



Council Governance & Policy Manual

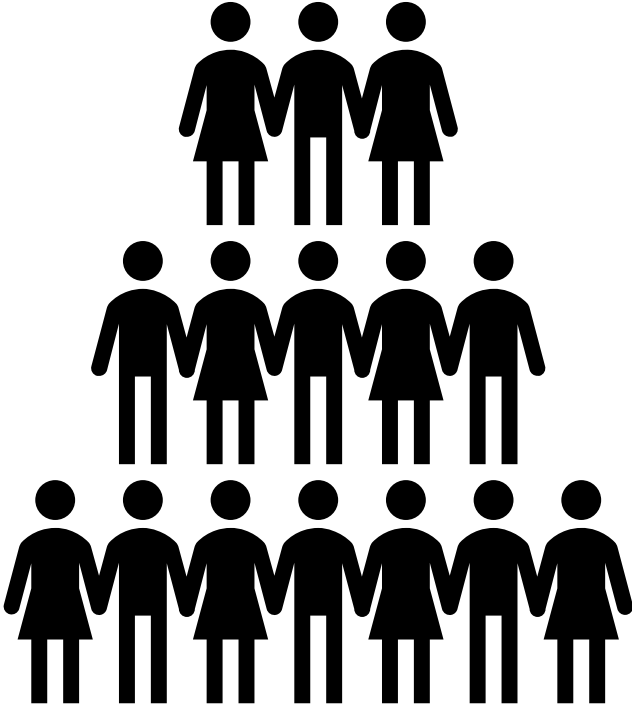
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SECTION 1: GOVERNANCE



GOVERNANCE FRAMEWORK – MISSION, VISION, VALUES

Mission

Protect the public through regulation of Medical Laboratory Technologists in Saskatchewan.

Vision

Medical Laboratory Technology: Recognized as a Vital Link in Health Care

Values

Quality and Safe Laboratory Services

Establish policies that enhance quality and safety in professional regulation

Professional Competence

Promote continuous competence, knowledge, skills and expertise of registrants

Excellence in Healthcare

Collaboration with other healthcare professionals to enhance care to the public

COLLEGE OF MEDICAL LABORATORY PROFESSIONALS OF SASKATCHEWAN

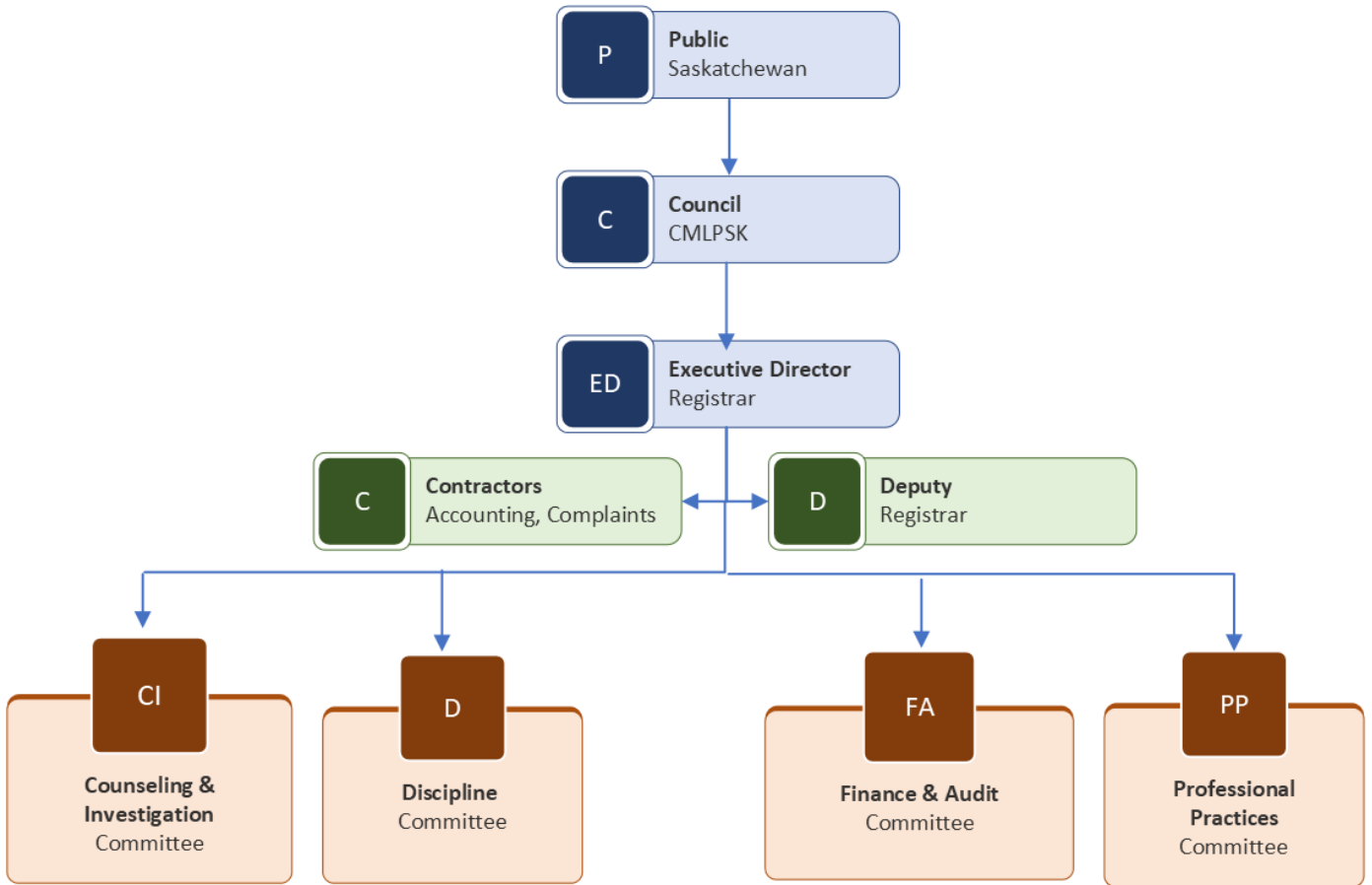
The College of Medical Laboratory Professionals of Saskatchewan (CMLPSK), formerly Saskatchewan Society of Medical Laboratory Technologists (SSMLT) was granted regulatory status by the Government of Saskatchewan in 1995 and is governed by the Medical Laboratory Technologists Act. The purpose of the CMLPSK is to serve and protect the public through self-regulation of Medical Laboratory Technologist registrants.

