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June 30, 2008

Barbara Sullivan
Chair
Health Professions Regulatory Advisory Council
Suite 806
55 St. Clair Avenue West
Toronto, Ontario M4V 2Y7

Dear Barbara,

We are very grateful to have received your invitation dated April 22, 2008 to make a further submission to HPRAC relating to scope of practice challenges facing the medical laboratory technology profession in the context of interprofessional collaboration. Attached is our submission for your consideration.

As you will see, the submission is divided into two Parts.

The first part recommends enhancements to the scope of practice of medical laboratory technologists, including the amendment of our existing authorized act and liberalization of the restrictions applying to it, plus the addition of components of two controlled acts. The objective is to allow MLTs to practise to their full competencies and to recognize what many MLTs are currently doing in practice in response to workplace demands, changes in practice patterns and venues and advances in technology. Part A has been prepared and jointly submitted by the CMLTO, the Ontario Society of Medical Technologists (OSMT) and the Canadian Society for Medical Laboratory Science (CSMLS).

The second part addresses two interrelated issues that have presented a major challenge to the CMLTO for many years, but despite attempts to do so have thus far defied resolution. They are:

- the ability of the Ministry to allow individuals who are not members in good standing with the CMLTO to be employed as laboratory technologists in laboratories licensed under the *Laboratory and Specimen Collection Centre Licensing Act, 1990*; and



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- the urgent and compelling public interest need to regulate Medical Laboratory Assistants and the Medical Laboratory Technicians (referred to jointly in the Submission as MLA/Ts) under the *Regulated Health Professions Act, 1991* as a separate class of members of the CMLTO.

Part B has been prepared and jointly submitted by the CMLTO and CSMLS.

We trust the attached submission provides you with the information you require to develop recommendations to the Minister. Nonetheless, we hope to have the opportunity to meet with you, your colleagues on the Council, staff and consultants to provide you with whatever additional information or explanations that are required and also to provide additional texture and context to support the proposals we are making.

We look forward to hearing from you and to meeting with you soon.

In the meantime, we commend the attached Submission for your consideration.

Yours sincerely,

Pat Mercuri
President
CMLTO

Bernard Hartung
President
OSMT

Susan Atkinson
President
CSMLS

Kathy Wilkie
Executive Director
CMLTO

Blanca McArthur
Executive Director
OSMT

Kurt H. Davis,
Executive Director
CSMLS

**Submission
to Health Professions Regulatory Advisory
Council Regarding:**

**Medical Laboratory Technologists' Scope of Practice
Regulation of Medical Laboratory Assistants / Technicians**

**Joint Submission by the:
College of Medical Laboratory Technologists of Ontario (CMLTO),
Ontario Society of Medical Technologists (OSMT)
Canadian Society for Medical Laboratory Science (CSMLS) and**



Ontario Society of
Medical Technologists



June 30, 2008

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RESPONSE TO HPRAC'S APPLICANT'S QUESTIONNAIRE

1. Does your current scope of practice accurately reflect your profession's current activities, functions, roles and responsibilities?

No. The current scope of practice for MLTs does not accurately reflect the activities, functions or roles of MLTs within collaborative and other practice settings. MLTs are often called upon to play an advisory role to other healthcare practitioners and patients with respect to specimen collection and handling, appropriate test utilization, testing, quality management, appropriate antibiotic use and preliminary diagnoses based on abnormal cellular and tissue morphology. This role in its various components and aspects is not recognized under the current scope of practice statement and authorized acts.

The Canadian Society for Medical Laboratory Science (CSMLS) "Competencies Expected Of An Entry-Level Medical Laboratory Technologist", effective June 2010, requires interpretation and reporting of results, quality management, critical thinking, applied investigation, resource management and communication and interaction skills. This new competency profile has been developed as a revalidation of the present competency profile as well as a reflection of the current practice of MLTs and the competencies are incorporated into the CMLTO Code of Ethics and Standards of Practice. Specifically, these competencies require MLTs to:

- Recognize the implications of laboratory findings and identify any further testing requirements
- Apply continuous quality improvement techniques and risk management processes
- Respond appropriately to critical situations
- Apply existing skills to new situations
- Recognize that change initiated in one area will impact other areas of healthcare services
- Effectively analyze and interpret data and develop recommendations based on conclusions
- Apply change management strategies; anticipate, contribute, respond to and effectively work in a changing environment
- Implement interdisciplinary learning in personal practices to develop teamwork skills in dealing with colleagues, patients, students, clients and other healthcare professionals
- Demonstrate adaptive skills in dealing with patients in varying levels of acuity

In addition, MLTs increasingly initiate controlled acts in addition to their authorized acts, by virtue of delegations, medical directives and "work arounds". For example, if an MLT identifies an additional lab test that should be conducted for better patient care, the Laboratory Director will issue an order to fulfill the legal requirements.



If the answer to question #1 is no, then please answer the remaining questions (only those that apply) as thoroughly as possible:

2. Name the profession for which a change in scope of practice is being sought, and the professional Act that would require amendment

The profession is Medical Laboratory Technologists, hereinafter referred to as “MLTs.” In 2007 there were 7, 533 registered practitioners in Ontario (7,003 active, 530 non-active). The professional Act that would have to be amended to accommodate the proposed changes in scope of practice, authorized acts, etc. is the *Medical Laboratory Technology Act, 1991*. In addition, several ancillary pieces of legislation would also have to be amended, for example the *Laboratory and Specimen Collection Centre Licensing Act, 1990* and regulations thereunder and regulation 965 under the *Public Hospitals Act, 1991*.

3. Describe the change in scope of practice being sought

The proposed scope of practice changes consist of several components designed to advance the public interest:

- a) Authorize MLTs to do what many are now doing indirectly under some form of delegation or by virtue of some “work around” and which they have the knowledge, skill and judgment necessary to do safely and effectively;
- b) Allow MLTs to function effectively in point of care venues, such as home care in rural, remote and other under-serviced areas and to respond to evolving workplace demands;
- c) Expand MLTs’ scope of practice from its current exclusive focus on testing to include some therapeutic procedures;
- d) Allow MLTs to be more effective members of the interprofessional healthcare delivery team, to the maximum of their competencies; and
- e) Expand the CMLTO's regulatory umbrella outward on the laboratory testing continuum to cover currently unregulated personnel who perform activities particularly within the pre- and post-analytical phases that have been demonstrated to constitute a risk of harm to the public.¹

¹ As indicated in the covering letter to this Submission and in the response to Question 12 Part B, the OSMT does not support the regulation of MLA/Ts by the CMLTO under the RHPA.



More specifically, the proposed scope of practice changes include authorities for MLTs to initiate laboratory tests in the form of follow-up testing, or in point of care situations; perform vein and arterial punctures for diagnostic and therapeutic purposes; take patient histories and engage in patient education; conduct some testing procedures such as throat swabs, PAP tests and take microbiologic and genetic specimens.

The applicants propose that MLTs would be selectively authorized to perform one or more of the additional authorized acts. This would occur by prescribing classes of certificates of registration and imposing terms, conditions and limitations on the certificates of registration of members of each class pursuant to subsection 95.-(1) 8. *Regulated Health Profession Procedural Code*. The selection would be based on the presence of the requisite competencies, plus practice circumstances and requirements.

4. Name of the College/association/group making the request, if applicable

The College of Medical Laboratory Technologists of Ontario (CMLTO), the Ontario Society of Medical Technologists (OSMT) with the Canadian Society for Medical Laboratory Science (CSMLS).

The scope of practice/authorized act changes for MLTs are supported by the three organizations. Proposals relating to the regulation of MLA/Ts are put forward only by the CMLTO and CSMLS.

5. Address/website/e-mail

CMLTO	CSMLS	OSMT
Kathy Wilkie, Registrar & Executive Director	Kurt H. Davis, Executive Director	Blanca McArthur, Executive Director
36 Toronto Street Suite 950 Toronto, ON M5C 2C5 Phone: (416) 861-9605 Toll Free: 1-800-323-9672 Fax: (416) 861-0934 kwilkie@cmlto.com	PO Box 2830, LCD 1 Hamilton, Ontario, L8N 3N8 Telephone: (905) 528-8642 Fax: (905) 528-4968 kurtd@csmls.org	234 Eglinton Avenue East Suite 402 Toronto, Ontario, M4P 1K5 Telephone: (416) 485-6768 Fax: (416) 485-7660 bmcArthur@osmt.org
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Pat Mercuri, President	Susan Atkinson, President	Bernard Hartung, President



6. Telephone and fax numbers
See above.

7. Contact person (including day telephone numbers)
See above.

8. List other professions, organizations or individuals who could provide relevant information with respect to the requested change in scope of practice of your profession

- Canadian Association of Medical Laboratory Educators
- Canadian Medical Association
- Clinical Laboratory Managers Association
- College of Dietitians of Ontario
- College of Midwives of Ontario
- College of Nurses of Ontario
- College of Physicians and Surgeons of Ontario
- Council on National Certification
- Educational institutions
 - Cambrian College of Applied Arts and Technology, Sudbury
 - St. Clair College of Applied Arts & Technology - Diploma Portion of Concurrent Diploma / Degree Program, Windsor
 - St. Clair College of Applied Arts and Technology - Diploma Program, Windsor
 - St. Lawrence College
 - The Michener Institute for Applied Health Sciences, Toronto
 - University of Ontario Institute of Technology, Oshawa
- Ontario Association of Medical Laboratories
- Ontario College of Pharmacists
- Ontario Dental Association
- Ontario Hospital Association
- Ontario Medical Association
- Ontario Ministry of Citizenship and Immigration
- Ontario Ministry of Health and Long-Term Care, particularly the Laboratories Branch
- Ontario Ministry of Training Colleges and Universities
- Quality Management Program – Laboratory Services (QMP-LS)
- Royal College of Dental Surgeons of Ontario
- Various unions that represent MLTs and MLA/Ts (e.g. OPSEU)



The OSMT represents approximately 1,200 MLTS and 1,100 MLA/Ts. Otherwise, to the best of our knowledge, there is no voluntary professional association or self-regulating body for MLA/Ts in Ontario.

FOR ASSOCIATIONS

9. Names and positions of the directors and officers

CSMLS	OSMT
<p><u>CSMLS Executive Staff</u> Kurt H. Davis, Executive Director David Dion, Director, Administration and Membership Services Alison McLennan, Director, Communication Christine Nielsen, Director, Certification Sandra Wagner, Director, Educational Development Melodie Campbell, Director, Marketing Moira Grant, Director, Research</p>	<p><u>OSMT Executive Staff</u> Blanca McArthur, Executive Director Debbie Brooks, Education Assistant Lisa Voong, Membership and Examination Amy Yu, Membership Services Assistant</p>
<p><u>CSMLS Board of Directors</u> Susan Atkinson, President Shelby Giesbrecht, President-Elect Robin Power, Past President Carol Green, Vice-President Natalie Campbell, Director Marilyn Collins, Director Colleen Gibson, Director Sylvie LeBreton, Director Tania Toffner, Director Tricia VanDenakker, Director Regina Zver, Director</p>	<p><u>OSMT Board of Directors</u> Bernard Hartung, President (Owen Sound) Conrad Bégin Jr. Vice-President (Stratford) Jan Church, Secretary-Treasurer (Richmond Hill) Blanca McArthur Executive Director (ex-officio) Irene Sottile, Past-President (Thunder Bay) Shari Batson, Director Lindsay Elliott, Director Susan Hemmerling, Director Linda Moran-Ferron, Director</p>



10. Length of time the association has existed as a representative organization for the profession

The CSMLS was incorporated in 1937 and serves as the national certification body for medical laboratory technologists and MLA/Ts in Canada. It is also a voluntary professional society for medical laboratory professionals.

The OSMT was established in 1963 as the voluntary professional association for MLTs practising in Ontario. In 1988, the OSMT became a certification body for MLA/Ts in Ontario and subsequently a provincial professional association for both MLT and MLA/T members.

11. List name(s) of any provincial, national or international association(s) for this profession with which your association is affiliated or who have an interest in this application.

Regulatory Bodies

Alberta College of Medical Laboratory Technologists (ACMLT)
#105, 4245 - 97 Street Bldg 1
Edmonton AB T6E 5Y7
(780) 435 5452 or (800) 265 9351
FAX (780) 437 1442
www.acmlt.org

College of Medical Laboratory Technologists of Manitoba (CMLTM)
449 Provencher Blvd
Winnipeg, MB R2J 0B8
(204) 231 0311
FAX (204) 790-2479
www.cmltm.ca

Ordre professionnel des technologistes médicaux du Québec (OPTMQ)
1150 est, boul St-Joseph, Bureau 300
Montreal, QC H2J 1L5
(514) 527 9811 or (800) 567 7763
FAX (514) 527 7314
www.optmq.org



Saskatchewan Society of Medical Laboratory Technologists (SSMLT)*
2124 Broad Street, Suite 201
Regina, SK S4P 1Y5
Mailing Address:
Box 3837
Regina, SK S4P 3R8
(306) 352 6791 or (877) 334 3301
www.ssmlt.ca

Manitoba Society of Medical Laboratory Technologists (MSMLT)*
585 London St
Winnipeg MB R2K 2Z6
(204) 669 9050
FAX (204) 667 1747
www.msmlt.mb.ca

New Brunswick Society of Medical Laboratory Technologists (NBSMLT)*
PO Box 1812
Moncton, NB E1C 9X6
(506) 758-9956
Fax (506) 758-9963
www.nbsmlt.nb.ca

Nova Scotia College of Medical Laboratory Technologists. (NSCMLT)*
5991 Spring Garden Road
Suite 265 Halifax Professional Centre
Halifax, NS B3H 1Y6
(902) 453 9605 or (888) 897 4095
FAX 1-902-454-3535
www.nscmlt.org

* Both regulatory and professional association.



