



2021
ANNUAL REPORT

CMLTA Foundation Policies

Vision

We are a recognized leader in the regulation and governance of medical laboratory professionals. 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.

Contents

02	Introduction President's Message Public Members' Report Background Information CMLTA Overview CMLTA Council and Staff Structural and Functional Chart
08	Governance
10	Registration of CMLTA Members
14	Continuing Competence Program
18	Complaints and Discipline
21	Financial Statements
32	Other Activities



Introduction

President's Message 2021

The past two years of the pandemic have been challenging, to say the least. We have all been pushed to our limits physically and mentally and being a medical laboratory professional has made the stakes even higher. I am sure you all have felt the burnout, the frustration, and the heavy hearts amongst yourselves and your patients. You cannot be praised enough for your contributions to Alberta's health. I hope you all take a few minutes to reflect on the past two years and show gratitude to your colleagues for their perseverance and commitment to the profession throughout all the waves of this pandemic. My sincerest thank you to all the medical laboratory professionals for your strength to wake up every day and support Albertan's public health.

As my term as president comes to an end, I cannot help but feel honoured to have been a part of the drastic growth of the CMLTA over the past 3 years I have served on Council. Council has been focused on governance, diversity and inclusion, strategic planning, and community engagement. The CMLTA is striving to increase member engagement, to enhance the profession's visibility to the public, and to be a leader among other Colleges. We advocated for the regulation of Medical Laboratory Assistants to Alberta's Minister of Health. In our commitment to reconciliation, the Executive Director/Registrar and CMLTA Council incorporated meaningful land acknowledgments and added an Indigenous Consultant to Council and the Legislation Sub-Committee to make sure all decisions are made in a manner that is culturally aware.

Thank you to the CMLTA staff for their incredible hard work and innovation in bringing these advances to fruition. I am excited for our CMLTA members to experience the impacts of these projects on their profession. Thank you to my fellow CMLTA Council, Legislation Sub-Committee, and Finance/Audit Sub-Committee for your vision, commitment, and patience in navigating these changes.

Serving on Council has far exceeded any expectation I had on the role of CMLTA volunteers. I have learned to appreciate the privilege of being a part of a self-regulated college and the demands of navigating legislative changes. I encourage CMLTA members to consider volunteering on Council at any point in their career. It is rewarding work to have the opportunity to give back to your profession and to Alberta's public health. There is much work underway for the CMLTA and in keeping with the momentum of its growth, it is important to celebrate small achievements and recognize our registered members, CMLTA staff, Council, and Sub-Committees' advancements along the way.

Sally Abou-Zeki

2021 CMLTA President

“
My sincerest thank you to all the medical laboratory professionals for your strength to wake up every day and support Alberta's public health.
”

Public Members' Report

This year, the College welcomed three new public members to council which has shifted the council's make up to have a higher proportion of public members compared to regulated members. This change could have presented challenges, however their introduction and integration to council was seamless in large part due to the efforts of the staff at the CMLTA, the Executive Director and the council together. The new members were oriented and provided with assistance to understand their roles on council and they have blended with the team effectively and have been involved in decision making from their very first meeting.

The public members have confidence in the College staff and Executive Director's organizational skills, communication, and their ability to take directions and implement resolutions from council meetings quickly and effectively. Switching from fully remote meetings, to having an in-person option was implemented very well. Changes were always communicated clearly to all members and the College staff have provided assistance with technology throughout in order to make these transitions as smooth as possible.

The College continues to move forward on the goals set in the 2019 strategic planning session. Despite the pandemic, the CMLTA has demonstrated leadership by finding and welcoming Joanne Lethbridge Pompana as our Indigenous Consultant and quickly getting her on board. The College also listened to the public members in bringing a public voice to the sub-committees of council. In furtherance of the government's

objectives of transparency and public accountability of the regulatory colleges, the CMLTA agreed to use their own budget to include members of the public on these sub-committees. This demonstrates to us, a commitment to having a voice for the public in all aspects of the College's work.

The staff continue to communicate clearly the progress being made on other goals such as the regulation of MLAs. We look forward to continuing to build on this momentum and achieving more goals in the years to come.

Submitted by:

Kate Perala, Domingo Chavez, Monica St. Dennis, Jennifer Carscallen, and Gary Zeitner

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 *Medical Laboratory Technologists Profession Regulation* and profession-specific Schedule 11 coming into force, Medical Laboratory Technologists (MLTs), or CMLTA Regulated Members, were authorized to 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.

As established by the HPA, 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. The CMLTA maintains professional records on approximately 2,500 regulated members, who work in Alberta laboratory hospital facilities (urban and rural), public and private clinical institutions, and research facilities, or teach 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 entrance to practice requirements for initial and reinstatement applicants, and the annual renewal of registrations and MLT Practice Permits;
- Development, administration, and ongoing enhancement of the Continuing Competence Program (CCP), including a comprehensive and diverse MLT Competency Profile based on the *Standards of Practice* and reflective of areas of professional practice, plus an annual audit process to systematically assess the integrity of the CCP and to monitor regulated members' compliance;
- Establishment and enforcement of *MLT Standards of Practice*, *MLT Code of Ethics*, Practice Advisory Statements, policies, and guidelines; and
- Adjudication of the professional conduct and behaviour of MLTs via the investigation and/or resolution of complaints of unprofessional conduct.