GOVERNANCE

The CMLPSK uses the modified policy (Carver) governance model. The Council governs and is responsible for developing strategic direction and policies which act as the guide for performance monitoring and fiduciary oversight. Policies approved by the Council guide the organization to apply standard decision making.

The Executive Director/Registrar is responsible for day-to-day operations of the organization and staff or contractors utilizing the policies approved by Council. The Executive Director/Registrar is responsible for implementing the Council's strategic objectives and reporting on the outcomes.

CMLPSK ORGANIZATIONAL FRAMEWORK



Purpose

This policy aims to provide guidance and understanding to Council and Committees on the standards of conduct required of them.

Policy

In alignment with the CMLPSK’s mandate of public protection, this policy is formalized for fairness and transparency.

Authority

[The Medical Laboratory Technologists Act, 1995](#)

[The Regulatory Bylaws](#)

[The Administrative Bylaws](#)

Procedure

The Council and Committee members shall make decisions in the public interest, balancing this responsibility with an understanding of the profession. Each council or committee member is expected to exhibit conduct that is ethical, civil, lawful, and in a manner that is consistent with the nature of their duties.

All council and committee members shall:

- Promote public safety in their contributions, discussion, and decision- making.
- Prepare for and attend meetings to the best of their ability.
- Acquire, apply, and maintain knowledge of council and committee policies, procedures, as well as any relevant legislation.
- Maintain the confidentiality as a current or past member.
- Uphold council or committee solidarity once a decision has been made, irrespective of their personal view on the matter.
- Respect the roles and responsibilities of the council, committees, staff, and other councillors.
- Respect the views, diversity and the expertise of other council and committee members.
- Understand and respect that the Chair and Executive Director/Registrar have the delegated authority to speak to the public on behalf of CMLPSK, unless otherwise determined.
- Understand the power, authority and influence associated with their role and not misuse this trust for personal gain.
- Refrain from harassment, bullying or discriminatory behavior.

CONFLICT OF INTEREST POLICY (G-2)

Purpose

This policy aims to provide guidance and understanding to the Council and Committee member on what might be considered a conflict of interest or perceived conflict of interest.

Policy

In alignment with the CMLPSK's mandate of public protection and transparency, this policy outlines what is considered a conflict of interest and how it must be managed.

Authority

[The Medical Laboratory Technologists Act, 1995](#)

[The Regulatory Bylaws](#)

[The Administrative Bylaws](#)

Procedure

A conflict of interest may arise if the personal or private interests of the council or committee members influence or impairs the persons' ability to act fairly and impartially. A conflict of interest may be real, potential, or perceived, with each case being equally important to disclose.

Each council meeting and committee assembly or meeting will include an opportunity for disclosure of a conflict of interest. It is up the individual to identify and disclose any conflict-of-interest situation and for the Council or committee to determine if it exists. In- order to determine if there is a conflict of interest the Council or committee member should ask themselves the following:

- Are they confident that they can act impartially?
- Would a reasonable and informed person with access to all the information also be confident that the Council or committee member can act impartially?

