



**ANNUAL
REPORT**

VISION

We are a recognized leader in the regulation and governance of medical laboratory services. As a trusted partner in healthcare regulation, we enhance public protection and patient safety, promote high standards for professional practice, and contribute to the wellness of Albertans.

MISSION

We protect the public by regulating Medical Laboratory Technologists and fostering excellence in professional practice.

CORE VALUES

We recognize self-regulation is a privilege and in our endeavours to earn and retain the trust of Albertans, we act according to the following set of core values:

Integrity

We adhere to the CMLTA's Code of Conduct.

Accountability

We take responsibility for our actions.

Commitment

We are dedicated to providing excellent service.

Respect

We treat others with fairness and dignity.

Objective

We are fair, unbiased, and impartial in our decisions.

Sustainability

We exercise responsible resource management.

Openness

We are accessible, approachable, transparent, and clear in our actions.

Innovation

We build on successful ideas, and explore and implement new ideas.



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OTHER ACTIVITIES

As Schedule 11 of the Health Professions Act and the Medical Laboratory Technologists Profession Regulation have not been updated to reflect the name change of the organization from the Alberta College of Medical Laboratory Technologists to the College of Medical Laboratory Technologists of Alberta, the following footnote has been added to all CMLTA documents in the interim: The Alberta College of Medical Laboratory Technologists (ACMLT) operates as the College of Medical Laboratory Technologists of Alberta (CMLTA).



PRESIDENT AND EXECUTIVE DIRECTOR'S MESSAGE

THIS YEAR THE COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ALBERTA (CMLTA) FOCUSED PRIMARILY ON THE CONTINUOUS PROCESS IMPROVEMENT FOR CURRENT DOCTRINES AND PRACTICES, BUT ALSO DEVOTED RESOURCES TO THE CREATION OF NEW PROGRAMS AND SERVICES.

The CMLTA launched the Continuing Competence Program (CCP) online Activity Log in 2013 and built upon this concept in 2014 to introduce real-time tracking of learning activities and optional online submission and completion of a CCP Compliance Audit. In 2015, the CMLTA refined the online submission process for Compliance Audits and made electronic submission mandatory. The online process was user-friendly for Regulated Members, but also provided a uniform method of document submission/review and a measure of assurance to the public that MLT practitioners are compliant with professional development requirements to ultimately benefit patient safety and public protection.

It is current practice to review the *Standards of Practice* and *Code of Ethics* every three years or as necessary whenever new legislation is introduced which impacts the content of these documents; however this year, the CMLTA Council agreed it was time to overhaul these documents as opposed to minor revisions and begin with a clean slate. The amendments to the *Standards of Practice* include three new standards with multiple essential competencies applicable to each standard. These standards are: Professional Accountability

(legislated and professional requirements and personal responsibility for decisions); Knowledge Based Practice (minimum entrance to practice knowledge, continued competence, critical thinking, and safe work practices); and Professional Roles (effective communication and collaboration, leadership, and quality management). The amendments to the *Code of Ethics* include three new main ethical principles. These principles are: Responsibility to the Public (includes competent care, respect, dignity, confidentiality, and professional boundaries); Responsibility to the Profession (includes honesty, duty to report, and conflict of interest); and Responsibility to Oneself (includes personal conduct, fitness to practice, and accountability).

The CMLTA introduced a Volunteer Value Proposition Statement for Regulated Members of the profession to highlight the benefits of volunteer involvement. Volunteer commitment and participation is vital and essential to ensure that the required complement of Regulated Members represent Council, Hearing Tribunal and Complaint Review Committees, and other committees resurrected in response to changes in the regulatory arena. The CMLTA views

volunteer involvement as mutually beneficial to sustainability of the organization and enhancement of an individual's personal experiences and skill set.

For more details on these and other CMLTA activities, this report can be viewed or downloaded in its entirety at www.cmlta.org/home/about/publications-2/ or alternatively a copy may be requested at info@cmlta.org.

The contents of this Annual Report were developed under the direction of, and approved by, CMLTA Council. The information and data contained in the Annual Report reflects CMLTA activities from January 1 to December 31, 2015 inclusive.

A handwritten signature in black ink, appearing to read "Darcy Gara".

DARCY GARA MLT
CMLTA 2015 PRESIDENT

A handwritten signature in black ink, appearing to read "Lori Kmet".

LORI KMET MLT, BSc (MLS), MBA
EXECUTIVE DIRECTOR/REGISTRAR/
COMPLAINTS DIRECTOR

PUBLIC MEMBERS' REPORT

THE COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ALBERTA (CMLTA) IS THE REGULATORY BODY FOR THE PROFESSION OF MEDICAL LABORATORY TECHNOLOGY IN ALBERTA.

The primary mandate of the CMLTA is to protect and serve the public, patients, and Regulated Members by setting minimum entrance to practice requirements, creating and enforcing a Continuing Competence Program (CCP), and instituting a formal disciplinary process for complaints of unprofessional conduct. The CMLTA regulates and guides the profession to ensure Medical Laboratory Technologists (MLTs) are safe, ethical, competent, and professional practitioners.

As Public Members appointed by the government, our primary concern is patient safety and public protection. We can maintain without doubt that the CMLTA continues to keep this as its primary purpose. There is no question that the CMLTA is fulfilling its obligations under the *Health Professions Act (HPA)*. As such, Regulated Members are enjoying the privilege of self-governance that the legislation offers.

The path taken to get to this destination by the CMLTA has not been an easy one. It has taken tremendous effort to move from a member services based organization, pre-HPA, to that of regulator and public protection body given where we are today. The CMLTA has consistently taken direction from the HPA to assure it is doing the right things and this we wish to acknowledge.

We also commend the financial prudence that has been exercised by the CMLTA. The finances of the organization are sound and will remain stable to the benefit of all Regulated Members. At a time when most things continue to cost more, rates for registration dues have decreased partially because of this good fiscal management.

Another factor that is of financial benefit for all Regulated Members, is the effort of the CMLTA into its Continuing Competence Program and results seen from that program. A successful competence program translates to safety and public protection which in turn should result in few complaints that require investigations, potential hearings for discipline, and associated costs. The Regulated Members should be commended for having high standards and maintaining their own competence requirements as outlined by the CMLTA as this truly is a win for everyone. It's a win for the public in having safe and appropriate service, it's a win for Regulated Members in maintaining their personal integrity and reputation of the profession as a whole, and it's a win for the CMLTA in meeting its mandate.

The CMLTA is well positioned and strong, primarily due to the countless volunteers who commit their time and talent for

the benefit of all Regulated Members. We appreciate the work that these volunteers provide and to those employers who accommodate these individuals to attend. All Regulated Members have opportunity to shape the direction of the CMLTA and to become aware of the requirements of the legislation. By volunteering time, and through working on Council and various committees, the CMLTA will continue to stay strong. We encourage Regulated Members to seek out these opportunities. It is a rich and rewarding experience for those that do participate.

We also would like to acknowledge the staff and Executive Director of the CMLTA. The staff are responsible to put into action the plan of Council and to do so in a fair, reasonable, and efficient manner. The operations of the CMLTA are well run because of the dedication and reliance of the staff.

As Public Members, we can attest that MLTs, other healthcare professionals, and indeed the general public, are well-served by Council, committee members, and CMLTA staff. The CMLTA and its Regulated Members are dedicated to the provision of superior healthcare services to Albertans, and we acknowledge and commend the efforts we have observed.

KENNETH GALL PUBLIC MEMBER 2015
IRA GOLDMAN PUBLIC MEMBER 2015

CMLTA OVERVIEW

ON MARCH 1, 2002, THE COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF ALBERTA (CMLTA) BECAME THE SECOND SELF-REGULATING PROFESSION UNDER THE *HEALTH PROFESSIONS ACT* (HPA) WITH THE COMING INTO FORCE OF THE MEDICAL LABORATORY TECHNOLOGISTS PROFESSION REGULATION AND PROFESSION-SPECIFIC SCHEDULE 11 PURSUANT TO THE HPA.