Provincial Societies

BC Society of Laboratory Science (BCSLs)
720-999 W Broadway Ave
Vancouver BC V5Z 1K5
(604) 714 1760 or (800) 304 0033
FAX (604) 738 4080
www.bcsls.net

Prince Edward Island Society of Medical Technologists (PEISMT)
c/o QE Hospital
Attn: Rosalie Richard
P.O Box 6600
Charlottetown, PEI CIA 8T5
www.peismt.org

Newfoundland and Labrador Society of Laboratory Technologists (NLSLT)
P.O. Box 39057
430 Topsail Rd
St. John's, NF A1E 5Y7
(709) 754 8324
www.nlslt.ca

Medical Laboratory Science Association of the Yukon
hstrong@northwestel.net
(867) 668 7195

Employer Associations:

Ontario Hospital Association
2800-200 Front Street West
Toronto, ON
M5V 3L1
(416) 205 1382
www.oha.ca



Employers:

Ontario Association of Medical Laboratories
5160 Yonge Street, Suite 710
North York, ON M2N 6L9
Phone: 416-250-8555
<http://www.oaml.com/contact.html>

Government:

Ministry of Health and Long-Term Care
56 Wellesley St. W.
Toronto, ON M5S 2S3
416-327-8888
http://www.health.gov.on.ca/english/public/program/ltc/15_facilities.html

Public Health Agency of Canada
130 Colonnade Road, A.L. 6501H
Ottawa, ON K1A 0K9
(613) 941-3781
www.phac-aspc.gc.ca/index-eng.php

Federation of Health Regulatory Colleges of Ontario
310-2175 Sheppard Avenue East
Toronto, ON M2J 1W8
(416) 493-4076
(416) 491-1670
www.regulatedhealthprofessions.on.ca/index.htm

Ministry of Training Colleges and Universities
900 Bay Street, 14th Floor, Mowat Block,
Toronto, Ontario M7A 1L2
(416) 325 2973
www.edu.gov.on.ca/eng/tcu/

Ministry of Citizenship and Immigration
400 University Avenue
Toronto, Ontario M7A 2R9
www.citizenship.gov.on.ca/



Other:

Canadian Association of Allied Health Programs (CAAHP)
Northern Alberta Institute of Technology
Edmonton, AB T5G 2R1
president@caahp.ca

Collaborative Forum for Health Sciences Education
c/o SIAST, Wascana Campus
4500 Wascana Parkway, Box 556
Regina SK S4P 3A3
layne@siast.sk.ca

Canadian Institute of Health Information
90 Eglinton Avenue East, Suite 300
Toronto, ON M4P 2Y3
(416) 481 2002
secure.cihi.ca/cihiweb/splash.html

Association of Canadian Academic Healthcare Organizations (ACAHO)
780 Echo Drive
Ottawa, Ontario K1S 5R7
(613) 730 5818
www.acao.org/main.html



DETAILS OF THE PROPOSAL

PART A

This part deals exclusively with proposals to change the statutory scope of practice of MLTs and to authorize MLTs to perform additional authorized acts and proposals to amend other legislation relevant to the scope of practice of MLTs.

Legislative Changes

12. What are the exact changes that you propose to the profession's scope of practice (scope of practice statement, controlled acts, title protection, harm clause, regulations, exemptions or exceptions that may apply to the profession, standards of practice, guidelines, policies and by-laws developed by the College, other legislation that may apply to the profession, and other relevant matters)? How are these proposed changes related to the profession and its current scope of practice?

The applicants propose rewording the statutory scope of practice along the lines of the scope of practice statement for the profession devised by the American Society for Clinical Laboratory Science (ASCLS):

"...the design, performance, evaluation, reporting, interpreting and clinical correlation of clinical laboratory testing in the management of all aspects of these activities."¹

In addition, the existing wording of the authorized act (section 4) would have to be revised to remove the phrase "from veins" in order to allow MLTs to extract blood from arteries as well as veins for testing purposes.

Access to parts of two additional controlled acts is also recommended:

"Administering a substance by injection", to allow injections for various therapeutic procedures, for example, allergy testing.

"Putting an instrument, hand or finger, beyond the opening of the urethra and beyond the labia majora", for purposes of various therapeutic procedures, such as PAP tests.

¹ American Society for Clinical Laboratory Science scope of practice statement found at:
http://www.ascls.org/position/scope_of_practice.asp



To allow MLTs to initiate laboratory tests, subsection 5.(1) of the *Medical Laboratory Technology Act* requires amendment along the lines of the following:

- "A member shall not perform a procedure under the authority of section 4 unless,*
- a) the performance of the procedure by the member is permitted by the regulations and the member performs the procedure in accordance with the regulations; or*
 - b) the procedure is ordered by a member of a College whose members are authorized to do so."*

The model or precedent in this case is the removal of the requirement for dental hygienists to always have an order from a dentist prior to performance of the dental hygiene authorized act of "scaling teeth, root planing including curretting of surrounding tissue" that came into being through legislative changes proclaimed last September.

Revisions are also proposed to the *Laboratory and Specimen Collection Centre Licensing Act R.R.O. 1990, Regulation 682*, namely:

The addition of a clause to subsection 9.(1) along the lines of the following:

- (1) *The owner and the operator of a laboratory shall ensure that the staff of the laboratory,*
 - (a) *examines specimens from humans, only...*
 - (vi) *at the request of a legally qualified Medical Laboratory Technologist.*

These statutory changes are proposed against the backdrop of the CMLTO using to the maximum its authority under current legislation to have MLTs function to the limits of their existing scope of practice, authorized acts and competencies.

13. How does current legislation (profession-specific and/or other) prevent or limit members of the profession from performing to the full extent of the proposed scope of practice?

The Medical Laboratory Technology Act, 1991:

The current wording of the *Medical Laboratory Technology Act* is limiting in that it does not allow MLTs to practise to their full competencies, nor to perform independently those procedures that they currently perform by virtue of orders, delegations, medical directives, or some form of "work around". More specifically, the *Medical Laboratory Technology Act*:



- Restricts MLTs to drawing blood from veins or by skin pricking. It does not allow MLTs to draw blood from arteries for testing purposes.
- Does not allow MLTs to inject substances into the veins, arteries or the skin for testing or therapeutic purposes or introduce an instrument (swab) for the purpose of specimen collection.
- Only allows MLTs to perform their authorized act on an order from a member of a College who has access to the controlled acts, which means that MLTs may not initiate follow-up tests, using their knowledge, skill and judgment.

Other Legislation:

Public Hospitals Act and the Hospital Management Regulation: stipulate that diagnostic procedures may be ordered only by a physician, dentist, midwife, or for an outpatient, a nurse in the extended class (RNEC).

Laboratory and Specimen Centre Collection Licensing Act: states that analysis of a laboratory specimen may be ordered only by a physician, dentist, midwife, or an RNEC in accordance with the regulations.

Explanation of need for amendments:

Scientific and technological advances coupled with healthcare reform and increasing interprofessional collaboration are challenging healthcare professionals to adapt to changing roles, re-examine their scopes of practice and acquire skills necessary for new systems of service delivery.

Increasingly, MLTs are performing a range of controlled acts by virtue of medical directives and other forms of delegations. Medical directives are physician orders written in advance and complying with the template or policies of the institution in which they apply. The form and content of medical directives often vary materially from institution to institution. In general terms, however their purpose is to enable a series of medical procedures, treatments, and/or interventions by authorizing the delegatee (usually a nurse) to perform one or more controlled acts under specific conditions without the direct assessment by or involvement of the delegator at the time.



Medical directives are developed through collaboration of physicians and other healthcare professionals to determine the most appropriate practitioner to provide the required healthcare service under the circumstances. Nevertheless, the ultimate accountability for safe, competent and ethical care is shared between the delegator, and the delegates, who are jointly responsible and accountable to acquire and maintain his or her competence and to recognize the limits of his or her practice.

Medical directives are prescriptive. All patients fitting the criteria outlined by the medical directive are expected to have all procedures and tests that have been ordered. This does not, however, allow for independent judgment on the part of the delegatee to initiate necessary follow-up procedures and tests, or not to perform procedures and tests that are unnecessary, or might even be harmful.

The 2008-09 Provincial Budget highlighted new government initiatives in prevention, screening and chronic disease management. These new programs focus on improving the health of Ontarians, while at the same time assisting in reducing costs to the health system. Prevention, screening and chronic disease management programs rely heavily on laboratory testing. Prenatal and antenatal, maternal serum, cervical, colorectal screening, PSA and diabetes management all involve laboratory testing. With the exception of the Ontario Breast Screening Program, all requests for screening are initiated by a primary care provider before analysis can be initiated. MLTs that perform these analyses are not only skilled in the technical aspects of the testing, but also in the pathology of the disease. They have the knowledge, skill and judgment to interpret the test results and advise not only the primary care provider, but also the patient in point of care and other venues on any follow-up required. Initiation of testing by a laboratory technologist for screening and monitoring of disease would improve access by the public to screening programs by providing the option to patients of obtaining the test without the necessity of an order from a primary care provider. This is not only better for the patient, but is also cost effective to the system and can be virtually guaranteed not only to improve access, but to improve participation rates.



Collaboration

14. Do members of your profession practice in a collaborative or team environment where the recognition of competencies will contribute to multidisciplinary healthcare delivery? Please describe any consultation process that has occurred with other professions.

MLTs routinely collaborate with other regulated and unregulated healthcare providers in diabetic clinics, operating room suites, cardiac catheter laboratories and with infection control officers. MLTs increasingly are present during hospital medical rounds, on professional practice councils and in the joint management and operation of laboratory and diagnostic imaging facilities.

More specifically:

With Physicians: Consultations regarding test selection and interpretation to avoid unnecessary use or alerting when critical test results need to be addressed promptly.

With Medical Radiation Technologists: Consultations regarding mammographies, biopsies, or fine needle aspirations.

With Pharmacists: Liaison regarding antibiotic selection and use, anticoagulant therapy and to monitor impact of therapeutic drugs.

With Nurses (RNECs): Consultation with respect to test selection and interpretations calling attention to critical results that require immediate action.

With Dietitians: Consultation on cholesterol, metabolic deficiencies diabetes and disease management.

When the MLT discovers unusual findings, he/she may consult with nurses, residents, physicians, other lab disciplines or other healthcare disciplines (such as diagnostic imaging) to determine the source of the unusual finding and to advise on the need for further tests. Some examples include unusual antibodies, transfusion reactions and special needs for transplant patients. Ultimately, the diagnosis is the physician's responsibility, but the MLT plays a very active role in investigating unusual cases.

MLTs are also increasingly responsible for ensuring that specimen collection protocols are in place for use by other healthcare professionals (e.g., nurses and physicians). MLTs trained in



the transportation of dangerous goods determine collection needs and create protocols with the help of collecting / handling professionals.

Stakeholder Consultations: Because of the very short time-frame for preparation of this Submission, we have not been able to consult with stakeholders to the extent we would have liked. Nevertheless, the CMLTO sponsored the "Crystal Clear Summit" on April 3, 2008 and aired its scope of practice challenges and ideas for discussion. There was general support for the overall direction being taken by the CMLTO. (For a list of attendees see Appendix B.)

Public Interest

15. Describe how the proposed changes to the scope of practice of the profession are in the public interest. Please consider and describe the influence of any of the following factors:

The proposed changes arise from two principal factors:

1. Roles and tasks that have traditionally been carried out by medical laboratory technologists but which were not included as part of the original scope statements; and
2. Roles and tasks that are currently being conducted by medical laboratory technologists as a result of evolving workplace demands over the past one or two decades.

Many of these evolving demands have been documented in the environmental scan conducted by Health Canada in 1999 and updated in 2001.² Their impact on professional practice has been acknowledged in the CSMLS Competency Profile adopted in 2005 for national implementation in 2010.³ It is in the public interest to ensure that these roles and tasks are adequately reflected in the profession's statutory scope of practice and authorized acts in Ontario.

a. Gaps in professional services

A number of the responsibilities proposed for inclusion in the MLT scope of practice have arisen in the past to fill gaps in professional services for which the educational preparation and technical expertise of medical laboratory technologists are ideally suited. More recently,

² Health Canada (2001). An environmental scan of the human resource issues affecting medical laboratory technologists and medical radiation technologists. Ottawa: Health Canada. Available:
http://www.hc-sc.gc.ca/hcs-sss/pubs/hhrhs/2001-rh-hr-tech/find-result-lab_e.html

³ CSMLS. (2005). Competency Profile: General medical laboratory technologist. Competencies expected of an entry-level general medical laboratory technologist. Hamilton ON: CSMLS. Available:
http://www.csmls.org/english/pdf/student/general_medical_laboratory_technology_competency_profile_2010.pdf



shortages within the medical laboratory and pathology professions necessitate a medical laboratory workforce that is empowered to act to the fullest extent of its expertise and professional judgment in order to ensure that an incomplete statutory scope of practice does not limit their activities, create gaps in services or delays in service delivery.

b. Epidemiological trends in illness and disease:

Increasing attention to the role of the medical laboratory in disease screening, detection and prevention; in cancer diagnosis and treatment; in handling challenges posed by 'superbugs' and antibiotic resistant bacteria; and in the management of pandemics necessitates addressing issues of appropriate and fully-articulated scopes of practice for medical laboratory professionals. For example, expanding screening programs for colorectal cancer have implications for medical laboratory workload, staffing, and division of responsibilities.

Dr. Susan M. Poutanen, MD, MPH, FRCPC, Microbiologist/ID Consultant, TML/MSH, Assistant Professor, U. of Toronto presented at the CMLTO Summit in April 2008 on "Superbugs on the Rise: The Role of the Medical Laboratory". Dr. Poutanen proposed that only the experts in the laboratory who are knowledgeable on the most up to date standards for interpreting antimicrobial susceptibility should select the antibiotics of choice for treatment.

Chronic disease management

Chronic disease has a huge impact on the people of Ontario. One in three Ontarians suffers from chronic diseases such as heart disease, emphysema, diabetes and arthritis. Eighty percent of Canadians who are older than 65 have some form of chronic disease and of those, about 70 percent suffer from two or more. According to the World Health Organization (WHO), an estimated 89 percent of all deaths in Canada are caused by chronic disease. WHO research puts the cost of medical treatment for chronic diseases, and the lost productivity they cause, at \$80 billion annually in this country.

