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College of Medical Laboratory  
Technologists of Manitoba

Call us: 204 231 0311 or Toll Free: 1.877.331.0311  
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## Message from the Registrar's Desk – Things you should know

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

To ensure you receive all of the important communications from CMLTM, please make sure to provide us with a current valid email address. Personal email addresses are preferred. When sending emails to CMLTM; please remember to use appropriate subject titles and document names as the CMLTM spam filter may block your email.

The CMLTM Regulated Health Professions Act (RHPA) regulation review working group has been reviewing the results from the recent survey on the professional practice of MLTs. The working group will use this information as they prepare and make application submissions for access to reserved acts under the Regulated Health Professions Act (RHPA). I would like to thank those registrants that took the time to complete the survey. Eventually the working group will be finalizing the code of ethics, standards of practice, and practice directives.

**If you are interested in becoming a volunteer or would like more information, please contact the CMLTM office.**

CMLTM has recently taken the lead position in a new interprofessional collaboration on a new jurisprudence module on Social Media and Professionalism. CMLTM will be working with 6 (six) other regulated health

professions on this project. It is expected to be completed and ready for testing by September 2019. Council has not decided if this new module will be a new requirement for registration, but are seriously considering the need based on recent events.

This is the first year the Deputy Registrar, Tricia Van Denakker, with the assistance of the administrative assistant, Janelle Baril, will conduct and manage the Continuing Competency Program audit exclusively. The Continuing Competency Committee will conduct 5% random quality assurance reviews of the audits performed by the CMLTM staff. Tricia and Janelle are currently working to completing 2/3 of the audits for 2019 and the notices for the final group of audits will be sent by April 1, 2019 with a goal to complete all of the 2019 audits by May 31, 2019.

For more information on these and any other topics related to your practice, please visit the [CMLTM website](#).



## Former Chair Address

Brad Collignon, MLT, Treasurer, Former Council Chair

As I enter my fifth and final year on Council, I am amazed at not only the accomplishments of our College but with all the work that has gone into Healthcare regulation and patient safety.

My first year on Council was a whirlwind of learning about how the College operates and our purpose as a Regulated Healthcare provider. The next three years as Chair really fine-tuned my behaviors. I even enrolled in the RRC "Healthcare Leadership and Management" program to learn more about organization structures and the roles they play.

As outgoing Chair and current Treasurer, I have encountered many challenges during my tenure. They have been very rewarding and I'm excited to be a part of how we are recognized in the industry.

I wish the next Council Chair, Tannu Sayed, and her Council all the success that I have had the pleasure of experiencing. As a registrant of CMLTM as well, I can assure all registrants that the CMLTM Council and Staff have patient safety as their number one concern. While some of our decisions are not popular, they are essential for our success as the regulatory body for Medical Laboratory Technologists.

Sincerely,  
*Brad Collignon, MLT*  
*Treasurer, Former Council Chair*

# Welcome to the CMLTM team

The Office of the Minister of Health appointed a new list of public representatives for CMLTM

## On Council



**Steven Wu** is a project manager and building science engineer at Crosier Kilgour & Partners; he has also served as a senior project manager since 2011. In his spare time Mr. Wu has served on various local and professional boards including Engineers Geoscientist Manitoba (EGM) Registration Committee Chair, a Fellow of Engineers Canada, the Lindenwood's Child Care Centre Board of Directors, the Chinese Chamber of Commerce of Manitoba and the Winnipeg Chinese Cultural and Community Centre.



**Cynthia Rempel Patrick** is the chief creative officer for the Steinbach Arts Council and Steinbach Cultural Arts Center where she oversees 62 arts and cultural programs, hall gallery exhibits, a concert series, performances and events, corporate and capital campaigns, fundraisers and resource development. Her board experience includes Manitoba Arts Council, Southeastern Manitoba Festival, Canadian Public Arts Funders, Manitoba Arts Network, Arts & Cultural Industries, and the College of Licensed Practical Nurses of Manitoba.



**Rajinder Pal Bhullar** is a professor and associate dean of research at the Rady Faculty of Health Sciences. He holds a PhD in biochemistry from the University of Manitoba and has previously held various faculty appointments. His board experience includes the St. Boniface Hospital Research Enterprise Committee, the Manitoba Dental Association and the Research Manitoba Scientific Advisory Committee.

## On the Complaints Committee

**Beverly Muzyk** is a former board secretary for the Film Classification Board.

**Donna Phillips** (retired) worked as a substitute educational assistant and in the insurance industry. Her volunteer experience includes over 20 years of canvassing for the Heart & Stroke Foundation, Holy Redeemer Parish Ladies Auxiliary, the Ganderettes, the Insurance Women's Association and Springhill Alpine Ski and Racing Club.

## On the Inquiry Committee

**Darlene Grantham**, RN, MN, CHPCN®, CON®, is a registered nurse with over 25 years of experience in healthcare. She currently serves in a variety of casual roles including nursing supervisor at HSC Children's and Women's Hospital and nursing coordinator at Deer Lodge Centre. She previously worked as a Palliative Clinical Nurse Specialist with the Winnipeg and Interlake Regional Health Authorities. She also worked as an Oncology Clinical Nurse Specialist at Health Sciences Centre from 2010-2016, and has taught gerontology and palliative care nursing courses at the University of Manitoba. She holds a Master of Nursing degree from the University of Manitoba and has served on various boards including CancerCare Manitoba and Rehabilitation Centre for Children.

# Welcome to the CMLTM team

The Office of the Minister of Health appointed a new list of public representatives for CMLTM

## On the Council

### Anna Avalos

**Anna Avalos**, BSc, MLT, is a recent graduate (2016) of the Red River College (RRC) medical laboratory sciences program and is currently practicing as an MLT at the Health Sciences Centre (HSC) chemistry department. Anna believes in CMLTM's role to ensure that all practicing registrants understand their responsibilities as practicing health professionals. Anna is excited about the opportunity to gain a better understanding of how the Council works.

## New Committee Chair — Continuing Competency Committee



**Heather Mauthe**, MLT, has practiced as an MLT for over 30 years, graduating from RRC in 1985. Heather completed her MLT education at Westman Lab, Brandon. After graduation Heather practiced at Westman Lab for 12 years where she started in the Pathology lab, and then completed a short stint on the evening shift as a “one man/person show” covering Hematology, Chemistry, Transfusion Science, and the occasional gram stain.

Eventually she was able to secure a day shift position in Clinical Chemistry and eventually completed her ART in 1996. In 1997 Heather was married and moved to Winnipeg where she practiced at the Assiniboine Clinic lab and eventually

the Health Sciences Centre Clinical Chemistry Department working nights, then R&D. Heather has now come full circle and is back to where it all began, practicing at Red River College, teaching a variety of disciplines and the current Academic Coordinator.

Heather believes her varied work experiences allows her a wide perspective on MLT's duties and opportunities to participate in CE events. As a life-long learner, Heather is looking forward to being the Chair of the Continuing Competency Committee.

### Wendy Leduc & Joyce MacDonald

**Wendy Leduc** has been an MLT for 13 years in microbiology and, more recently, as an LIS Application Specialist at the HSC. Being an MLT is not only her career but is also her passion. She tries to give back to her profession by volunteer. In 2010, she organized the Teddy Lab for the Teddy Bear's Picnic and was a volunteer auditor for the CMLTM Continuing Competency Program (CCP) from 2013 to 2016. She cares deeply about her profession and looks forward to being able to being able to support it through the CCP.

**Joyce MacDonald** has been practicing in Medical Laboratory Sciences since 1984. She has worked in Microbiology, Hematology and is currently practicing in Histology. Ms. MacDonald started her career in Ottawa but spent the majority of her career at Trainor Labs in the Medical Arts Building until it was acquired by Dynacare in November 2011. She has been a dedicated member of the Safety Committee, serving as co-Chair for a number of years, as well as participating on the Events Planning Committee for Dynacare.

## Farewell to Outgoing Council & Committee Members



**Farewell to Outgoing Inquiry Committee Chair,  
Bonnie Grahame**

Bonnie first joined as a volunteer with CMLTM when the Council approved her as a member of the 2012 Inquiry Committee. Bonnie was a member of the committee until Council appointed her as the Chair of the 2015 Inquiry Committee. In October 2018 Bonnie informed Council that she will no longer be able to be the Chair of the Inquiry Committee as she prepares for the next phase of her life.

The Inquiry Committee is not a very active Committee but it is a very important part of the complaints process and the committee must remain prepared for if and when they are needed to hear a complaint. Bonnie was a very dedicated Chair, working with her committee and the Complaints Committee in developing a number of policies, procedures, and informational documents. Bonnie consistently attended and participated in Council and Strategic Planning meetings. Bonnie's contributions were always valuable and welcome. Bonnie's ability to edit, catch grammatical errors, and contribute to the discussion around the boardroom table will be sorely missed.

The CMLTM Council and staff would like to express our appreciation to Bonnie Grahame for her dedication, contribution, and service as the Inquiry Committee Chair and for her participation on Council in the governance of the CMLTM. Bonnie's experience and insight will be missed. Thank you and we wish you all the best.