As per Schedule 11, Medical Laboratory Technologists (MLTs) or CMLTA Regulated Members do one or more of the following:

- Collect and analyze biological samples, perform quality control procedures and communicate results that have been critically evaluated to ensure accuracy and reliability;
- Teach, manage and conduct research in the science and techniques of medical laboratory technology; and
- Provide restricted activities authorized by the regulations.

The CMLTA protects and serves the public, patients, and Regulated Members by overseeing and guiding the profession through the enforcement and monitoring of regulatory programs and services as established by the HPA. The CMLTA maintains professional records on more than 2,500 Regulated Members who work in Alberta laboratory hospital facilities (both urban and rural), in public and private clinical institutions, in research facilities, and teach the profession of medical laboratory science to future practitioners of the profession. All Regulated Members must demonstrate and maintain specialized skills, knowledge, judgments, and attitudes to

perform medical laboratory procedures in both the laboratory environment or at a patient’s bedside. The CMLTA’s oversight and regulatory role is one measure to ensure MLTs who conduct laboratory tests (including analysis, reporting, and interpretation), instruct the practice of medical laboratory science, or supervise other Regulated Members are educated, skilled, knowledgeable, competent, and ethical practitioners.

The CMLTA regulatory functions include:

- Enforcement of standardized minimum entrance to practice requirements for initial applicants and the annual renewal of registrations and MLT Practice Permits;
- Development and administration of the Continuing Competence Program, including a comprehensive and diverse MLT Competency Profile reflective of areas of professional practice and an audit process to monitor compliance;
- Establishment and enforcement of MLT *Standards of Practice*, MLT *Code of Ethics*, policies, and guidelines; and
- Adjudication of the professional conduct and behavior of MLTs via the investigation and/or resolution of complaints of unprofessional conduct.

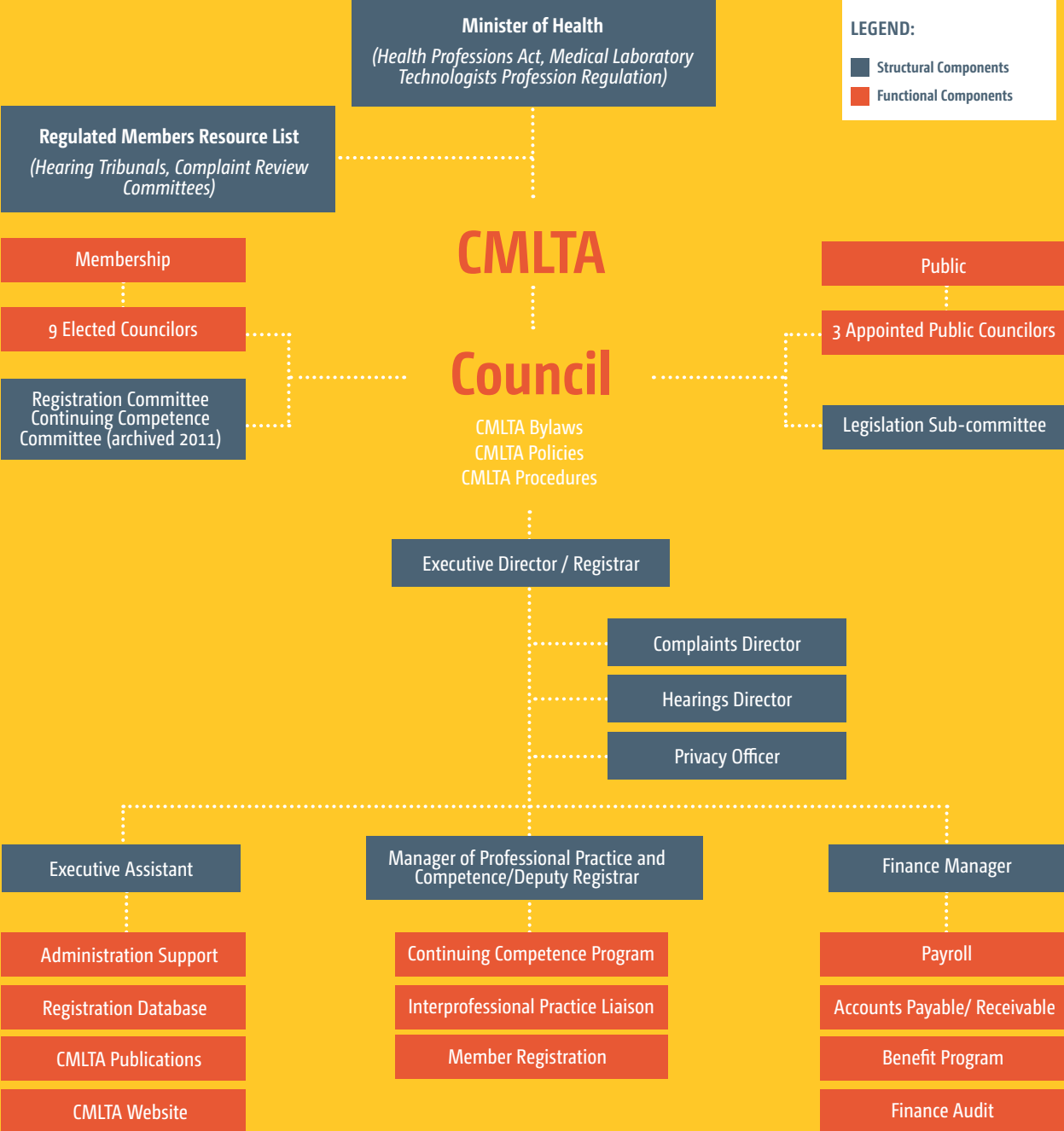
2015 CMLTA COUNCIL

Darcy Gara	PRESIDENT
Jasdeep Hazrah	COUNCILOR
Candace Heather	COUNCILOR
April Hillman	PRESIDENT ELECT
Erin Koncur	COUNCILOR
Qiwei Li	COUNCILOR
Jodi Luckwell	PAST PRESIDENT
Karen Matejka	COUNCILOR
Dan Woods	COUNCILOR
Ken Gall	PUBLIC MEMBER
Ira Goldman	PUBLIC MEMBER

2015 CMLTA STAFF

Lori Kmet	EXECUTIVE DIRECTOR/ REGISTRAR/ COMPLAINTS DIRECTOR/ PRIVACY OFFICER
Larissa Fadish	DEPUTY REGISTRAR/ MANAGER OF PROFESSIONAL PRACTICE AND COMPETENCE
Avaleen Petryk	EXECUTIVE ASSISTANT/ HEARINGS DIRECTOR
Sharon Semeniuk	FINANCE MANAGER

STRUCTURAL AND FUNCTIONAL ORGANIZATION CHARTS





THE CMLTA COUNCIL MANAGES AND CONDUCTS THE ACTIVITIES OF THE ORGANIZATION AND EXERCISES ITS RIGHTS, POWERS, DUTIES, AND PRIVILEGES TO ENSURE REGULATORY COMPLIANCE IN ALL AREAS, SPECIFICALLY REGISTRATION, CONTINUING COMPETENCE/PROFESSIONAL DEVELOPMENT, AND THE FORMAL ADJUDICATION OF COMPLAINTS OF UNPROFESSIONAL CONDUCT.

The 2015 CMLTA Council was comprised of nine elected Councilors (including the President, President-Elect, and Past President) and two Public Members as appointed by the government in accordance with the *Health Professions Act (HPA)*. The HPA requires the CMLTA to have three Public Members; however, Alberta Health has not yet replaced a Public Member from 2014.