Once a disclosure of a conflict of interest has been made or decided upon, the conflict shall be fully noted in the minutes of the meeting, and the person shall:

- Abstain from participation in any discussion on the matter.
- Not attempting to personally influence the outcome.
- Refrain from voting on the matter.
- Leave the meeting for the duration of any such discussion unless otherwise decided by the council or committee.

If the Chair and the Vice-Chair of Council or a statutory committee both declare a conflict of interest, Council will be consulted to appoint a temporary replacement, following Robert's Rules of Order.

CONFIDENTIALITY POLICY (G-3)

Purpose

This policy aims to ensure that confidential matters are not disclosed until disclosure, if any, is authorized by the Executive Director/Registrar or the Chair.

Policy

This policy applies to all staff, councilors, contractors, and committee members that are engaged by the CMLPSK.

Maintaining confidentiality means that staff, councilors, contractors and committee members must keep in confidence all personal and sensitive information they receive in their service. Councilors and committee members are expected to conduct business with full and frank discussion, which can only be accomplished if they are confident that their disclosures will be held in confidence by their colleagues.

Authority

[The Medical Laboratory Technologists Act, 1995](#)

[The Regulatory Bylaws](#)

[The Administrative Bylaws](#)

Definition

For the purposes of this Policy, confidential information means organizational information, personal information, and the content of all deliberations and discussion of the Council or committee.

Procedure

No staff, councilor, contractor, or committee member shall, at any time, during or after their engagements with CMLPSK:

- Disclose Confidential information;
- Make public or private statements about confidential information;
- Use confidential information for their benefit or for the benefit of third parties;
- Allow any third party to gain access to any confidential information.

Everyone shall either delete, destroy or return all copies of documents containing confidential information to the CMLPSK upon request.

All staff, councilors, contractors, and committee members shall review and sign the CMLPSK confidentiality agreement.

Consequences of a breach- any breach of confidentiality by a staff, councilor, contractor, or committee member may be subject to immediate dismissal or removal from their duties.

Additional Documents

- Confidentiality Agreement (G-3A)

CONFIDENTIALITY AGREEMENT (G-3A)

Staff, Council, Contractor, and Committee Confidentiality Agreement

I am a staff, councilor, contractor, or committee member of CMLPSK. In line with my fiduciary duties or other responsibilities, I confirm the following:

In the course of my duties, I may have access to CMLPSK’s confidential information, including information about:

- Personnel or staff
- Registrant information
- Finances
- Operations
- Complaints and discipline
- Other regulatory matters

Confidential information includes information CMLPSK receives from other parties under non-disclosure agreements and non-public deliberations of the council or committee.

No Disclosure

I will not disclose any confidential CMLPSK information to any person, including relatives, friends, colleagues, or others. I will exercise good judgement and care not to discuss confidential information in public places, refrain from leaving confidential documents in plain view, and implement appropriate IT security precautions that I use to access confidential information.

Permitted Disclosure

I may share confidential information with other Council or committee members. In coordination with management, I may also share confidential information internally with staff, council, contractors or committees who have legitimate need for the information. Sharing with external parties must be approved by the Executive Director/Registrar or Council chair following assurance that proper non-disclosure agreements are in place.

Legally Required Disclosures

This agreement is not intended to prevent disclosure when required by law. If I am required or receive a request to disclose confidential information due to the legal requirements, I will promptly advise CMLPSK.

Return of Confidential Information

At the end of my employment, contract or term as a council or committee member, I will return, delete or destroy all written or electronic information in my possession. I understand that my obligation to keep CMLPSK information confidential will continue indefinitely.

Name: _____ Date: _____

Signature: _____ Position/role: _____

Executive Director/Registrar or Council Chair: _____ Date: _____
(signature)

PERSONAL INFORMATION (PRIVACY) POLICY (G-4)

Purpose

This policy defines the requirements for the collection, use, and disclosure of personal information by staff, contractors, councilors, and committee members.

Policy

Personal information is considered identifiable individual information as outlined in s.24(1) of the Freedom of Information and Protection of Privacy Act. The CMLPSK must ensure compliance with all federal and provincial legislation.