**Farewell to Outgoing Council Treasurer,  
Marijay Umali**

Marijay's term on Council began in January 2015. Despite a busy home and work life, Marijay made every effort to attend Council meetings. For the majority of her term on Council, she sat as Treasurer. Marijay never hesitated to ask questions, and her strong opinions brought balance to discussions, giving points of view that might not have been considered otherwise.

**Farewell to Outgoing  
Complaints Committee  
Public Representatives,**

**Donna Pacholok  
&  
Baldev Bedi**

Ms. Pacholok was appointed to the Complaints Committee in 2013 and Mr. Bedi was appointed to the Complaints Committee in 2015. They have both been serving as the Public Representatives on the Committee until October 2018 when the Minister of Health's office decided not to extend their appointments for another term. Ms. Pacholok and Mr. Bedi were respected members of the Complaints Committee. Their insights from a public perspective and past experiences were valuable in all of the complaint investigations they participated in. Ms. Pacholok and Mr. Bedi will be greatly missed on the Complaints Committee.



## Farewell to Outgoing Council & Committee Members



Farewell to Outgoing Public Representative,  
Leanne Matthes

Leanne's time with CMLTM began in 2008 when she was appointed as a Public Representative on the Inquiry Committee. Her experiences with the College of Registered Nurses of Manitoba (CRNM) were vital in the development of the CMLTM Complaints and Inquiry Process.

When CMLTM was faced with the need for more Public Representatives on Council, Leanne offered her services and was re-appointed to Council in July 2015. Leanne has been an excellent asset on Council, especially with the development of the Jurisprudence Module and with the upcoming Regulated Health Professions Act. So much so that she has stepped up to remain a part of the CMLTM RHPA Working Group to help with its development.

Sadly, her ten-year term with CMLTM ended in 2018 and her level head and myriad of suggestions will be sorely missed.



Farewell to Outgoing Public Representative,  
Robert Harvey

Mr. Harvey's ten-year term with CMLTM began in 2008 when he was appointed to Council. Since then, Mr. Harvey has been a dedicated voice of reason. Mr. Harvey never once hesitated to question anything within the budget or reports and always insisted upon clarification.

He has been with Council since CMLTM's beginning and has been a strong asset in the development of policies and building blocks that have brought CMLTM to where it is today. His many experiences that he brought to Council will be greatly missed.



Farewell to Outgoing Public Representative,  
Robert Young

Mr. Young was appointed to Council in 2008 and has been with CMLTM for a long ten years. Though soft spoken, Mr. Young spoke up often during Council meetings to make a motion or speak to any topic he felt strongly about. His experiences with boards, not just of the regulatory nature, guided CMLTM Council meetings into running efficiently.

Mr. Young was a very valuable resource for Council's most difficult decisions like fee increases, the hiring of the Deputy Registrar and the purchase of the current CMLTM building. His suggestions were always well appreciated. Mr. Young's presence on Council will be greatly missed.



# Perspective from an IEMLT

Clara de Jong, MLT

The Neil Diamond song *"They are coming to America, Today"* reflects a reality that is as true for Canada, as it is for America. One thinks with nostalgia of the days when Immigrants came to these developed countries to find a better life for themselves and their families. They lived through any hardship necessary to make a successful life in these countries, where milk and honey is thought to flow for all. But the reality is that today we still have those hopeful people that come with their dreams and desires to work hard and succeed; and some of them are Internationally trained Medical Laboratory Technologists.

In the late 1980s, I was one of them. My experience is one that I want to put out there, to the service of my fellow immigrants.

The first thing I noticed is that Canada has a very different education for Medical Laboratory Technologists. In many countries around the world, it is a four-year University degree, but here in Canada it is usually a two-year College program (with a requisite of one year in University, or the equivalent). In those days, there was no Bridging program. I wasn't going to get a job in any hospital if I did not have a membership in the Canadian Society of Medical Technologists, and also, I did not want to have less knowledge than my Canadian counterparts, so I enrolled to become a Canadian trained Med Lab Tech. After all, what is two years of College compared to four years of University?

Well, I found out that I was very much mistaken.

My two years at Red River College were a blessing. I was extremely apprehensive about studying again, but this time in another language. I was fortunate enough to have had lived in an English-speaking country for four years, but even that was not enough at times. I learned a different way to work, in where it doesn't depend on who trains you, but on a set of knowledge that everyone must have. I learned to use technology that my country didn't have access to, and there was no way I would have known how to use it otherwise.

I found out that the level of knowledge and education is by no means less than University, although one might conclude this because of the shorter period in school, or by the type of Institution that offers the training. Red River College was much more difficult to pass, because it is a similar amount of knowledge taught in half of the time. I enjoyed having better practical preparation in the one-year Clinical training, versus my six months Practicum from the University training. But most of all, I made connections and friendships that would last until this day, with wonderful, capable and kind fellow technologists.

I realized that the program I had taken in Chile is a copy of many of the programs the United States offer, and also similar to many programs offered in other countries. Furthermore, in the rest of the world, the Medical Lab Technology training has a different grouping of disciplines. As a General Med Lab Technologist trained in South America, the specialties were Chemistry, Microbiology, Hematology, and Parasitology, thus I was not trained to work in a Blood bank, or Histology.

Blood bank Technologists and Histotechnologists are trained in a separate setting, as it is for Diagnostic Cytologist Technologists here in Canada. Although, during the two first years of University, most of the Internationally trained Technologists receive a general theoretical knowledge of blood banks and histology (similar to the Diagnostic Cytologist Technologists that have a six month start at Red River College).

This confuses employers as well as applicants when an immigrant applies for a job here, and they are asked if they have these disciplines, because some of us could respond 'yes' to this question, but we have not had the practical preparation that will be expected from a Canadian employer. Our education is like a square trying to fit a round hole. This alone is something that brings problems that could be solved if this information was common knowledge.

The language is another problem. It is a recipe for pain to have to work in Canada, while having problems with English/French. To understand what you hear and read is one of the basics to being able to perform well as a professional in any place of work.

When the Red River College, or the College of Medical Technologist in Manitoba (CMLTM) places guidelines for this area of capacity, they are not being heartless people that do not want you to succeed. On the contrary, they are doing what it is necessary for you to have the opportunity to be successful. Do not fight the language requirements set by either College (Red River or CMLTM) but ask for their guidance to achieve the level required.

I would recommend to you, with confidence from personal experience, to approach and make use of the professional bodies and programs that we have in Manitoba. The Bridging program is awesome, having proved its capacity to help many Internationally trained technologists since it began. Red River College and all their capable and kind staff are the best. And the people you find at your College of Medical Technologists are knowledgeable and their mandate and intentions are to have successful professionals working in our province, and they have many tools for you to get there.

There are people like me, that have walked this path, and made a successful life in Manitoba; and I am here if you need to talk.

*Clara de Jong can be reached by contacting the CMLTM office, your contact request will be forwarded to Clara.*

# Safety Leadership in action

Eoin O'Grady

Safety leadership in action sends a strong message of genuine care about workplace health and safety to all workers. It reflects an organization that has a mature management system in which safety is a key component<sup>1</sup>. The best organizations are ones where leaders realize that responsibility for safety starts from the top and can't simply be left to those in the "Safety Department".

All organizations rely on effective leadership to be successful. Visible safety leadership is foundational to the success of the occupational health and safety management system. Whether your organization is new or mature, visible safety leadership can bring about improvements. People in leadership positions for the first time or those who are new to the organization benefit from understanding front-line issues facing laboratory personnel. When management and workers spend time together identifying and resolving safety deficiencies, it's likely the outcome is better than when either group works in isolation.

If you have an informal or formal leadership position, it's important to realize you play a vital role in shaping the type and variety of safety leadership practices found in your workplace. Here are some ways to demonstrate your commitment to your colleagues and other workers.

- Make time for regular walks around the laboratory and engage in conversations with workers at all levels in the organization. A face-to-face conversation leads to a greater understanding of the issues at hand and may provide opportunities for on-the-spot solutions.
- Collaborate with your colleagues to schedule informal safety tours for areas outside of your formal area of responsibility. A "fresh pair of eyes" approach can often lead to new opportunities to improve worker health and safety.
- Promote the involvement of workers, supervisors and managers in formal safety inspections. Formal safety inspections can be tied to activities that support the occupational health and safety management system or accreditation activities; they can also be completed to line up with special events such as a laboratory renovation, purchasing new equipment or orienting new staff to the laboratory.

As with any activity, there is some administration and record keeping – it's often helpful to make a schedule, choose diverse activities and revise, as needed. Leaders are expected to "walk the walk" and that includes supporting safety initiatives where all workers feel included. It's the role of the leader to ensure visible safety leadership occurs throughout the year and covers all shifts, including evenings and weekends. Providing visible safety leadership in all labs across the organization can be a challenge for locations that are rural; embracing technology can help in this regard. Real-time video conferencing using mobile devices could end up being far more useful than traditional forms of communication in these situations.