The primary purpose of the CMLTA Council is to fulfill its legislated mandate and mission through ethical, prudent, and innovative means. The specific functions of Council are to:

- Articulate the CMLTA's vision, mission, and core values;
- Develop a viable strategic plan to achieve the vision, mission, and core values;
- Define the work of Council, and how Council carries out and monitors its work;
- Support, monitor, and evaluate the Executive Director/Registrar to ensure a high level of competence and organizational performance;
- Provide effective fiscal management by ensuring that financial viability of the organization is ongoing, resource utilization is aligned with the CMLTA mission and priorities, and the assets of the CMLTA are protected and cared for;

- Ensure oversight and sound risk-management practices, enforce compliance with all relevant legislation, and develop policies and systematic methods to direct the CMLTA's operations;
- Raise public awareness of the role of the CMLTA and represent the best interests of the public;
- Monitor the roles and performance of committees to ensure they execute delegated work; and
- Organize Council to ensure effective and efficient operations, including the assessment of Council's own performance, the development and implementation of succession plans, the orientation and mentoring of new Council members, and continuity of experience and leadership within Council.

The CMLTA Council has established the following Committees:

- Legislation Sub-Committee
- Regulated Member Resource List – Hearing Tribunals and Complaint Review Committees

The Legislation Sub-Committee is a working group of the CMLTA Council comprised of nine Regulated Members including the President-Elect, Past President, and other volunteer members at large. The purpose of this group is to:

- Review and recommend revisions (in consultation with the Executive Director/Registrar and CMLTA legal counsel) to CMLTA Bylaws, policies, and documents for Council consideration and approval;
- Draft new policies, protocols, and processes as per the direction of Council;
- Align CMLTA communications with current policy; and
- Interpret the HPA and the *Medical Laboratory Technologists Profession Regulation* for the purpose of application and revision of policy regarding registration, continuing competence, and complaints of unprofessional conduct.

Pursuant to Section 15 of the HPA, Council has appointed eight Regulated Members (a minimum of four is required) to the CMLTA Regulated Member Resource List (RMRL). These individuals serve on Hearing Tribunals in complaints of unprofessional conduct and on Complaint Review Committees (CRC). Please refer to the report on Complaints and Discipline on page 18 of this Annual Report for more information on Hearing Tribunals and CRCs.

The CMLTA Council archived the Registration Committee and Continuing Competence Committee in 2011 as

they are optional committees pursuant to the HPA. The primary role of the Registration Committee was to develop and recommend policy and guidelines for Council consideration for applicants falling outside standard registration parameters, specifically individuals registering via the Substantial Equivalence (SE) provision as provided for in Section 8 of the *Medical Laboratory Technologists Profession Regulation*. Over a five year period, the Registration Committee developed a detailed and well-structured process to evaluate (SE) applicants that can be applied consistently and transparently to all individuals seeking MLT registration and who are not eligible for national certification with the Canadian Society for Medical Laboratory Science.

The Continuing Competence Committee (CCC) worked in conjunction with Alberta Health to create the Continuing Competence Program (CCP), including the Medical Laboratory Technologists' Competency Profile. The CCP is a systematic means of assessing the ongoing knowledge, skills, judgments, and attitudes of professional practitioners, and method to determine the level of expertise and competence in the workplace. The CCP and Competency Profile were reviewed, revised, and enhanced regularly to reflect changes in the current practice of MLTs, and also to incorporate new areas of practice such as biochemical genetics. Over an eight year period, the expertise of the CCC resulted in a comprehensive CCP and Competency Profile that can be adapted to a multitude of areas of professional practice of MLTs. The CMLTA regularly solicits feedback from all Regulated Members, educators, and employers to determine relevancy, currency, and applicability of the CCP.

This safeguards patient safety and public protection whereby ensuring MLTs are competent in their provision of laboratory services to Albertans.

In addition to the metamorphosis and advancement of CMLTA doctrine and policy to the extent that dedicated committees were deemed unnecessary, the CMLTA also experienced difficulty in securing Regulated Members to volunteer and serve on both of these committees. The Legislation Sub-Committee currently provides recommendations to Council in matters of registration and continuing competence as needed. However, in the event significant registration and or CCP revisions necessitate a dedicated working group, the CMLTA Council can resurrect the Registration and/or Continuing Competence Committees.

The following regulatory changes occurred in 2015:

- The CMLTA Council developed new *MLT Standards of Practice* and *Code of Ethics* which incorporated feedback from Alberta Health, Regulated Members, and other stakeholders. The newly revised *Standards of Practice* will be used as the foundational document for the Continuing Competence Program (CCP) annual self-assessment when the CCP is revised in 2016. To view the *MLT Standards of Practice* and *Code of Ethics* in their entirety, please visit cmlta.org/home/practice-resources/standards-of-practice/ and cmlta.org/home/practice-resources/code-of-ethics/ respectively.
- The CMLTA Council approved revisions to the annual online registration and MLT Practice Permit renewal process, including enhancements to the jurisprudence component of the renewal process.

- The CMLTA Council approved revisions to the Continuing Competence Program, including the mandatory online submission of Compliance Audits and the addition of an interactive Activity Log which allows Regulated Members to track professional development activities in real-time and eliminates the need for diarizing all activities at year's end. The addition of electronic Compliance Audits enables the CMLTA to annually increase the percentage of Regulated Members randomly selected for audit without the need for additional human resources.

Registration of CMLTA Members

REGISTRATION AND A MEDICAL LABORATORY TECHNOLOGIST (MLT) PRACTICE PERMIT IS MANDATORY FOR ALL INDIVIDUALS EMPLOYED AS MLTS.

Pursuant to Section 46 of the *Health Professions Act* (HPA), a person must apply for registration if they meet the requirements of section 28(2) for registration as a Regulated Member, and intend to provide one or more of the following:

- (i) professional services directly to the public;
- (ii) the manufacture of dental appliances or conducting of laboratory tests that are used by other Regulated Members to provide professional services directly to the public;
- (iii) food and nutrition professional services that are used by other Regulated Members and individuals to provide services directly to the public;
- (iv) the teaching of the practice of a regulated profession to Regulated Members or students of the regulated profession; and
- (v) the supervision of Regulated Members who provide professional services to the public.

Applicants are registered on the appropriate register as provided for in

the *Medical Laboratory Technologists Profession Regulation*, subject to any restrictions:

- (a) General Register (Hematology, Chemistry, Transfusion Science, Microbiology, Histology, and individuals with conditions or restrictions on professional practice)
- (b) Diagnostic Cytology Register
- (c) Clinical Genetics Register (Cytogenetics and Molecular Genetics)
- (d) Provisional Register
- (e) Courtesy Register

The CMLTA has always made a distinction between mandatory registration/MLT Practice Permits and voluntary memberships which is a category designated for non-regulated members. The category of voluntary membership includes Medical Laboratory Assistants, Associates, Retired members, and Honorary members. In light of a regulatory-only focus and without legal jurisdiction over any of these members, Council discontinued all voluntary memberships at the close of 2015.

Figure 1 summarizes registration data for the 2015 registration and membership year.

The CMLTA's annual registration and Medical Laboratory Technologist (MLT) Practice Permit renewal process ran concurrently with the annual submission of documents in compliance with the Continuing Competence Program (CCP). The CMLTA renewal process is online and captures member demographics for both Alberta Health and its Alberta Provider Directory (ABPD) Source Uptake Project, and the Canadian Institute for Health Information (CIHI) and its Health Human

Resources Databases Development Project (HHRDDP) which includes statistics on MLTs from across Canada. The HHRDDP addresses information gaps through the development of national, supply-based databases and reporting systems for five regulated health professions: MLTs, Pharmacists, Physiotherapists, Medical Radiation Technologists, and Occupational Therapists. The effective management of health human resources requires access to accurate, comparable, and timely data on medical professionals; therefore, the CMLTA continued to invest significant resources in 2015 to further modify the existing database and processes.