Authority

[The Medical Laboratory Technologists Act, 1995](#)

[The Regulatory Bylaws](#)

[The Administrative Bylaws](#)

[The Freedom of Information and Protection of Privacy Act](#)

[The Personal Information Protection and Electronic Documents Act](#)

Procedure

CMLPSK shall:

- Limit the amount of personal information collected to the minimum amount necessary to achieve the purpose.
- Receive consent for the use and disclosure of personal information and the purpose of each.
- Make every effort to ensure the personal information collected is accurate and complete.
- Not sell any personal information under any circumstances.
- Obtain consent again should there be a new purpose,
- Keep a record of identified purposes and consents that have been received.
- Be responsible for the personal information under its control.
- Protect the personal information by appropriate security measures
- Inform the individual without unreasonable delay if there is a loss of unauthorized access to, or disclosure of personal information under its control.
- Communicate with staff, applicants, registrants and other parties by secure email.
- Use password protected access of documents, whenever possible
- Hold meeting discussions in confidence apart from published minutes or notes.
- Ensure council or committee materials are deleted, returned or shredded when no longer in use.
- Provide a policing agency with any items requested following receipt of necessary documentation to do so, such as a subpoena.

Additional Documents

- G 4-A Personal Information Consent Form

COUNCIL/COMMITTEE PERSONAL INFORMATION CONSENT FORM (G-4A)

Section 1: Consent

I, First Name: _____ Last Name: _____

Email Address: _____ Phone Number: _____

Mailing Address: _____ Postal Code: _____

Consent to the (check all that apply):

- use
- disclosure

by College of Medical Laboratory Professionals of Saskatchewan (CMLPSK) of the above personal information for use with disclosure of my name only. Should there be additional use or disclosure be required, I understand that CMLPSK will request my approval prior to any additional use or disclosure.

Section 2: Use

The personal information collected will be used internally to schedule, inform or share documents with staff, contractors, council members, and committee members.

Section 3: Disclosure

The personal information will be disclosed for the purpose(s) of the CMLPSK website, annual report, banking institution, CRA, and relevant Government of Saskatchewan ministries. CMLPSK will limit disclosure to names only. If additional disclosure is required, the CMLPSK will inform me.

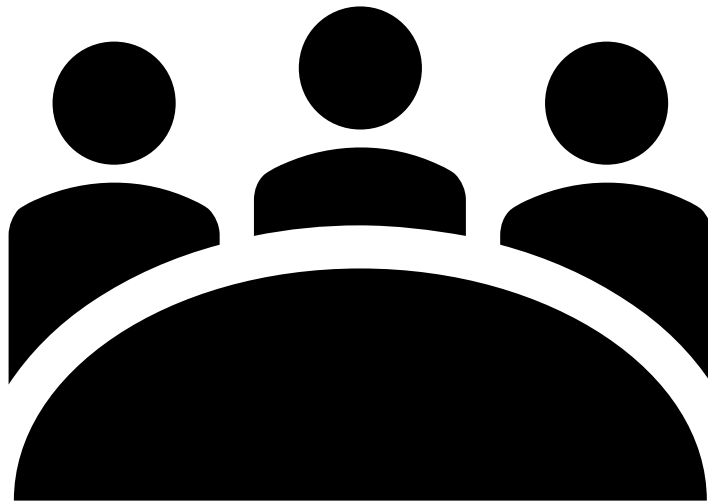
Section 4: Signature

This consent is valid from the date it was signed.

Date

Signature

SECTION 2: COUNCIL



COUNCIL CHARTER

Purpose

The charter provides the CMLPSK council with guidance for the execution of their duties consisting of oversight of the affairs of the organization. The council is not an advocacy body accountable to its members but instead is accountable to the public as outlined in section 3(1) of the Medical Laboratory Technologists Act, 1995.

Authority

[The Medical Laboratory Technologists Act](#)

[The Administrative Bylaws](#)

Policy

The Council is the governing body that is tasked with safeguarding the public, upholding trust, and overseeing critical regulatory functions such as licensing, continuing competency, ethical standards, and disciplinary actions.

Guiding Principles

The Council collectively has a duty to:

- Ensure sound operational practices to carry out the mandate
- Focus on the public interest not promotion of the profession
- Establish policies that provide a framework for business operations
- Exercise reasonable business judgement in decision making
- Delegate and empower the Executive Director/Registrar to lead and manage day-to-day operations
- Hold in confidence, all discussions of council
- Endorse decisions of Council to the public
- Conduct performance management for accountability
- Establish committee terms of reference
- Appoint persons to each committee
- Be transparent
- Increase public engagement/participation

Term

Three years, that can be renewed one time.

Procedure

Composition

- Consists of at least 4 and not more than 6 registrants appointed by council, at least 4 of whom must be practicing registrants, and
- Two public representatives, appointed by Lieutenant Governor in Council.

Each year, the council shall appoint a member of the council to act as Chair and Vice-chair.

Meetings

The council must hold at least 3 meetings per year that may be in-person or virtual. Meetings are scheduled by the chair with dates established by the availability for quorum.

Authority

The council authority and decisions are derived by a quorum that consists of the majority of the members of council.

