at the CMLTM.

At this national conference we had the opportunity to speak to MLTs working in other provinces about their experiences with regulation. The rumor is true, regulation is not an exciting topic regardless of which province you work in. However, it is unanimously agreed upon that regulation is an important factor for public confidence in the medical system. The day-to-day work of verifying and maintaining the requirements to practice as an MLT is a hot topic of discussion across the country.

Most importantly we had an opportunity to wear a CMLTM shirt as identification and indication that we were there to talk to and get feedback from Manitoba MLTs. We heard criticisms and suggestions with a few compliments sprinkled in too. Admittedly, it is difficult to keep the topic of professional regulation fresh and interesting, but we did our best. As a topic for discussion, we had the benefit of having recently completed our CMLTM Strategic Plan which I encourage you all to read. We were happy to find that the newly minted CMLTM strategic plan addresses much of what we heard from our peers. We look forward to taking the ideas and opinions we heard with us into the future as we all learn and grow together within our rapidly evolving professional field.



As a non-profit health professional organization founded in 1963 with over 4000 members, the Medical Laboratory Professionals' Association of Ontario (MLPAO) is an affordable alternative for professional liability insurance (PLI) and continuing education. Your membership supports your professional practice. PLI is included in your membership at no cost to you to make sure the work you do in the lab is covered. We also make sure your learning needs are met with free continuing education opportunities. Here are the top 5 reasons to join:

- 1. PLI Included:** Full Professional Liability Insurance of \$2,000,000 per claim and \$5,000,000 aggregate is included with membership at **no additional cost**. PLI protects you from allegations of errors, omissions, or negligence committed within the scope of your professional activities as an MLT. The MLT premium includes 5 years of Extended Reporting Period coverage, which meets the CMLTM requirements. [Click here.](#)
- 2. Continuing Education:** Membership includes FREE virtual learning for professional development and quality assurance through monthly interactive webinars on a range of topics relevant to MLTs. Certificates help you track your hours for your professional portfolio. **New in 2023: Access to a catalogue of 40 P.A.C.E.® accredited online courses through ASCLS's Learning Management System.** [Click here.](#)
- 3. Discount Programs:** Discounts on a wide range of services including Mark's, Perkopolis, The Brick, Goodlife, Hertz, Park'N Fly, and more. Plus access to health, dental, home, auto, and travel insurance through association partners. [Click here.](#)
- 4. Public Recognition and Updates:** We raise the profile of MLTs with members of the public and hospital team by providing informational videos and sharable posts. Members get updates on the field with town halls, newsletters, and a seasonal magazine.
- 5. Cost-Effective:** Membership is just \$139.99, including PLI! Save \$45 compared to other Medical Laboratory Association fees.

Under the MLPAO's PLI plan, Medical Laboratory Technologists must be registered to practice with, and be a member in good standing of one of the following organizations: CMLTO, CMLTA, SSMLT, CMLTM, NSCMLT, NBSMLT, NLCMLS.

Register online through our [Membership page](#). Just click "Become a Member" to join.

We do everything we can to make sure your membership is affordable and worth it to you. As an MLT, you have many options for PLI and learning—unions, employers, associations, and more—membership with the MLPAO gives you an affordable alternative you will be proud of.

Contact our team with any questions or consideration at [via email](#).



REMINDER: Returning from Extended Leave

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.

2023 RENEWAL

The renewal notice for the 2023 practice year was emailed on October 7, 2022.

The deadline for renewal is November 15, 2022. Please remember to renew before the deadline to avoid the late fee (20% of registration fee).

The Legal Reserve Fund goal of \$500,000 has been met one year earlier than expected. Council has decided to discontinue the special levy. The Active: Practicing [registration fee](#) for the 2023 practice year is \$508.12.

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 LEARNING MODULE COMING SOON

Tricia Van Denakker, MLT, Deputy Registrar

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 provide guidance to health professionals in interpreting and applying the standards, policies, and legislation to all aspects of their practice. Creating resources such as this learning module is one way that the College carries out this role.

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 Report, the George Floyd trials, Black Lives Matter, the In Plain Sight report, and the Joyce's Principal report.

Learning Module Goal

The goal of this 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 learning module is titled:

HEALTH EQUITY AND CULTURAL HUMILITY.

CMLTM will be conducting beta testing before the module is launched in early 2023. You will be required to complete the new module prior to the 2024 renewal.