2021

CMLTA Council

SALLY ABOU-ZEKI
President

DANIELLE MARCHAND
Vice President

TRACY BUCKO
Councillor

PAMELA CHURKO
Councillor

PAULINE TOMLIN
Councillor

JESSICA WIEBE
Councillor

JENNIFER CARSCALLEN
Public Member

DOMINGO CHAVEZ
Public Member

KATE PERALA
Public Member

MONICA ST. DENNIS
Public Member

AARON ZELMER
Public Member
(Jan. – June 2021)

GARY ZEITNER
Public Member
(June – Dec. 2021)

2021

CMLTA Staff

MAGGIE FULFORD
Executive Director/
Registrar/
Complaints Director/
Privacy Officer

KIRSTEN ASH
Deputy Registrar

NATASHA KASONGO
Manager of
Continuing Competence
(June – Dec. 2021)

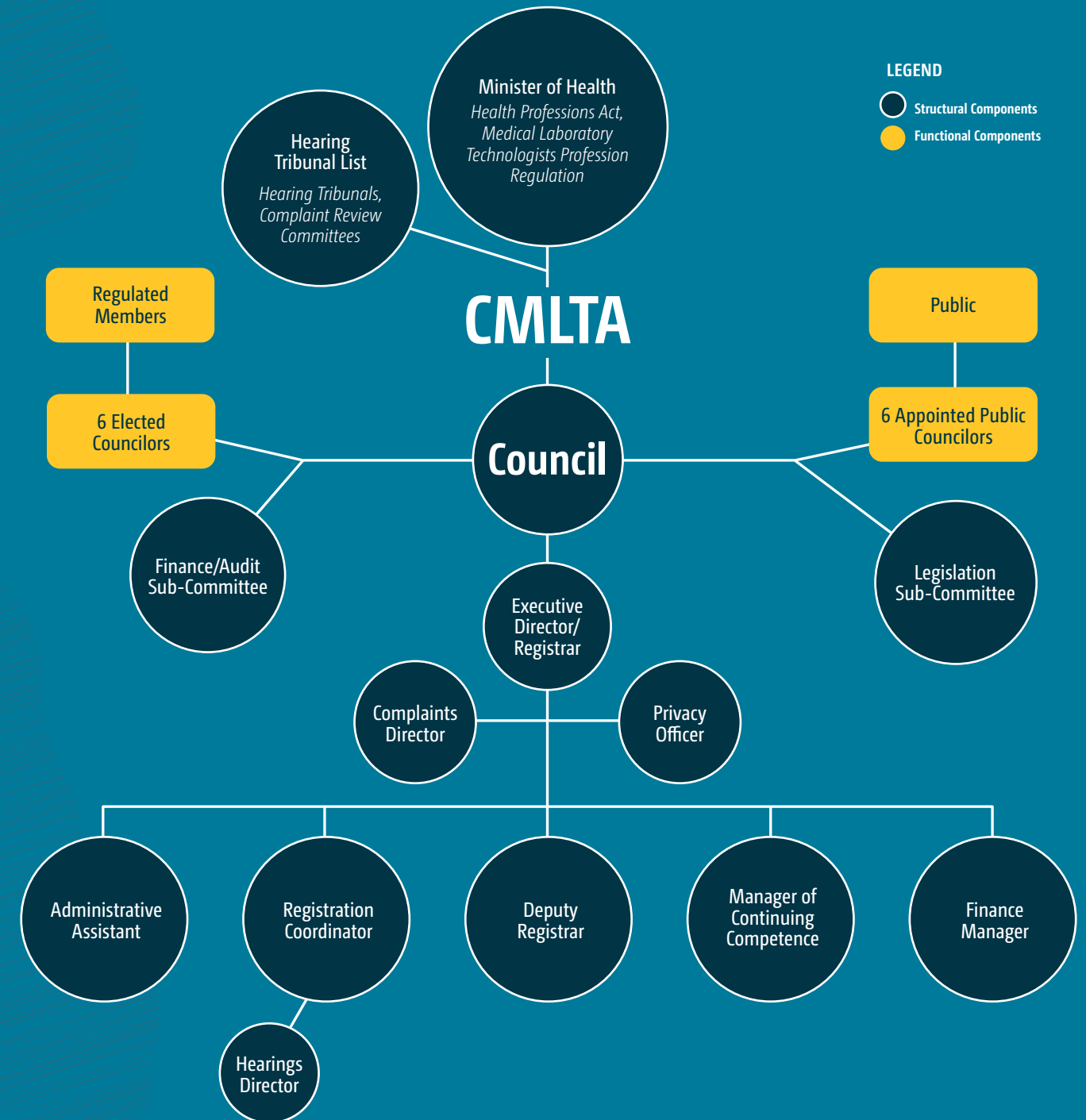
AVALEEN PETRYK
Registration Coordinator/
Hearings Director

MERON GEBREMIKAEL
Finance Manager

JESSICA BELL
Office Assistant
(Jan. – July 2021)

COLETTE RICHARD
Office Assistant
(July – Dec. 2021)

Structural and Functional Organization Chart



Governance

The CMLTA Council manages and conducts the activities of the organization. By exercising its rights, powers, duties, and privileges, Council ensures regulatory compliance in all areas—specifically registration, continuing competence/professional development, and the formal adjudication of complaints of unprofessional conduct.

Six elected councilors (including the president and vice president) and six public members, as appointed by the government in accordance with the *Health Professions Act* (HPA), comprised the 2021 CMLTA Council.

The primary purpose of the CMLTA Council is to fulfill its legislated mandate and mission through ethical, prudent, and innovative means. Council's specific functions 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 it carries out and monitors that 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;
- 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;

- Ensure the public is aware of the role of the CMLTA and represent the best interests of the public in complaints of unprofessional conduct and matters of patient safety;
- 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, and the orientation and mentoring of new council members.