Workers are likely to be more welcoming when there is minimal disruption to key laboratory tasks that must occur each day. It's also best when workers are informed prior to inspections so there is no perception that their work tasks are under scrutiny. The process is best done in a friendly and transparent manner; where discretion is needed, ensure the appropriate workers are informed and given sufficient information for their role. Workers who participate in either informal or formal safety tours may enjoy the chance to lead a portion of a tour. Opportunities such as a safety tour may give the person extra experience in speaking in front of others about the importance of their laboratory work. Employers, managers and supervisors reap the benefits of safety leadership in action. The culture of the organization is reflected by the value that is placed on workplace safety – a positive safety culture can reduce levels of workplace incidents and lost time injuries and lead to better recruitment and retention of staff. Visible safety leadership is a process of continual improvement where what works well should be repeated and what isn't successful, should be improved. Following through on commitments is key to its continued success.

*Eoin O'Grady is the Occupational Health and Safety Consultant to the Canadian Society for Medical Laboratory Science (CSMLS). This article was originally published in the Canadian Journal of Medical Laboratory Science (CJMML), Vol. 79, No.4 (2017). It has been republished here with permission.*

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<sup>1</sup>EHS Today. Workplace Safety is the Leading Edge of a Culture of Accountability [Internet]. 2017 [cited 9 September 2017].

Available [here](#).

# The Manitoba Institute for Patient Safety | Article – February 15, 2019

New resource on Just Culture!

The Alberta Quality Council of Alberta recently released a new resource for healthcare organizations and those working in healthcare systems called “Just Culture”

In article three in the series on patient safety in a previous publication of this newsletter, safety culture was defined and described. The culture of an organization is the product of individual and group values, attitudes, perceptions, competencies and patterns of behaviour. It is vital to how healthcare organizations function. It is influenced by what is expected of each other, the way that teams behave, and beliefs that are shared.

“Just culture” is a component of an organization’s safety culture. It is a way of doing business that reflects an understanding that healthcare providers are human and that perfect performance is not sustainable. Organizations with just cultures believe in striving for optimal patient outcomes and reducing patient harm through openness, transparency, and learning from situations where patients are harmed or could have been harmed from health services. When patient incidents occur, healthcare providers involved are treated fairly. They are held accountable for their actions, but these actions are always assessed in the context of the situation and considering factors in the system that influenced the person’s actions. This builds trust to foster reporting of hazards, risks to patient safety, errors and patient safety incidents. In turn, they and the system can continue to learn and improve, patient safety is improved, and the culture of the organization is strengthened.

“Just Culture” is a tool to build trust for safety patient care. The online resource has an array of messages, tips and references to assist individuals, teams and organizations to take steps to build a just culture, including elements of a just culture policy.

A just culture needs to be nurtured by all individuals in an organization. Here are five recommendations in “Just Culture” for individuals working in organizations to foster a just culture:

1. Consider errors and close calls involving peers as opportunities to learn about weaknesses in the system that need to be addressed to reduce the likelihood of something similar happening to others in the future.
2. Support rather than blame individuals (peers, students, patients) who are involved in patient safety incidents.
3. Participate in analyses of patient safety incidents without hesitation or fear of retribution.
4. Speak openly about patient safety incidents you have been involved in, especially if patients were harmed. This makes it easier for everyone to talk about and learn from situations where care was not optimal.
5. Find out how the organization you work for (or have a professional appointment with) and your health profession regulator assess individuals who are involved in patient safety incidents. Advocate for consistent and fair assessment processes that follow the just culture principles across all organizations.

The resource website [here](#) includes a commitment statement for building a just culture for patients’ safety. Review this statement and consider taking it forward to your colleagues for discussion about how your team can commit to developing/improving your safety culture.

*Patient safety – make it YOUR responsibility!*

For more information on patient safety, go to the Manitoba Institute for Patient Safety website at [mips.ca](http://mips.ca) and [safetoask.ca](http://safetoask.ca)

## REFERENCES

<sup>1</sup> Health Quality council of Alberta. Accessed February 14, 2019 from <https://justculture.hqca.ca/>

<sup>2</sup> Ibid



# Addressing Social Determinants of Health to Achieve Better Health Outcomes

Noelle Cater, MLT, CAE

In recent years, there have been many changes in the Canadian healthcare system and the general strategic direction of its stakeholders. These stakeholders come from a wide range of interests: government legislators, health provider regulators, special health interest groups, health policy-makers, the World Health Organization (WHO) and frontline healthcare professionals, to name a few. Changes have been implemented, and are still in progress, in order to improve our healthcare system and update the services provided to address the shift in the population's healthcare needs and focus on the most important stakeholder of all—the patient.

## Background

In Canada, the Lalonde report of 1974 had channeled stakeholder interests into lifestyle changes to improve health and the health hazards of self-imposed risk factors (such as smoking, alcohol or drug abuse, and inactivity), with a strong focus on health promotion (Lalonde, 1974). This influenced a wide range of research, social programs, and health initiatives from all stakeholders, such as the Canadian Institute for Advanced Research, Health Canada, the Heart and Stroke Foundation, municipal school programs, and the well-known national ParticipACTION campaign of the 1970s. With more research into health inequalities, the concept of population health began to emerge (Ansari et al., 2003). In 2003, the WHO issued a report on the Social Determinants of Health (SDH) (WHO, 2003), highlighting the need to address health and health inequities using the evidence-based theories about the impacts of the interrelated economic, social and environmental factors on health. In this regard, Health Canada (2018) has defined the SDH as being “the broad range of personal, social, economic and environmental factors that determine individual and population health.”

## SDH Influence on the Canadian Healthcare System

Although Canadian healthcare policies are being developed to implement improvements based on the social determinants of health, there are still many Canadians that are unaware of what this entails. In fact, there are many of us that are not even aware of the shift in focus—including the wide range of healthcare providers and allied health professionals that face the subsequent impacts on care in our daily tasks. To assist in developing a comprehensive understanding, the following diagram illustrates SDH and potential impacts on health outcomes:

## Social Determinants of Health

| Economic Stability | Neighborhood and Physical Environment | Education                 | Food                      | Community and Social Context | Health Care System                             |
|--------------------|---------------------------------------|---------------------------|---------------------------|------------------------------|--|
| Employment         | Housing                               | Literacy                  | Hunger                    | Social Integration           | Health Coverage                                |
| Income             | Transportation                        | Language                  | Access to Healthy Options | Support Systems              | Provider Availability                          |
| Expenses           | Safety                                | Early Childhood Education |                           | Community Engagement         | Provider of Linguistic and Cultural Competency |
| Debt               | Parks                                 | Vocational Training       |                           | Discrimination               |  |
| Medical Bills      | Playgrounds                           | Higher Education          |                           |                              | Quality of Care                                |
| Support            | Walkability                           |                           |                           |                              |  |

**Health Outcomes**  
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Artiga & Hinton



Many programs, policies and national initiatives have been implemented since the WHO's report in 2003. The focus on SDH can be seen throughout all aspects of life, which researchers believe will lead to better health outcomes and result in less demands on our healthcare system (Mikkonen & Raphael, 2010). Although some of us may not be aware of everything happening behind the scenes, we probably have noticed some of the resulting changes in the healthcare system overall. Some of the programs and initiatives implemented in Canada include:

- *Evidence-based data collection on health and health inequalities (Health Canada, 2018)*
- *Canadian population health initiatives based on SDH (CIHI, 2013) which includes Healthy Communities, SDH Health Region Interventions, Health Services Access Disparities, Housing and Population Health, Poverty and Health, Mental Health and Homelessness, and Mentally Healthy Communities*
- *Taking a SDH perspective on children's health and development (CPHA, 2010)*
- *Research into housing and effects on health (Sullivan & Gyorfi-Dyke, 2007)*
- *WRHA Community Wellness Initiative (WRHA, 2016)*
- *Canada's Action on SDH and Health Disparities 2006 presentation to WHO (PHAC & WHO, 2006)*

Although this is only a small selection, it will give you some idea of the vast scope of the actions that Canada has been taking to improve the health of Canadians by addressing issues related to the SDH.

Please take some time to delve deeper into the SDH from the supplied references and resources. Having more knowledge about the social determinants of health will make us better health care professionals and give us more insight into our patients' obstacles to enjoying good health.

## Additional Resources:

Mikkonen, J., & Raphael, D. (2010). Social determinants of health: The Canadian facts. Toronto, ON: York University School of Health Policy and Management.

Can also be retrieved in English or French from [thecanadianfacts.org](http://thecanadianfacts.org)

Artiga, S., & Hinton, E. (2018). Beyond health care: The role of social determinants in promoting health and health equity. ([Link](#))

Although this is an American source, it is an excellent introduction and summary of the social determinants of health.

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# How Did They Not Know That?

Reflections on Interprofessional Interactions

I invite you take a moment and think about all the interactions you have every day, specifically those at work. Do you feel that you conduct yourself in a respectful and articulate manner? Even when a nurse asks you if it's safe to transfuse type O blood to their type A patient?

It can be difficult at times, especially when you get the same questions day in and day out, to answer these questions with respect and dignity. We have to remember we are medical laboratory experts and we have an obligation to conduct ourselves in a professional manner. We should be using these opportunities to raise our professional image and teach our colleagues about medical laboratory science. Answer each question with patience and respect, and remember it is the patient that we are ultimately helping.