Strategic Planning and Direction

The Council is responsible for setting the organization's strategic direction. This includes conducting a strategic planning process every 3 to 5 years and approving the implementation of the plan. The Council must conduct ongoing performance of the plan and adjust the plan when necessary. In consultation with the Executive Director/Registrar, the Council will determine the annual objectives that the Executive Director/Registrar must report on progress at each council meeting.

Policy Development

The council is responsible for developing and approving all policies with due diligence. The organization has various policy categories, including:

- Registration
- Governance
- Website
- Operations

Generally, policies are drafted by the CMLPSK office and presented to the council for review, revision, discussion and approval. Operations policies are established and approved by the CMLPSK office and provided to the council for information purposes.

Risk Management

- Financial:
The Council is responsible for financial oversight of CMLPSK. Duties include reviewing and approving the annual budget, capital plans, and ensuring adequate levels of capital and liquidity. Council determines financial policies, controls, and adherence to applicable auditing, regulatory, accounting, and reporting requirements. The annual budget is drafted by the Executive Director/Registrar and discussed, modified or revised by the Finance and Audit committee, who submit it to council for approval.
- Operational:
The Council is responsible for the development of policies and business oversight. These processes are intended to mitigate and manage risks related to items such as staffing levels, office space, registration practices, document security and cybersecurity, as well as the complaints and discipline processes.

Operations

Day-to-day operations are managed by the Executive Director/Registrar. The Council is responsible for approving policies and procedures necessary to oversee the appointment, performance, and compensation of the Executive Director/Registrar and staff.

The council in collaboration with the Executive Director/Registrar must ensure adequate plans are in place to ensure business continuity is maintained.

The council is also responsible for identifying requisite competencies when recruiting councilors and is in control of ongoing development and succession planning for council. It shall engage in annual board/council evaluation and identify professional development requirements or opportunities to allow councilors, committee members and the CMLPSK to function with excellence.

SELECTION OF COUNCIL REPRESENTATIVES (G-5)

Purpose

This policy aims to outline the process for the selection of Council representatives for appointments.

Policy

In alignment with the CMLPSK's mandate of public protection, the process for selection is formalized for fairness and transparency.

Authority

[The Medical Laboratory Technologists Act, 1995](#)

[The Regulatory Bylaws](#)

[The Administrative Bylaws](#)

Procedure

The Council will review the Competencies and Attributes Profiles for Council and update if necessary.

CMLPSK office procedure

- The incumbent council representatives who are eligible and seek reappointment will follow the same process as new candidates.
- The CMLPSK office will conduct an initial review when necessary and submit qualified applicants to council for determination.
- The CMLPSK office will provide to Council:
 - A list of applicants eligible for appointment or reappointment; and
 - The CV and/or short bio submitted by each applicant.

Council selection process

- The Council will review the competencies and attributes profile and complete the Application Rubric to evaluate the information received from registrants expressing interest in appointment to Council.
- When the number of expressions of interest are equal to the vacancies, the council will approve the registrant by reviewing the submission to confirm the requirements are met.
- When the number of expressions of interest are greater than the vacancies the council will review the submitted documents and complete the application rubric to determine

appointment. In situations where the council requires further information, they may request an interview with each short-listed applicant to make the appointment determination.

Composition guideline

When considering geographical and professional diversity, it is the goal to have the following representation on council whenever possible:

- One representative from Saskatoon urban
- One representative from Regina urban
- One representative South, excluding Regina urban
- One representative North, excluding Saskatoon urban
- One representative practicing outside general practice area
- One representative a new graduate within the previous 5 years

RELATED DOCUMENTS

- G – 5A Competencies and Attributes Profile for Council
- G – 5B Scoring Rubric

COUNCIL COMPETENCIES AND ATTRIBUTES PROFILE (G-5A)

This document will be used to inform the recruitment, qualifications, and selection of Council. In some cases, skills can be learned after joining Council, so discretion may be exercised in the case of candidates committed to building skills in gap areas in the first year of their service.

To support strong decision-making in the public interest, every Council appointment will consider the following COMPETENCIES and EXPERIENCE:

COMPETENCIES

- understand and support the mandate, values and goals of the CMLPSK
- ensure decisions reflect the role of the College and Council
- understand the relationships between Council, the public, employees, and key partners
- demonstrate high ethical standards
- acknowledge and declare real and/or perceived conflicts of interest and personal biases

EXPERIENCE

- previous regulatory work
- committee work: group or team work demonstrating collaboration
- workplace or professional committees or boards
- understanding goals, outcomes, and evaluations
- administrative experience