The CMLTA Council has established three committees:

- Legislation Sub-Committee
- Hearing Tribunal List
- Finance/Audit Sub-Committee

The Legislation Sub-Committee is a working group of the CMLTA Council, comprised of up to 15 regulated members including the president, vice president, and 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 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 Hearing Tribunal List (HTL). 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 Finance/Audit Sub-Committee is a working sub-committee of Council comprised of up to eight members who may be regulated members, public members of Council, or members of the public. This sub-committee assists Council in fulfilling its financial oversight responsibilities concerning auditing and reporting, financial policies, and financial risk management.

The following operational and regulatory changes occurred in 2021:

- As per the HPA and the Medical Laboratory Technologists Profession Regulation, Council approved a new accredited MLT program.
- As per changes to the HPA, the composition of Council was adjusted to six regulated members and space for six public members. By the end of 2021, there were five appointed public members on Council.
- The CMLTA hired a new Manager of Continuing Competence.
- Council appointed an Indigenous Consultant as an ex-officio member on Council and the Legislation Sub-Committee.

Registration of CMLTA Regulated Members

REGISTRATION

Registration and a Medical Laboratory Technologist (MLT) Practice Permit are 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 provided 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

NAIT discontinued its Cytotechnology Program in 2018, leaving only one program in Canada (The Michener Institute in Ontario).

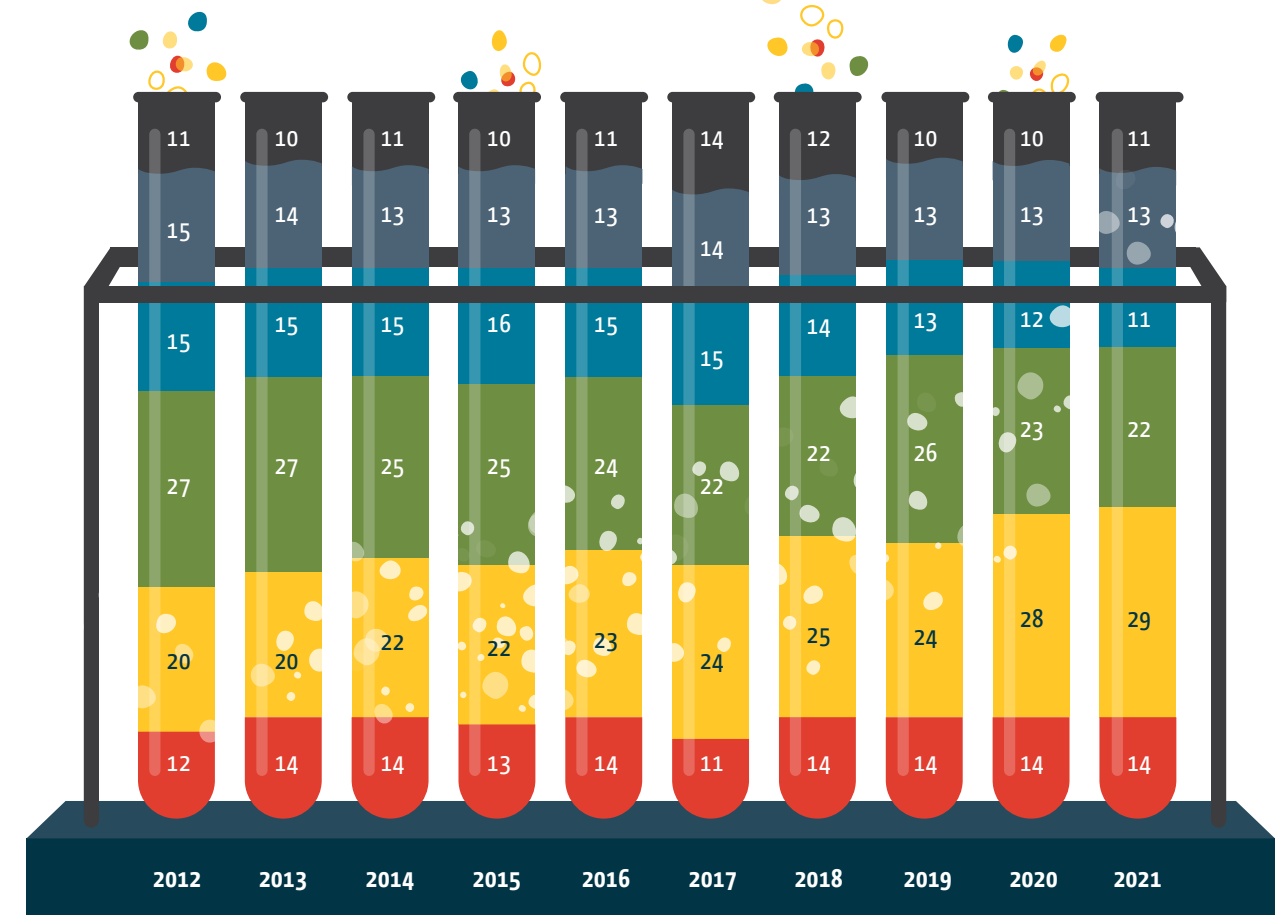
THE FOLLOWING TABLE SUMMARIZES REGISTER DATA FOR THE PAST FIVE REGISTRATION YEARS

DESCRIPTION/REGISTER	2021**	2020	2019	2018	2017
General MLT	2295	2227	2269	2309	2301
Conditional	0	0	15	31	24
Registered under section 8 of the MLT Regulations	40	41	43	43	42
Restricted to Area of Practice	27	27	58	n/a*	n/a*
Diagnostic Cytology	76	73	81	82	83
Clinical Genetics	50	50	51	50	47
Provisional	68	61	61	52	66
Courtesy Register	0	0	0	0	0
TOTAL CMLTA MEMBERS	2507	2479	2578	2567	2567

* Data was not separated from general MLT for these years.