I can remember getting a call from a pediatrician one busy Saturday afternoon. She asked me what polychromasia, which I had reported in her patient's blood smear, meant. I couldn't believe a doctor was asking me this question. Didn't she learn about this in school? Did she not see the reticulocyte count, which she had ordered, was incredibly high? I answered her question and told her that the polychromasia was in fact due to the high retic count. She could have easily Googled the term, but instead she relied on the medical laboratory expert to give her the correct answer.

After the call, I remember telling my coworkers about it. Can you believe that she didn't know that? Later, as I thought more about that interaction, I changed my way of thinking. I realized that I should feel flattered that she asked me that question. She admitted to herself and to me that she needed help. She reached out to the one person she knew would have the correct answer, the medical laboratory technologist who went to school for three years and learned exclusively about laboratory medicine. We sometimes have to remember doctors and nurses know a little about a lot of things, but we know a lot about this one thing.

The following is courtesy of Christine Bruce, Administrative Director, Pathology & Laboratory Medicine of Grand River Hospital and St. Mary's General Hospital in Kitchener, ON. It is something she shared with her staff and it highlights the importance of thinking about our interactions with other health care providers.

*"As medical laboratory professionals, we have the unique opportunity to promote and provide laboratory knowledge and best practices every day. The level of information that we warehouse in ourselves is tremendous and so unique to our profession. Further, it evolves faster than we can publish or communicate to our non-lab colleagues. Having all of this wisdom is a blessing – but can also be a bit of a hindrance because when you are an expert, you get questions all the time – and very often the same question over and over – and that can be a challenge to tolerate some days. This challenge can occasionally translate into the occasional eye roll with the audience, or being somewhat condescending or short on the phone. That can put a damper on inter-hospital relationships that are so vital to fulfilling the circle of care.*

*I challenge you to look at these interactions differently. You are teachers and information stewards. You have the ability to promote the profession and your laboratory with every stakeholder interaction. Show off how much you know proudly. Provide and reinforce the guidance we know our colleagues are craving. Use this as a time to promote understanding, and the permeation of accuracy into our everyday. When you take the time to explain – even if it means doing it 20 times – it means that the patient experience will be better – because of something you did! It means the lab profile is heightened through interprofessional collaboration. It means laboratory professionals develop the respect they deserve for the sheer value they add to the healthcare system every day.*

Occasionally we can feel undervalued. Every time you get a question it actually means we are valued, appreciated, and needed. Let's embrace, and help our colleagues 'know now.'"

The conduct expected from medical laboratory professionals is steeped in many CSMLS documents. It is in the Standards of Practice for Medical Laboratory Assistants and Medical Laboratory Technologists as well as the CSMLS Code of Professional Conduct.

Under the heading Communication and Collaboration in the Standards of Practice:

- Respect and support the role of patients and other health care providers.
- Articulate the role of medical laboratory professionals in planning, developing, delivering and evaluating patient care.
- Share relevant medical laboratory knowledge with patients, health care providers and the public.

As CSMLS certified professionals, we have an obligation to ourselves and the profession to comport ourselves appropriately. The next time you have an interaction with someone, remember those three simple points because, in the end, we are all trying to do the best thing for the most important person: the patient.

*At the time of publishing, Michele Perry was the Manager, Learning Services at CSMLS. This article was originally published in the Canadian Journal of Medical Laboratory Science (CJMLS), Vol. 80, No.3 (2018). It has been republished here with permission.*

# Engaging Learners Using Online Tools

Jennifer O'Leary, MLT, The Michener Institute of Education at UHN

Educators in both academic and clinical settings would do well to consider a variety of resources in order to inspire learners who possess different learning preferences. I have found that offering multi-modal learning artefacts and approaches fosters a more engaging educational experience. This article will describe three of my favourite, free and accessible online tools and highlight how and why I use them for teaching and learning.

## 1. Ted Talks

These talks cover a wide range of “ideas worth spreading” (as their tagline says) and are short, vibrant presentations with visual depictions of the topics being discussed. TED speakers are engaging and knowledgeable experts in their fields. The talks are easily searchable by topic, speaker, title and key words, which makes finding a relevant talk quite simple. I have found that hearing the first-person stories shared through TED talks is helpful to illustrate theory in action. For example, when describing the power of followers in leadership studies, there is nothing more entertaining than Derek Siver's TED talk “How to start a movement”. The value of TED talks is extended through written transcripts, for those who wish to read along or for students with hearing loss and supplemental resources for further investigation.

An associated TED education site (TED Ed) offers customizable “lessons worth sharing” with videos, interactive quizzes, resources and discussions. This offers an opportunity to tailor robust educational offerings to your unique circumstances.

## 2. Podcasts

Whether it is understanding the health care system from a medical perspective (White Coat, Black Art), further exploring the field of Medical Laboratory Technology (CSMLS: The Objective Lens) or getting to know about the people who work in my health care environment (UHN Home), listening to podcasts allows me to learn about my industry and build empathy for other health care professionals. In my teaching role, I have encouraged students and graduates from various health care professions to explore the CSMLS Podcast Episode 5: No SOP for Getting Ahead.

Hearing the personal experiences of practitioners who have made the transition to leadership positions helps individuals identify the different skills and attitudes required to support this type of career move. Podcasts are an easy entry into a topic and allow learners to get a sense of the topic prior to diving deeper for further information. Many podcast sites offer additional resources for further exploration. For me, the ease of accessing online podcasts during my daily commute is also a significant contributing factor to their success. Given the time crunch that many of us find ourselves in, platforms which are easily incorporated into our routines make it more likely that we will integrate these professional development offerings.

## 3. Google Docs

The ability to work together to co-create knowledge and learning artefacts across time and space has never been easier. Google docs facilitates an online, word-processing application where multiple users can be working on the same document, in real time and see one another's contributions. This platform can easily be used at a distance: for example, in a continuing education course where students are across the country (or beyond) and working on an essay or presentation. Additionally, it is useful in face-to-face interactions: I have successfully used the Google doc feature in a classroom setting for when our students review the CSMLS Clinical Genetics Competency Profile in advance of touring our clinical sites. Students are divided into groups, assigned specific competency categories and asked to generate questions regarding topics they wish to inquire about on their tours. The document is used during the tour and is subsequently revisited post-tour to summarize key findings. This example illustrates how a large task, completed by many, over a period of time can be facilitated through this tool. The document goes from a shell to a fully informative document through collaborative contribution.

One side benefit from using Google Docs is the comic relief provided by the anonymous animals google assigns users to distinguish them from one another (Anonymous Quagga anyone?). There are also options to collaborate on spreadsheets, presentations, forms and drawings, making it versatile to address the learning and teaching needs of the group. These are a few of my go-to tools. I am always on the lookout for new and different resources, so I want to hear from you! Feel free to share your favourites and see what others contribute in this Google spreadsheet I have created [here](#).

Happy learning!

Jennifer O'Leary, MLT  
The Michener Institute of Education at UHN

*This article was originally published in the Canadian Journal of Medical Laboratory Science (CJMLS), Vol. 79, no.4 (2017).*

## REFERENCES

- CSMLS Podcast: The Objective Lens ([Link Here](#))
- CSMLS Podcast: The Objective Lens. Episode #5: No SOP for Getting Ahead ([Link Here](#))
- Derek Sivers. How to start a movement ([Link Here](#))
- Google spreadsheet: Engaging Learning Resources ([Link Here](#))
- TED ([Link Here](#))
- TEDEd ([Link Here](#))
- UHN Home Podcast ([Link Here](#))
- White Coat, Black Art ([Link Here](#))

# Why are my fees increasing?

Self-Regulation and Financial Sustainability

The privilege of Self-Regulation provides recognition to the profession, legitimizes the unique contribution that MLTs provide to patients and the healthcare system every day, and provides accountability for MLT practice where it belongs... within our profession.

This recognition and the responsibilities of self-regulation come at a cost to each of us. As the regulatory body for the profession, CMLTM is funded solely through the registration/renewal fees of the registrants.

The fact of the matter is that it does not matter if there is an increase of \$5 or \$150, registrants will question the need for a fee increase no matter the amount. CMLTM has tried the approach of larger increases every five years which provides a grace period from increases for registrants but creates its own problems.

In this scenario there is a surplus in the first two years, a balanced budget in the third, and a deficit in year four and five. During the next round of increases the surplus in the first two years will cover the deficit incurred from the previous year four/five of the cycle resulting in no overall gains. In fact, CMLTM starts getting into a deficit sooner! Eventually the fee increase has no effect on stabilizing CMLTM's financial situation.

The College of Registered Nurses of Manitoba have been experiencing the same phenomenon and have also decided to move to more regular smaller fee increases. They have also implemented a special levy to build their reserve funds.

As such, the past approach of implementing large fee increases at intermittent intervals is not the best approach to ensure financial sustainability over the long term.

**The Pre-2019 Fees**

| Year | Renewal Fee | Change in Fee |
|------|-------------|---------------|
| 2007 | 200.00      | —             |
| 2011 | 350.00      | 150.00        |
| 2015 | 450.00      | 100.00        |

The financial stability of CMLTM came to the forefront in the fall of 2018, when the Registrar projected a budgetary shortfall for Quarter 4 (Q4) and brought it to the attention of Council. In response, the Registrar implemented a detailed review of the outstanding expenses to identify discretionary spending that could be deferred or eliminated.