MLT PRACTICE

- understand the value and implications of MLT practices and any specialty training
- understand the strengths and challenges of MLTs in meeting the needs of the public
- understand diverse models of MLT practice within the confines of ethics, access to care and patient need
- demonstrate an understanding to the CMLPSKs Standards of Practice and Code of Ethics

- understand the MLT practice diversity, rural/urban, small/large laboratories, and various fields of practice

FINANCES

- understand financial statements
- understand budgets
- demonstrate fiscal responsibility

EXCLUSIONS

- A registrant involved in the discipline process within the past 5 years that resulted in a consensual agreement or a finding of guilt
- Holds a position in a professional association, a union or bargaining unit in a decision-making capacity that represents MLTs

EXPECTATION FOR COUNCIL

- **Confidentiality.** Understand the need to protect the privacy and confidentiality of registrants' committee and council work, as legislated under the *Act*.
- **Objectivity.** Be able to reflect and make decisions based on evidence and good information.
- **Cultural Safety and Humility.** Have ongoing learning, appreciation and respect for unique perspectives, cultural contexts, power imbalances and biases in deliberation and decision-making, and recognition of the role of the CMLPSK.
- **Diplomacy.** Have strong interpersonal communication skills that include the ability to clearly articulate a perspective and engage in respectful, productive, and sometimes courageous or difficult discussions with the committee, staff and key partners, while consistently reinforcing a culture of trust and respect.
- **Information Analysis and Judgement.** Be able to carefully review material within set timelines, assess implications, identify patterns, make connections, and narrow the issues to support good decision-making.

COUNCIL SCORING RUBRIC (G-5B)

Application Section	Failed to Meet Expectation (Unsatisfactory) Score 1	Partially Meets Expectation (Below Average) Score 2	Meets Expectation (Average) Score 3	Exceeds Expectation (Strong) Score 4	Score
Conflict of Interest	List any perceived or potential conflicts of interest:				
Competencies	The candidate failed to identify any competencies that would contribute to them or Council's success	The candidate did not provide clear evidence of understanding the competencies that contribute to success	The candidate demonstrated having competencies that provide for success on Council	The candidate identified additional competencies that show a depth of understanding of the role of Council	
MLT Practice	Failed to demonstrate an understanding of MLT practice, registration, standards of practice, bylaws, and diversity of practice in SK	Failed to demonstrate a clear understanding of MLT practice, registration, standards of practice, bylaws, and diversity of practice in SK	Demonstrated an understanding of MLT practice, registration, standards of practice, bylaws, and diversity of practice in SK	Demonstrated an in-depth understanding of MLT practice, registration, standards of practice, bylaws, and diversity of practice in SK	
Educational/ Employment Achievements			The candidate demonstrates MLT education only and/or limited MLT practice experience	The candidate demonstrates education/ employment that supports strong governance and decision-making.	
Volunteer/ Community/ Professional Involvement	The candidate does not demonstrate any community or volunteer experience	The candidate provides limited evidence of community, professional volunteer involvement	The candidate demonstrates volunteer experience related to MLT practice.	The candidate demonstrates diverse experiences in community, professional practice and volunteering	
Total Score					

APPOINTMENT OF CHAIR AND VICE-CHAIR POLICY (G-6)

Purpose

The purpose of this policy is to outline the process for appointment of the Council Chair and Vice-Chair, also known as Council Officers.

Policy

In alignment with the CMLPSK's mandate of public protection, the process for selection is formalized for fairness and transparency.

Authority

[The Medical Laboratory Technologists Act, 1995](#)

[The Regulatory Bylaws](#)

[The Administrative Bylaws](#)

Procedure

The Council is authorized by the Medical Laboratory Technologists Act to appoint MLT council members or Public Representatives to be Council Chair and Vice-Chair. Each year, Council shall appoint the Chair and the Vice-Chair.

Term

One year, which may be renewed one time.

Appointment Process

- All Council Members are given the opportunity to express their interest in the Chair and/or Vice-Chair role in advance of the election-appointment process.
- Interested Council Members must express interest prior to the selection process.
- The selection portion of the appointment process will be managed by a CMLPSK staff.
- All Council Members will participate in the vote, including the Council Chair.
- If only one candidate is interested, the candidate requires the support of at least 50% of the Council to be eligible for appointment.
- If two candidates are interested, a secret ballot vote will take place. The successful candidate requires the majority vote supported by at least 50% of the Council.

COUNCIL CHAIR RESPONSIBILITIES

The Council Chair is the leader of the Council and official spokesperson for the Council. The Chair and the Executive Director/Registrar are the spokespersons for the organization, unless otherwise determined.

Some of the duties the Chair may be responsible for include:

- Ensuring that the responsibilities of the Council are well understood by the Council, and management.
- Overseeing the quality and integrity of the Council's governance processes to ensure the Council meets its obligations.
- Ensuring the boundaries between the Council and operational responsibilities are clearly understood and respected.