Figure 2 summarizes registration data for the 2015 MLT registration year.

The CMLTA mandate of patient safety and public protection is reinforced with mandatory registration for all individuals employed and practicing as MLTs. If an MLT is considering retirement, an extended leave of absence, or departing from professional practice for some other reason, resulting in the non-renewal of registration and an MLT Practice Permit, it is an individual's responsibility to notify the CMLTA of any change in employment status. There were 152 Regulated Members from the 2014 registration year that did not renew their 2015 registration and MLT Practice Permit.

Figure 3 summarizes reasons for the non-renewal of registration and an MLT Practice Permit for 2015.

Figure 4 summarizes age demographic data for the 2015 registration year and also includes historical years to highlight trends in the medical laboratory profession.

Figure 1: Registration data for the 2015 registration and membership year

DESCRIPTION/REGISTER	NUMBER
Register	
General MLT	2,307
Conditional	19
Substantial Equivalence Route to MLT Registration (SE)	46
Diagnostic Cytology	90
Clinical Genetics	48
Provisional	79
Courtesy Register	0
Voluntary Members	
Associate	23
Retired	3
Medical Laboratory Assistant	41
Honorary Members	2
TOTAL CMLTA MEMBERS*	2,658

* Includes full standing practice permits, provisional practice permits, conditional practice permits, successful SE applicants, voluntary members, and honorary members.

Figure 2: Registration data for the 2015 MLT registration year

TYPE OF APPLICATION*	NUMBER
Renewal	2,462
Initial	111
New Graduates from Canadian Accredited MLT Training Program	(91)
Out of Province	(17)
Out of Country	(2)
SE:	
Approved	1
Denied	0
In Process	0
Withdrawn	0
Reinstatement	18
Out of Province	0
Out of Country	0
Applications Denied	0
Registration Application Decision Appeals to Council	0

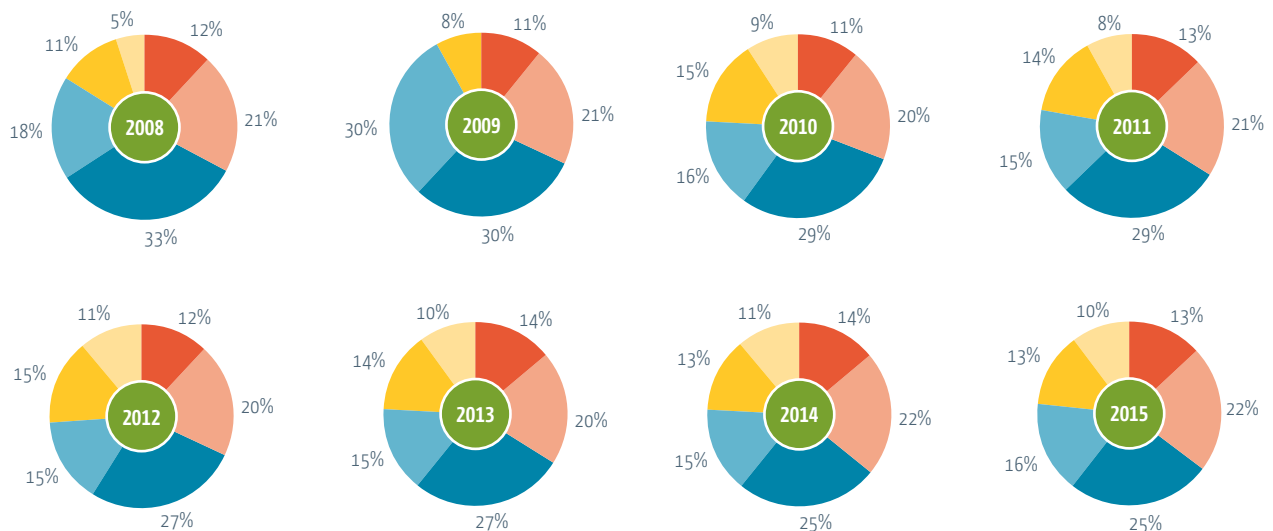
* Total number of applications for 2015 registration and MLT Practice Permits was 2592.

Figure 3: Reasons for the non-renewal of registration and an MLT Practice Permit for 2015

DESCRIPTION	NUMBER
Extended Leave (educational, long term disability, parental, etc.)	6
Cancelled (No communication, non-payment of annual dues)	53
Left the MLT Work Environment	14
Moved	19
Retired	58
Deceased	1
TOTAL	152

Figure 4: Age demographic data for the 2015 registration year (Note: values are expressed as percentages)

● AGES 20-29 ● AGES 30-39 ● AGES 40-49 ● AGES 50-54 ● AGES 55-59 ● AGES 60-70+



INTERNATIONALLY EDUCATED MEDICAL LABORATORY TECHNOLOGISTS

In accordance with the Foreign Qualifications Recognition Plan (FQR Plan) the CMLTA gathers data and statistics on Alberta Regulated Members educated outside of Canada. The CMLTA worked in conjunction with Alberta Employment and Immigration to develop a standardized reporting template to accurately capture key elements related to the assessment and licensing of foreign-qualified applicants or Internationally Educated Medical Laboratory Technologists (IEMLTs). Various government departments such as Alberta Employment and Immigration and Alberta Health, use this data to support ongoing improvements to the foreign qualification assessment system for IEMLTs including:

- Identifying information resources on specific countries and qualifications which may support professional regulatory organizations in the assessment of foreign credentials;
- Developing appropriate “bridge to licensure” programs to assist foreign-qualified applicants to meet the minimum entrance to practice standards in Alberta;
- Implementing strategic support services for immigrants during the registration/licensing process; and
- Supporting a system-wide discussion and sharing of information on leading practices related to foreign qualification assessment, approaches, and procedures.

Registration as an IEMLT in Alberta is a two-step process which involves the Canadian Society for Medical Laboratory Science (CSMLS) and the CMLTA. Initially IEMLTs are directed to the CSMLS to undergo a Prior Learning Assessment (PLA) which involves the submission of supporting documentation and the assessment of academic credentials, language proficiency, clinical training, and professional work experience. Depending upon the length of time an individual needs to obtain documentation (including original transcripts from the country of formal post-secondary education) and the number of refresher courses and remedial work required to address deficient competencies, the PLA process can extend 2-3 years, averaging 18 months for most applicants.

Once an IEMLT has successfully completed the PLA and is granted permission to challenge the CSMLS national certification examination, an individual is eligible to apply for a one-year registration and MLT Provisional Practice Permit with the CMLTA pursuant to Section 9 of the *Medical Laboratory Technologists Profession Regulation*. Prior to the expiry of the Provisional Practice Permit, an individual must provide evidence of CSMLS certification and 900 MLT practice hours. Upon receipt of this documentation, an individual is upgraded to a full-standing registration and MLT Practice Permit on the appropriate register. If an applicant has successfully challenged the CSMLS certification examination prior to applying for MLT registration with the CMLTA, an individual can apply for a one-year registration and MLT Conditional Practice Permit to obtain the 900 MLT professional practice hours required in the initial registration year.