** Data up to Dec. 10, 2021, as database changes were made at the end of the year.

THE FOLLOWING TABLE SUMMARIZES AGE DEMOGRAPHIC DATA FROM 2012 TO 2021 IN THE MEDICAL LABORATORY PROFESSION (VALUES ARE EXPRESSED AS PERCENTAGES).



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

The CMLTA defines initial registration, reinstatement, and renewal as three discrete and separate application types. All can be completed online and submitted electronically to the CMLTA.

INITIAL REGISTRATION

An initial application collects basic personal information and demographic data (required by the HPA and Alberta Health for its Provincial Provider Registry [PPR]). Alberta Health extracts specific information daily, providing the government with real-time tracking on the total number of practitioners at any given time. An initial application also collects documents that authenticate formal post-secondary education and certification credentials.

REINSTATEMENT

Any individual whose previous registration with the CMLTA has lapsed and is seeking reinstatement of their registration and a license to practice (required for MLT employment) must submit a reinstatement application. It collects basic personal information and demographic data (required by the HPA and Alberta Health for its PPR), as well as documents that authenticate formal post-secondary education and certification credentials. That way, all required documents are on file.

THE FOLLOWING TABLE SUMMARIZES APPLICATION DATA FOR THE PAST FIVE YEARS.

TYPE OF APPLICATION	2021	2020	2019	2018	2017
Renewal	2423	2432	2441	2443	2435
Initial	115	117	119	112	115
Alberta Trained	6	12	18	8	8
New Graduates from Canadian Accredited MLT Training Program	76	79	82	73	75
Out of Province	11	4	7	15	13
Out of Country	21	22	12	16	19
Reinstatement	41	20	18	24	19
Alberta Trained	33	12	11	22	16
Out of Province	2	2	5	1	1
Out of Country	6	6	2	1	2
Applications Denied	0	2	0	0	1
Registration Application Decision Appeals to Council	0	0	0	0	0

RENEWAL

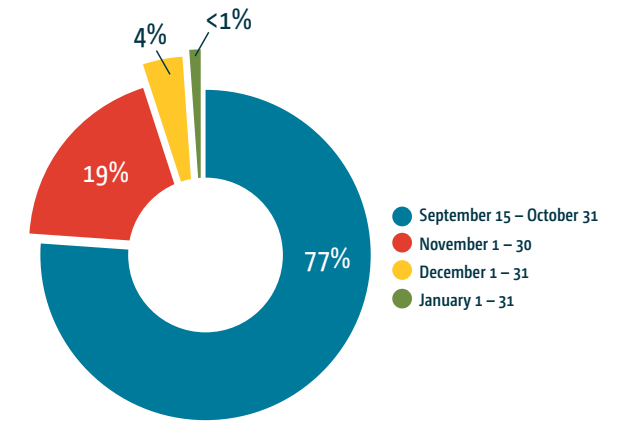
Current regulated members maintaining registration for the upcoming year submit renewal applications. Aside from basic personal information and demographic data (required by the HPA and Alberta Health for its PPR), a renewal application also collects information pertaining to a regulated member's Continuing Competence Program.

The CMLTA annually updates and revises all three application types to reflect changes in legislation or captured data elements.

Pursuant to section 31(1) of the *Health Professions Act*, all applicants have a formal appeal process. It 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 2021, the CMLTA did not receive requests for appeals from IEMLTs, which is evidence of fair, transparent, timely, and consistent application and registration practices.

An escalating dues/fees system encourages early registration and MLT practice permit renewal, ensuring all renewing practitioners are in possession of a valid registration and MLT practice permit and can provide evidence of such to employers.

THE FOLLOWING TABLE SUMMARIZES THE SUBMISSION DATE FOR THE RENEWAL OF 2021 REGISTRATION AND MLT PRACTICE PERMITS.



Registration is mandatory for all individuals practicing and/or employed as MLTs, as well as notifying the CMLTA of any changes to a regulated member's employment status (including retirement, an extended leave of absence, or departing from professional practice for another reason resulting in the non-renewal of registration and an MLT practice permit). This reinforces the CMLTA's mandate of patient safety and public protection. The CMLTA requires the completion and submission of a Notice of Non-Practice form for all regulated members opting not to renew for the subsequent registration year.

THE FOLLOWING TABLE SUMMARIZES REASONS FOR THE NON-RENEWAL OF REGISTRATION AND AN MLT PRACTICE PERMIT FOR THE LAST FIVE YEARS.

DESCRIPTION	2021	2020	2019	2018	2017
Extended Leave (<i>educational, long term disability, parental, etc.</i>)	22	18	8	6	11
Cancelled (<i>No communication, non-payment of annual dues</i>)	95	23	26	15	17
Left the MLT Work Environment	14	19	24	21	20
Moved	30	31	16	34	37
Retired	47	61	48	54	54
Deceased	0	3	2	1	2
TOTAL	208	155	124	131	141

Continuing Competence Program

In 2007, the CMLTA launched the Medical Laboratory Technologists' Continuing Competence Program (CCP), in compliance with Section 50 of the *Health Professions Act* (HPA). We collaborated with Alberta Health, as well as with numerous Medical Laboratory Technologists (MLTs) and health professionals across the province.

The CCP systematically assesses, tracks, and encourages the ongoing knowledge, skills, judgments, and attitudes performed by practitioners in the workplace. MLTs gain professional integrity, grow personally, and advance their career.

Sections 12.2, 12.3, and 12.4 of the *Medical Laboratory Technologists Profession Regulation* provides for an annual review and audit processes to evaluate participation. It also enforces the program with consequences for non-compliance. This legislation sets out the specific CCP requirements a regulated member must complete on an annual basis, which includes:

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

The CMLTA CCP is based on an annual Self-Assessment of Practice. It enables MLTs to recognize specific learning needs, establish a Learning Plan to maintain or develop competence, and ultimately self-direct a learning path to remain current in the profession. A Learning Plan is a contractual agreement with the CMLTA to develop and/or enhance one's professional knowledge, skills, judgments, and attitudes.