MLTs know a great deal about how to prevent chronic disease and are well-informed on the tests, medications and monitoring needed to keep people with chronic diseases living fairly normal lives in their communities. Most of these aren't complex, but they need to be consistently offered.

c. Changing public need for services and increased public awareness of available services

Historically, medical laboratory technologists and other medical laboratory personnel have been largely invisible to the public. Recent incidents of reported laboratory errors have increased the public's awareness of the important role of medical labs and the people who work in them and are also generating political pressure for reform in terms of accuracy and



timeliness of results. Furthermore, MLTs are becoming more visible to the public through increased point of care delivery, their presence by the bedside as part of the healthcare team in hospitals and their increasing role in home care and in other non-traditional healthcare delivery venues.

Finally, the internet and the growing desire of the public for information about healthcare services have created the demand for consultative and educational skills among medical laboratory technologists. These changing roles, particularly increased public visibility and public expectations, are important factors underlying the proposal for scope of practice changes.

d. Waiting times for healthcare services

The proposed scope of practice changes will, in part, have the salutary effect of allowing MLTs to initiate some of the procedures that are currently performed primarily by nurses and physicians, or require orders or delegations from them. This will alleviate some of the demands and pressures on nurses and physicians and thereby allow them to commit more of their professional time to those activities for which they are uniquely or particularly needed.

The scope of medical laboratory technologists to act more independently within the full scope of their professional practice and to exercise judgment to initiate clinically indicated tests, follow-up testing, or demurral to conduct inappropriate tests, avoids delays in diagnostic testing and ensures that wait times for laboratory results are minimized. The potential impact of health human resources shortages on waiting times for diagnostic testing can be partially mitigated by ensuring that medical laboratory technologists are able to function to the full extent of their expertise.

Allowing MLTs to initiate tests will also help ensure that the diagnosing practitioner receives all of the information required to make an accurate diagnosis and design an effective treatment plan, without having to make successive orders for laboratory tests. This will expedite treatment and help reduce wait times.

e. Geographic variation in availability and diversity of healthcare providers across the province

Rural laboratories, which typically have small staff complements to begin with, place particular demands on medical laboratory technologists to exercise independent consultative, multi-skilled, and interprofessional functions. These demands can be intensified in cases where rural laboratories are unable to recruit a sufficient staff complement, as is currently the case in many



institutions. This is partially related to health human resources shortages discussed in (k). (See Appendix A for dispersion of MLTs)

f. Changing technology

The influences of technology on MLT scope of practice can be discussed under two main headings: point of care testing (POCT), and increasing sophistication/complexity of testing.

Point of care testing brings diagnostic testing into home care, rural, remote, underserved and community settings. MLTs practising in such areas require the ability to function within the diagnostic and therapeutic roles proposed in this document in order to facilitate prompt, effective, and efficient healthcare and to operate in consultative, diagnostic and therapeutic roles within increasingly interprofessional healthcare environments.

The increasingly sophisticated and complex diagnostic technology that is being utilized in laboratories offers features such as 'flagging' (highlighting of findings outside of expected ranges) and 'reflexive testing' (the opportunity to conduct new tests, not ordered by the physician, that are indicated by test parameters to provide further helpful diagnostic information). When MLTs cannot act on these technological innovations to initiate further testing and provide the most helpful diagnostic information to the physician, significant time and cost are expended in obtaining the needed approval. MLTs currently possess the competencies to take full advantage of these and other features of diagnostic technology and must be in a position to use their own judgment in generating relevant, thorough, complete and timely diagnostic testing information.

g. Demographic trends

There are three demographic trends of relevance.

Trends:

i) The aging of the postwar baby boomers whose percentage of the population is projected to increase until 2020, at which time persons over 65 will account for approximately 21% of the total population. This is a factor of the high postwar birth rate, coupled with seniors living longer than ever before because of their improved health status. Persons over 65 account for approximately 50% of total healthcare expenditures, including long-term care. People in the age category of 70 to 89 account for 37% of total healthcare expenditures.



ii) The advent of a cohort of persons in the age range of 0 to 13 which will be the largest-growing demographic group by 2025.

iii) The continuation of major migration into Canada from abroad. Immigration (net of emigration) accounts for 74% of total population growth in Canada and approximately 50% of all immigrants eventually reside in Ontario. Although federal immigration legislation requires applicants for permanent residency to demonstrate good health status, this requirement does not apply to refugees. The largest source of refugee applications is expected to be from failing states that have little or poorly organized healthcare delivery that results in diminished health status for their populations⁴.

The three demographic groups will account for the majority of healthcare expenditures for the next 15 years, including expenditures relating to laboratory testing. The large migrant population also requires the system to have the capability to identify and respond to exotic diseases.

Another impact of demographic trends in Ontario is to drive initiatives that reduce the growth of healthcare expenditures. The current ratio of non-working to working Canadians is 44:100. By 2020 that ratio will be 59:100. This has a direct impact on the tax revenues expected by government and governments' fiscal capacity to continue to fund ever-increasing healthcare expenditures.

h. Promotion of collaborative scopes of practice

Point of care testing, discussed in (f), constitutes one area where interprofessional overlap of scopes of practice is being experienced. Emphasis on team-based healthcare and on interprofessional collaboration call for a professional scope of practice that does not create artificial boundaries.

i. Patient safety

The Canadian Patient Safety Institute (CPSI) has issued a framework for "Safety Competencies" in order to provide guidelines for addressing patient safety in health professions' education and workplace practices.⁵ The medical laboratory competencies listed in

⁴ Ministry of Finance. "Ontario Populations Projection Update." Spring 2007

⁵ Canadian Patient Safety Institute. (2007). The Safety competencies: Enhancing patient safety across the health professions. Framework, August 2007. Ottawa: CPSI.



the CPSI framework are reflected in the current practices represented in the new CSMLS Competency Profile, cited earlier, and in the changes to the scope of practice proposed here.

One of the objectives of the proposed changes is to embrace the role of MLTs in improving patient safety, that MLTs have assumed in practice.

j. Wellness and health promotion

The medical laboratory has a vital role to play in disease screening and detection as part of larger programs in disease prevention and wellness. MLTs are playing a greater role in wellness and health promotions outside of the laboratory and could do even more with the proposed scope of practice changes.

k. Health human resources issues

Healthcare restructuring in the 1990s resulted in increasing workplace shortages of medical laboratory technologists that have intensified the need for these practitioners to carry out independent educational, consultative, test initiation and specialized specimen procurement activities.

One outcome of the proposed changes would be to facilitate human resources substitution, which has been identified as one vehicle to increase efficiencies in healthcare. The scope of practice changes would allow MLTs to perform actions for which they have demonstrated competence, but which are now currently conducted primarily by, or under the authority of, higher cost physicians and nurses.

Another objective of the proposed changes is to make the MLT profession more rewarding and attractive in order to address human resources challenges within the profession.

Also see above 15(a).

l. Professional competencies not currently recognized

The CSMLS's new Competency Profile⁶, which comes into effect in 2010, contains new competencies that address the need for MLTs to apply their judgment to act independently in

⁶ Canadian Society for Medical Laboratory Science. (2005). Competency Profile, 2010: General medical laboratory technologist. Competencies expected of an entry-level general medical laboratory technologist. Hamilton: CSMLS.



the best interests of the patient and high quality healthcare. Competency 10.05.2 states: "Initiates follow-up procedures where necessary for patient well-being", this is in response to the practical realities of the workplace. Without the ability to initiate as part of their scope of practice, MLTs will be unable to carry out this competency.

m. Access to services in remote, rural or under serviced areas

Data from 2001 on the geographical distribution of randomly-selected CSMLS members in Ontario suggests that approximately one-quarter of Ontario MLTs work in rural or suburban areas of the province.⁷ Slightly more than one-third of the survey participants reported working in small- to medium-sized laboratories. Individuals in rural and more remote settings must be able to act to the fullest extent of their scope of practice to ensure that, even in the absence of the resources available in larger centres, they are able to provide the fullest range of diagnostic services and information possible. (See Appendix A for dispersion of MLTs)

16. How would this proposed change in scope of practice affect the public's access to health professions of choice?

The proposed changes would enhance the public's access in two ways:

First, the proposed changes would increase the range of regulated healthcare practitioners to which the public has access.

Second, through human resources substitution, would free up other healthcare professionals, particularly physicians and nurses, and thereby increase their accessibility to the public.

17. How would the proposed change in scope of practice affect current members of the profession? Of other health professions? Of the public? Describe the effect the proposed change in scope of practice might have on:

a. Practitioner availability

As indicated elsewhere in this submission, the proposed scope of practice changes will have the effect of freeing up other regulated healthcare practitioners, particularly physicians and nurses.

⁷ Grant, M. M. (2004). Under the microscope: 'Race', gender and medical laboratory science in Canada. Unpublished PhD thesis. Toronto: University of Toronto.



The changes will also make the MLT profession more job enriching and more patient centred, thus making the profession more attractive to those considering the profession as a career. These factors also encourage interprofessional care and patient centred care supporting the Ministry of Health initiatives.

b. Education and training programs

Many of the proposed changes to scope of practice will be accommodated within the CSMLS Competency Profile, which will be effective with the June 2010 CSMLS Examination. Ontario medical laboratory educational programs have indicated that they will be in compliance with the requirements of the new profile by 2010.

c. Enhancement of quality of services

Quality of services will be enhanced by allowing MLTs to initiate follow-up tests and to demur on tests that are proven to be unnecessary or duplicative. Initiation of follow-up tests will also reduce the need for an additional cycle of orders, which will enhance timeliness of diagnosis and treatment.

d. Costs to patients or clients

There should be no net increase (or decrease) in costs to patients or clients. Most tests that are initiated by an MLT on a follow-up basis are likely to be ordered anyway. Currently, if an MLT believes a follow-up test is called for, the Laboratory Director will order it, or the practitioner responsible for the initial order will order it in a follow-up cycle. In any event, any increase in the frequency of tests will likely be more than offset by a reduction in duplicative or unnecessary tests.

e. Access to services

See above 15(k).

f. Service efficiency

Service efficiency will be enhanced through consolidated testing that will generate economies of scale and expedite diagnosis and treatment.

g. Inter-professional care delivery

The proposed changes will enhance the role and visibility of MLTs in the interprofessional healthcare team to the maximum of their competencies.



18. Are members of your profession in favour of this change in scope of practice? Please describe any consultation process and the response achieved.

From September 2007 to April 2008 the CMLTO engaged 510 MLTs during 14 Council linkage sessions in 6 districts. One of the key questions related to the MLT scope of practice and any opportunities and barriers that exist. The participants strongly believe that MLTs should have the opportunity to work to their full competency.

On April 3, 2008 the CMLTO sponsored the "Crystal Clear Summit" where members and stakeholders (See Appendix B) were provided the opportunity to engage in thought-provoking group discussions. One of the three topics covered was the MLT Scope of Practice where the group explored how the scope has evolved into new dimensions, directions and roles. The group endorsed and summarized the need for formal recognition of the new scope of practice and the incorporation of requirements for competency and future planning, such as health human resources.

In April/May 2008 the CMLTO conducted a survey of its membership resulting in 1,255 participants completing an on-line survey. The responses confirmed that MLTs are currently working in environments that draw on additional competencies and require an expanded scope of practice. The responses supported the proposed changes to scope of practice.

19. Describe any consultative process with other professions that might be impacted by these proposed changes.

As indicated previously in this Submission, the proponents have not had the opportunity to consult with other professions to the extent that they would have liked. The "Crystal Clear Summit" was sponsored by the CMLTO on April 3, 2008. The consensus of those present appeared to be in support of an expanded role for MLTs. (See Appendix B for full list of attendees.)



Risk of Harm

20. How will the risk of harm to the patient or client be affected by the proposed change in scope of practice?

There will be no increased risk of harm to the patient. Many MLTs in Ontario are now performing the roles envisaged by the expanded scope of practice, pursuant to some form of delegation or "work around" and are doing so safely and effectively.

There is no evidence of a material increase in the risk of harm to patients in those jurisdictions where MLTs are authorized to perform elements of the expanded scope of practice proposed for Ontario.

A decrease in the risk of harm for patients can be anticipated through more effective consultation on the selection of tests and on the interpretation of test results between MLTs and ordering practitioners, by giving MLTs the ability to initiate follow-up tests and by allowing MLTs to demur on the performance of tests that are unnecessary, duplicative or that entail unnecessary patient risk.

21. What other regulated and unregulated professions are currently providing care with the competencies requested as an expansion to your scope of practice? By what means are they performing it? (under delegation, supervision or on their own initiative?)

Revised Authorized Acts

The Medical Laboratory Technology Act, 1991, section 4

"In the course of engaging in the practice of medical laboratory technology, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to take blood samples." (i.e. remove "from veins or by skin pricking")

New Authorized Acts

RHPA Controlled Act ss 27.(2).5

Access to the controlled act of "administering a substance by injection" is required for MLTs (with the requisite competencies) to perform procedures such as allergy testing and intramuscular injection.



Professions authorized to perform this component of the controlled act for the purposes indicated include medicine, midwifery, naturopathy (by regulatory exemption), traditional chinese medicine, respiratory therapy and nursing.

RHPA Controlled Act subsection 27.(2) 6 ii.iii. iv.v.vi. & vii.

Access to the controlled act of "putting an instrument, hand or finger" is required for MLTs (with the requisite competencies) to take swabs for various types of diagnostic tests.

Professions authorized to perform these components of the controlled act for the purpose indicated include medicine and nursing.

Additional requirements for authorized acts

Subsection 5. (1) A member shall not initiate a procedure under the authority of section 4 unless the procedure is ordered by a prescribed person, or by a member of a College whose members are authorized to do so.

22. Specify the circumstances (if any) under which a member of the profession should be required to refer a patient/client to another health professional, both currently and in the context of the proposed change in scope of practice.

When engaging in healthcare management the MLT will initiate timely and appropriate consultation, referral and collaboration with other healthcare providers. When fulfilling their professional roles and responsibilities, MLTs demonstrate an understanding of scopes of practice. Formally requesting consultation and referring clients to physicians or other members of the healthcare team at any point in the care process when the client's condition is assessed as beyond the MLTs scope of practice, or the individual MLTs competence, is required by the CMLTO and understood by MLTs.

MLTs would only refer a patient back to the patient's primary care practitioner.