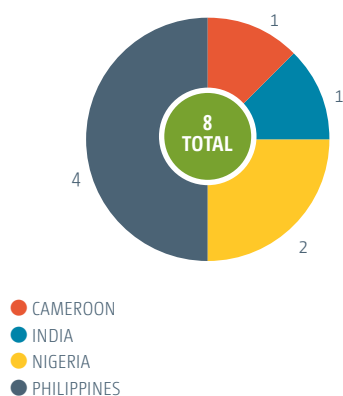
The CSMLS instituted a *three-strike policy* and if an individual is unsuccessful after three attempts to pass the national certification examination, completion of a second accredited formal MLT training program of study from a recognized Canadian educational institution is required for permission to challenge the certification examination a fourth time. This policy also applies to all Canadian trained MLTs to ensure a transparent, fair, and consistent process is in place for all individuals seeking national certification and that all practitioners regardless of country of training, can demonstrate a minimum level of competence for all entry level MLTs.

Figures 5 and 6 summarize data on IEMLTs representing figures validated by both the CMLTA and the CSMLS.

Pursuant to section 31(1) of the *Health Professions Act*, all applicants have a formal appeal process which states “an applicant whose application for registration is accepted subject to conditions or whose registration is deferred or whose application is refused by the registrar, registration committee, or competence committee may, within 30 days after being given a copy of the decision, request a review by the council in accordance with subsection (3)”. Furthermore, section 31(3) states “a request for review must be in writing, set out the reasons why the applications for registration should be approved with or without conditions, and be given to the registrar, who must give a copy of the request to the Council”. In 2015, the CMLTA did not receive any requests for appeals from IEMLTs which is evidence of fair, transparent, timely, and consistent application and registration practices.

Figure 5: Data on IEMLTs representing figures validated by both the CMLTA and the CSMLS

COUNTRY OF EDUCATION OF FOREIGN QUALIFIED APPLICANTS



APPLICATIONS

Number of New Applications Received in 2015	2
Total Number of Applications Open (New and Ongoing from 2014)	6
Total Number of Applications Processed to a Registration Decision	8
Number of Applicants Meeting Minimum Initial Registration Requirements	8
Number of Applicants NOT Meeting Minimum Initial Requirements	0

NOTE: All applications were processed to a registration decision within 5 business days once all required documentation was submitted by the applicants.

Figure 6: Data on IEMLTs representing figures validated by both the CMLTA and the CSMLS

REGISTRATION DECISION

Number of Applicants Not Meeting:

Educational Standards	0	0
English Language Proficiency Standards	0	0
Certification Examination Standards	0	0
Minimum Work/Clinical Experience Standards	0	8*

* Conditional Practice Permit

REGISTRATION NOT ISSUED
ALTERNATIVE CLASS OF REGISTRATION ISSUED

NOTE: No applicants were issued full standing registrations without provisions and/or conditions as they did not initially meet all educational, language, certification, and work/clinical experience standards. Eight (8) applicants were issued an alternative class of registration and two (2) were upgraded to full standing registration on the appropriate register upon meeting the MLT practice hour requirements. This process has taken approximately fourteen months to complete. Applicants upgrading from an alternate class of registration to a full standing MLT Practice Permit have the ability to practice without limitations/conditions. Three (3) applicants carried over from 2014 to 2015 canceled their registrations as they did not secure MLT employment. Three (3) were issued an alternative class of registration which spans two registration years (2015 and 2016) as their registration and MLT Practice Permits are valid for one full year from the date of issue. It is anticipated these individuals will upgrade to full standing status on the appropriate register in 2016 when their alternative class of registration expires.



Continuing Competence Program

THE CMLTA DEVELOPED AND ADMINISTERED THE MEDICAL LABORATORY TECHNOLOGISTS' CONTINUING COMPETENCE PROGRAM (CCP) IN 2007 IN COMPLIANCE WITH PROVISIONS SET OUT IN SECTION 50 OF THE *HEALTH PROFESSIONS ACT* AND SECTIONS 12.2, 12.3, AND 12.4 OF THE *MEDICAL LABORATORY TECHNOLOGISTS PROFESSION REGULATION*.

The aforementioned legislation authorized the implementation and application of program-specific parameters, annual review and audit processes to evaluate participation, and the enforcement of the program with consequences for non-compliance.

The CCP was a collaborative partnership between Alberta Health and the CMLTA, with contributions from numerous Medical Laboratory Technologists (MLTs) from across the province.

Legislation dictates that it is mandatory for all MLTs to participate in the CMLTA's standardized ongoing competence program, all MLTs must assume personal accountability in professional practice to remain skilled, knowledgeable, and competent practitioners. The CCP is a systematic means of assessing the ongoing knowledge, skills, judgments, and attitudes of practitioners, and a method to determine the level of expertise and competence actually performed in the workplace. There are many benefits for the individual MLT, including professional integrity, personal growth, career advancement, and the increased utilization and application of knowledge, skills, judgments, and attitudes. The CCP represents the minimum mandatory continuing education an MLT is required to complete on an annual basis to satisfy government-based requirements. It is neither inclusive nor representative of

all annual learning and professional development voluntarily undertaken by a professional practitioner.

The *Medical Laboratory Technologists Profession Regulation* sets out the specific requirements for the CCP which a Regulated Member must complete on an annual basis. This legislation provides for an annual review and evaluation (e.g. Compliance Audit) which includes:

- (a) A Self-Assessment based on the Competency Profile developed by the CMLTA indicating the areas where continuing competence activities are to be undertaken by a Regulated Member in the next registration year;
- (b) A written Learning Plan that sets out the continuing competence goals of the Regulated Member for the next registration year and the continuing competence activities to be undertaken by the Regulated Member during that year to achieve the continuing competence goals; and
- (c) A completed Learning Plan from the previous registration year documenting the competence activities that were completed

The CCP ran concurrently with the annual registration and MLT Practice Permit renewal process from September 15 to December 31, 2014 and resulted in the simultaneous submission of annual

Practice Permit dues/fees, Regulated Member demographics, completed Learning Plans for 2014, and new Learning Plans for the 2015 registration year.

The CMLTA introduced several revisions and enhancements to the CCP for the 2015 registration and MLT Practice Permit renewal season. The CMLTA also collected new data elements for the Canadian Institute for Health Information's (CIHI's) Health Human Resources Database Development Project (HHRDDP) which captures national demographics and statistics on Canadian MLTs.

Enhancements and revisions for 2015 included the following:

1. **Online Continuing Competence Program (CCP) Activity Log**
To highlight awareness and to emphasize the importance of maintaining a CCP Activity Log, the CMLTA developed an interactive online format for Regulated Members to diarize the information necessary to validate learning activities throughout the year. The online CCP Activity Log guided Regulated Members to enter and save the required data elements, and also identified missing data fields. The online format also allowed for the uploading of supporting documentation, when required, to validate completion of a

learning activity. The online CCP Activity Log went live in 2014, but Regulated Members are able to go back to their 2013 registration year to commence recording, if desired. Regulated Members were reminded that a CCP Activity Log is only requested by the CMLTA when an individual is randomly selected for a CCP Compliance Audit; however, all Regulated Members were encouraged to complete the CCP Activity Log in advance of a CCP Compliance Audit request. As a means for Regulated Members to be accountable to annually completing their CCP Activity Logs, a mandatory pop-up declaration was added, commencing with the 2014 Completed Learning Plans, which required Regulated Members to affirm their awareness of the CCP Activity Log's applicability to the CCP. As a result, the CMLTA noted increased utilization of the CCP Activity Logs in 2015.

2. **Online Compliance Audit**

With the launch of the online CCP Activity Log, the CMLTA instituted a process to accommodate the electronic submission of CCP Compliance Audit documents, such as certificates of completion and official coursework transcripts. Commencing in 2014, Regulated Members were able to submit their CCP Activity Log, supporting documentation for learning activities, the Compliance Audit declaration, and employer verification of MLT employment and MLT work hours through a secure Regulated Member portal. In addition to the positive feedback, the online CCP Compliance Audit

also resulted in a streamlined process for the CMLTA and a decreased processing time. This was due in part to an electronic step-by-step process which prohibited the submission of extraneous unnecessary data and permitted the upload/download of only mandatory information. This streamlined process allowed staff more time to educate and assist Regulated Members who had difficulty drafting Learning Plans or had questions regarding acceptable learning activities. In an effort to foster continuous improvement, the CMLTA Council supported mandatory electronic submission for 2015 and thus no longer accepts hard copy CCP Compliance Audit submissions. This also enables the CMLTA to commit to increase the percentage of Regulated Members randomly selected for the Compliance Audit each year.