Regulated members create a new Learning Plan outlining a minimum of three (and maximum of six) Learning Objectives for the upcoming registration year. Over the course of that year, individuals document learning activities undertaken to complete their Learning Objectives as identified on a Learning Plan. MLTs must assume personal accountability in professional practice to remain skilled, knowledgeable, and competent practitioners. Revisions to a submitted Learning Plan are made only when an identified Learning Objective can no longer be completed, due to a change in employer or area of practice, or an extenuating circumstance.

The CCP represents *mandatory* continuing education that MLTs must complete annually to satisfy government-based requirements. It is neither inclusive nor representative of all annual learning and professional development voluntarily undertaken by a professional practitioner or mandated by an employer.

Version 4 of the CCP became effective with the 2017 registration and MLT Practice Permit renewal season. The CMLTA recognizes the *Standards of Practice* as the foundational and fundamental doctrine for MLTs—it lends itself to be adapted as an assessment tool for gauging continuing competence within the numerous practice environments of medical laboratory services. CCP Version 4 translates each standard in the *Standards of Practice* into an Enabling Competency, to be used on the Self-Assessment of Practice. Regulated members must complete a Self-Assessment of Practice by rating all Enabling Competencies using two Self-Assessment of Practice Statements. Enabling Competencies identified as Developmental/Advancing/Expanding (DEV) are automatically translated into Learning Objectives, which can then be prioritized by the regulated member and included on a new Learning Plan.

CONTINUING COMPETENCE PROGRAM - ANNUAL COMPLIANCE AUDIT

Legislation stipulates regulatory colleges must have an established process to review and evaluate previous and current regulated members' compliance with the CCP. The CCP Compliance Audit serves a two-fold purpose: to systematically assess the integrity of the CCP as mandated by Alberta Health, and to monitor the conformance of regulated members.

To fulfill this mandate, at the beginning of each year, the CMLTA randomly selects a minimum of 10% of regulated members from the previous year's registration roster to participate in the Compliance Audit. CCP Compliance Audit participation is a mandatory component of CMLTA registration and annual MLT Practice Permit renewal. As it is an audit of the previous registration year(s), current regulated members and even those no longer registered in Alberta are eligible.

Selected individuals must participate and submit evidence of continuing education and professional development activities, including documentation and/or evidence of learning for one to five previous years of professional practice. The CMLTA instructs individuals to retain copies of all CCP documentation, including recorded learning activities, for a minimum of five years for this purpose. CCP Compliance Audit participants are instructed to submit the following required documentation via the Member Login on the CMLTA website: completed CCP Activity Log, employer verification of MLT employment and MLT practice hours, and a compliance audit declaration.

The CMLTA follows a detailed schedule with specified deadlines to ensure timely processing and correspondence with the audited individual. Individuals who disregard the deadlines are charged cumulative late fees. The CMLTA reviews the submitted documentation in conjunction with online annual renewal documents, determining if an individual adhered to the stated Learning Plan, completed the necessary learning activities, and in essence, fulfilled the contractual Learning Plan obligations. This audit process tests the conformance of regulated members to defined standards, via the review of objective evidence of learning.

If the individual submits satisfactory documentation, a pass letter is emailed. When the CMLTA determines a Compliance Audit is incomplete, we notify the individual by email of the deficiencies and/or remedial work required to successfully

complete the Compliance Audit. When a Compliance Audit notice has been issued, it remains outstanding on an individual's file until they comply with the CMLTA request. Individuals are made aware that extenuating circumstances preventing compliance within the specified timelines must be communicated immediately to the CMLTA. Doing so avoids escalating fines and a potential complaint of unprofessional conduct.

The CCP Compliance Audit process also allows the CMLTA to evaluate the CCP structure, format, content, and requirements as part of a good governance model. It's a hands-on tool to monitor levels of CCP compliance. The pass rate is a reflection of effectiveness of the CCP. When rates fall below targeted levels, the CMLTA examines audit specifics with the intent to revise, improve, or provide necessary clarification to regulated members.

THE FOLLOWING TABLE SUMMARIZES COMPLIANCE AUDIT STATISTICS FOR THE CONTINUING COMPETENCE PROGRAM FOR 2016 – 2021.

DESCRIPTION	2021	2020	2019	2018	2017	2016
Number audited	240	206	238	227	238	335
Percent audited (rounded)	10%	8.5%	10%	10%	10%	14%
Successful audits	239	205	234	227	234	335
Submitted on or before deadline	232	198	231	224	217	335
Submitted after deadline	7	8	3	3	17	0
Successful audits on initial submission	236	202	232	224	232	331
Successful audits after remedial work and resubmission	3	3	2	3	2	4
Number forwarded to Complaints Director for non-compliance	0	0	0	0	0	0
Deferred* until return to MLT practice required	0	0	4	0	3	0
Cancelled audits	1	1	0	0	1	0

* Only applicable to individuals not currently registered with the CMLTA. These individuals have been notified that prior to reinstatement of their registration, all audit requirements must be satisfied. Individuals who communicated to the CMLTA their intent to postpone submission of Compliance Audit documents until they reinstate as a practicing MLT are not subject to penalty payments. Those who neglected to contact the CMLTA will be required to comply with CCP requirements, paying outstanding penalty payments of \$450 before reinstating their registration with the CMLTA.

PRACTICE HOUR AUDIT

Each year, all individuals undergoing a CCP Compliance Audit are also required to participate in a Practice Hour Audit. As all practice hours submitted to the CMLTA are self-reported, this audit verifies that the individual is in compliance with the minimum currency hour requirement of 900 hours in the past four years.

