



STANDARDS OF PRACTICE

CONTENTS

- 03 **Introduction**
- 04 **Standard 1:**
Professional Accountability
- 06 **Standard 2:**
Knowledge Based Practice
- 08 **Standard 3:**
Professional Roles
- 10 **Standard 4:**
Ensuring Professional
Boundaries with Patients and
Prevention of Sexual Abuse
and Sexual Misconduct
- 14 **References**
- 15 **Glossary of Terms**

The CMLTA *Standards of Practice*, approved as amended by Council, and in force effective March 31, 2019. This document replaces any previous versions.

CMLTA COLLEGE OF
MEDICAL LABORATORY
TECHNOLOGISTS
OF ALBERTA

301-9426 51 Avenue NW Edmonton, AB T6E 5A6
PHONE 780-435-5452 **TOLL FREE** 1-800-265-9351
FAX 780-437-1442 **EMAIL** info@cmlta.org **WEB** cmlta.org

INTRODUCTION

SELF-REGULATION

In Alberta, Medical Laboratory Technologists (MLTs) are a regulated health profession under the *Health Professions Act* (HPA) and the *Medical Laboratory Technologists Profession Regulation* and must be registered with the College of Medical Laboratory Technologists of Alberta (CMLTA) for lawful professional practice. In accordance with Section 133 of the HPA, the CMLTA developed Standards of Practice to direct the professional practice of MLTs.

The Standards of Practice represent the minimum standards for knowledge, skills, judgements, and attitudes expected of all MLTs in Alberta. Standards of Practice are mandatory and apply to Regulated Members at all times in all dimensions of professional practice. Together the Standards of Practice, Code of Ethics, regulatory requirements, and workplace policies establish the framework to direct the practice of medical laboratory science.

DEVELOPMENT

The Standards of Practice will evolve from time to time in response to regulatory, legal, and ethical expectations; and are adopted only after extensive stakeholder consultation and review by the Minister of Health.

PURPOSE

The Standards of Practice define the minimum level of performance expected of Regulated Members. Standards of Practice may be used in complaint resolution; professional discipline hearing proceedings; and the Continuing Competence Program, specifically the annual self-assessment process.

APPLICATION

To provide safe, competent, and ethical medical laboratory services MLTs must be able to demonstrate knowledge, skills, judgements, and attitudes in all standards relevant to her professional practice.

STANDARD 1:

PROFESSIONAL ACCOUNTABILITY

THE MLT MUST ADHERE TO THE
LEGISLATIVE AND PROFESSIONAL
REQUIREMENTS GOVERNING
PROFESSIONAL PRACTICE.

1.1 The MLT must understand and adhere to legislated responsibilities, including:

- i. *Health Professions Act* and responsibilities such as minimum registration/entrance to practice and annual renewal requirements, Continuing Competence Program and Compliance Audit requirements, and professional discipline requirements.
- ii. *Medical Laboratory Technologists Profession Regulation*.
- iii. *Health Information Act*.
- iv. Safety legislation.
- v. Privacy legislation.

1.2 The MLT must understand professional standards and apply to practice in a manner consistent with, but not limited to:

- i. CMLTA Standards of Practice.
- ii. CMLTA Code of Ethics.
- iii. Practice advisory statements.
- iv. Other doctrines applicable to professional practice.

1.3 The MLT must assume personal responsibility for her professional decisions and the impact of those decisions on the quality of her practice, including:

- i. Accepting responsibility for the consequences of her actions and/or inactions.
- ii. Protecting client confidentiality within policy and legislated parameters.

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- iii. Displaying professional behaviour and sound judgement that is appropriate to the situation.
 - iv. Recognizing gaps in her knowledge and skill level and take corrective action.
 - v. Maintaining her fitness to practice.
 - vi. Taking appropriate action in responding to and mitigating situations which jeopardize the care of clients or brings harm to the profession.
 - vii. Recognizing that self-regulation of the profession is a privilege.

STANDARD 2: KNOWLEDGE BASED PRACTICE

THE MLT MUST PROVIDE
KNOWLEDGEABLE, COMPETENT,
SAFE, ETHICAL, AND TIMELY
SERVICE TO EACH CLIENT.

- 2.1 The MLT must possess the minimum entrance to practice level of knowledge and be able to competently apply knowledge applicable to area(s) of professional practice, which includes:**
- i. Theories.
 - ii. Techniques.
 - iii. Clinical Application.
- 2.2 The MLT must maintain and evolve continued competence through the advancement of knowledge and skills in:**
- i. Current technical principles and skills.
 - ii. Leading practices and industry standards.
 - iii. Emerging techniques, technologies, and methodologies.
- 2.3 The MLT must apply critical thinking to systematically evaluate and analyze information to ensure excellence in client care, including:**
- i. Specimen procurement.
 - ii. Analytical principles and procedures.
 - iii. Specimen analyses.
 - iv. Result assessment and validation.
 - v. Result interpretation and reporting.
- 2.4 The MLT must adhere to technical troubleshooting processes to recognize, initiate corrective action, and document errors or problems in the following phases of laboratory analysis:**
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- i. Pre-analytic - including specimen collection, handling, transportation, and other factors that can affect specimen integrity.
 - ii. Analytic - including equipment, instruments, reagents, and other factors that can affect analytic processes.
 - iii. Post-analytic - including reporting of timely, accurate, and legible results and communication of critical and/or priority results.