3. **Learning Plans and Self-Assessments**

With the increased awareness and utilization of the online Continuing Competence Program (CCP) Activity Log, the CMLTA recognized the diminished purpose of recording Learning Outcomes on a completed Learning Plan. Often Regulated Members input all the data elements required for the CCP Activity Log into their Learning Outcome (on a completed Learning Plan) and then further prompted to enter similar information into their online CCP Activity Log. CMLTA Council supported an amendment to the completion of Learning Plans which only required Regulated Members to indicate whether

Learning Objectives have been met (minimum of three) or have not been met. This new process was communicated to Regulated Members in 2014, and came into effect for 2015 completed Learning Plans. It is emphasized to Regulated Members that full details of completed learning activities must be recorded on an online CCP Activity Log.

Figure 7 summarizes the submission date of renewals for registration and MLT Practice Permits. Renewal season for the 2015 Registration year commenced September 15, 2014. The CMLTA utilizes an escalating fee system to encourage early registration and MLT Practice Permit renewal in an effort to ensure all renewing practitioners were in possession of valid registrations and MLT Practice Permits prior to January 1, 2015. The CMLTA advises Regulated Members to allow for a four week processing time due to the volume of renewals.

Figure 7: Percentage of 2015 Registration and MLT Practice Permit Renewals

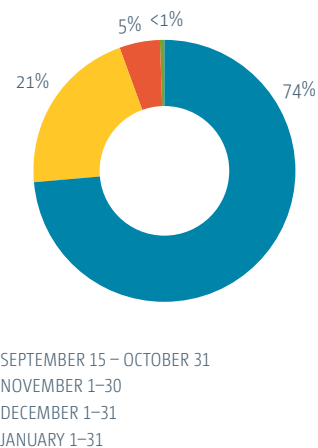


Figure 8 summarizes the top ten MLT Competency Profile areas as identified by Regulated Members in learning and development for 2015 (2014 provided for comparison). The Competency Profile areas are in descending order of total responses received for online registration and MLT Practice Permit renewals.

Figure 8: Summary of the top ten MLT Competency Profile areas

CLUSTER	2015 PROFILE AREA	CLUSTER	2014 PROFILE AREA
A-3	Professional Development	A-3	Professional Development
B-1	General Laboratory Safety	B-1	General Laboratory Safety
A-2	Communications & Interpersonal Skills	A-2	Communications & Interpersonal Skills
D-2	Quality Management	D-2	Quality Management
I-1	Routine Hematology	I-1	Routine Hematology
H-1	Routine Chemistry	C-5	Equipment
J-1	Routine Bacteriology	H-1	Routine Chemistry
C-5	Equipment	J-1	Routine Bacteriology
D-1	Quality Control	D-1	Quality Control
K-5	Blood Product Management	K-5	Blood Product Management

NOTE: The CMLTA received eleven written requests to change Learning Plans throughout 2015 due to changes in Regulated Members' areas of practice and responsibility. All requests were approved by the CMLTA. The CMLTA also received several requests from Regulated Members to change their Learning Plans due to the cancellation or postponement of a selected learning activity. All of these requests were denied, but the Regulated Members were provided guidance on attaining alternate learning activities to ultimately complete their chosen Learning Objective. The CMLTA received other informal requests to modify Learning Plans to include learning opportunities which were unknown at the time a 2015 Learning Plan was created and submitted to the CMLTA. All these requests were denied, but individuals were encouraged to participate in any learning activities deemed to be valuable and applicable to professional practice, regardless of applicability to a Learning Plan.

CONTINUING COMPETENCE PROGRAM - ANNUAL COMPLIANCE AUDIT

To ensure the integrity of the CCP, legislation stipulates that regulatory colleges must have an established process for the review and evaluation of previous and current Regulated Members' compliance with the CCP. To fulfill this mandate, at the beginning of each year, the CMLTA randomly selects a percentage of Regulated Members from the previous year's register to participate in the CCP Compliance Audit to provide documentation and/or evidence of learning for one to five previous years of professional practice. The CMLTA instructs Regulated Members to retain copies of all CCP documents, including their documented learning activities, for a minimum of five years for this purpose. Participation in the CCP Compliance Audit is a mandatory component of CMLTA registration. As it is an audit of the previous registration year(s), even individuals not currently registered or practicing as MLTs in Alberta are required to participate. The 2015 Compliance Audit notification letters were sent via email in February 2015 detailing the documentation requirements and the stipulated timelines.

The CMLTA reviewed and examined an individual's submitted Compliance Audit documentation and determined whether the individual had complied with the mandated requirements of the CCP. If the CMLTA determined the submitted documentation to be satisfactory, a pass letter was issued. If the CMLTA determined the submitted documentation to be incomplete, a letter outlining deficiencies and/or remedial

work required to successfully complete the audit was issued. It should be noted that once a Compliance Audit notice has been issued, it remains outstanding on an individual's file until the individual has complied with the CMLTA request. Individuals were made aware that extenuating circumstances preventing compliance within the specified timelines must be communicated immediately to the CMLTA to avoid escalating fines and a potential complaint of unprofessional conduct.

Figure 9 summarizes Compliance Audit statistics for the Continuing Competence Program for 2010–2015.

Figure 9: Compliance Audit statistics for the Continuing Competence Program for 2010 – 2015

DESCRIPTION	2010	2011	2012 (2013 PRELIMINARY)**	2013 (ACTUAL)	2014	2015
Number Audited	81	125	178	178	243	270
% Audited (rounded)	3%	6%	8%	8%	11%	12%
Number with Successful Initial Audit (pass)	69	111	155	155	218	248
Number Requiring Remedial Work	10	12	23	23	20	22
Reasons for Remedial Work:						
Failure to Submit Documentation	4	6	9	9	9*	11
Incomplete Documentation	6	6	14	14	11	11
Number Forwarded to Complaints Director for Non-Compliance	0	0	0	1	0	0
Extenuating Circumstances	1	2	0	0	0	0
Cancelled Audits	1	0	0	0	0	0

* All individuals formally notified the CMLTA of their current non-practicing status and desire to postpone submission of Compliance Audit documents until they reinstate as a practicing MLT. These individuals are aware that prior to reinstatement; all audit requirements must be satisfied.

**In an effort to maintain transparency, commencing with the 2013 Annual Report, the CMLTA transitioned from reporting Compliance Audit statistics pertaining to the applicable registration year to those results obtained in the year for which the Annual Report reflects. For example, the 2014 results were based on the 2014 CCP Compliance Audit; however, the participants were drawn from the 2013 registration roster.



Complaints and Discipline

THIS SECTION HIGHLIGHTS THE COMPLAINTS OF UNPROFESSIONAL CONDUCT THE CMLTA RECEIVED IN 2015. IT INCLUDES THE CURRENT STATUS AND/OR FINAL DISPOSITION OF COMPLAINTS AGAINST REGULATED PRACTITIONERS OF THE MEDICAL LABORATORY SCIENCE PROFESSION. THE INFORMATION CONTAINED IN THIS SECTION IS PURSUANT TO PART 4 OF THE *HEALTH PROFESSIONS ACT* (HPA).