Although the Practice Hour Audit has always been a component of the CCP Compliance Audit, 2021 was the first year that the CMLTA tracked the success of this audit separately from the CCP Compliance Audit.

The following table summarizes the Practice Hour Audit statistics for 2021.

DESCRIPTION	2021
Number audited	240
Percent audited (rounded)	10%
Successful audits	239
Submitted on or before deadline	232
Submitted after deadline	7
Successful audits on initial submission	238
Successful audits after resubmission	1
Number forwarded to Complaints Director for inaccurate hours submission	0
Cancelled audits	1

Complaints and Discipline

Pursuant to Part 4 of the *Health Professions Act* (HPA), this section highlights the complaints of unprofessional conduct the CMLTA received in 2021. It includes the current status and/or final disposition of complaints against regulated practitioners of the medical laboratory science profession.

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

- Displaying a lack of knowledge, 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 each year is unpredictable. Since the CMLTA came under the HPA in 2002, annual complaints have ranged from zero to seven. Complaints are primarily from employers, related to their obligation pursuant to Section 57 to notify the CMLTA of employee terminations, suspensions, or resignations in which unprofessional conduct and/or behaviour were contributing factors.

COMPLAINTS ALLEGING SEXUAL ABUSE OR SEXUAL MISCONDUCT

Changes to the HPA that came into force on April 1, 2019 require all health profession regulators to report complaints alleging sexual abuse or sexual misconduct. The CMLTA has established a patient relations program. Patients who come forward with complaints of sexual abuse or sexual misconduct are offered patient counselling and support.

THE FOLLOWING TABLE SUMMARIZES COMPLAINT DATA FOR THE 2021 REGISTRATION YEAR.

DESCRIPTION	NUMBER
Files carried forward from previous years	6
New complaints received in 2021	5
Employer complaints	5
Peer complaints	0
Public complaints	0
Self-reported	0
Sexual assault	0
Sexual misconduct	0
Complaints dismissed	2
Files referred for assessment under section 118 HPA	0
Files referred to investigation	0
Files referred to hearing tribunal	0
Complaint review committee appeals	0
Files closed during the year	8

The year '2021' is rendered in a large, white, sans-serif font. Each digit is decorated with various colorful icons: the '0' has a yellow hand, the first '2' has a blue hand and a yellow banana, the second '2' has a green hand and a red string of beads, and the '1' has a green hand and a red circle. The background is a dark blue gradient with abstract shapes and white dots.

Financial Statements

FOR THE YEAR ENDED DECEMBER 31, 2021
AND INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS

Independent Auditor's Report

To the Members of College of Medical Laboratory Technologists of Alberta

OPINION

We have audited the financial statements of College of Medical Laboratory Technologists of Alberta (the College), which comprise the statement of financial position as at December 31, 2021, and the statements of revenues and expenses, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2021, and the results of its operations and cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

BASIS FOR OPINION

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

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

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

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

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

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL STATEMENTS

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

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

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

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

Edmonton, Alberta

March 26, 2022

Bruce MS Mahon Professional Corporation

Chartered Professional Accountants



Statement of Revenues and Expenditures

Year Ended December 31, 2021

	2021	2020
REVENUE		
Membership fees and administration fees	\$ 1,065,738	\$ 1,183,525
Interest	75,574	86,837
Recoveries and other revenue	7,500	1,200
	1,148,812	1,271,562
EXPENSES		
Salaries, wages and other employment costs	\$ 537,146	\$ 593,660
Rent and common area costs	124,248	140,695
Legal fees	84,912	74,115
Computer and website	78,602	92,852
Office	69,468	58,554
Council and subcommittees	58,055	45,683
Stakeholder engagement	53,020	50,347
Consulting fees	39,269	31,732
Bank and credit card charges	31,745	31,926
Accounting and audit fees	21,922	26,289
Insurance	11,467	7,767
Postage and copying	9,826	9,604
Amortization	9,305	60,261
Publications	8,962	11,844
Conduct	8,762	17,078
Continuing competence	4,372	8,085
Telephone	3,799	3,710
Deputy registrar	2,275	4,688
Registrar	975	3,227
Registration	228	95
	1,158,358	1,272,212
DEFICIENCY OF REVENUE OVER EXPENSES FROM OPERATIONS	(9,546)	(650)
Loss on disposal of equipment	(49,219)	(4,825)
DEFICIENCY OF REVENUE OVER EXPENSES	\$ (58,765)	\$ (5,475)

Statement of Changes in Net Assets

Year Ended December 31, 2021

	UNRESTRICTED	INVESTED IN EQUIPMENT	INTERNALLY RESTRICTED	2021	2020
Balance at beginning of the year	\$ 1,332,590	\$ 82,168	\$ 3,810,000	\$ 5,224,758	\$ 5,230,233
Excess of revenue (expenses) for the year	(241)	(58,524)	-	(58,765)	(5,475)
Purchase of equipment	(1,429)	1,429	-	-	-
Transfers, net (Note 6)	-	-	-	-	-
Balance at end of the year	\$ 1,330,920	\$ 25,073	\$ 3,810,000	\$ 5,165,993	\$ 5,224,758

Statement of Financial Position

December 31, 2021

ASSETS	2021	2020
CURRENT		
Cash	\$ 1,268,863	\$ 1,537,037
Accounts receivable	4,275	1,725
Prepaid expenses	18,551	73,133
	1,291,689	1,611,895
INVESTMENTS (Note 3)	4,927,664	4,852,089
EQUIPMENT (Note 4)	25,073	82,168
	\$ 6,244,426	\$ 6,546,152