2022 AGM QUESTION AND ANSWER SESSION

Approved minutes from the AGM have been posted on the [CMLTM Website](#). As per the AGM agenda, "Item 16: New Business" allows attendees to ask questions and raise concerns. Any issues raised may be brought forth for future consideration by Council.

Q1. Kevin Simonetto, MLT:

In regard to the annual report, the database cost increased by about \$20,000, what caused the increase?

A1. Adam Chrobak, BSc, MBA, MLT, Registrar/CEO

CMLTM transitioned the computer network (physical servers) to online cloud-based servers. This required several software as a service (SaaS) agreements. Also, additional IT support costs were incurred to develop/upgrade reports required by government departments. It is difficult to predict the level of IT support required.

Q2. Amina Khizar, MLT:

What is BoardEffect?

A2. Adam Chrobak, BSc, MBA, MLT, Registrar/CEO

Council decided to subscribe to the BoardEffect platform in early 2022 to ensure the distribution of CMLTM documents between Council/Committee members is secure and confidential. BoardEffect provides a secure platform for Council/Committee meetings and document libraries. Council has found BoardEffect very useful and convenient in making meetings more efficient and effective.

Q3. Matthew Bueno de Mesquita, MLT:

Comment on the timelines of the major projects that are under way, specifically the RHPA and the Reserved Acts.

A3. Adam Chrobak, BSc, MBA, MLT, Registrar/CEO

An update on the RHPA, regulations, and reserved act applications was included in the Registrar Report (verbal), agenda item 9.

The RHPA, regulation review, and reserved act application is the major project CMLTM is currently working on. Timelines for this project are generally dictated by Manitoba Health and the time it takes to develop draft documents.

The CMLTM report on the regulation of medical laboratory assistants (MLA) and combined laboratory & x-ray technologists (CLXT) is expected to be submitted to Manitoba Health in early October. CMLTM cannot predict how long it will take Manitoba Health to review the report and respond. This will affect the timelines for the development of the regulations.

The MLT regulations are almost complete. Still waiting for a response from Manitoba Health on a few issues. The best estimate is that the first draft of the regulations for Council to consider will be ready early 2023 (January or February).

The reserved act application process was delayed for several months while Manitoba Health recruited and appointed an expert on the reserved acts to review the reserved act application. Work on the reserved act application has been resumed. It is expected that the reserved act application will be ready for submission mid to late November. There will be a survey distributed shortly to determine which reserved acts are performed by MLTs.

The regulations are expected to be ready for public consultation in May or June 2023.

Q4. Amina Khizar, MLT:

Can you talk about changes in liability insurance after CMLTM transitions to the RHPA?

A4. Adam Chrobak, BSc, MBA, MLT, Registrar/CEO

The current legislation, Medical Laboratory Technologist Act/Regulations have conflicting requirements. The Act refers to professional liability insurance (PLI) whereas the registration requirements in the Regulations require \$2,000,000 of liability insurance. This has led to the interpretation that employer liability insurance meets the requirement under the Regulations.

The RHPA only refers to professional liability insurance (PLI). The new registration requirements in the RHPA regulations will require professional liability insurance (PLI). CMLTM members will not be able to rely on their employer's liability insurance once the CMLTM RHPA regulations have been approved and implemented.

Please note. Employer liability insurance is not the same as professional liability insurance. It is intended to protect the employer's liability. The employers tend to cover their employees under this liability insurance. But there is always a risk that the employer may not. Employer liability insurance does not cover you for any activities outside of the workplace, including volunteer positions or complaints filed with CMLTM.

It has been determined that the level of PLI required will be \$5,000,000. CSMLS now offers two (2) levels of PLI coverage, \$2,000,000 and \$5,000,000 as other provincial jurisdictions also increase PLI coverage requirements.

Q5. Matthew Bueno de Mesquita, MLT:

You touched on MLA regulation. Is there any more you can share on this topic? Maybe a little FAQ?

A5. Adam Chrobak, BSc, MBA, MLT, Registrar/CEO

An article will be included in the next CMLTM newsletter.

There are approximately 803 MLAs currently working in Manitoba. Almost 50% of the MLAs that completed the survey indicated that they did not write/pass the CSMLS MLA exam.