With no significant fee increases over the past few years and a decrease in registrants it has become difficult for CMLTM to maintain operations and meet its regulatory obligations.

In the fall of 2018, Council commissioned a financial review by FH Black & Co. with a final report on CMLTM's financial stability and recommendations.

During the 2018 Strategic Planning session the CMLTM Council developed a plan for long term financial sustainability for the organization.

## Auditor Recommendations

One of the recommendations was to adjust registration fees annually to deal with cost of living increases in expenses. For the first time, in December 2018, Council approved a multi-year (2019-2023) annual fee increase of **three percent**.

Below are the details on the approved future increases.

| Year                            | Renewal Fee | Change in Fee |
|---------------------------------|-------------|---------------|
| 2019                            | 465.00      | 15.00         |
| 2020                            | 478.95      | 13.95         |
| 2021                            | 493.32      | 14.37         |
| 2022                            | 508.12      | 14.80         |
| 2023                            | 523.36      | 15.24         |
| <b>Five Year Total Increase</b> |             | <b>73.76</b>  |

The auditor also recommended that CMLTM create three dedicated reserve funds to deal with specific deficiencies and future contingencies. The three reserves proposed included:

1. Legal fund to cover the legal costs of the complaints and inquiry process;
2. Capital reserve for long-term large-scale building maintenance and computer upgrades;
3. Operating reserve to cover any projected operating deficits.

Council set targets for each of the reserves and developed a plan to address them.

## Legal Reserve

In order to build the legal reserve Council approved a \$100 per year per registrant levy for the next four years to build a legal fund. Once the legal fund target of \$500,000 is achieved the levy will be discontinued.

[Continued on Next Page >>](#)

# Why are my fees increasing?

Self-Regulation and Financial Sustainability

[<< Continued from Previous Page](#)

## Capital Reserve

To meet the target of \$150,000 for the capital reserve, CMLTM is currently looking for renters to share the CMLTM space. The development of office space will occur when a long-term renter has been secured. The revenue generated from rent will be allocated to the reserve fund.

## Operational Reserve

CMLTM will apply for a Line of Credit of \$100,000 to address any temporary operational deficiencies which may be incurred due to the cyclic nature of revenue generated. Any funds accessed through the line-of-credit will be repaid as soon as possible.

## CMLTM's commitment to each of you

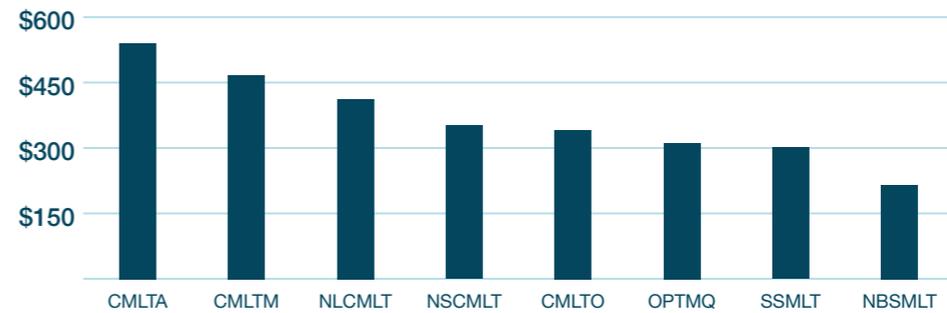
The Registrar is always very cognisant of the financial responsibility to be effective and efficient at the same time. Over the years there have been several initiatives to reduce costs and increase operational efficiencies including;

- Online renewal
- Minimize/reduce printed material
- Minimize postage and use email as the primary vehicle of communication
- Eliminate promotional give-a-ways
- Reduce public relations campaigns
- Extend use of computer network beyond expected useful life
- Negotiate better terms for contracted services
- Upgrade to high efficiency boiler
- LED lighting
- Buying vs renting office (long-term benefit)
- Minor maintenance and repairs performed by CMLTM staff
- CMLTM staff act as general contractor for re-development projects
- CMLTM staff complete some construction for re-development projects
- Other planned activities include virtual Council/Committee meetings, virtual AGM, etc.

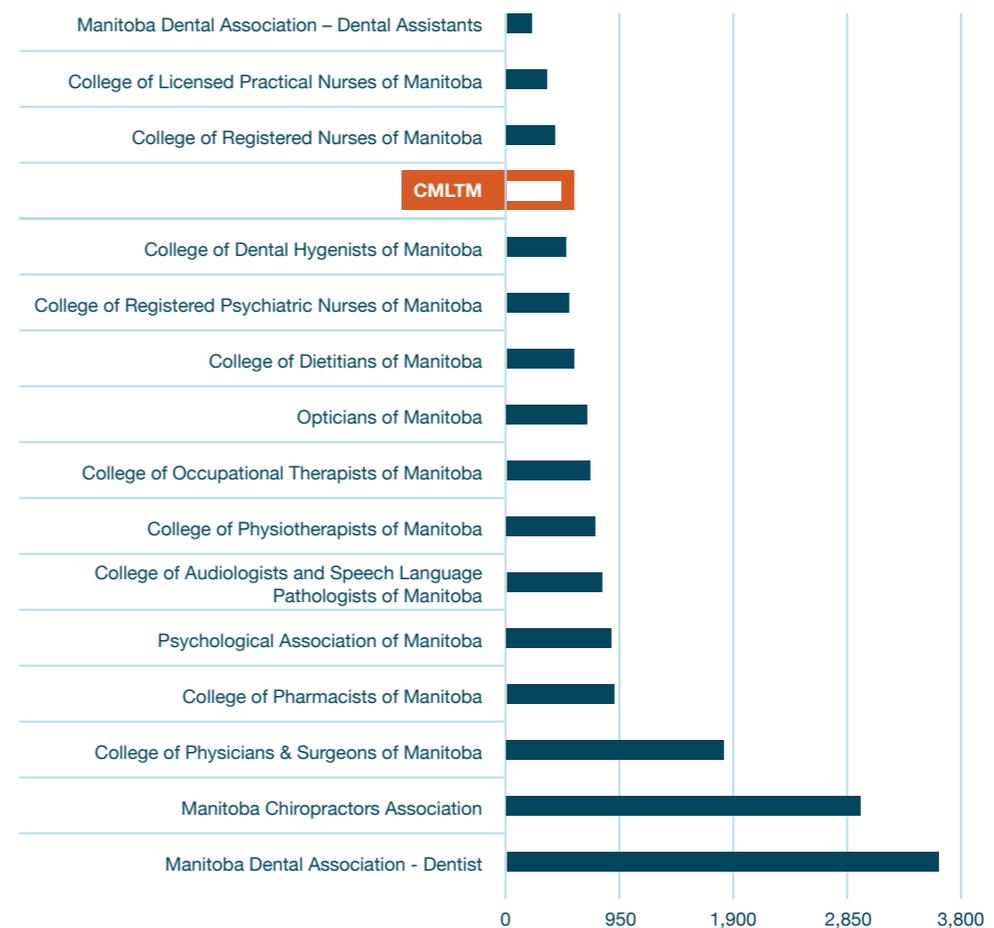
CMLTM maintains an awareness of licensing fees charged by other MLT regulators and other health regulators in Manitoba.

[Continued on Next Page >>](#)