LIABILITIES AND NET ASSETS

CURRENT		
Accounts payable and accrued liabilities	\$ 39,916	\$ 240,056
Wages payable	49,217	86,588
Deferred membership fees (Note 5)	989,300	994,750
	1,078,433	1,321,394
NET ASSETS		
Unrestricted	1,330,920	1,332,590
Invested in equipment	25,073	82,168
Internally restricted (Note 6)	3,810,000	3,810,000
	5,165,993	5,244,758
	\$ 6,244,426	\$ 6,546,152

COMMITMENTS (Note 7)

On Behalf of Council

Signed by:

Danielle Marchand
President

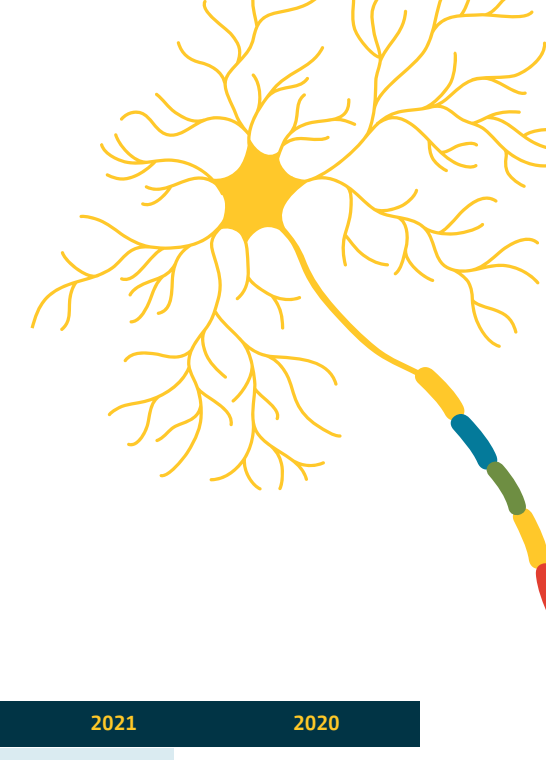
Jessica Wiebe
Council Member
Finance and Audit Sub-Committee Chair

Statement of Cash Flows

Year Ended December 31, 2021

	2021	2020
OPERATING ACTIVITIES		
Deficiency of revenue over expenses	\$ (58,765)	\$ (5,475)
Items not affecting cash:		
Amortization	9,305	60,261
Loss on disposal of equipment	49,219	4,825
	(241)	59,611
Changes in non-cash working capital:		
Accounts receivable	(2,550)	2,850
Accounts payable and accrued liabilities	(200,142)	219,374
Deferred membership fees	(5,450)	(117,650)
Prepaid expenses	54,582	(40,597)
Wages payable	(37,371)	(3,114)
	(190,931)	60,863
Cash flow from (used by) operating activities	(191,172)	120,474
INVESTING ACTIVITIES		
Purchase of equipment	(1,428)	(16,674)
Purchase of investments	(75,574)	(81,717)
Cash flow used by investing activities	(77,002)	(98,391)
INCREASE (DECREASE) IN CASH FLOW	(268,174)	22,083
Cash - beginning of year	1,537,037	1,514,954
CASH - END OF YEAR	\$ 1,268,863	\$ 1,537,037

Notes to Financial Statements



1. PURPOSE OF THE COLLEGE

College of Medical Laboratory Technologists of Alberta (the "College") is constituted under the *Health Professions Act*. The College is a not-for-profit organization and accordingly, is exempt from payment of income taxes.

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. SIGNIFICANT ACCOUNTING POLICIES

Basis of presentation

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

Revenue recognition

Membership revenue is recognized in the year to which the membership fees relate. Administration fees are recognized in the year to which the related service is provided.

Interest income is recognized as it is earned.

Conduct recoveries and other revenue are recognized when the amount is established and collection is reasonably assured.

Donated services

The work of the College is dependent on the voluntary service of many individuals. The fair value of donated services cannot be reasonably determined and are therefore not reflected in these financial statements.

Cash and cash equivalents

Cash and cash equivalents consist of cash balances with banks.

Investments

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

Equipment

Equipment is stated at cost or deemed cost less accumulated amortization and is amortized over its estimated useful life on a declining balance basis at the following rates:

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

The College regularly reviews its equipment to eliminate obsolete items.

Equipment acquired during the year but not placed into use are not amortized until they are placed into use.

Financial instruments policy

The College initially measures its financial assets and liabilities at fair value. Subsequent measurement is at amortized cost.

Financial assets measured at amortized cost consist of cash, accounts receivable and long term investments.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities, and wages payable.

Financial assets measured at amortized cost are tested for impairment when there are indicators of impairment. The amount of 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.

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 period. These estimates are reviewed annually and adjustments are made to income as appropriate in the year they become known. Significant items subject to such estimates include the estimated lives of capital equipment. Actual results could differ from these estimates.

Comparative figures

Certain comparative amounts have been reclassified to conform to the current year's presentation.

3. INVESTMENTS

	2021	2020
Guaranteed investment certificates with interest rates ranging from 0.65% to 3.33% (2020 - 0.70% to 3.33%), maturing between January 5, 2022 and October 2, 2025 (2020 - February 1, 2021 and February 19, 2026)	\$ 4,776,156	\$ 4,736,849
Accrued interest receivable	151,508	115,240
	\$ 4,927,664	\$ 4,852,089

The cost of the investments plus accrued interest receivable approximates their market value.

4. EQUIPMENT

	Cost	Accumulated amortization	2021 Net book value	2020 Net book value
Computer equipment	\$ 42,006	\$ 25,378	\$ 16,628	\$ 23,753
Computer software	3,506	3,177	329	49,876
Office equipment	71,596	63,480	8,116	8,539
	\$ 117,108	\$ 92,035	\$ 25,073	\$ 82,168

Amortization of equipment provided in the current year totaled \$9,305 (2020 - \$60,261).