The HPA defines unprofessional conduct, whether or not it is disgraceful or dishonorable, as the following:

- Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- Contravention of the HPA, a *Code of Ethics*, or *Standards of Practice*;
- Contravention of another enactment that applies to the profession;
- Representing or holding out that a person was a Regulated Member and in good standing while the person's registration or practice permit was suspended or cancelled;
- Representing or holding out that person's registration or Practice Permit is not subject to conditions when it is or misrepresenting the conditions;
- Failure or refusal to comply with the requirements of the Continuing Competence Program, or to co-operate with a competence committee or a person appointed under Section 11 undertaking a practice visit;
- Failure or refusal to comply with a request of or co-operate with an inspector or a direction of the registrar made under Section 53.4(3);

- Failure or refusal to comply with an agreement that is part of a ratified settlement, or with a request of or co-operate with an investigator, or to undergo an examination under Section 118, or a notice to attend or a notice to produce under Part 4;
- Contravening an order under Part 4, conditions imposed on a Practice Permit or a direction under Section 118(4);
- Carrying on the practice of the regulated profession with a person who is contravening Section 98 or an order under Part 4 or conditions imposed on a Practice Permit or a direction under Section 118(4); and
- Conduct that harms the integrity of the regulated profession.

The number and nature of complaints of unprofessional conduct the CMLTA receives in a given year is unpredictable. In its first six years under the HPA, the CMLTA received less than one complaint per year, but in 2010 there was a dramatic increase in the number of complaints which leveled off the following year resulting in an average of two to four complaints per year. One of the contributing factors resulting in the increase in 2010 was employer

awareness and compliance with Section 57 of the HPA and an obligation to notify the CMLTA of employee terminations, suspensions, or resignations in which unprofessional conduct and/or behavior were contributing factors. More recently, the CMLTA receives complaints related to the inappropriate access, use, and distribution of patient information as there is a trend to view one's own health records as personal property which an individual needs to safeguard.

Figure 10 summarizes complaint data for the 2015 registration year.

Figure 10: Complaint data for the 2015 registration year

DESCRIPTION	NUMBER	EXPLANATION
Files Carried Forward From 2014	0	
New Complaints Received in 2015	4	
Employer Complaints	4	
Peer Complaints	0	
Public Complaints	0	
Complaints Dismissed	2	Two complaints dismissed post-investigation due to insufficient evidence of unprofessional conduct.
Files Referred for Assessment Under Section 118 HPA	0	
Files Referred to Investigation	4	Two complaints currently under investigation.
Files Referred to Hearing Tribunal	0	
Complaint Review Committee Appeals	0	
Files Closed During the Year	2	



Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2015
AND INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS

INDEPENDENT AUDITOR'S REPORT

To the Members of **Alberta College of Medical Laboratory Technologists - operating as College of Medical Laboratory Technologists of Alberta (CMLTA)**:

We have audited the accompanying financial statements of **Alberta College of Medical Laboratory Technologists** which consist of the statement of financial position at December 31, 2015, and the statements of changes in net assets, operations, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

MANAGEMENT'S RESPONSIBILITY FOR THE FINANCIAL STATEMENTS

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

AUDITOR'S RESPONSIBILITY

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

OPINION

In our opinion, the financial statements present fairly, in all material respects, the financial position of **Alberta College of Medical Laboratory Technologists** as at December 31, 2015, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

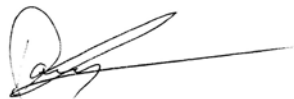
YAREMCHUK AND ANNICCHIARCO LLP CHARTERED ACCOUNTANTS

Edmonton, Alberta
March 5, 2016

STATEMENT OF FINANCIAL POSITION

ASSETS	2015	2014
Current Assets:		
Cash	\$ 525,988	\$ 1,602,606
Guaranteed investment certificates	4,498,463	2,854,862
Accounts receivable	500	200
Prepaid expenses	18,156	16,059
Total current assets	5,043,107	4,473,727
Equipment (Note 3)	47,015	48,801
TOTAL	\$ 5,090,122	\$ 4,522,528
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts payable and accrued liabilities	\$ 69,996	\$ 77,271
Unearned membership fees	1,290,490	1,405,710
Total current liabilities	1,360,486	1,482,981
Net Assets:		
Invested in equipment	47,015	48,801
Internally restricted (Note 4)	3,000,000	1,309,859
Unrestricted	682,621	1,680,887
Total net assets	3,729,636	3,039,547
TOTAL	\$ 5,090,122	\$ 4,522,528

APPROVED BY COUNCIL:



DARCY GARA MLT
CMLTA 2015 PRESIDENT

STATEMENT OF CHANGES IN NET ASSETS

	Invested in Equipment	Internally Restricted (Note 4)	Unrestricted	2015	Total 2014
Balance at beginning of the year	\$ 48,801	\$ 1,309,859	\$ 1,680,887	\$ 3,039,547	\$ 2,415,863
Excess of (expenses) revenue for the year	(22,911)	-	713,000	690,089	623,684
Purchase of equipment	21,125	-	(21,125)	-	-
Transfer to internally restricted	-	1,700,000	(1,700,000)	-	-
Transfer from internally restricted	-	(9,859)	9,859	-	-
Balance at end of the year	\$ 47,015	\$ 3,000,000	\$ 682,621	\$ 3,729,636	\$ 3,039,547

STATEMENT OF OPERATIONS

	2015	2014
Revenue:		
Membership fees	\$ 1,502,635	\$ 1,504,780
Interest	47,624	49,763
Advertising, processing fees and other	9,462	10,320
TOTAL REVENUE	1,559,721	1,564,863
Expenses:		
Amortization	22,911	25,813
Annual general meeting	12,902	8,916
Bank and credit card charges	49,807	53,292
Communications	-	5,693
Computer and website	25,229	30,117
Conduct - net of recoveries of NIL (2014 - \$3,500)	27,483	93,584
Continuing competence	10,743	4,384
Council	25,020	35,286
Deputy registrar	4,011	3,897
Insurance	6,742	5,339
Office	12,347	12,388
Postage and copying	13,694	21,595
Professional fees	24,192	20,719
Publications	4,582	5,828
Registrar	3,971	3,734
Registration	7,113	7,520
Rent and common area costs	136,029	124,752
Salaries and benefits	477,359	473,397
Telephone	5,497	4,925
TOTAL EXPENSES	869,632	941,179
EXCESS OF REVENUE FOR THE YEAR	\$ 690,089	\$ 623,684

STATEMENT OF CASH FLOWS

	2015	2014
OPERATING ACTIVITIES:		
Cash from operations:		
Excess of revenue for the year	\$ 690,089	\$ 623,684
Item not involving cash for operations - amortization	22,911	25,813
	713,000	649,497
Increase (decrease) in non-cash working capital balances related to operations:		
Accounts receivable	(300)	750
Prepaid expenses	(2,097)	235
Accounts payable and accrued liabilities	(7,275)	9,610
Unearned membership fees	(115,220)	7,830
Net cash from operating activities	588,108	667,922
INVESTING ACTIVITIES:		
Purchase of equipment	(21,125)	(20,265)
(Increase) decrease in guaranteed investment certificates	(1,643,601)	350,927
Net cash (used in) from investing activities	(1,664,726)	330,662
(DECREASE) INCREASE IN CASH DURING THE YEAR	(1,076,618)	998,584
CASH AT BEGINNING OF THE YEAR	1,602,606	604,022
CASH AT END OF THE YEAR	\$ 525,988	\$ 1,602,606

NOTES TO THE FINANCIAL STATEMENTS

DECEMBER 31, 2015

1. PURPOSE OF COLLEGE:

The College regulates the practice of medical laboratory technology in a manner that protects and serves the public interest. In fulfilling this role, the College establishes, maintains and enforces standards for registration and continuing competence, standards of practice and a code of ethics for the profession and investigates and acts on complaints.