Comparing 2019 MLT Fees Across Canada



Comparing 2019 Registration Fees for Manitoba Regulated Health Professions



# Why are my fees increasing?

Self-Regulation and Financial Sustainability

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## Closing Comments

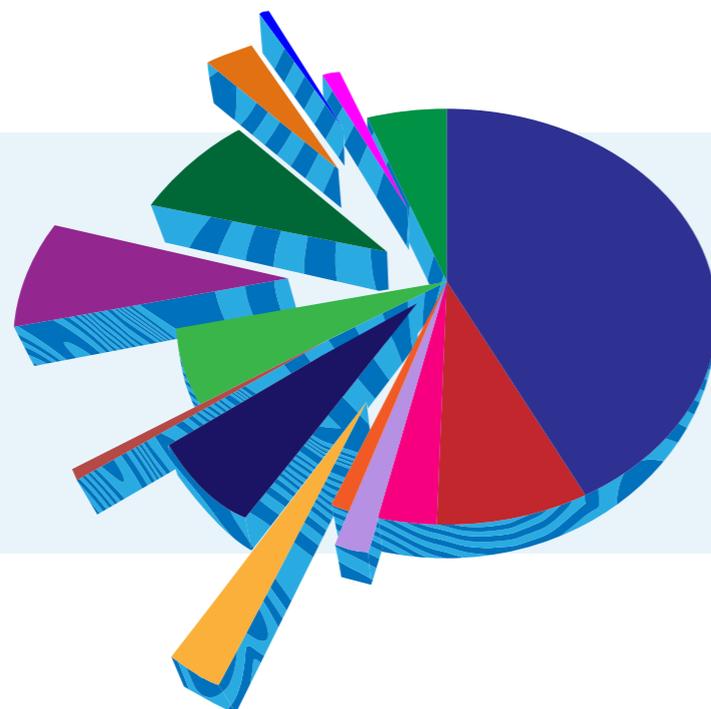
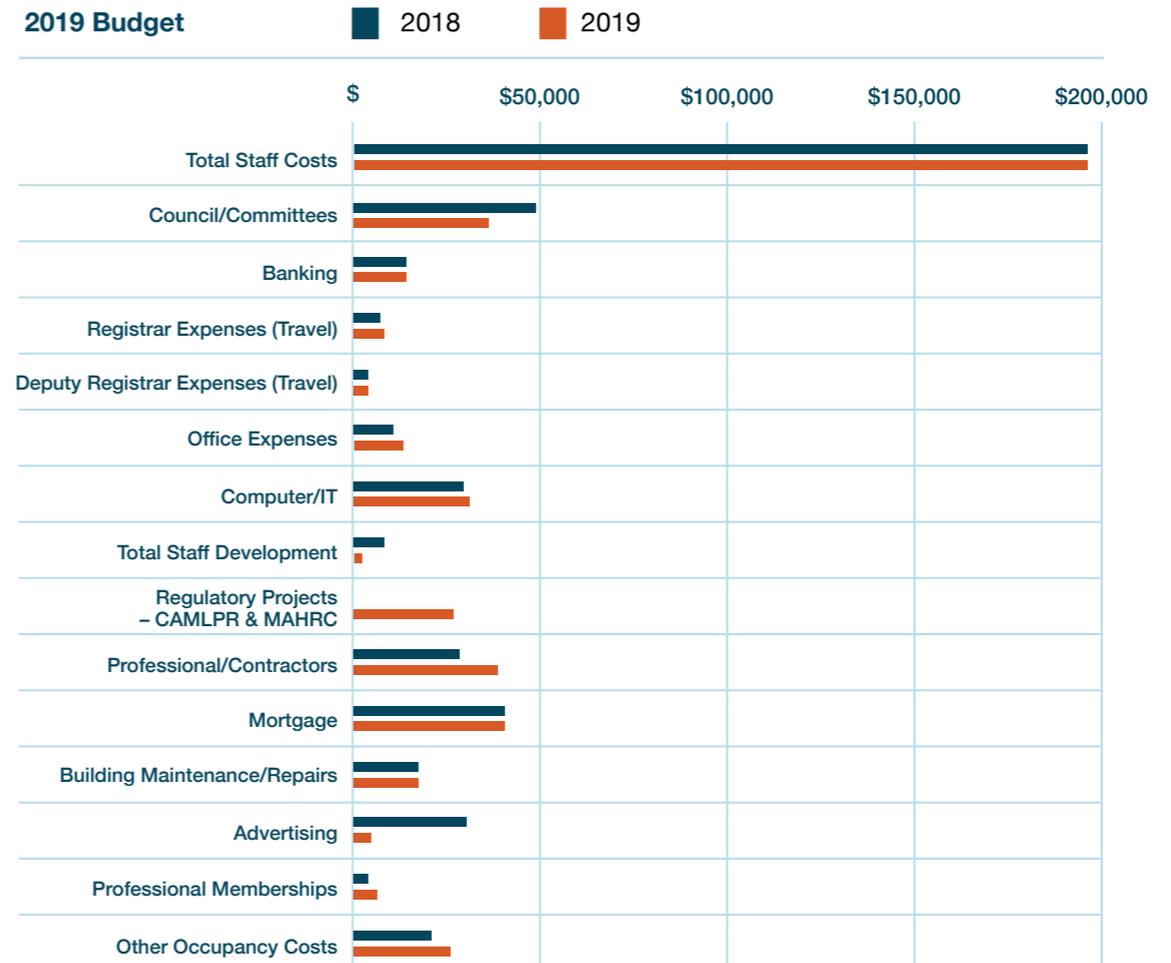
Fiduciary responsibility is one of the greatest responsibilities of serving on a not-for-profit Board/Council, as according to a presentation on self-regulation given by Denna Williams of the Council on Licensure Enforcement and Regulation (C.L.E.A.R.). According to Denna no matter the size of membership it takes at least \$1 million to effectively operate a College (regulatory body).

For smaller organizations like CMLTM that do not have the benefit of economy of scale on their side, it is difficult to maintain lower fees while still meeting our regulatory requirements. In comparison, larger Colleges like the College of Medical Laboratory Technologists of Ontario (CMLTO) have seven times the registrants and are therefore afforded the opportunity to take a more metered approach to registration fees and increases.

The CMLTM Council believes that it is more important to effectively regulate and maintain our regulatory responsibilities than it is to maintain lower registration fees. CMLTM could cut operating costs to a point where it simply exists, but what would be the point of just existing? The current five-year plan only addresses the annual inflationary pressures and will still require constant monitoring of spending. There will still be a need to identify operational efficiencies to reduce unexpected increases to spending.

It requires the CMLTM Council to be diligent, ask tough questions and in difficult times become creative problem-solvers.

Consider serving on the CMLTM Professional Council to gain greater insight into the important work CMLTM does on your behalf.



- 43% - Total Staff Cost
- 8% - Council/Committees
- 3% - Banking
- 2% - Registrar Expenses (Travel)
- 1% - Deputy Registrar Expenses (Travel)
- 3% - Office Expenses
- 7% - Computer/IT
- 1% - Total Staff Development
- 6% - Regulatory Projects - CAMLPR & MAHRC
- 8% - Professional/Contractors
- 9% - Mortgage
- 4% - Building Maintenance/Repairs
- 1% - Advertising
- 1% - Professional Memberships
- 6% - Other Occupancy Costs



# Explore the Possibilities

May 24-26, 2019 • Fredericton, NB

- Learn from subject matter experts
- Keep up with industry trends
- Discover new technology
- Be inspired by your peers



[labcon.csmls.org](http://labcon.csmls.org)



**Managers' Intensive Program - Friday, May 24, 2019**

Don't miss out on content designed for those who manage others in the lab!

# EXPLORE THE POSSIBILITIES AT LABCON2019

*Hosted in Fredericton, NB, LABCON2019 will bring together medical laboratory professionals from across Canada for three days of learning, exploring and connecting.*

CSMLS is excited to continue with the Managers' Intensive Program – a customized, full-day program created for those who manage others in a laboratory setting. These sessions, led by industry experts, will help lab leaders navigate potential challenges specific to their work environment. Taking place on Friday, May 24, those attending can also choose to register for two days of LABCON and make it a full weekend of education and career development.

#### Managers' Intensive sessions include:

- Gender dysphoria, lab impact
- Laboratory medicine transformation - Big bang approach
- Stick with the turkey you know (Performance management)
- Principles of preparing a budget
- Interviewing the interview process

#### LABCON sessions include:

- Build your resilience reflex - How to shift from chaos to control
- Working in Sierra Leone during the Ebola crisis
- Use of thromboelastometry in the trauma situation
- Ethics in the lab
- Bloodstream infection: Update on diagnosis and management

In traditional LABCON style, the 2019 conference will deliver innovative education and help you discover the technology and procedures that can be used in your everyday work. Roundtable and panel discussions along with plenaries and concurrent sessions will delve deeply into timely topics relevant to today's laboratory industry.

Explore the possibilities through unique learning opportunities, face-to-face interaction with experts and social time with colleagues and friends from across the country.

Visit [labcon.csmls.org](http://labcon.csmls.org) for more information.

## NATIONAL MEDICAL LABORATORY WEEK

Celebrate National Medical Laboratory Week, April 21-27, 2019

### #WeAreLab

During this National Medical Laboratory Week, let's show Canadians how medical laboratory professionals are brave, caring, skilled, precise, strong, supportive, innovative, compassionate and collaborative!

Get in on the action online. Every time you view, click, share or download, you are actively celebrating and drawing attention to the profession. Together, all our efforts will let the public know that #WeAreLab.

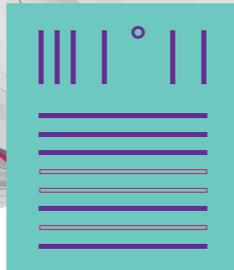
### CELEBRATE

Celebrating is the best part! This is YOUR week – so why not make a big deal of it? Plan a celebration for you and your co-workers to celebrate the hard work you do and your vital role in health care. Click on [labweek.csmls](http://labweek.csmls) for more information.



# WE NEED YOU

CMLTM is currently recruiting for positions on Council (Rural) and Committees



# Volunteer Opportunity

## The Continuing Competency Committee

The Continuing Competency Committee (CCC) is currently recruiting volunteers from all Manitoba laboratory service providers.

- Do you have work experience and expertise in at least one laboratory discipline?
- Do you want to develop leadership and critical thinking skills?
- Do you want to gain experience with decision making by committee?
- Do you want to gain understanding of self-regulation process?

This will be an exciting opportunity to become involved in the Continuing Competency Program (CCP) development and renewal.

The Continuing Competency Committee makes recommendations to Council regarding program requirements, registrant compliance, and processes associated with the CCP. The CCC meets a minimum of two (2) times per year. Continuing Competency Committee Participation is eligible for Category 4 Professional Activity hours.