5. DEFERRED MEMBERSHIP FEES

The prior year deferred membership fees of \$994,750 have been included in the 2021 membership income on the Statement of Revenues and Expenses. The College collected \$989,300 of deferred membership fees during fiscal 2021 which will be included in the 2022 membership income.

6. INTERNALLY RESTRICTED ASSETS

The following funds have been established by Council for the purposes stated below. The funds in all internally restricted accounts can only be expended upon approval by Council.

The Unrestricted reserve accounts for the College's operations and administrative activities. The College's accumulated surpluses and deficits from year to year are added to and subtracted from the Unrestricted reserve.

The Invested in Equipment reserve reports the assets, liabilities, revenue and expenses related to the College's equipment. Amortization expense and losses on disposals of equipment are subtracted from this fund. Equipment purchases in the year are transferred to this fund from the Unrestricted reserve.

The Operating reserve is established to provide for continued operations for eighteen months if there are unexpected

interruptions in cash flow or unexpected expenses.

The Conduct Contingency reserve is intended to provide funds to cover the cost of discipline issues including appeals above the amount in the annual operating budget.

The Capital Asset reserve may be used to cover the cost of any future capital asset purchases.

The Special Legal reserve will provide funds to meet the cost of any legal issues not covered by insurance.

The Patient Relations Program reserve was created to ensure the College can fund the requirement to pay for treatment and counselling for patients who have experienced sexual abuse or sexual misconduct by members.

The following is a summary of inter-fund transfers that were approved by Council:

	2021	2020
Operating reserve	\$ 2,000,000	\$ 2,000,000
Conduct Contingency reserve	250,000	1,000,000
Transfer to Capital Asset reserve	-	(750,000)
	250,000	250,000
Capital Asset reserve	1,000,000	-
Transfer from Conduct Contingency reserve	-	750,000
Transfer from Renovation and Relocation reserve	-	150,000
Transfer from Unrestricted	-	100,000
	1,000,000	1,000,000
Special Legal reserve	500,000	500,000
Renovation and Relocation reserve	-	150,000
Transfer to Capital Asset reserve	-	(150,000)
	-	-
Patient Relations Program reserve	60,000	60,000
	\$ 3,810,000	\$ 3,810,000

7. COMMITMENTS

The College has an operating lease with respect to its office premises which expires July 31, 2030 and a copier lease that expires in 2023. The premises lease provides for payment of utilities, property taxes and maintenance costs. There is also a contract to implement a new member database for a cost of \$59,000 plus monthly support fees that will occur in 2022. Future estimated contractual payments as at December 31, 2021, are as follows:

2022	\$	208,888
2023		130,747
2024		129,367
2025		132,201
2026 and thereafter		624,102
	\$	1,225,305

9. FINANCIAL INSTRUMENTS

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

(a) 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 rate risk, interest rate risk and other price risk. The College is mainly exposed to interest rate risk.

(b) Interest rate risk

Interest rate risk is the risk that the value of a financial instrument might be adversely affected by a change in the interest rates. The College is exposed to interest rate risk primarily through its fixed-rate investments. The College manages this exposure through its investment policies and procedures.

(c) Liquidity risk

Liquidity risk is the risk that an entity will encounter difficulty in meeting obligations associated with financial liabilities. The College considers that it has sufficient funds available to meet current and long-term financial needs.

(d) Credit risk

Credit risk arises from the potential that a counter party will fail to perform its obligations. The College is exposed to credit risk from its accounts receivable. At any time, the College does not have any significant receivables that would have an impact on the overall operations of the College.

Unless otherwise noted, it is management's opinion that the College is not exposed to significant other price risks arising from these financial instruments.

10. COVID-19

In March 2020, the World Health Organization declared a global pandemic due to the novel coronavirus (COVID-19). The situation is constantly evolving, and the measures put in place are having multiple impacts on local, provincial, national and global economies.

Management is uncertain of the effects of these changes on its financial statements and believes that any disturbance may be temporary; however, there is uncertainty about the length and potential impact of the disturbance.

As a result, we are unable to estimate the potential impact on the College's operations as at the date of these financial statements.

Other Activities

ALBERTA FEDERATION OF REGULATED HEALTH PROFESSIONS

The CMLTA has been a member of the Alberta Federation of Regulated Health Professions (AFRHP) since 2005. As a voluntary member-based organization, the AFRHP is made up 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, AFRHP members promote leading practice initiatives to foster public awareness and professional accountability of its practitioners. AFRHP members have established networks nationally and internationally, developing a communal body of shared knowledge and expertise to advance the operations of each individual college.

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). Incorporated in 2018, CAMLPR's purpose is to provide leadership and a forum where MLT regulators can collaborate, discuss, and respond to national regulatory challenges and opportunities. They exchange information about regulatory trends, leading practices, policy, and legislation. CAMLPR strives to unify processes, encouraging consistency and standardization for the MLT profession across Canada.

Alberta, Manitoba, New Brunswick, Nova Scotia, Ontario, Quebec, Saskatchewan, and Newfoundland signed a Memorandum of Understanding (MOU), necessitated by the Canadian Free Trade Agreement, which introduced "permit-on-permit" recognition and provincial mobility for MLTs between regulated provinces. The MOU ensures all regulated MLTs have common entrance to practice competencies, regardless of the initial province of registration. From a national perspective, this contributes to patient safety and public protection. The MOU also standardizes the release of Regulated Member information (registration history, continuing education/competence compliance, and professional misconduct) between regulated provinces. More information can be found at www.camlpr.org.

CMLTA COLLEGE OF
MEDICAL LABORATORY
TECHNOLOGISTS
OF ALBERTA

College of Medical Laboratory Technologists of Alberta

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