- Ensuring the integrity and effectiveness of the Council’s governance role and processes.
- Representing the Council within the CMLPSK and representing the CMLPSK to its stakeholders.
- Maintaining effective relationships with Council members, management, and stakeholders.
- Ensuring the effectiveness of Council meetings.
- Conduct all CMLPSK meetings and provide rulings on procedural matters during meetings.
- Setting meeting agendas in consultation with the Executive Director/Registrar.
- Participating on the Finance and Audit Committee.
- Encouraging input and ensuring that Council Members hear all sides of a debate or discussion to reach consensus.
- Eligible to be a CMLPSK signing authority
- Oversees the review of the Annual Report and provides feedback to the CMLPSK office as needed.
- Communicate with the Executive Director/Registrar annual performance review.
- Provides any other direction from Council to the Executive Director/Registrar.

VICE CHAIR RESPONSIBILITIES

The Vice-Chair supports the Council Chair in the effective management of the Council and takes on specific roles when authorized to do so by the Council Chair or the Council.

The Vice-Chair exercises the powers of the Chair in the absence or disability of the Chair.

Some of the duties the Vice-Chair may be responsible for include:

- Work with the Council Chair and Executive Director/Registrar to develop the agenda and/or material for Council meetings, when requested to do so.
- Communicating with the Council on behalf of the Chair, as required.
- Chairing Council meetings, as required.
- Eligible to be a CMLPSK signing authority.
- Participating on the Finance and Audit Committee.
- Leading special projects for the Council, when requested to do so.
- Attending the annual Executive Director/Registrar performance review.
- Any other duties assigned by the Chair or Council.

PUBLIC REPRESENTATIVES’ POLICY (G-7)

Purpose

The purpose of this policy is to outline the process for appointment of Public Representative to CMLPSK council.

Policy

In alignment with the CMLPSK’s mandate of public protection, public representatives to council are appointed by the Lieutenant Governor in Council.

Authority

[The Medical Laboratory Technologists Act, 1995](#)

[The Regulatory Bylaws](#)

[The Administrative Bylaws](#)

Procedure

The Lieutenant Governor in Council appoints public representatives to CMLPSK council that are residents of Saskatchewan. As outlined in the Act, CMLPSK has two (2) public representatives.

Term

Public representatives are appointed for a 3-year term, renewable one time. Public representatives can remain in place until a successor has been appointed.

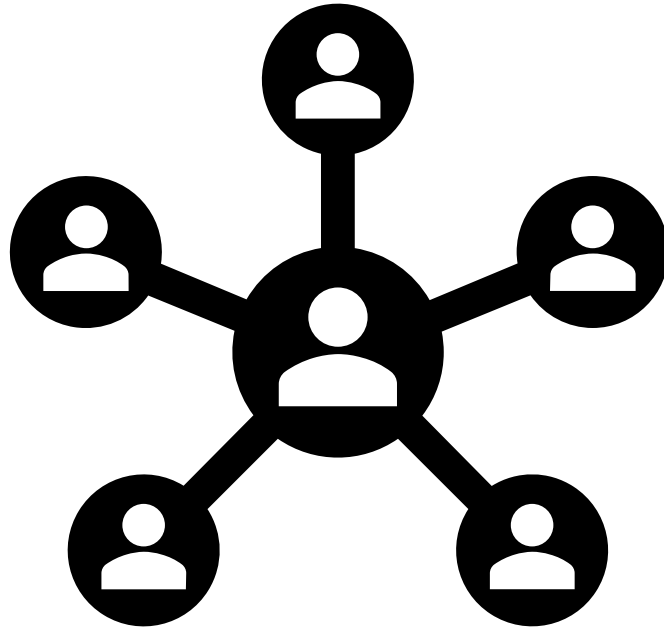
Duties

Public representatives to CMLPSK council are expected to have the same competencies and attributes that other councilors have while bringing the public perspective to council. Public representatives are eligible to be appointed as Chair or Vice-Chair of Council.

In addition to regular council duties, one public representative will be appointed annually to the following:

- Discipline committee
- Finance and Audit committee

SECTION 3: COMMITTEES



SELECTION AND APPOINTMENT OF COMMITTEE REPRESENTATIVES' POLICY (G-8)

Purpose

This policy aims to outline the process for the selection of Committee representatives for appointments.

Policy

In alignment with the CMLPSK's mandate of public protection, the process for selection is formalized for fairness and transparency.

Authority

[*The Medical Laboratory Technologists Act, 1995*](#)

[The Regulatory Bylaws](#)

[The Administrative Bylaws](#)

Procedure

The Council will review the Competencies and Attributes Profiles for Committee members and update if necessary.