If you are interested in becoming a member of this Committee please send an email to [janelle@cmltm.ca](mailto:janelle@cmltm.ca) with a letter of interest and a resume to the CMLTM Office; Attention Continuing Competency Committee towards the CMLTM CCP.

## The Board of Assessors

The Board of Assessors is currently recruiting a volunteer to serve on the committee.

This will be an exciting opportunity to become involved in one of CMLTM's most important regulatory responsibilities under self-regulation.

The Board of Assessors is responsible for reviewing and approving applications for registration. The Board of Assessors are also responsible for developing and monitoring the policies that govern the registration process.

The Board of Assessors meets at least twice a year and as required during the course of the reviewing applications for registration and other business required in [the terms of reference](#). Participation on the Board of Assessors is eligible for Category 4 Professional Activity hours towards the CMLTM CCP.

## The Inquiry Committee

The CMLTM Council is currently looking for a volunteer to serve as the Inquiry Committee Chair.

The Inquiry Committee is the CMLTM pseudo-judiciary body responsible to hear complaints that are of a serious nature or have not been resolved through the Complaints Committee process. The Inquiry Committee is a very important part of CMLTM's regulatory responsibility.

The Inquiry Committee closely follows the requirements laid out in the Regulations with the consultation of the CMLTM lawyers. The Inquiry Committee meets at once twice a year and as required during the course of hearing a complaint and other business required in [the terms of reference](#). The Inquiry Committee Chair is also expected to attend Council meetings. Participation on the Inquiry Committee is eligible for Category 4 Professional Activity hours towards the CMLTM CCP.

## The Complaints Committee

The Complaints Committee is currently recruiting a volunteer to serve on the committee.

This will be an exciting opportunity to become involved in one of CMLTM's most important regulatory responsibilities under self-regulation.

The Complaints Committee is responsible to investigate all complaints received related to the practice of CMLTM registrants. The Complaints Committee is responsible for reviewing the results of investigation, making a decision, and determining the outcome of the complaint. The decisions of the Complaints Committee must be accepted by the CMLTM registrant being investigated. If the CMLTM does not accept the decision the complaint will be referred to the Inquiry Committee for a final determination that is binding.

The Complaints Committee meets at least twice a year and as required during the course of the investigation of a complaint and other business required in [the terms of reference](#). Participation on the Complaints Committee is eligible for Category 4 Professional Activity hours towards the CMLTM CCP.

## WHAT IS THE VALUE OF CMLTM REGISTRATION? (What's in it for ME?)

- Practice as a regulated Medical Laboratory Technologist (MLT)
- Use of the protected title Medical Laboratory Technologist and the abbreviation MLT
- Contribute to patient safety and public protection through the development and enforcement of standards for the provision of safe, competent, and ethical laboratory services
- Define entry-to-practice requirements for safe and competent practice
- Define the Standards of Practice which outline the expected level of quality and safety for professional services provided to the public by regulated MLTs
- Define the Code of Ethics defining moral and ethical guidelines for MLTs when practicing
- Promote quality laboratory services through purposeful life-long learning and professional development through the Continuing Competency Program
- Increased recognition of the Medical Laboratory Technologist profession by other regulated health professions, the public, and the government.

# CMLTM Call for Nominations

Nominations committee CMLTM

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Nomination forms will be emailed out to all CMLTM members and posted on the CMLTM website soon. There will be one vacant Council seat in Winnipeg and one vacant Council seat in the rural district (outside of Winnipeg). These positions commence after the 2019 CMLTM annual General meeting, September 21, 2019 with a term of January 2020 to December 31, 2022.

Also, during the 2018 election there were no nominations received for the vacant rural representative for the term January 1, 2019 to December 31, 2021. Sandy Brooks agreed to having Council extend her term for one more year ending December 31, 2019. Council is look for a rural representative to complete this term.

The CMLTM Council is a very important part of the governance and regulation of the practice of medical laboratory technology in Manitoba. CMLTM provides orientation, education, and support to all Council members to help them as they serve on Council. If you are interested or you know of someone that you think would be interested in being on Council please consider being nominated or contact the CMLTM office at 204-231-0311 or by e-mail at [adam@cmltm.ca](mailto:adam@cmltm.ca).

Serving on Council is an excellent way to truly understand the responsibilities of professional self-regulation and how CMLTM operates to meet these obligations. It is also a great way to give back to your profession. Service on the CMLTM Council and Committees are eligible professional development activities toward your professional portfolio.

Please consider helping to serve your College.

## Update on the Continuing Competency Program Audit Process

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At the CMLTM office, we often receive questions, concerns, or comments regarding the random selection process involved in the audit of registrants' Professional Portfolios.

According to our tracking data, all active practicing registrants have been audited at least once. At this point in time, the majority of registrants audited in the future will be audited for the second time. Registrants are exempt from the drawing pool for one (1) year after they are audited. As the selection process is random, registrants can be audited as early as two (2) years after their last audit.

Participation in the CMLTM Continuing Competency Program (CCP) is mandatory for all practicing registrants. CMLTM expects all practicing registrants to understand their professional responsibilities and participate in the CCP by maintaining a professional portfolio and being ready for audit at any time. New and recently graduated registrants are granted a one-year grace period from the auditing process to build their portfolio.

The random audit process is intended to encourage registrants to participate in continuing education (CE) activities regularly and maintain their professional portfolio. The random process encourages registrants

to participate in CE activities annually instead of waiting until they have been chosen for audit. It is not perfect, but by encouraging registrants to participate in annual CE, the process ensures registrants are competent to practice and there by contribute to patient safety.

The participation in the CMLTM CCP is a requirement of registration. It is expected that all practicing CMLTM registrants are participating in the CCP with or without some sort of enforcement. CMLTM has made every effort to make preparing and maintaining your Professional Portfolio as hassle free as possible with our online system. With the online system, registrants are able to upload CE as they complete it to keep their portfolio up-to-date.

The Continuing Competency Committee (CCC) reviewed the continuing competency programs of the other MLT regulators in Canada while they developed the CMLTM's CCP. The program was test piloted before it was officially launched and the comments/ suggestions of the participants were incorporated in the program. The Continuing Competency Committee is continually reviewing and editing the CCP as well as setting policies and oversight of the auditing process.

As of January 2019, a new auditing process has been put into motion.

Approximately 20% of the practicing registrants will continue to be audited annually. These registrants are selected by the CMLTM administrative assistant, Janelle Baril, using a random number generating program. Ms. Baril is the only person participating in the selection process with no outside influence from the Registrar, Deputy Registrar, or any Council or Committee members.

In an effort to maximize efficiency and consistency, the audits are completed as received by the Deputy Registrar, Tricia VanDenakker. All feedback regarding the audits will be typed for ease of reading. Any questions regarding feedback can be directed to the Deputy Registrar.

Of all audits performed in the year, 5% will be selected at random to be subject to a quality control re-audit by the Continuing Competency Committee. The CCC are scheduled to meet towards the end of May once all audits have been completed to perform the re-audits.

The Continuing Competency Committee is always looking for new committee members with good ideas. If you are interested in making a positive impact on the way your profession is regulated please consider volunteering for the Continuing Competency Committee.

# Recent FAQs

## Why do we need a Deputy Registrar?

During the 2013 strategic planning meeting, Council identified a very significant risk to CMLTM; the lack of a contingency plan for any such the event in which something happened to the Registrar. At that time, Council recognized the need to prepare a succession plan. And, as such, Council decided it would be in CMLTM's best interest to create the Deputy Registrar position to mitigate this significant risk.

Council was informed that the budget (at that point in time) would not be able to support the new position and a fee increase would be required. In 2014 Council approved a \$100.00 increase for the 2015 practice year registration fee to fund the new position.

Tricia VanDenakker has become a valuable member of the CMLTM staff and the Council has been very impressed with how well things have turned out.

## Why do we need liability insurance and why is it not included with the CMLTM registration?

The Act/Regulations require \$2,000,000 liability insurance, but it does not specify \$2,000,000 in professional liability insurance (PLI). Employers such as Shared Health, Dynacare, etc are required to have liability insurance for all of their employees. All MLT employers do have liability insurance at levels above the minimum \$2,000,000. If an MLT choses to rely on the insurance from their employer they have met the requirements for registration with CMLTM.

However, there are limitations to employer liability insurance that CMLTM feels every registrant needs to be aware of. Employer liability insurance will cover you if a complaint or lawsuit is brought against the employer and when that complaint involves a MLT, the MLT can demonstrate that they followed Standard Operating Procedures. Employer liability insurance will not cover an MLT when a complaint is filed directly with your regulatory body (CMLTM). In this case the Professional Liability Insurance through CSMLS will cover your legal fees associated with defence of this complaint. CMLTM is required to investigate when a complaint is received about the practice of a registrant.

It would be inappropriate and a conflict of interest if CMLTM also provided the liability insurance.

## Why do we need the \$100 special levy and a legal reserve fund?

The \$100.00 special levy is required to build the legal reserve fund to a level where it becomes self-sustaining.