The biggest concerns of regulation indicated by the MLAs that completed the survey is the registration fees. Council needs to consider the registration fees. CMLTM looked to other professions in similar situation, like the pharmacists and pharmacy technicians. In that situation the pharmacy technician registration fees range from 50%-66% of the pharmacist registration fee. We would estimate the MLA registration fees to be set in the range of \$200 to \$250/year.

There will be a legacy (grandfather) clause for the first year of regulation to allow MLAs currently working to maintain their positions. This will allow MLAs that are not able to meet the education and exam requirements for registration to be eligible for registration in the first year the new regulations are in force.

If MLAs are included in the CMLTM RHPA regulations, the legacy clause will only be in effect for the first year. For example, if CMLTM transitions to the RHPA in 2024 and MLAs are part of the regulations,

MLAs working at that time would be eligible for registration even if they did not meet the education and exam requirements, so long as they apply in 2024. They would be required to provide a letter from their employer verifying that they have been working as an MLA for at least twelve (12) months. Any MLAs applying after 2024 (in this example) would be required to meet all registration requirements including education and exam.

Anyone that is approved under the legacy clause would remain on the roster and be eligible for renewal so long as they maintain their registration, including participation in the continuing competency program, updating record checks, and completing jurisprudence modules.

Another question was related to representation on Council. Council will need to consider different models for Council composition. Currently there 6 elected positions (3 Winnipeg, 3 Rural) and 3 public representatives. It's very difficult to recruit rural representatives for Council. One option is to eliminate the two-district model to allow any CMLTM member to be elected to any vacant Council position. This would allow Council to consider two options; allocating 4 Council positions for MLTs and 2 for MLAs, or to have all positions open to any CMLTM member (MLT or MLA).

Q6. Daniele Bernier, MLT:

Would CMLTM members be required to get PLI through CSMLS or are private insurance companies an option?

A6. Adam Chrobak, BSc, MBA, MLT, Registrar/CEO

The current CRNM regulations under the RHPA requires PLI coverage from a specific provider. CMLTM is committed to giving members the ability to choose the PLI insurance coverage that best suits their needs. The CMLTM regulations do not and will not require PLI coverage from a specific provider.

CSMLS does provide [PLI coverage](#) that is included with their membership. CMLTM has investigated private insurance providers. They are significantly more expensive. But they are an option.

CMLTM has also been speaking with the Medical Laboratory Professionals' Association of Ontario (MLPAO), a provincial organization similar to MAMLS. MLPAO also includes PLI with their membership.

Q7. Linda Gray, MLT:

What is the definition of CLXT?

A7. Adam Chrobak, BSc, MBA, MLT, Registrar/CEO

CLXT refers to Combined Laboratory & X-ray Technologist. CLXTs education/clinical experience includes the core laboratory competencies (Chemistry, Hematology, and some Transfusion Medicine) and core x-ray (diagnostic imaging) competencies to perform specific tasks. These individuals have completed the CLXT education program in Alberta or Saskatchewan.

Most of the individuals currently practicing in Manitoba are not CLXT's but are MLTs or MRTs that have completed a 6-month program in the opposing discipline (x-ray or lab).

Q8. Kevin Simonetto, MLT:

So, CMLTM registration would not be mandatory for MLAs?

A8. Adam Chrobak, BSc, MBA, MLT, Registrar/CEO

Right now, MLAs are not regulated and are not required to be registered with CMLTM.

The current legislation, Medical Laboratory Technologist Act, only requires MLTs to be registered with CMLTM. If Manitoba Health and the Minister of Health decide to include the regulation of MLAs and CLXTs in the new CMLTM regulations. It would be mandatory for MLAs and CLXTs to be registered.

CMLTM will need to consider changing the name of the College if this happens.

Q9. Ron Monahan, MLT:

In light of going virtual for most College activities, should the College review the possibility of downsizing current space and expense associated with current accommodations?

A9. Adam Chrobak, BSc, MBA, MLT, Registrar/CEO

There is a good possibility that CMLTM will be returning to in-person/hybrid meetings. CMLTM was conducting hybrid meetings before the pandemic.

In 2018, Council had decided to limit in-person meeting to two (2) per year. The goal was to reduce travel expenses, weather related travel issues, and to allow for flexible options for attending meetings.

If CMLTM is authorized to regulate other medical laboratory professionals, there will be a need to increase staff. CMLTM would need to build new office space to accommodate the new staff.