2.5 The MLT must promote and adhere to safe work practices that minimize risks to self and clients. Safe work practices include adhering to legislated regulations and employer policies and procedures. Topics include:

- i. Biosafety and biosecurity.
 - ii. Infection prevention and control.
 - iii. Chemical hygiene.
 - iv. Electrical safety.
 - v. Emergency preparedness, including fire prevention.
 - vi. Ergonomics.
 - vii. Personal safety, such as working alone and workplace violence.
 - viii. Radiation safety.
 - ix. Risk management.
 - x. Use of personal protective equipment and other safety equipment.
 - xi. Waste handling.
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STANDARD 3:

PROFESSIONAL ROLES

THE MLT MUST DEMONSTRATE A PROFESSIONAL APPROACH TO WORK COLLABORATIVELY AND EFFECTIVELY WITH CLIENTS TO ADVANCE THE PROFESSION OF MEDICAL LABORATORY SCIENCE.

3.1 The MLT must communicate and collaborate effectively to ensure quality service delivery, including:

- i. Utilizing appropriate strategies to communicate with intended audiences.
- ii. Displaying respect for a diversity of opinions and values.
- iii. Disclosing and taking the appropriate action in regard to conflicts of interest that arise.
- iv. Anticipating, contributing, responding, and working effectively in a changing environment.
- v. Providing the client with information and an opportunity to ask questions within the parameters of patient confidentiality (e.g., privacy legislation, employer policies).
- vi. Adhering to principles of professionalism regardless of the type of communication (e.g., use of electronic/social media).
- vii. Consulting with colleagues and other professionals in order to facilitate timely, appropriate, safe, and consistent practice and to contribute toward a healthy and positive work environment.

3.2 The MLT must exhibit leadership within the profession and within the broader healthcare provider community, through:

- i. Providing timely, constructive, and thoughtful feedback to learners.
- ii. Promoting group cohesiveness by contributing to the purposes and goals of the team.
- iii. Participation in team activities to plan, implement, and evaluate client services.

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- iv. Demonstrating initiative and effective time management.
 - v. Facilitating the sharing of knowledge with students, peers, other health care professionals, and patients.
 - vi. Demonstrating analysis and synthesis skills to resolve workplace challenges.

3.3 The MLT must exhibit knowledge of and apply to her professional practice, the principles of quality management to safeguard client care, including:

- i. Application of quality control and quality assurance.
- ii. Active participation in continuous quality improvement initiatives.
- iii. Recognition of non-conformances and active participation in root-cause analysis and process improvement activities.
- iv. Participation in internal and external audits.
- v. Adherence to employer processes, policies, and procedures.
- vi. Development of processes, policies, and procedures.

3.4 The MLT must support, facilitate, or participate in relevant research and development in the applicable area(s) of professional practice, by:

- i. Using critical thinking to analyze published research.
 - ii. Adhering to ethics review board principles to protect participants.
 - iii. Analyzing and reporting data truthfully and disclosing all potential biases and conflict of interests, both actual and perceived.
 - iv. Demonstrating an openness to share research findings, while respecting intellectual property.
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STANDARD 4:

ENSURING PROFESSIONAL BOUNDARIES WITH PATIENTS AND PREVENTION OF SEXUAL ABUSE AND SEXUAL MISCONDUCT

THE MLT MUST ADHERE TO THE LEGISLATED AND PROFESSIONAL REQUIREMENTS GOVERNING PATIENT RELATIONSHIPS

4.1 The MLT must understand and adhere to legislated standards regarding sexual abuse and sexual misconduct. Specifically:

- i. **Sexual Abuse** is defined in section 1(1) (nn.1) of the HPA as:
“the threatened, attempted, or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:
 - *sexual intercourse between a regulated member and a patient of that regulated member.*
 - *genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient of that regulated member.*
 - *masturbation of a regulated member by, or in the presence of, a patient of that regulated member.*
 - *masturbation of a regulated member’s patient by that regulated member.*
 - *encouraging a regulated member’s patient to masturbate in the presence of that regulated member.*
 - *touching of a sexual nature of a patient’s genitals, anus, breasts, or buttocks by a regulated member.”*

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- ii. **Sexual Misconduct** is defined in section 1(1)(nn.2) of the HPA as:

“any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that a regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and wellbeing but does not include sexual abuse.”

- iii. For purposes of this Standard, an individual is a **patient** of an MLT if ANY of the following circumstances exist:
- (a) The MLT has provided a health service to the individual on an ongoing or episodic basis.
 - (b) The MLT has provided a health service regardless of whether the MLT charged or received payment from the individual or a third party on behalf of the individual.
 - (c) The MLT has knowingly contributed to a written or electronic health record or file for the individual.
 - (d) The individual has consented to the health service to be performed by the MLT.
 - (e) The MLT has collected and analyzed biological samples, performed quality control procedures, and communicated results that have been critically evaluated to ensure accuracy and reliability.