23. If this request is in relation to a current supervisory relationship with another regulated health profession, please explain why this relationship is no longer in the public interest. Please describe the profession's need for independence/autonomy in practice.

Technically, MLTs do not work in a supervisory relationship per se, but pursuant to orders.

24. Does the proposed change in scope of practice require the creation of a new controlled act or an extension of or change to an existing controlled act? Does it require delegation or authority to perform an existing controlled act or subset of an existing controlled act?

The proposed changes require:

- a) liberalization of the restrictions applying to the existing authorized act; and
- b) the addition of authorized acts that are subsets of existing controlled acts.

25. If the proposed change in scope of practice involves an additional controlled act being authorized to the profession, specify the circumstances (if any) under which a member of the profession should be permitted to delegate that act. In addition, please describe any consultation process that has occurred with other regulatory bodies that have authority to perform and delegate this controlled act.

It is anticipated that MLTs might delegate to MLA/Ts in selected venues such as point of care or long-term care.

Competencies / Educational requirements for practice

26. Are the entry-to-practise (didactic and clinical) education and training requirements of the profession sufficient to support the proposed change in scope of practice? What methods are used to determine this sufficiency? What additional qualifications might be necessary?

The proposed changes reflect activities and responsibilities that are currently being conducted by medical laboratory technologists, but which have not been previously acknowledged as part of their statutory scope of practice in Ontario. Current entry-to-practice education and training requirements of the profession are already meeting the need for preparation for these practices.



27. Do members of the profession currently have the competencies to perform the proposed scope of practice? Does this extend to some or all members of the profession?

Many members of the profession already have the competencies to perform the proposed activities, and indeed, many are doing so where indicated by regional or institutional needs.

28. What effect will the proposed change in scope of practice have on members of your profession who are already in practice? How will they be made current with the changes, and how will their competency be assessed? What quality improvement/quality measurement programs should or will be put into place? What educational bridging programs will be necessary for current members to practise with the proposed scope?

As the proposed activities are already being carried out by many practitioners, the impact on current members will be minimal. Current competency and quality assessment measures of the CMLTO are sufficient.

29. How should the College ensure that members maintain competence in this area? How should the College evaluate the membership's competence in this area? What additional demands might be put on the profession?

MLTs are expected to be competent in all expectations of the profession in which they practice as per their certificates of registration. In certain circumstances where individual competencies beyond the principle expectation of practice are performed, appropriate performance readiness evaluation is required.

30. Describe any obligations or agreements on trade and mobility that may be affected by the proposed change in scope of practice for the profession. What are your plans to address any trade/mobility issues?

The proposed changes are not anticipated to have any impact on current obligations or agreements on trade and mobility for the profession.



Public education

31. How do you propose to educate or advise the public of this change in scope of practice?

Members of the public will increasingly encounter MLTs in hospital wards and in point of care venues. The CMLTO will require its members to identify the profession to which they belong and their role in the healthcare team and, with the Associations, will launch a communications strategy to acquaint the public with the MLT profession, who MLTs are and what they do. Of critical importance will be to acquaint other healthcare professions, particularly medicine and nursing, with MLTs' expanded scope and the competencies and regulatory requirements associated therewith and the benefits to them as individual professionals in utilizing MLTs to the full extent of their competencies.

Other jurisdictions

32. What is the experience in other Canadian jurisdictions? Please provide copies of relevant statutes and regulations.

National

The CSMLS National Competency Profile⁸ is regarded as a foundational document for the profession. It is a statement of the competencies expected of the entry level medical laboratory technologist and encompasses the activities suggested in this document for inclusion in the Scope of Practice statement.

Provincial

Participants in the construction of an agreement to enable recognition of medical laboratory technologists' qualifications across four provinces have determined a "high level of commonality" with respect to scope of practice and have acknowledged the entry level competencies defined in the CSMLS Competency Profile.⁹

⁸ CSMLS. (2005). Competency Profile: General medical laboratory technologist. Competencies expected of an entry-level general medical laboratory technologist. Hamilton ON: CSMLS. Available:

http://www.csmls.org/english/pdf/student/general_medical_laboratory_technology_competency_profile_2010.pdf

⁹ (2002). Mutual recognition agreement for labour mobility of medical laboratory technologists in Canada. Alberta Society of Medical Laboratory Technologists (ASMLT), Saskatchewan Society of Medical Laboratory Technologists (SSMLT), College of Medical Laboratory Technologists of Ontario (CMLTO), New Brunswick Society of Medical Laboratory Technologists (NBSMLT). Available:

http://www.cmlto.com/government_policy/government_legislation/pdf/Mutual_Recognition_Agreement.pdf



The provinces of Alberta, Saskatchewan, Manitoba, Ontario, Quebec, New Brunswick and Nova Scotia are regulated. New Brunswick has a 'right to practice' in place, while all other jurisdictions maintain a 'right to title'. Only Ontario and Quebec have designated controlled acts for the medical laboratory profession.

British Columbia

The British Columbia Society for Laboratory Science (BCSLS, <http://www.bcsls.net/>) and the BC Association of Medical Radiation Technologists (BCAMRT) have submitted a proposal for the establishment of a joint regulatory college.¹⁰ The proposal of the BCSLS is based on a 1999 report that recommended a scope of practice and reserved act for medical laboratory technologists as follows:

“2. that the services which may be performed by medical laboratory technologists are the practice of medical laboratory technology, as defined in the following scope of practice statement:

Medical laboratory technology is the collection and handling of laboratory specimens, analysis of specimens, and interpretation of quality control data to verify the accuracy and precision of test results for use by other healthcare practitioners in diagnosis, treatment and prevention of disease.”

3. that the reserved act recommended for members of the College is:

Performing procedures below the dermis, specifically insertion of capillary puncture instruments and venipuncture needles, for purposes of laboratory specimen collection.”¹¹

Alberta

The Alberta College of Medical Laboratory Technologists (ACMLT, <http://www.acmlt.org/>) is the regulatory body in that province. Alberta's *Health Professions Act*, Schedule 11, describes the medical laboratory technologist's scope of practice as follows:

¹⁰ BCSLS & BCAMRT. (2007). Professional practice ... in the public interest. A report to the British Columbia Ministry of Health from the BCSMLS/BCAMRT joint regulatory college governing the practice of medical laboratory technology and medical radiation technology in BC. Vancouver: BCSLS and BCAMRT. Available: <http://www.bcsls.net/pages/documents/FinalJointcollegeproposal7-12-07.pdf>

¹¹ Chisholm, J., McBain, B., & Tingley, D. (1999). Recommendations on the designation of medical laboratory technology: Application by the BC Society of Laboratory Science. Vancouver: BC Health Professions Council.



- “3. In their practice, medical laboratory technologists do one or more of the following:
- (a) collect and analyze biological samples, perform quality control procedures and communicate results that have been critically evaluated to ensure accuracy and reliability,
 - (b) teach, manage and conduct research in the science and techniques of medical laboratory technology, and
 - (c) provide restricted activities authorized by the regulations.”¹²

A document published as a guideline to the province’s *Health Professions Act* states that “under the new legislation, health professionals are not bound by exclusive scopes of practice, but by their abilities and the range of services they can provide in a safe and competent manner, subject to the standards of their regulatory college. ... Profession-specific schedules define the services generally provided by members of colleges. Your college regulations will provide more details regarding requirements for providing special services. The regulations will also list the restricted activities that members of your profession are authorized to provide.”¹³

Restricted activities in the province of Alberta that are relevant to this discussion are as follows:

- “2(1) The following, carried out in relation to or as part of providing a health service, are restricted activities:
- (a) to cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue
 - (i) below the dermis or the mucous membrane or in or below the surface of the cornea;
 - (ii) in or below the surface of teeth, including scaling of teeth;
 - (b) to insert or remove instruments, devices, fingers or hands
 - (i) beyond the cartilaginous portion of the ear canal,
 - (ii) beyond the point in the nasal passages where they normally narrow,
 - (iii) beyond the pharynx,
 - (iv) beyond the opening of the urethra,
 - (v) beyond the labia majora,
 - (vi) beyond the anal verge, or
 - (vii) into an artificial opening into the body;

¹² Government of Alberta. Health Professions Act, Chapter H-7. Edmonton: Author. Available: <http://www.qp.gov.ab.ca/Documents/acts/H07.CFM>

¹³ Alberta Health and Wellness. (2002). Health Professions Act: A new law for regulated healthcare professionals. Edmonton: Alberta Health and Wellness. http://www.health.gov.ab.ca/professionals/about_HPA.pdf



- (b.1) to insert into the ear canal
- (i) under pressure, liquid, air or gas;
 - (ii) a substance that subsequently solidifies;

...

Despite subsection (1), the following are not restricted activities:

- (a) activities of daily living, whether performed by the individual or by a surrogate on the individual's behalf,
- (b) giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups, and
- (c) drawing venous blood.”¹⁴

Saskatchewan

The Saskatchewan Society of Medical Laboratory Technologists (SSMLT, <http://www.ssmlt.ca/>) is the regulatory body in that province and was constituted under the *Medical Laboratory Technologists Act*. S.S. M-9.3. 1995. (Amended S. S., 2004, c.65). The Act gives power to SSMLT to define the profession and does not mention restricted acts.

The SSMLT has described the scope of practice as follows:

“The practice of Medical Laboratory Technology is defined as the performance of medical laboratory investigations (testing) and the evaluation of the technical sufficiency of such investigations and their results. It may also include practice in the areas of medical laboratory administration, education, information systems, specimen collection, handling and accessioning and medical research.”¹⁵

In its standards of practice document, the SSMLT defines medical laboratory practice as:

- “the performance or co-ordination of laboratory services including but not limited to:
- providing appropriate guidelines and information for the collection and transportation of clinical material
 - collecting biological specimens
 - performing analyses on biological specimens

¹⁴ Maxston, B. (2003). Changes under the Health Professions Act. *Law Now, April/May*. Available: [http://www.acmlt.org/abedmc01/doc.nsf/files/B1EBC621A7B850A6872570DE006096E7/\\$file/Understanding%20Health%20Professions%20Act.pdf](http://www.acmlt.org/abedmc01/doc.nsf/files/B1EBC621A7B850A6872570DE006096E7/$file/Understanding%20Health%20Professions%20Act.pdf)

¹⁵ Saskatchewan Society of Medical Laboratory Technologists. (no date). About the SSMLT. Regina: SSMLT. Available: <http://www.ssmlt.ca/aboutssmlt.htm>



- monitoring, evaluating and interpreting results obtained
- reporting of accurate, reliable, and timely results of the analyses
- teaching, supervision, administration, and research that is required to implement or complement laboratory services.”¹⁶

Manitoba

The Manitoba regulatory body, The College of Medical Laboratory Technologists of Manitoba (CMLTM, <http://www.cmltm.ca/>), was proclaimed in 2007. The governing legislation, the *Medical Laboratory Technologists Act, 2002*, defines the practice of medical laboratory technology as:

- “(a) the performance of laboratory investigations on the human body or on specimens taken from the human body; and
 - (b) the interpretation of quality control data to verify the accuracy and precision of investigation results;
- for use by other healthcare practitioners in the diagnosis, treatment and prevention of disease.”¹⁷

The CMLTM Council has the mandate to make regulations defining by education, experience or otherwise, general or specialized areas of medical laboratory technology practice. There appears to be no reference to controlled or restricted acts.

Québec

The professional regulatory body in the province of Québec is the Ordre professionnel des technologistes médicaux du Québec (<http://www.optmq.org/>). It is commissioned under the *Code de déontologie des membres de l'Ordre professionnel des technologistes médicaux du Québec*¹⁸. The *Code des professions*¹⁹ defines the scope of practice of the profession and

¹⁶ SSMLT. (1999). Standards of practice. Medical laboratory technology. Regina: SSMLT. Available: http://www.dnd.ca/health/hs_staff_sites/pdf/Engraph/SP_Lab_Saskatchewan_smlt_e.pdf

¹⁷ The Medical Laboratory Technologists Act, SM 2002, c. 12. Available: <http://web2.gov.mb.ca/laws/statutes/ccsm/m100e.php>

¹⁸ Code de déontologie des membres de l'Ordre professionnel des technologistes médicaux du Québec, L.R.Q., c-26, r.168.3). Available: http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=%2F%2FC_26%2FC26R168_3.htm

¹⁹ Code des professions, L. R. Q., D-26, 2008. Available: http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=/C_26/C26.HTM



outlines controlled acts as follows [unofficial translation by Moira Grant, CSMLS, Director of Research]:

“37(q). Conducting, on the human body or from specimens, analyses and examinations in the field of medical biology and ensure the technical validity of the results for diagnostic purposes or therapeutic follow-up;

r) Working subject to the laws governing professional associations whose members carry out a profession, and exercising exclusive work of a technical nature in the field of applied sciences under its jurisdiction, according to processes, methods and standards, or according to plans, specifications or specifications and using the instruments required to perform this work;

...
37.1.6 (a) take samples;
b) conduct venipuncture, according to a prescription;
c) introduce an instrument, according to a prescription, within and beyond the pharynx or beyond the nasal vestibule, the opening of the urethra, the labia majora, the margin of the anus or in a peripheral vein;
d) administration, including by injecting from a peripheral site, medicines or other substances when they are subject to an order and a training certificate is issued by the Order under a regulation made under subsection of section 94;
e) mix substances to complete the preparation of a medication, according to a prescription.”