2. ACCOUNTING POLICIES:

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations. The significant accounting policies are as follows:

Revenue recognition:

The College follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably assured.

Membership revenue is recognized in the year to which the membership fees relate. All other revenue is recognized when the activity to which the revenue relates to has been presented or completed. Conduct recoveries are recognized when received.

Interest revenue is recognized as it is earned.

Donated services:

The work of the College is dependent on the voluntary service of many individuals. Since these services are not normally purchased by the College and because of the difficulty of determining their fair value, donated services are not recognized in these financial statements.

Guaranteed investment certificates:

Guaranteed investment certificates are stated at the purchase amount plus accrued interest.

Equipment:

Equipment is stated at cost. Amortization is provided using the declining balance method at the following annual rates:

Computer hardware	30%
Computer software	50%
Office equipment	20%

Financial instruments:

The College initially measures its financial assets and liabilities at fair value.

The College subsequently measures all its financial assets and financial liabilities at amortized cost.

The College's financial instruments measured at amortized cost consists of cash, guaranteed investment certificates,

accounts receivable and accounts payable and accrued liabilities.

Financial assets measured at amortized cost are tested for impairment when there are indicators of impairment. The amount of the write-down is recognized in net income. Any previously recognized impairment loss may be reversed to the extent of the improvement, directly or by adjusting the allowance account, provided it is no greater than the amount of impairment recognized previously. The amount of the reversal is recognized in net income.

Cash and cash equivalents:

Cash and cash equivalents consist of balances with banks and short-term investments with maturities that can be readily converted to cash.

Use of estimates:

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. These estimates are reviewed annually and adjustments are made to income as appropriate in the year they become known.

3. EQUIPMENT:

The major categories of equipment and related accumulated amortization are as follows:

	COST	ACCUMULATED AMORTIZATION	NET BOOK VALUE	
			2015	2014
Computer hardware	\$ 24,674	\$ 14,452	\$ 10,222	\$ 3,649
Computer software	130,201	111,761	18,440	29,625
Office equipment	71,232	52,879	18,353	15,527
	\$ 226,107	\$ 179,092	\$ 47,015	\$ 48,801

4. NET ASSETS - INTERNALLY RESTRICTED:

By resolution of Council, funds have been internally restricted as follows:

	2015	2014
Operating reserve	\$ 2,000,000	\$ 1,000,000
Conduct contingency reserve	1,000,000	300,000
Bursary fund	-	9,859
TOTAL	\$ 3,000,000	\$ 1,309,859

The funds can only be expended upon approval by Council.

5. LEASE COMMITMENT:

The College has committed to the rental of business premises under a lease agreement expiring July 31, 2020. The minimum monthly rent payable is \$6,800.

The College is also responsible for its proportionate share of common area costs.

6. FINANCIAL INSTRUMENTS:

The College is exposed to risk on certain financial instruments as follows:

Credit risk:

Credit risk is the risk that one party to a financial instrument will cause a financial loss for the other party by failing to discharge an obligation. The College is exposed to credit risk on accounts receivable. In order to reduce its risk, the College has adopted credit policies which include the analysis of the financial position of debtors and the regular review of their credit limits. The College also provides for doubtful accounts based on the estimated realizable value of the accounts receivable.

Market Risk:

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk comprises three types of risk: currency risk, interest rate risk and other price risk. The College is mainly exposed to interest rate risk.

Interest rate risk:

Interest rate risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market interest rates. The College is exposed to interest rate risk on guaranteed investment certificates. The fixed-rate instruments subject the College to a fair value risk.

7. INCOME TAX STATUS:

The College is a not-for-profit organization within the meaning of the Income Tax Act (Canada) and is exempt from income taxes.



VOLUNTEER VALUE PROPOSITION STATEMENT

CMLTA Council dedicated efforts in 2014 to convey the value and benefits of self-regulation and as such drafted a Value Proposition Statement for CMLTA Regulated Members. As a corollary to this document and with a focus on the vital importance of volunteers to the sustainability of the organization, Council introduced a Volunteer Value Proposition Statement in 2015. This document highlights the importance and mutual benefits of volunteer participation. To view the Volunteer Value Proposition Statement in full, please visit cmlta.org/home/practice-resources/value-proposition-statement/

AWARD OF RECOGNITION

The CMLTA Council reviewed the CMLTA's award programs in an effort to better align all programs and services with its regulatory-only mandate. As a result, Council archived the Award of Distinction and Award of Merit; however, there was consensus that acknowledgement of outstanding Medical Laboratory Technologists (MLTs) is essential. With this in mind, Council created the Recognition of Excellence. This new program provides peer recognition of MLTs who epitomize professional practice; who advance the profession; and who demonstrate to others the CMLTA's core values of integrity, accountability, commitment, respect, objectivity, sustainability, openness, and innovation.

The foundation for the Recognition of Excellence is the vision, mission, and regulatory role of the CMLTA.

To view the Recognition of Excellence parameters in full, please visit cmlta.org/home/about/recognition-of-excellence/

CANADIAN MEDICAL ASSOCIATION COMMITTEE ON CONJOINT ACCREDITATION

The CMLTA has been an accreditation sponsor of the Canadian Medical Association (CMA) Committee on Conjoint Accreditation (CCA) since 2007. As an accreditation sponsor, the CMLTA formally agrees to participate in the conjoint accreditation process and contributes financially to the operating costs of the accreditation committees. Conjoint accreditation is a process designed to ensure national standards for educational programs in designated health science professions, thereby contributing to the competency of graduates and the quality of patient care in Canada. This process brings together over forty professional organizations for the purpose of accrediting educational programs in health science professions. The CCA governs the conjoint accreditation process on behalf of the CMA Board. Sponsorship also affords the CMLTA the opportunity to sit on the Assembly of Health Science Professions (AHSP) which meets twice per year to provide input to the CCA with regards to accreditation policy issues.

CANADIAN ALLIANCE OF MEDICAL LABORATORY PROFESSIONALS REGULATORS

The provincial regulators of Medical Laboratory Technologists (MLTs) formed the Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR). The purpose of CAMLPR is to provide leadership and a forum where MLT regulators can collaborate, discuss, and respond to national regulatory challenges and opportunities. This includes the exchange of information regarding regulatory trends, leading practices, policy, and legislation. On June 9, 2011, the group, including Alberta, Manitoba, New Brunswick, Nova Scotia, Ontario, Quebec, and Saskatchewan met in Halifax and reviewed incorporation documents necessary for the formalization of CAMLPR as a national not-for-profit corporation. During the meeting, the group signed a Memorandum of Understanding (MOU) necessitated by the 2009 amendments to the Agreement on Internal Trade (AIT) which introduced "permit-on-permit" recognition and provincial mobility for MLTs between the regulated provinces. The MOU ensures all regulated MLTs have common entrance to practice competencies regardless of the initial province of registration, and ultimately contributes to patient safety and public protection from a national perspective. The MOU also standardizes the release of Regulated

Member information between the regulated provinces in matters relating to registration history, continuing education/competence compliance, and professional misconduct. Recent developments include the introduction of national *Standards of Practice* for MLTs and the inclusion of Newfoundland as a member of CAMLPR.

ALBERTA FEDERATION OF REGULATED HEALTH PROFESSIONS

The CMLTA has been a member of the Alberta Federation of Regulated Health Professions (AFRHP) since 2005. The AFRHP is a voluntary member-based organization comprised of 29 regulatory healthcare colleges in the province. Independently, each College is a public body created by government to oversee Alberta's regulated health professions and protect the public by implementing, administering, and enforcing healthcare legislation. Collectively, members of the AFRHP promote leading practice initiatives to foster public awareness and professional accountability of its practitioners. AFRHP members have established networks nationally and internationally, and have developed a communal body of knowledge, expertise, and information sharing to advance the operations of each individual College.



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