“Client” is defined in the Glossary of Terms in the CMLTA Standards of Practice. “Patient” is defined as above; therefore, the terms ‘patient’ and ‘client’ are not interchangeable.

STANDARD 4:

(CONTINUED)

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- iv. An individual who is currently engaged in a sexual relationship with an MLT is **not a patient** if ALL of the following circumstances exist:
 - (a) There is, at the time the MLT provides the health services, an ongoing sexual relationship between the MLT and the individual, including but not limited to, spouse or adult interdependent partner (as defined in section 3(1) of the *Adult Interdependent Relationships Act* SA 2002, C A-4.5).
 - (b) The MLT provides the health service to the individual in emergency circumstances or in circumstances where the health service is minor in nature.
 - (c) The MLT has taken reasonable steps to transfer the care of the individual to another MLT or appropriate healthcare provider or there is no reasonable opportunity to transfer care to another MLT or appropriate healthcare provider.

4.2 The MLT will take full responsibility to establish and maintain professional boundaries with patients.

- i. An MLT shall never engage in sexual abuse of a patient or engage in sexual misconduct towards a patient.
 - (a) For purposes of the sexual abuse and sexual misconduct provisions of the HPA, an individual continues to be a patient, as set out in 4.1 (iii), of the MLT for one (1) year after the MLT has provided the services to that patient.

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- (b) An MLT who engages in the type of conduct described in sections 1(1) (nn.1) and (nn.2) of the HPA within one (1) year after the MLT has provided ongoing or episodic services to that patient can be found by a CMLTA Hearing Tribunal to have committed unprofessional conduct in terms of ‘sexual abuse’ and/or ‘sexual misconduct’.
 - (c) A patient’s consent or willingness to participate in a sexual relationship is not a defense for inappropriate behavior, sexual abuse, or sexual misconduct and does not affect the applicability of this Standard.

4.3 An MLT will obtain the patient’s consent when the provision of a health service relates to the collecting of biological samples and involves conduct, touching, behaviour, or remarks of a clinical nature that may be misinterpreted to be of a sexual nature. [HPA section 1(1) (nn.3).]

- i. An MLT must obtain consent including providing an explanation of the clinical nature and purpose of the health service prior to proceeding.

4.4 If an MLT has reasonable grounds to believe that the conduct of another regulated member of the CMLTA or any other HPA regulatory college constitutes sexual abuse or sexual misconduct, the MLT must report that conduct to the appropriate Complaints Director [HPA section 127.2(1)].

REFERENCES

Alberta College of Medical Diagnostic and Therapeutic Technologists. *Standards of Practice*. (July 2014).

College and Association of Registered Nurses of Alberta. *Practice Standards for Regulated Members*. (April 2013).

College of Medical Laboratory Technologists of Ontario. *Standards of Practice for Medical Laboratory Technologists*. (September 2007).

Government of Alberta. *Health Professions Act*. (2010).

Government of Alberta. *Medical Laboratory Technologists Profession Regulation*. (2010).

GLOSSARY

OF TERMS

Attitudes Behaviours or ways of responding to a situation (in the context of evaluating learning and competence).

Client An individual, family and/or substitute decision-maker, patient, group, agency, employer, colleague, other healthcare practitioner, or stakeholder who is a recipient of the MLT's professional services.

Code of Ethics Refers to a Code of Ethics adopted by a Council under Part 8 of the *Health Professions Act*.

Competence Translating knowledge, skills, judgements, and attitudes into specific actions to ensure safe, effective, and ethical outcomes.

Critical Thinking A process of information gathering and reflective thought where information is analyzed, synthesized, and applied.

Fitness to Practice Freedom from any cognitive, physical, psychological, or emotional condition (including dependence on alcohol or drugs) that impairs one's ability to safely practice in one's profession.

Knowledge Possession of information, facts, ideas, and principles (in the context of evaluating learning and competence).

Learning facilitation Using educational theories, strategies, and methods to develop and deliver education or training.

Non-conformance Deviation from requirements or expectations determined by legislation, policy, process, or procedure.

Professional Practice A service that comes within the practice of a regulated profession.

Quality Assurance The systematic monitoring and evaluation of the various aspects of a service to ensure that quality requirements are being met.

Quality Control Testing or activities routinely performed to ensure that materials, reagents, equipment, and processes are functioning as expected.

Quality Management A set of inter-related or interacting elements that organizations use to direct and control how quality policies are implemented and quality objectives are achieved. A process based on a quality management system is a network of many inter-related and inter-connected elements.

Root-Cause Analysis A method of problem solving used to discover the underlying cause(s) of a non-conformance.

Skills Physical ability to complete a task (in the context of evaluating learning and competence).

Standards of Practice Refers to Standards of Practice adopted by a Council under Part 8 of the *Health Professions Act*.