Nova Scotia

The profession is regulated through the Nova Scotia College of Medical Laboratory Technologists (NSCMLT, <http://www.nscmlt.org/>) under the *Medical Laboratory Act of 2004*.²⁰ The act defines ‘medical laboratory technology as:

“collection and handling of laboratory specimens, analysis of specimens and the interpretation of quality-control data to verify the accuracy and precision of test results for use by healthcare practitioners in diagnosis, treatment and prevention of disease.”
[Section 2(a). (1)]

²⁰ Medical Laboratory Technology Act, S.N.S. 2000, c. 8. Available:
<http://www.canlii.org/ns/laws/sta/2000c.8/20080415/whole.html>



New Brunswick

The regulatory body for New Brunswick is the New Brunswick Society of Medical Laboratory Technologists (NBSMLT, <http://www.nbsmlt.nb.ca/>). It is governed by the *Medical Laboratory Technology Act*,²¹ which defines medical laboratory technology as “the performance of laboratory investigations relating to the diagnosis, treatment and prevention of disease and the evaluation of their technical validity, on specimens taken from the human body.” (s. 2(1))

The NBSMLT has defined the professional scope of practice for the profession of Medical Laboratory Technology as including:

- effective application of all competencies required to provide accurate and reliable laboratory test results contributing to the diagnosis, treatment, prognosis, and prevention of physiological and pathological conditions in humans
- striving to improve the profession to meet the many technological and procedural challenges now and into the future
- developing and assessing new techniques and implementing their proper clinical use
- promoting the development and application of knowledge
- performance and maintenance of technical skills
- correlation of test results in a clinical environment
- appropriate response to test results
- collaboration with other healthcare professionals.²²

33. What is the experience in other International jurisdictions?

‘Scope of practice’ and ‘controlled/restricted acts’ are concepts and terms that are not necessarily employed on an international basis and information about practices in medical laboratory science in other countries is not readily available.

²¹ Medical Laboratory Technology Act. An Act Respecting the New Brunswick Society of Medical Laboratory Technologists, 1991, chapter 67. Available http://www.nbsmlt.nb.ca/media_uploads/pdf/248.pdf

²² New Brunswick Society of Medical Laboratory Technologists. (2008). Scope of practice. Available: <http://www.nbsmlt.nb.ca/english/home/index.cfm?id=152>



United States

The U.S. has a large number of credentialing and regulatory organizations. Approximately 15 states require licensure of medical laboratory technologists.²³

The American Society of Clinical Laboratory Science (www.ascls.org) has described the scope of practice for the medical laboratory profession in the following way:

“The practice of clinical laboratory science requires:

- A. Assessing, designing, evaluating and implementing new laboratory test methods.
- B. Evaluating the appropriateness of existing and new laboratory methods for clinical utility, cost-effectiveness and cost-benefit analysis.
- C. Developing, implementing, and reporting results of clinical laboratory services research. (i.e. within the context of cost, quality, and access)
- D. Designing and implementing cost-effective delivery models for clinical laboratories, including their services and personnel.
- E. Developing and implementing a comprehensive Quality Management System to include
 1. quality control and assurance of clinical laboratory testing services;
 2. competency assessment of personnel;
 3. integration with other aspects of the healthcare delivery system for ensuring appropriate utilization of clinical laboratory testing services.
 4. continuous process improvement activities to maximize human resources.
- F. Designing, implementing and evaluating process for the education of new clinical laboratory personnel, and the continued education, development and career growth of clinical laboratory professionals.
- G. Promoting awareness and understanding of the use of clinical laboratory [sic]²⁴

United Kingdom

Regulation of biomedical scientists is carried out by the Institute of Biomedical Science (IBMS, <http://www.ibms.org/>) under the authority of the Health Professions Council, an independent UK-wide regulatory body that maintains the register for biomedical scientists.

According to the IBMS, ‘scope of practice’ refers to “the particular area of your profession in which you are trained to practice, lawfully, safely and effectively; professional self-regulation –

²³ http://en.wikipedia.org/wiki/Medical_technologist

²⁴ ASCLS. (2001). Scope of practice. Position paper. Bethesda MD: ASCLS. Available: http://www.ascls.org/position/scope_of_practice.asp



your responsibility to stay on the register and to judge your ability to practice, safely and lawfully” It includes:

- “Behaviour – professional individual in a multi professional environment
- Applied skills – interpretation, assessment, critical evaluation and common sense
- Professional knowledge and skills – the essence of biomedical science.”²⁵

According to the Health Professions Council of the UK, “a biomedical scientist analyses specimens from patients to provide data to help doctors diagnose and treat disease.”²⁶

New Zealand

The New Zealand Medical Laboratory Science Board (NZMLSB, <http://www.mlsboard.org.nz/>) is the regulatory body for the profession in New Zealand. It defines medical laboratory science as:

- “... the performance of laboratory investigations on the human body or specimens taken from the human body for the purpose of supporting the diagnosis, management, treatment and prevention of disease by other health practitioners. ... The practice of Medical Laboratory Science includes any of the following:
- Collection of samples from the human body for laboratory investigations
 - Analysis of the sample using appropriate laboratory techniques
 - Performance of quality assurance procedures
 - Evaluation and interpretation of laboratory results
 - Communication of laboratory results
 - Ancillary tasks directly associated with the performance of laboratory investigations:
 - Teaching
 - Management
 - Health & safety
 - Quality.”²⁷

²⁵ NHS Pathology Services. The role of the IBMS (Institute of Biomedical Science) and the HPS (Health Professions Council). London and Surrey: Ashford at St. Peter’s NHS Trust. Available:

<http://www.ashfordstpeters.nhs.uk/intranet/Ashford---/A-to-Z-of-/Pathology/THE-ROLE-OF-THE-IBMS.ppt#3>

²⁶ Health Professions Council. (no date). Professions. London: HPC. Available: <http://www.hpc-uk.org/aboutregistration/professions/index.asp?id=2#profDetails>

²⁷ NZMLSB. (2004). Definition of the profession of Medical Laboratory Science. Policy statement. Wellington NZ: NZMLSB. Available: <http://www.mlsboard.org.nz/pdfs/Definition%20of%20profession%20of%20MLS%20-%20May04.pdf>



Under New Zealand's Health Practitioners Competence Assurance Act 2003,²⁸ scopes of practice for each profession are defined by the responsible authority in the way in which that authority sees fit. The Restricted Activities that have been declared under the HPCAA are:

- a. Surgical or operative procedures below the gingival margin or the surface of the skin, mucous membranes or teeth.
- b. Clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic or oral and maxillofacial prosthetic appliances.
- c. Prescribing of enteral or parenteral nutrition where the feed is administered through a tube into the gut or central venous catheter.
- d. Prescribing of an ophthalmic appliance, optical appliance or ophthalmic medical device intended for remedial or cosmetic purposes or for the correction of a defect of sight.
- e. Performing a psychosocial intervention with an expectation of treating a serious mental illness without the approval of a registered health practitioner.
- f. Applying high velocity, low amplitude manipulative techniques to cervical spinal joints.

Costs/Benefits

34. What are the potential costs and benefits to the public and the profession in allowing this change in scope of practice? Please consider and describe the impact of any of the following economic factors:

a. Direct patient benefits/costs;

There should be no additional financial cost to patients. Benefits to patients will include more needs based, patient centred testing, leading to quicker diagnoses and treatment.

b. Benefits and costs to the broader healthcare service delivery system;

The three organizations sponsoring this Submission are very aware of and sensitive to concerns in the Ministry and elsewhere about the rapidly increasing utilization of diagnostic tests and the rapidly increasing costs to the healthcare system associated therewith. Nevertheless, the proposals in this document to authorize MLTs to initiate follow-up testing should not have a material impact on the number of test ordered, or on the net costs. As indicated elsewhere in the Submission, most of the tests initiated by MLTs would be ordered anyway through follow-

²⁸ New Zealand Ministry of Health. (2003). Health Practitioners Competence Assurance Act. Wellington NZ: NZMOH. Available: <http://gpacts.knowledge-basket.co.nz/gpacts/public/text/2003/an/048.html>



up orders or by order of the Laboratory Director on the recommendation of an MLT. It is also anticipated that allowing MLTs to demur on the performance of tests that are duplicative or otherwise unnecessary will constrain overall utilization.

Benefits to the broader healthcare delivery system will be achieved through

- human resources substitution;
- expedited diagnosis and treatment, reducing wait times;
- filling geographic gaps in practitioner coverage;
- facilitating point of care testing;
- making the MLT profession more attractive for recruitment purposes; and
- maximizing the utility of MLTs.

c. Benefits and costs associated with wait times;

As indicated elsewhere in the Submission, the proposal changes can be expected to reduce wait times by expediting the provision of all relevant lab test results; and by reducing the demands placed on physicians and nurses, thereby freeing up their time for application elsewhere.

d. Workload, training and development costs;

As the proposed changes reflect practices that are already being carried out by practitioners, no change in workload, training and development costs are anticipated.

e. Costs associated with educational and regulatory sector involvement.

As educational institutions have expressed the intention to adapt their curricula to meet the CSMLS Competency Profile when it is implemented in 2010, minor increases in cost would be expected to initiate programs for supplementary continuing education. There would appear to be no further curricular changes necessary to provide full educational support for the changes proposed in this document.

35. Is there any other relevant information that HPRAC should consider when reviewing your proposed request for a change in scope of practice?

No, not at this time.



PART B

Legislative Changes

12. What are the exact changes you propose to the profession's scope of practice (scope of practice statement, controlled acts, title protection, harm clause, regulations, exemptions or exceptions that may apply to the profession, standards of practice, guidelines, policies and bylaws developed by the College, other legislation that may apply to the profession, and other relevant matters)? How are these proposed changes related to the profession and its current scope of practice?

For several years, the CMLTO has expressed its mounting concerns to the Ministry of Health and Long-Term Care and to other stakeholders about two sets of provisions in Regulation 682 under the *Laboratory and the Specimen Collection Centre Licensing Act, 1990*. Those two sets of provisions are:

1. Subsections 6. (2) (e) and (3) that authorize the Director of Laboratory and Specimen Collection Centre Licensing, appointed under section 6 of the Act (i.e. an official of the Ministry), to determine who is qualified to act as a laboratory technologist in a laboratory licensed under the Act. There is no reference to the CMLTO in the subsection. To the CMLTO's knowledge, this is the only legislation in Ontario that allows a government official to, in effect, ignore, or overrule, the authority of a statutory professional self-governing college in terms of the qualifications and competencies necessary to practise the profession; and
2. Subsection 6. (4) that authorizes the Director to determine who is qualified to act as a laboratory technician in a laboratory licensed under the Act.

In the first case, Regulation 682 predates the RHPA and the *Medical Laboratory Technology Act, 1991*. There is evidence that the regulation was supposed to have been amended by consequential amendments to the *Regulated Health Professions Act, 1991*. But through oversight or otherwise, the amendments were never made. The CMLTO has repeatedly asked the Ministry to amend the Regulation to require that any person functioning as a laboratory technologist in a laboratory licensed under the Act be a member in good standing of the CMLTO.

To date, the Ministry has resisted making the amendments proposed by the CMLTO and has also not been forthcoming as to how many individuals have been allowed to be employed as laboratory technologists pursuant to subsection 6.(2) (e) and (3) who are not members in good standing of the CMLTO. The principal reason advanced by the Ministry for not amending the regulation is to be able to respond to human resources shortfalls within the MLT profession,



particularly in under serviced areas. The CMLTO does not accept this rationale as being in the best interests of public safety, professional transparency and accountability.

In the second case, the provisions of the Regulation authorize the Director to regulate the MLA/T profession, at least those MLA/Ts who work in labs licensed under the Act. Nevertheless, after qualification as an MLA/T the Ministry has articulated no standards with which MLA/Ts must comply in the performance of their duties. Because MLA/Ts are not regulated in Ontario, nor in any other Province, and because of variations in common usage of the terms “medical laboratory assistant” and “medical laboratory technician”, it is not possible to pinpoint the number of members of the profession currently working in Ontario. The “best guess” is that there are at least 6,500 MLA/Ts practising in Ontario and perhaps as many as 10,000. The majority of MLA/Ts work in labs in the pre-analytical phase of laboratory testing and also in the post-analytical stage. MLA/Ts also perform controlled acts, primarily phlebotomy, by virtue of some form of delegation and increasingly deal directly with the public in collection centres and in point of care venues such as long-term care homes. It is also probably self-evident that the terms “medical laboratory technician” and the “medical laboratory technologist/MLT” could easily be confused by the public and by other healthcare practitioners. Only those individuals licensed by the CMLTO are authorized to use the title “medical laboratory technologist/MLT”.

Accordingly, it's the CMLTO and CSMLS's view, supported by many--but not all--stakeholders that the public interest would be better served by the CMLTO regulating MLA/Ts under the *Medical Laboratory Technology Act* as a class of members separate from MLTs.

One of the stakeholders that does not support the regulation of MLA/Ts by the CMLTO is the OMST, that asked to have its position set out in this Submission:

“In March 2008, the Ontario Society of Medical Technologists (OSMT) completed a research survey that had been conducted to explore the issues related to the potential regulation of medical laboratory assistants and technicians under the *Regulated Health Professions Act*. The results of the survey were not conclusive with respect to enabling the OSMT to put forward a recommendation as to the appropriateness of regulating laboratory assistants. The outcomes clearly indicated that much needs to be done to foster a better understanding about regulation prior to the pursuit of self-regulation for this healthcare provider group. A number of recommendations and possible alternatives are suggested in the enclosed “*OSMT Position Statement on the regulation of medical laboratory assistants and technicians in Ontario*”. In consideration of the findings, the OSMT is unable to support Part B of the MLTs Scope of Practice submission to HPRAC.”

- Ontario Society of Medical Technologists, March 2008
Position Statement

(See Appendix D for the full OSMT position statement)



Part B of this submission will articulate the CMLTO and CSMLS's arguments in both cases as best it can under the HPRAC questionnaire format. Each answer will be divided into two components. The first (denoted by #1) will refer to the ability of the Director of Laboratory Licensing to qualify laboratory technologists under the regulation. The second (denoted by #2) will refer to the proposal that the CMLTO regulate MLA/Ts under the RHPA as a separate class of members.

13. How does current legislation (profession-specific and/or other) prevent or limit members of the profession from performing to the full extent of the proposed scope of practice?

#1. The current legislation does not limit members of the profession from performing to the full extent of their existing or proposed scope of practice. The issue is that the current legislation authorizes the Ministry to set the qualifications for laboratory technologists authorized to practise in licensed labs with no reference to the CMLTO or to the requirements set by the CMLTO for the profession. The CMLTO doubts that such a situation would be tolerated for any other profession, or by any other RHPA College. Since the qualifications set by the Ministry can vary materially from those set by the CMLTO, the CMLTO believes that the administrative discretion granted to the Ministry does not serve the public interest well.