CMLTM is currently investigating a very difficult complaint. If this case does go to the Inquiry Committee and eventually the Court of Appeals, CMLTM can expect over \$100,000 in legal fees. CMLTM has the ability to recover legal costs from the registrant being investigated but there is a limit of \$10,000 but collection of the award may be difficult.

It is very difficult to predict if and when CMLTM will receive a complaint. CMLTM receives on average 1-2 complaints a year. The average cost of investigating a complaint that is resolved during the complaints process is \$5,000-\$10,000. This includes investigators' expenses and legal consultation fees.

The legal reserve is intended to cover the legal fees incurred with complaints. Council decided they were not comfortable with the risk of not being able to cover the legal costs related to the complaints process and approved the special levy. The investigation of complaints is one of our regulatory requirements under the Act and Regulations. CMLTM is required to investigate all complaints.

## How does CMLTM meet its Mission/Values Statements?

**Professionalism** – CMLTM tries to ensure that the MLTs practicing in Manitoba maintain current knowledge through the CMLTM Continuing Competency Program (CCP). It is concerning that a number of registrants still do not consistently participate in the CE activities or maintain their professional portfolio. Each year there are a number of registrants that fail to comply with the CCP and CMLTM is required to use significant resources to follow up with them. The results of the CCP audits are always reported in the annual report. All of the CMLTM annual reports are posted on the CMLTM website.

**Integrity** – CMLTM is required to comply with the Fair Registration legislation. The CMLTM registration practice has been audited by the Office of the Fairness Commissioner (OMFC) a number of times with no major recommendations or deficiencies.

CMLTM prides itself as one of the most transparent Colleges. Please visit the CMLTM website where all of the approved policies, Council meeting minutes, Annual Reports (including annual audited financial statements) are posted. You can also find the CMLTM Council meeting schedule. All Council meetings are open to the public. Over the years only two registrants have attended a Council meeting as an observer.

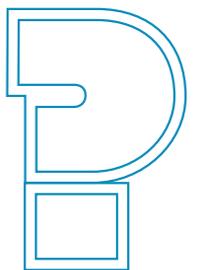
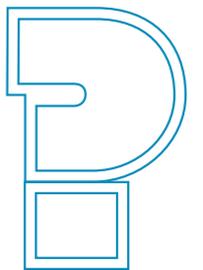
As a reminder, if you are planning on attending a Council meeting you will be considered a guest and you will not have access to the meeting documents in advance of the meeting. You will not be able to ask questions during the meeting or participate in the meeting discussion, and you will be required to leave the room if Council decides to go "in-camera".

**Accountability** – CMLTM is required to prepare an annual report which includes a report from Council, the Registrar, all the Committees, and the audited financial statements. This report is distributed to all registrants via email, as well as to the Minister of Health's office. It is also posted on the CMLTM website. CMLTM is also required to submit a report of registration practices to the OMFC, and other reports to Manitoba Health. To this date we have received 14 complaints that have been investigated in a fair and equitable manner.

It is Council's responsibilities to monitor how CMLTM operates and abides by all of the policies and legislation. There have never been any issues identified by Council, the OMFC, Manitoba Health, the Minister of Health or any of the other health regulators CMLTM interacts with.

## Why do we need such a large budget to run CMLTM?

According to Deanna Williams, a former Registrar of a health profession regulator in Ontario and a current health profession regulation consultant, the Ontario Government has determined that the appropriate minimum operating budget for any health profession regulator is \$1 million with a \$1.2 million reserve. The current CMLTM operating budget is less than half of this amount and the reserve is 1/10 of these recommendations. Deanna Williams is often invited to present on self-regulation and I would highly recommend attending if the opportunity presents itself. CMLTM has no intent to increase its operating budget or reserves to these amounts.



# Recent FAQs

## What expenses are included in the Capital reserve funds?

The CMLTM computer network (servers and workstations) is approximately 7-8 years old and is well beyond the expected useful life. CMLTM is committed to maintaining the network as long as possible. Once the equipment operating systems are no longer supported by Microsoft there is a risk to the data and network. At this time the network will need to be replaced or moved to a Cloud computing solution. The last upgrade to the database was in 2015. The cost to CMLTM was \$25,000 in IT support costs. The database is over-due for an upgrade and will need to be completed very soon.

As for the building, not unlike a home, there will always be required maintenance/upgrades. Council has been budgeting approximately \$15,000 each year for building maintenance/upgrades. CMLTM purchased the building in 2015 for a purchase price of \$615,000 (15-year mortgage/loan) and the current market value of the building is \$825,000. Some of the projects completed since the purchase have been:

- Replace the floor in the boardroom
- Replace the original boiler (installed in 1928) with a modern high-efficiency boiler
- Will be replacing the A/C that services the front of the building
- Build two new offices (intended to be rented) once the A/C has been replaced
- Portion of the roof will eventually need to be replaced/repared (in 2-3 years)
- Interior and exterior painting (in 2-3 years)

Most of these expenses would have been incurred if we owned the building or not.

## Was Council not aware of the condition of the building before it was purchased?

Council was fully aware of the issues with the building before they approved the purchase. A building inspection was required by the bank as part of the loan approval process. At the same time a building appraisal and market evaluation was conducted for the bank and Council.

Not unlike when you purchase your home (unless it is brand new) there will always be issues that need to be addressed as well as on-going building maintenance. When it comes to the original boiler (1928); it could have continued to be used for another 100 years. However, it was not very efficient (30%-40% efficiency) since it was a converted coal boiler. The new boiler is 95% efficient and the return on investment is projected to be 5.5 years (from savings in heating costs).

Overall the building is in very good condition and the revenue generated from the surplus office space rental will be allocated to the Capital reserve fund.

## Why are the annual fee increases not more in line with wage increases?

The cost of operating a regulatory body (College) cannot necessarily be related to the salaries of the registrants. A regulatory body has certain responsibilities to the legislation (laws) that created them. This could be considered the basic cost of operations for any regulatory body. There is only one source of funding/ revenue for most regulatory bodies and that happens to be the registration fees.

In the case of the Registered Nurses (CRNM), there are approximately 15 times more registrants compared to CMLTM. This gives CRNM the benefit of economy of scale and the ability to spread the cost over significantly more registrants. Even with this advantage, CRNM has been experiencing similar financial challenges. The CRNM Council has decided to implement a 3-year special levy of \$42 (legal sustainability) and \$66 (capital reserve) for a total of \$108 per year). Also, since CRNM has 15 times the number of registrants, they are able to reach the reserve targets much quicker. This results in a shorter time required for the CRNM special levy.

## Why did we need to buy a building?

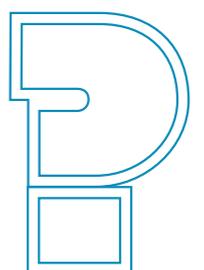
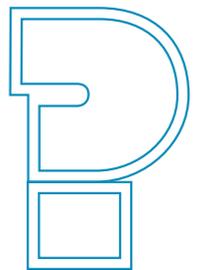
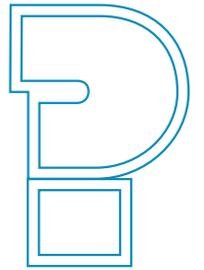
In 2010, Council realized that renting office space was only a short-term solution. CMLTM is a not-for-profit organization and does not pay any income tax. Because of that, CMLTM does not realize any tax benefit from writing-off rental expenses. This means that any money spent on rent is lost. This situation is very similar to the decision between buying a house or renting. When the loan payments are very similar to the cost of renting it only makes sense to buy and re-invest the cost of occupancy. The building loan is expected to be repaid by 2030, resulting in that money being available to offset operational costs.

At the time, Council was faced with the decision of either extending the lease for an additional 5 years or purchase a building. During the summer of 2014 the roof top air conditioner broke down at our previous location and the property management company expected CMLTM pay for the replacement unit. Eventually the property owner decided to cover the cost of the repairs even though the lease agreement clearly identified the tenant responsible for all fixtures that are part of the unit. During this period the revenue generated from the investment of the reserve funds was sufficient to be used as a down payment on a building. In 2014, Council directed CMLTM staff to look for an appropriate building to purchase. Council decided on a reasonable budget for a building to meet CMLTM's future needs.

A number of potential building were considered using the following criteria:

- Space required for a reception area, two offices and a boardroom
- Surplus space that can be developed for rental income
- Minimal need for renovations/upgrades
- Central location, close to bus routes
- Public presence, professional recognition
- Potential for appreciation of value
- Potential for re-sale if required
- Safe investment
- Ability to host meetings with other organizations

Both CSMLS and MAHCP are not-for-profit MLT related organizations that have also made the decision to purchase their building.



## 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

## Newsletter Statistics

|             | AMOUNT SENT | DELIVERED | OPENED | CLICKED |
|-------------|-------------|-----------|--------|---------|
| SPRING 2017 | 1260        | 98.0%     | 61.0%  | 23.7%   |
| FALL 2017   | 1094        | 98.8%     | 62.3%  | 15.0%   |
| SPRING 2018 | 1045        | 99.6%     | 56.0%  | 32.0%   |
| FALL 2018   | 1076        | 99.6%     | 56.3%  | 32.3%   |