CMLTM currently owns the building. The building loan is expected to be paid off in 2029. CMLTM is required to maintain an office. The only other option for downsizing would be to rent new space. In this case CMLTM would incur new expense with no long-term benefit. CMLTM is a not-for-profit organization that is not required to pay income tax. There would be no tax or financial benefit from rental expenses.

CMLTM TRUTH AND RECONCILIATION COMMISSION CALLS TO ACTION PROGRESS REPORT

Cindy Balfour, MLT, TRC Working Group Chair

CMLTM has made a commitment to reconciliation with Indigenous peoples and focus on the Truth and Reconciliation Commissions (TRC) Calls to Action that apply to regulated health professionals.

The TRC Working Group created a plan with specific actions to advance this important work. The working group meets bi-annually to review the plan and monitor its progress.

Below is a chart which lists items completed each year since the commitment was made.

2020	Introductory TRC session provided to CMLTM Council
	Introductory / Voluntary TRC session provided to membership at the 2020 AGM
	Creation of the working group focused on CMLTM activities related to the TRC
	Creation and implementation of Land Acknowledgement Statement
	Volunteer self-declaration of Indigenous heritage tracking of students entering MLT program (cohort results being recorded and tracked)
	Creation of a CMLTM action plan focused on the Calls to Action applicable to regulatory bodies
2021	Manitoba Indigenous Cultural Safety Training (MICST) completed by CMLTM staff
	MICST completed by CMLTM TRC Working Group Members
	MICST completed by two (2) CMLTM Council members (all CMLTM Council member have access to the MICST program)
	Volunteer Self-declaration Survey of Registrants
2022	Volunteer self-declaration question added to the registration renewal form
	Volunteer self-declaration question added to the registration application form
	Identification of Bursaries currently available provincially to support Indigenous individuals pursuing the Medical Laboratory Science program at Red River College Polytechnic (to be posted on the CMLTM website shortly)
	Inclusion and Diversity added to Medical Laboratory Science curriculum (part of new program curriculum)
	Approval of Pathways (alternative) admission requirements for Indigenous persons to enter the Medical Laboratory Science Program at Red River College Polytechnic (Pathways to Health)
	Commitment to advertise TRC Learning and Reconciliation Events to members
	Creation of a Diversity and Inclusion Learning Module for registrants to be launched in Fall of 2022

ANALYSIS:

The Government of Manitoba Statistics from 2016 indicate that 14% of the Canadian population identify as Indigenous and 17% of the Manitoba population identify as Indigenous.

The Working Group feels it is important to have equal representation in the profession and so conducted a survey of the membership in early 2021.

Here are the approaches being taken to monitor progress:

- Red River College has provided self-declaration reports for the last 3 student cohorts:
 - 2020-11%
 - 2021-11%
 - 2022-7.5%

The Committee will continue to monitor this information. CMLTM has recently approved modified admission requirements (Pathways) for Indigenous applicants to the Medical Laboratory Sciences Program. CMLTM will monitor program success for individuals who enter via this stream.

The Working Group felt it important to understand the Indigenous component of the practitioners and made two (2) attempts to gather information.

There were 327 responses to the January 2021 survey with 12.5% of survey respondents identifying as Indigenous.

The next step was to add a self-declaration question to the CMLTM application and renewal forms in the fall of 2021.

The number of responses dropped from 327 to 256. This is a response rate of 28%. The number of members self-identifying as indigenous through the application and renewal process is only 5%. It is difficult to judge whether 5% or 12.5% is an accurate number. The Working Group feels that the true value may be somewhere in between.

The Working Group will monitor this value year over year. Our hope is that many more members will feel comfortable to complete the self-declaration on the renewal form going forward.

WHAT CAN I DO?

Education and Learning is a great first step on the Truth and Reconciliation journey. You need to know the truth before healing, understanding, and changes in behaviour can take place.

We strongly encourage all CMLTM members to look for opportunities to learn more about Canadian history and the impact of colonialism on Indigenous people.

There are many free courses and presentations available. All are recognized for CE credits with the Continuing Competency Program.

Below are just a few to consider.

- [Manitoba Indigenous Cultural Safety Course through the University of Manitoba \(MICST\)](#)
 - This course is free to all Shared Health Employees
- [University of Alberta Indigenous Canada](#)
- [Healthcare Excellence Canada: Equity, Diversity and Inclusion Virtual Learning Exchange](#)



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