The CMLTO's position is that consistency of qualifications across Ontario, full transparency for the public and for health practitioners who order lab tests and to ensure that all persons practising as laboratory technologists are covered by the CMLTO's regulatory standards and complaints and disciplinary process require the Regulation to be amended. In this way only MLTs in good standing with the College could practise as laboratory technologists in licensed laboratories.

#2. MLA/Ts are not regulated and, therefore, are outside of the current legislation (RHPA and the *Medical Laboratory Technology Act*). The CMLTO's concern is that MLA/Ts often practise beyond their professional competencies and individual knowledge, skills and judgment. There are no established levels of competence for MLA/Ts to perform their duties, no quality assurance or other regulatory mechanisms to ensure requisite competencies and safe and effective performance of their duties, and no public complaints process for the public or other healthcare providers to access.



14. Do members of your profession practice in a collaborative or team environment where the recognition of competencies will contribute to multidisciplinary health care delivery? Please describe any consultation process that has occurred with other professions.

#1. MLTs do practise in multidisciplinary health environments, working with a range of regulated and unregulated practitioners in an increasing number of healthcare environments (e.g. laboratories, hospitals, point of care facilities in the community, home care, long-term care homes, etc.). Regulated professionals include Physicians, Nurses, Massage Therapists and Physiotherapists. Unregulated professions include Personal Support Workers and Ministry of Health staff. Under current legislation, however, other members of the health care team and members of the public will not know if a laboratory technologist working in a lab setting is a member of the CMLTO or not.

Aside from many meetings and correspondence with officials of the Ministry, the CMLTO has not recently engaged any other stakeholders on this issue.

#2. Having MLA/Ts regulated and held to defined and consistent pan-Ontario standards, provides assurance to other healthcare professionals working with them of consistent and acceptable levels of quality. This should facilitate collaborative practice, particularly in point of care delivery venues.

See Appendix C for full list of stakeholders consulted by the CMLTO.

Public Interest

15. Describe how the proposed changes to the scope of practice of the profession are in the public interest. Please consider and describe the influence of any of the following factors:

a. Gaps in professional services

#1. The Ministry and one other stakeholder have supported the retention of the provisions in Regulation 682, at least in part to enable the Ministry and employers to address any situations where the demand for MLTs exceeds the immediately-available supply, i.e. to address human resources shortfalls. The CMLTO does not believe the public interest is best served by allowing the Ministry to, in effect, circumvent the professional self-governing framework to address gaps in professional services. The CMLTO has always been prepared to work with the Ministry and the medical laboratories to identify such gaps and to work on ways to effectively address them, but within the RHPA regulatory framework.



#2. Research evidence (supported by anecdotal evidence and by information from stakeholders in the medical laboratory sector) indicates that the majority of errors committed in laboratory testing are committed during the pre- and post-analytical phases where MLA/Ts predominate¹. Accordingly, we believe the same public interest considerations that led to the regulation of MLTs under the RHPA support the regulation of MLA/Ts under the same regime.

Dr. Marc Silverstein, MD, prepared a paper for the Quality Institute meeting held in Atlanta in April 2003. The objective of the conference was to explore ways to reduce medical errors and improve patient safety and quality of care, partly in response to the reports prepared by the Institute of Medicine entitled “To Err is Human” and “Crossing The Quality Chasm”.

The paper concluded, inter alia: “One important feature of laboratory services is that these services are currently being delivered both closer to and farther from patients than ever before. The location of service has important implications not only for access to and the cost of testing, but also for what factors influence the kinds of errors that might occur in the process of testing. Another important feature of laboratory services is that the type of testing offered and its location are often out of control of the laboratory” (p. 10).

This factor speaks to the need to extend regulation to the people involved in the pre- and post-analytic phases of testing, regardless of their practice venue.

b. Epidemiological trends in illness and disease

“Canada's population has grown, our understanding of disease has evolved, and screening programs and novel targeted therapies requiring confirmation of appropriate targets in tissues have been developed. With these advances, the pathologist's volume of work has increased and the complexity of each case has multiplied. Gone are the days when a brief note describing the type of cancer, its extent and margins sufficed. Today, extensive tissue sampling, exhaustive microscopic examinations and ancillary tests, many of which determine therapy and predict outcome (such as estrogen receptor, progesterone receptor and human epidermal growth factor receptor-2/neu tests) as well as synoptic reporting are essential².”

#1. & #2. We believe that these trends increasingly demand that anyone involved in laboratory testing must be adequately trained to function effectively and safely within their scope of practice, must be subject to comprehensive quality assurance processes, including continuing

¹ “Specimen Collection Interventions” in Laboratory Errors and Patient Safety, Vol. 1, Issue 2, September – October, 2004, p. 2, “An Approach to Medical Errors and Patient Safety in Laboratory Services,” A White Paper prepared by the Division of Laboratory Systems, Centres for Disease Control and Prevention, Atlanta, April, 2003., Proceeding of the 1996 AACC Forum “Quality for Tomorrow” P2., Bonini, P. et al. “Errors in laboratory medicine.”, Clin Chem, 2002; 48:691-8.

² “Canada’s Pathology” in Canadian Medical Association Journal, June 3, 2008: 178 (12).



education and therefore, must be subject to a consistent and comprehensive regulatory framework in order to ensure the integrity of lab tests and the laboratory test system.

c. Changing the public need for services and increased public awareness of available services
Not applicable.

d. Waiting times for health care services
Not applicable.

e. Geographic variation in availability and diversity of health care providers across the province

#1. Next to medicine and nursing, medical laboratory technology is the slowest growing healthcare profession in Canada (13%) and actually decreased (-4%) in Ontario during the period 1998-2006. Medical laboratory technology is the only healthcare profession in Ontario to shrink during that period³. Unlike healthcare clinics that can manage their human resources by booking a limited number of patients per day, medical laboratories have no control over demand in the form of the number and type of tests ordered. Accordingly, human resource challenges are particularly acute in this sector.

Shortfalls in the supply of MLTs, whether short-term or long-term, are more likely to appear in non-urban areas. While acknowledging that human resources challenges exist within the profession, the CMLTO notes that with respect to no other profession or RHPA College is the Ministry authorized to circumvent the regulatory process in order to address such health human resources gaps. As already indicated, the CMLTO has always been prepared to work with the Ministry and the laboratory owners in order to identify where gaps exist or are likely to occur and to reach a consensus on the most effective way to address those gaps within the RHPA regulatory framework. The provisions of Bill 92 heighten the necessity of doing so.

#2. Reliable figures on the geographic dispersion of MLA/Ts are not currently available. One of the reasons for the proposal to regulate MLA/Ts is to know more about the profession in terms of numbers, location, practice venues and competencies and thereby, be able to more effectively predict and manage health human resources. This planning would include exploring ways in which human resources planning for MLTs can help to address integrated human resource planning issues pertaining to MLTs and MLA/Ts.

³ Canadian Institute for Health Information, Number of Health Personnel in Selected Professions, by Registration Status, 2006.



It is apparent that as MLA/Ts assume more functions in locations that are more remote and where the existence of requisite supervisory personnel are scarce, the need to have MLA/Ts operating under a regulatory scheme that sets consistent and comprehensive standards for the conduct of their work are particularly important. In areas where there are insufficient MLTs, MLA/Ts are more likely to be asked or required to fill the gap through various forms of delegations and assignments. Once again, the CMLTO is convinced that the public interest and the effectiveness and integrity of the healthcare system are best served if these individuals are subject to an effective, consistent and pan-Ontario regulatory framework

f. Changing technology

#1. It's been argued by some stakeholders that the evolution of technology in the analytical phase of laboratory testing reduces the need for the regulation of MLTs and makes provisions such as those in Regulation 682 acceptable. The CMLTO points out that despite advances in technology, incidents that occurred in Walkerton (with water testing), in the Atlantic provinces (with testing for cancer markers) and in Grey Bruce (with cancer diagnoses) indicate that although none of these instances related to MLTs, accurate lab testing still relies substantially on the human element. This makes a compelling argument for professional self-regulation of all Medical Laboratory Technologists, regardless of technological advances or practice venues.

#2. The impact of technology and medical laboratory testing continues to reduce the incidence of errors at the pre-analytical stage where unregulated MLA/Ts predominate. In the pre-analytical phase the types of technology used include bar coding of samples and other automated systems for patient identification to reduce labeling errors, but the incidence of human error at the pre-analytical phase is still a concern.

g. Demographic Trends

#1. & # 2. The MLA/T and MLT professions have a similar demographic, meaning both have a large aging cohort that is not being replaced by new entrants. According to the Canadian Society for Medical Laboratory Science, by 2015 half the MLA/Ts and MLTs currently practising in Ontario will be 55 years of age or older. Professional regulation of MLA/Ts by the CMLTO will assist in integrated (i.e., MLA/Ts and MLTs) human resources planning.

h. Promotion of collaborative scopes of practice

#1. Collaborative practice will be encouraged and facilitated if all healthcare professionals dealing with MLTs are assured that these individuals are subject to the same standards of competency and conduct set by the CMLTO, regardless of the healthcare delivery venue in which they are located.

#2. See response to 14 above.



i. Patient Safety

#1. & #2. The fundamental objective of the recommendations is to enhance patient safety by ensuring all MLTs and MLA/Ts are effectively regulated in Ontario.

j. Wellness and health promotion

Not applicable.

k. Health human resources issues

#1. Again, the provisions of Regulation 682 are defended, at least in part, on the need to respond to acknowledged health human resources challenges within the MLT profession. The CMLTO believes as a matter of principle that circumventing the statutory professional regulator should not be countenanced as a response to human health resources issues and that such issues should be resolved within the regulatory framework. The CMLTO is ready to work with the Ministry and lab owners on mechanisms such as grandparenting, aimed at avoiding short-term human resources issues or disruptions and to address the long-term challenges that everyone sees coming.

#2. One of the objectives of regulation is to identify and address any human resources issues in the MLA/T profession and to help ensure that labs have the human resources they require at levels of competency they can rely on.

l. Professional competencies not currently recognized

Not applicable.

m. Access to services in remote, rural or under-serviced areas

See response to 15(e)(#2) above .

16. How would this proposed change in scope of practice affect the public's access to health professions of choice?

#1. Because most laboratory tests are ordered by another healthcare practitioner, the public rarely has a choice when it comes to those who perform their laboratory tests. This is why it is doubly important to ensure that those who perform such tests are competent, subject to consistent pan-Ontario standards and are effectively regulated, regardless of the healthcare venue in which they work.

#2. An overarching consideration is that medical laboratories and laboratory testing often constitute a "black box" for the vast majority of the public, even for many referring healthcare



practitioners. In most cases, neither the public nor the referring practitioner has any choice about who collects, prepares or analyzes samples and prepares reports, or has any idea of the person's competencies and whether that person is regulated or unregulated. Due to the absence of consumer choice and system transparency, the CMLTO and CSMLS believe there is a special duty to ensure the public is protected and has concluded that public protection is best achieved through effective, joint regulation of MLA/Ts and MLTs under the RHPA.

17. How would the proposed change in scope of practice affect current members of the profession? Of other health professions? Of the public? Describe the effect the proposed change in scope of practice might have on:

a. Practitioner availability

#1. Without information from the Ministry as to how many laboratory technologists are working pursuant to subsection 6.(2) (e) and (3) and their competencies, it's not possible for the CMLTO to comment on the impact of practitioner availability. Nonetheless, as previously stated, the CMLTO is more than prepared to work with the Ministry and laboratory owners to address any current or forecast issues with respect to practitioner availability, using grandparenting and other mechanisms as necessary and appropriate.

#2. It is possible that the advent of RHPA regulation for MLA/Ts could generate challenges with respect to practitioner availability. The CMLTO would look at various mechanisms, including grandparenting, to mitigate any adverse effects. In the absence of detailed information pertaining to the numbers, competencies, location and duties of MLA/Ts, it is impossible for the CMLTO to provide a more definitive response.

b. Education and training programs

#1. Without knowing more about the competencies of laboratory technologists who have been qualified under Regulation 682, it is not possible to forecast the need for remedial education and training programs.

#2. Based on anecdotal evidence, it is presumed that the demand for remedial education can be expected to be much greater for MLA/Ts with the advent of RHPA regulation. Nevertheless, without a thorough and comprehensive analysis of the individual competencies of MLA/Ts currently in practice, it's impossible to make a definitive prediction. It might be noted in this regard that there is strong support for the regulation of MLA/Ts among educators because it will enhance the credibility and visibility of the MLA/T profession, thereby enhancing the relevance and importance of the MLA/T education programs.



c. Enhancement of quality of services

#1 & #2. The CMLTO would be making neither recommendation if it weren't convinced that each would enhance the quality of services provided. Regulation under the RHPA for both groups would result in the application of consistent entry to practice criteria, monitoring of competence through quality assurance programs, plus practitioner and public access to a statutory complaints and discipline process throughout Ontario.

d. Costs to patients or clients

#1. & #2. A few stakeholders, namely the laboratory owners and some of the unions, see the transition from the status quo to RHPA regulation, primarily the regulation of MLA/Ts, as pushing employment costs (salaries and benefits). The laboratory owners view this as a challenge; the unions see it as a benefit. Although theoretically the move to regulation could be a significant factor in increasing labour costs, there has been no econometric modelling that demonstrates this to be the case.⁴ Put another way, there is no evidence that professional regulation in and of itself drives higher employment costs.

e. Access to services

#1. & #2. Since the CMLTO is committed to putting mechanisms in place such as grandparenting to ease the transition, there should be no negative impact on access to services in either the short or the long-term.

f. Service efficiency

#1. Arguably, service efficiency will be increased by the application of consistent standards of competency and performance. In practice, however, the impact is expected to be negligible.

#2. The profession will experience improved service efficiency as a consequence of the application of various quality assurance mechanisms.

g. Inter-professional care delivery

#1. & #2. The CMLTO believes that MLTs and other healthcare practitioners would be more confident working with laboratory technologists and MLA/Ts if they know they are regulated under the RHPA by the CMLTO. This additional level of comfort should facilitate interprofessional care delivery. In the absence of regulation, we can see other professions having serious concerns about competencies and professional liability that would significantly detract from interprofessional care.

⁴ Except for regulated professions employed by governments where pay equity legislation and comparatives come into play.



h. Economic issues

#1. None.

#2. No economic impact is foreseen, particularly in light of the CMLTO's commitment to work with all stakeholders to devise mechanisms, such as grandparenting, that will ease the transition to regulation as much as practicable. Nevertheless, as already indicated, the Ontario Public Service Employees Union (OPSEU) is concerned that regulation will increase out-of-pocket costs (e.g. registration fees) for MLA/Ts. OPSEU is also of the view that regulation will make the negotiation of higher salaries for MLA/Ts easier through a combination of factors: decreased numbers of MLA/Ts due to enforced entry to practice standards, higher competencies and greater professional prestige. We suspect lab owners/operators in both the public and private sectors agree, which causes them concern.

In the CMLTO's view, there is no evidence to suggest that regulation under the RHPA per se has any macro-economic impact. Whatever impact exists is distinctly secondary to the actual supply/demand situation of practitioners in the marketplace.

18. Are members of your profession in favour of this change in scope of practice? Please describe any consultation process and the response achieved.

#1. CMLTO members are definitely in favour of ensuring a level playing field between themselves and laboratory technologists who are qualified under Regulation 682. As there is no mechanism by which to determine who or how many laboratory technologists are qualified under Regulation 682, we have been unable to consult with these laboratory technologists.

#2. In a recent survey the majority of MLTs who responded supported regulation of MLA/Ts by the CMLTO. Currently, there are approximately 300 MLA/Ts who have voluntarily signed up for regulatory information on the CMLTO website. The reaction of the remaining MLA/Ts is unknown. One of the most serious challenges to the regulation of MLA/Ts is that the MLA/T profession is amorphous and its leadership is fragmented or nonexistent. The OSMT currently represents approximately 1,100 MLA/Ts in Ontario and the CSMLS has 131 MLA/T members in Ontario. The vast majority of the profession, however, is not organized and has no identifiable, legitimate leadership per se.

Accordingly, the CMLTO has been unable to consult or communicate with the MLA/T profession or its leadership and, therefore, has been unable to determine the extent to which the profession can, or is willing to, support regulation. The College is developing an outreach program to identify and communicate with MLA/Ts about the CMLTO's initiative to regulate



them as a class of members, the rationale for doing so, the pros and cons and the responsibilities and benefits of regulation. Nevertheless, the heterogeneity of the MLA/T profession and the lack of knowledge about regulation or its implications, should not be allowed to eclipse the compelling public interest case for regulation.

19. Describe any consultative process with other professions that might be impacted by these proposed changes.

#1. The CMLTO has initiated no consultations with other professions that might be impacted by the proposed change, primarily on the grounds that the actual impact on the other professions would be negligible.

#2. The CMLTO identified and initiated contact with a total of 27 stakeholders during the winter and spring of 2005. (See list of stakeholders at Appendix C.) Seventeen responded. The majority of the 17 were in favour of regulation.

The Ontario Association of Medical Laboratories (OAML) is strongly opposed to the regulation of MLA/Ts. OAML disputed any suggestions that MLA/Ts are committing a significant number of errors at the pre-analytical phase. The OAML is also firmly of the belief that the current regulatory structure (the *Laboratory and Specimen Collection Centre Licensing Act, 1990*), Regulation 682 thereunder, the Ministry, QMP-LS, etc.) adequately protects public safety and the public interest. While this may be true for whatever work is done in laboratories, the pre-analytical work is often conducted outside of the laboratory in specimen collection centres, in long-term care facilities where residents are usually medically compromised, in physicians' offices and in other point-of-care venues that are beyond the reach of the current legislation.

OPSEU complained to the CMLTO that the CMLTO did not continue to involve OPSEU as the CMLTO developed its position and representations to the Ministry, but has not yet articulated a position on regulation to the CMLTO.

The remaining stakeholders who responded took either a neutral position, or indicated their support.

The short time frame has not allowed for the expansion or updating of stakeholder consultations.

Finally, as indicated elsewhere in this Submission, the OSMT does not support the regulation of MLA/Ts.



Risk of Harm

20. How will the risk of harm to the patient or client be affected by the proposed change in scope of practice?

#1. The CMLTO has made the proposal based on the belief that it will lower the risk of harm to patients.

#2. Those who support regulation of MLA/Ts believe doing so will lower the risk of harm to patients.

In specimen collection centres, long-term care facilities and other point of care venues, MLA/Ts are increasingly the principal interface between the public and the medical laboratory system. Yet, in matters of public protection (e.g. professional conduct, sexual abuse), MLA/Ts are held to a lower standard than Medical Laboratory Technologists (MLTs) and other RHPA-regulated practitioners, or to no standard at all. Furthermore, given the extent of MLA/Ts' exposure to the public, the CMLTO believes regulation is necessary to achieve the RHPA objective of ensuring individuals are treated with sensitivity and respect in dealings with health professionals.

The CMLTO asserts - and most stakeholders agree - that what MLA/Ts do carries with it a substantial risk of harm to individual patients. The majority of errors made in laboratory tests are caused by mistakes made at the pre-analytical phase, where MLA/Ts predominate. The accuracy and integrity of lab tests (on which over 75 percent of diagnoses, treatment plans and prescriptions rely) depends to a considerable extent on the taking and preparation of samples in the pre-analytical phase. As such, the quality of lab tests is directly related to the competence and conduct of MLA/Ts in their pre-analytic work.

Regulation will ensure appropriate, more uniform and transparent competencies and will also help ensure that MLA/Ts who are delegates of controlled acts are competent to perform them and have the ability to say "No" if they do not feel themselves competent to perform them safely and effectively under the circumstances. During the stakeholder consultation, concerns were expressed that MLA/Ts would be reluctant to refuse to perform any task because refusal could be, or perceived to be, a breach of the terms and conditions of their employment, or otherwise be "career limiting." Regulation will help address that issue.

Most stakeholders agree the risk of harm to patients/clients would be significantly reduced through regulation of MLA/Ts by, for example, the institution and enforcement of universal, minimum standards of competency, standards of practice and quality assurance. In fact, despite



the reservations of a few, the risk of harm argument appears to be strong and to have near-universal acceptance, although some stakeholders question the cost/benefit value proposition (i.e. that the reduction of risk will significantly outweigh the imputed cost of regulation).

21. What other regulated and unregulated professions are currently providing care with the competencies requested? By what means are they performing it? (under delegation, supervision or on their own initiative?)

#1. To the best of the CMLTO's knowledge, only members of the College, MLA/Ts (by some form of delegation or assignment) and nurses are currently providing some of the same, or analogous, services.

#2. In many instances MLA/Ts are performing their duties as a result of on-the-job training. For example, in a unionised environment, MLA/T positions that become available may be filled by Personal Support Workers who have union seniority.

22. Specify the circumstances (if any) under which a member of the profession should be required to refer a patient/client to another health professional, both currently and in the context of the proposed change in scope of practice.

#1. Under the current set of authorized acts available to MLTs, there would be no reason for referral, except perhaps back to the ordering practitioners.

#2. A component of the proposed regulatory regime would be to require MLA/Ts to refer to an MLT (or other regulated practitioners) when a particular task exceeded the MLA/Ts knowledge, skill and judgment.

23. If this request is in relation to a current supervisory relationship with another regulated health profession, please explain why this relationship is no longer in the public interest. Please describe the profession's need for independence/autonomy in practice.

#1. The CMLTO has no information on the working relationships of medical technologists qualified under Regulation 682. One difficulty with those practitioners is that unlike members of the CMLTO, there is no regulatory authority to specify the need for or conduct of supervision.



#2. From anecdotal evidence, the extent and nature of supervision applying to MLA/Ts varies widely across the gamut of practice venues and there is little or no coordination between the extent and nature of supervision and the competencies of individual MLA/Ts, the work they perform or the venues in which they perform it.

Under Regulation 682 and the guidelines issued by the Laboratories Branch of the Ministry in 1996, MLA/Ts are always supposed to be under the “direct supervision” of an appropriately qualified MLT, RRT, MRT, laboratory supervisor or laboratory director. Neither the regulation nor the guidelines define “direct supervision” (although CMLTO does have Guidelines for Supervision that apply to MLTs), nor in the stakeholder consultations did anyone attempt to define the term. Nevertheless, the OAML strongly asserted that supervision is effective and, with other existing measures, obviates the need for regulation of MLA/Ts under the RHPA.

Increasing evidence shows that the legislative requirement for MLA/Ts to be supervised by other RHPA practitioners is not being effectively observed or enforced outside the laboratories, for example in specimen collection centres and other venues such as long-term care facilities.

A significant number of MLA/Ts do not have the quality of their performance monitored effectively either by supervisors in licensed facilities, by supervisors who are themselves regulated professionals, or by regulated professions who delegate or assign to MLA/Ts.

Most stakeholders distinguish between medical laboratories (both public and private) and specimen collection centres and other locations such as long-term care facilities, in this regard. During the stakeholder consultations, there was universal agreement that in the former, supervision is usually at least adequate, although the QMP-LS did refer in passing to stretched spans of control (i.e., the ratio of MLTs to MLA/Ts). The same is not the case for specimen collection centres where MLA/Ts often work without an MLT, RRT, or MRT being present, or even reasonably available. QMP-LS indicated the supervision issue is most acute in facilities where point of care testing is the prime method of testing, which is not subject to effective regulation by anyone. According to the Ontario Association for Non-Profit Homes and Services for Seniors (OANHSS), in long-term care facilities where the population is vulnerable from a number of perspectives, the collection of samples, including venipuncture, is often performed by MLA/Ts with little or no supervision.



24. Does the proposed change in scope of practice require the creation of a new controlled act or an extension of or change to an existing controlled act? Does it require delegation or authority to perform an existing controlled act or subset of an existing controlled act?

#1 & #2. The change does not require the addition of or change to any controlled acts.

25. If the proposed change in scope of practice involves an additional controlled act being authorized to the profession, specify the circumstances (if any) under which a member of the profession should be permitted to delegate that act. In addition, please describe any consultation process that has occurred with other regulatory bodies that have authority to perform and delegate this controlled act.

See response to Question #24 above.

Competencies / Educational requirements for practice

26. Are the entry-to-practise (didactic and clinical) education and training requirements of the profession sufficient to support the proposed change in scope of practice? What methods are used to determine this sufficiency? What additional qualifications might be necessary?

#1. The CMLTO's requirements for MLTs have been in place for some time and laboratory technologists authorized pursuant to Regulation 682 would be expected to comply with the same requirements.

#2. The CMLTO would require all MLA/Ts to meet entry-to-practice requirements, analogous to the existing regime for MLTs and other RHPA professions.

27. Do members of the profession currently have the competencies to perform the proposed scope of practice? Does this extend to some or all members of the profession?

#1. This information is unknown to CMLTO and CSMLS. Nevertheless, practising as a laboratory technologist pursuant to Regulation 682 and not being registered by the CMLTO would imply that the individual does not have the entry-to-practice competencies of the CMLTO, although there could be other reasons for their lack of registration with the CMLTO.

#2. Those who have successfully completed the MLA/T programs offered by CSMLS or



OSMT are fully competent to perform within the scope of practice normally associated with MLA/Ts. Because of the wide variations in education and competencies accumulated by non-graduates, the CMLTO is unable to quantify the extent and nature of remedial training required to achieve entry-level competencies.

28. What effect will the proposed change in scope of practice have on members of your profession who are already in practice? How will they be made current with the changes, and how will their competency be assessed? What quality improvement/quality measurement programs should or will be put into place? What educational bridging programs will be necessary for current members to practise with the proposed scope?

#1. & #2. There will be no impact on existing CMLTO registrants.

29. How should the College ensure that members maintain competence in this area? How should the College evaluate the membership's competence in this area? What additional demands might be put on the profession?

#1. & #2. Existing and planned quality assurance and continuing education programs will apply to all CMLTO registrants with modifications required for the new MLA/Ts class of members.

30. Describe any obligations or agreements on trade and mobility that may be affected by the proposed change in scope of practice for the profession. What are your plans to address any trade/mobility issues?

#1. Practitioners qualified as laboratory technologists under Regulation 682 have no rights with respect to interjurisdictional mobility under the AIT or NAFTA. Once they are members in good standing of the CMLTO, they would have the same rights of reciprocal entry as all other MLTs.

#1 & #2. There are no obligations or agreements on interjurisdictional mobility that apply to MLA/Ts. Their regulation would not change the status quo, although arguably would be a necessary first step towards the achievement of interjurisdictional mobility privileges at some point in the future.



Public education

31. How do you propose to educate or advise the public of this change in regulation?

#1. The CMLTO sees no compelling reason to advise the public of this change. In fact it may be best for public confidence in Ontario's lab testing system not to.

#2. The need to acquaint the public with this change does not appear to be compelling. The purpose of the proposed changes is to enable MLA/Ts to respond better to existing and foreseen demand, rather than to create demand. Members of the public will increasingly encounter MLA/Ts in hospital wards and in point of care venues and the CMLTO will require its members to identify the profession to which they belong and their role in the healthcare team. Of critical importance will be the need to acquaint other healthcare professions, particularly medicine and nursing, with MLA/Ts scope and the competencies and regulatory requirements associated therewith and the benefits to them as individual professionals in utilizing MLA/Ts.

Other jurisdictions

32. What is the experience in other Canadian jurisdictions? Please provide copies of relevant statutes and regulations.

#1. We know of no other Canadian jurisdiction that regulates MLTs that also provides an alternate mechanism to qualify laboratory technologists to work in medical laboratories.

#2. No other Canadian jurisdiction has regulated MLA/Ts, although there are other provinces that are proposing to do so.

33. What is the experience in other international jurisdictions?

#1. We know of no other jurisdictions where MLTs (or their equivalent) are regulated by a statutory self-governing body where a provision such as that in s.s. 6 2.(e) and (3) of Regulation 682 exists.

#2. To the best of our knowledge, MLA/Ts (or their equivalent) are not yet regulated by a statutory professional self-governing body in any other jurisdiction.



Costs/Benefits

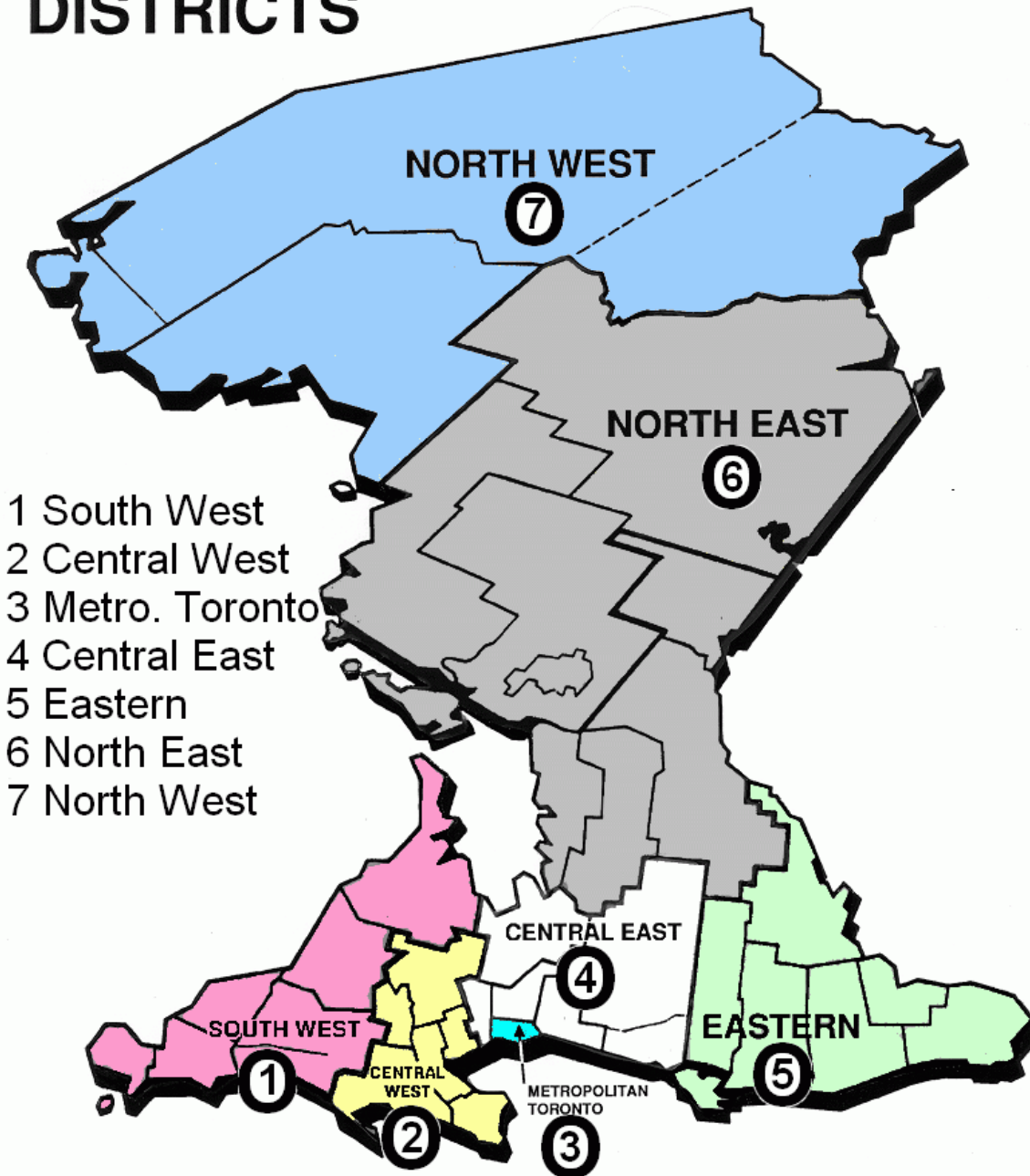
34. What are the potential costs and benefits to the public and the profession in allowing this change in scope of practice? Please consider and describe the impact of any of the following economic factors:
- a. Direct patient benefits/costs;
 - b. Benefits and costs to the broader health care service delivery system;
 - c. Benefits and costs associated with wait times;
 - d. Costs associated with educational and regulatory sector involvement.

a.b.c.#1.. As indicated elsewhere in the submission, there is no expectation of a material change with respect to any of these factors.

d. The incremental cost of regulation of MLA/Ts will be borne by the current and future members of CMLTO, including MLA/Ts themselves. The additional costs associated with remedial education are not quantifiable without more information as to the existing range of competencies evidenced by practitioners.



CMLTO ELECTORAL DISTRICTS



Description of Electoral Districts

ELECTORAL DISTRICT 1

(1 Member)

Composed of the **SOUTH WEST** region and comprising of the following District Health Council (DHC) areas: Essex Country, Grey-Bruce, Kent Country, Lambton Thames Valley; this region also includes the non-DHC areas of Huron and Perth.

ELECTORAL DISTRICT 2

(2 Members)

Composed of the **CENTRAL WEST** and comprising of the following DHC areas: Brant, Haldimand-Norfolk, Halton, Hamilton Wentworth, Niagara, Waterloo Region, Wellington-Dufferin.

ELECTORAL DISTRICT 3

(2 Members)

Composed of the **METROPOLITAN TORONTO** DHC area.

ELECTORAL DISTRICT 4

(2 Members)

Composed of the **CENTRAL EAST** and comprising of the following DHC areas: Durham Region, Haliburton, Kawartha and Pine Ridge; Peel; Simcoe Country; York Region.

ELECTORAL DISTRICT 5

(1 Member)

Composed of the **EASTERN** and comprising of the following DHC areas: DHC of Eastern Ontario; Hastings and Prince Edward Counties; Kingston, Frontenac & Lennox and Addington; Ottawa-Carleton; Renfrew County.

ELECTORAL DISTRICT 6

(1 Member)

Composed of the **NORTH EAST** and comprising of the following DHC areas: Algoma, Cochrane, Manitoulin-Sudbury, Muskoka-Parry Sound, Nipissing; this region also includes the non-DHC area of Timiskaming.

ELECTORAL DISTRICT 7

(1 Member)

Composed of the **NORTH WEST** and comprising of the following DHC areas: Kenora-Rainy River, Thunder Bay.

ELECTORAL DISTRICT 8

(1 Member)

Composed of the **WHOLE PROVINCE** and members residing outside Ontario for the purpose of election of a Member-At-Large.



CMLTO Members by District

CMLTO Electoral District	CMLTO Members
1	1111
2	1424
3	1258
4	1929
5	970
6	436
7	180
Total	7454*

The total number of CMLTO members is comprised of:
6931 Practising members
523 Non-Practising members
146* Members who reside outside of Ontario and form District 8



Arc Advantage
BD Diagnostics Systems
Blood Secretariat
Canadian Blood Services
Canadian Medical Association
Canadian Society for Medical Laboratory
Science
CML HealthCare Inc.
College of Dental Hygienists of Ontario
College of Nurses of Ontario
College of Physiotherapists of Ontario
Fisher Scientific
Gamma Dynacare Medical Laboratories
Halton Healthcare Services
Hotel Dieu Grace Hospital
Huron District Hospital
Inter Medico

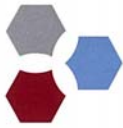
Kingston General Hospital
Lakeridge Health Oshawa
LifeLabs (formerly MDS Diagnostic Services)
London Health Sciences
Meridian Edge
Ministry of Health and Long-Term Care
Ontario Association of Medical Laboratories
Ontario College of Pharmacists
Ontario Society of Clinical Chemists
Ontario Society of Medical Technologists
Ottawa Hospital
QMP-LS
Sunnybrook Health Sciences Centre
The Credit Valley Hospital
The Michener Institute
University Health Network
William Osler Health Centre



Submission of Recommendations to HPRAC
Appendix C: Stakeholders List

Stakeholder	Meeting	Letter	No Response or Response Pending	Declined Response
OMA	✓			
OSMT	✓	✓		
OAML	✓	✓		
CSMLS	✓			
QMP-LS	✓			
CLMA		✓		
WSIB				✓
Canadian Life and Health Insurers' Association (CLHIA)			✓	
OPSEU	✓			
CUPE			✓	
OHA			✓	
CNO	✓			
CPSO	✓	✓		
RCDSO	✓			
CMO			✓	
National Academy of Health & Business		✓		
C & J Healthcare	✓ (via phone)	✓		
Michener Institute	✓			
Mohawk College		✓		
Cambrian College		✓		
Trillium College			✓	
Centennial College			✓	
Medix School			✓	
Robotech Institute			✓	
University of Ontario Institute of Technology			✓	
St. Lawrence College			✓	
St. Clair College			✓	





Position Statement on the regulation of medical laboratory assistants and technicians in Ontario

NOTE: The terms ‘assistant(s)’ and ‘technician(s)’ are used interchangeably by the Ontario Society of Medical Technologists and, for the sake of brevity, are often referred to as laboratory ‘assistant(s)’ in this document.

Background:

Medical laboratory assistants and technicians work in private, hospital, and public diagnostic medical laboratories, specimen collection centres, doctors’ offices, clinics, and numerous other institutions and healthcare facilities in Ontario. Laboratory assistants comprise a significant portion of the medical laboratory workforce. According to Statistics Canada, in 2001 there were 7,465 laboratory assistants employed in Ontario but the current number is unknown. The overall scope of practice of a laboratory assistant is to perform pre-analytical duties. Laboratory assistants, under supervision, perform laboratory tests which require limited technical skills and responsibilities and which do not require interpretation, assessment, or the exercise of independent judgment.

Training of laboratory assistants is achieved in various ways. Entry-to-practice skills and knowledge can be acquired from specialized full-time post-secondary education programs of approximately 6 months in length that are offered by community and

private colleges. Many of these training programs are approved by the OSMT. However, as a prescribed method of training is not legislatively mandated, some lab assistants receive on-the-job training or a combination of various methods to acquire the necessary skills to perform their tasks. Individuals who graduate from full-time education programs approved by the OSMT qualify to write the OSMT Medical Laboratory Assistant/Technician (MLA/T) certification examination with competencies that have been established by the workplace needs of Ontario. Certification is voluntary but is a prerequisite of many employers. The OSMT has certified over 8,000 MLA/Ts since 1988.

In 2005, the College of Medical Laboratory Technologists of Ontario (CMLTO), the regulatory body for the Medical Laboratory Technologist (MLT) profession, made a formal request to the Minister of Health and Long-Term Care to initiate the process of regulating medical laboratory assistants and technicians under the Regulated Health Professions Act (RHPA). The primary rationale for the request was cited as the College’s obligation to serve and protect the public interest.

The Ontario Society of Medical Technologists (OSMT) is the provincial association representative of the laboratory profession and the certifying body for Medical Laboratory Assistants/Technicians (MLA/Ts) in Ontario. In its role as the provincial stakeholder representative of laboratory technologists and assistants, the

OSMT has responded to its duty to address the question of whether it would be appropriate to regulate lab assistants. To this end, the Society commissioned an independent survey to gather and analyze relevant information from stakeholders and all levels of laboratory personnel.

Using various methodologies, the survey was carried out by Research/Strategy Group Inc. in 2007 on behalf of the OSMT. The results of the survey are summarized in a published document entitled “*Report on research survey to explore the issues related to the potential regulation of medical laboratory assistants and technicians under the Regulated Health Professions Act*”.

Position:

The results of the survey are not conclusive with respect to enabling the OSMT to put forward a recommendation as to the appropriateness of regulating laboratory assistants. The outcomes did however clearly indicate that much needs to be done to foster a better understanding about regulation prior to the pursuit of self-regulation for this healthcare provider category.

Overview of outcomes and rationale:

The overall approach of the survey was to explore whether lab assistants meet the nine criteria established by the Health Professions Regulatory Advisory Council (HPRAC) in order for a profession to become regulated.

One of the most significant pieces of information substantiated by the



Position Statement *Ontario Society of Medical Technologists – March 2008*

survey was that there is an enormous lack of knowledge, at least on the part of lab assistants, as to what it means to be a regulated health profession, the role of regulatory colleges, and the responsibilities associated with regulation. The current lack of understanding of these concepts is incongruent with the ability of lab assistants to distinguish between the public interest and the professions' self-interest which is one of the cornerstones of self-regulation. Education about regulation in this respect is a paramount prerequisite to the pursuit of regulation.

Another key criterion for regulation is that the activities of a profession pose a substantial risk of harm to the public. While some respondents expressed concerns about the quality of work carried out by lab assistants, the majority of professionals and stakeholders felt that there is no 'substantial' risk of harm.

Many believe that increasing or standardizing training would alleviate their concerns about quality. Those who felt there was a substantial risk of harm also offered alternative solutions such as systemic workplace

improvements and implementation of minimum entry-level requirements. Many respondents were not confident that regulation would solve concerns about quality and suggested that system-wide approaches might be more effective in reducing error rates. Regulation was seen as a possible means of enforcing entry-level standards and addressing quality concerns.

The answer to the question of whether lab assistants have a distinctive, systematic body of knowledge in assessing, treating or serving their patients/clients, is somewhat illusive. Lab assistant duties overlap with other healthcare professionals such as laboratory technologists, nurses, and respiratory therapists.

A discussion of the analyses by each of the nine criteria is available in the above noted survey report.

Recommendations:

- That the pursuit of regulation for lab assistants be approached methodically and with caution, with great attention to ensuring that there is an understanding of the implications of regulation to the profession and to the public.
- That other avenues be explored to address the incidence of pre-analytical errors as numerous other health professions perform pre-analytical functions. An effective initiative may be a systemic approach to patient safety targeted at interprofessionals.
- That training and entry-level standards be put into place. This could possibly be accomplished through means other than regulation. For example, the qualifications of laboratory personnel could be incorporated into the Ontario Laboratory Accreditation requirements of the Quality Management Program – Laboratory Services or by amendments to the Laboratory and Specimen Collection Centre Licensing Act, Regulation 682.
- That the OSMT MLA/T certification be recognized as the standard entry-to-practice requirement. The OSMT Medical Laboratory Assistant/Technician certification program and examination were built on a solid foundation that addresses the unique workplace practices of Ontario and is in compliance with provincial regulations. ♦


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Medical Technologists

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