Committee selection process

- The Council will review the competencies and attributes of the applicant and complete the Application Rubric to evaluate the information received from registrants expressing interest in appointment to Committees.
- When the number of expressions of interest are equal to the vacancies, Council will approve the registrant by reviewing the submission to confirm the requirements are met.
- When the number of expressions of interest is greater than the number of vacancies, the scores from the Committee Scoring Rubric will determine the successful applicant. If the Council is not able to determine an appointment based on the rubric score, they may request an in-person interview to make the determination.

CMLPSK Committees

- Counselling and Investigation committee
- Discipline committee
- Professional Practices committee
- Finance and Audit committee

Term

- Committee terms are three (3) years, renewable for one time, except for the Finance and Audit committee that has a standard committee composition for each year.

Accountability

Each committee is responsible to the Council and by delegation to the Executive Director/Registrar.

- All committee members are expected to maintain/obtain knowledge, skills and access to equipment required by their specific committee.
- CMLPSK provides education, workshops, or other training required to enhance the committee member's knowledge.
- All committee members shall have an equal vote, including the Chair of the Committee.

- The committee may invite individual(s) with expertise to participate on the committee as a non-voting liaison.
- Resignations from the committee shall be made in writing to the Executive Director/Registrar for notification to council

RELATED DOCUMENTS

- G – 8A Competencies and Attributes Profile for Committees
- G – 8B Scoring Rubric

COMMITTEE COMPETENCIES AND ATTRIBUTES PROFILE (G-8A)

This document will be used to inform nominations, recruitment, qualifications, and selection.

To support strong decision-making in the public interest, every committee member will bring the following **COMPETENCIES** and **ATTRIBUTES**:

EXPERIENCE

- previous regulatory work
- committee work: group or team work demonstrating collaboration
- workplace or professional committees or boards
- understanding goals, outcomes, and evaluations
- administrative experience

MLT PRACTICE

- Understand the value and implications of MLT practices and specialty training.
- Understand the strengths and challenges of MLTs in meeting the needs of the public.
- know and support diverse models of MLT practice within the confines of ethics.
- demonstrate understanding to the Standards of Practice and Code of Ethics
- understand the MLT practice diversity - rural/urban, small/large laboratories, and various specialties.

TEAMWORK

- demonstrate ability to work as a team member.
- work effectively with multiple groups with unique perspectives and skills.

EXCLUSIONS

- a registrant involved in the discipline process within the previous five years, that resulted in a consensual agreement or a finding of guilt.
- Holds a position of similar role in a professional association, union or bargaining unit that represents MLTs.

EXPECTATION OF COMMITTEE MEMBERS

- **Confidentiality.** Understand the need to protect the privacy and confidentiality of registrants' data, as legislated under the *Medical Laboratory Technologists Act*.
- **Objectivity.** Be able to reflect and make decisions based on evidence and good information, to best fulfil the public mandate.
- **Cultural Safety and Humility.** Have ongoing learning, appreciation and respect for unique perspectives, cultural contexts, power imbalances and biases in deliberation and decision-making, and recognition of the role of the CMLPSK.

- **Diplomacy.** Have strong interpersonal communication skills that include the ability to clearly articulate a perspective and engage in respectful, productive, and sometimes courageous or difficult discussions with the committee, staff and stakeholders, while consistently reinforcing a culture of trust and respect.
- **Health Professions Regulation.** Understand the role and philosophy of health professional regulators; the public protection mandate of the CMLPSK; the applicable legislation, regulations, bylaws, and policies; and the core work of the CMLPSK and its committees.

COMMITTEE SCORING RUBRIC (G-8B)

Application Section	Failed to Meet Expectation (Unsatisfactory) Score 1	Partially Meets Expectation (Below Average) Score 2	Meets Expectation (Average) Score 3	Exceeds Expectation (Strong) Score 4	Score
Conflict of Interest	List any perceived or potential conflicts of interest:				
Competencies	The candidate failed to identify any competencies that would contribute to them or Council’s success	The candidate did not provide clear evidence of understanding the competencies that contribute to success	The candidate demonstrated having competencies that provide for success on Council	The candidate identified additional competencies that show a depth of understanding of the role of Council	
MLT Practice	Failed to demonstrate an understanding of MLT practice, registration, standards of practice, bylaws, and diversity of practice in SK	Failed to demonstrate a clear understanding of MLT practice, registration, standards of practice, bylaws, and diversity of practice in SK	Demonstrated an understanding of MLT practice, registration, standards of practice, bylaws, and diversity of practice in SK	Demonstrated an in-depth understanding of MLT practice, registration, standards of practice, bylaws, and diversity of practice in SK	
Educational/ Employment Achievements			The candidate demonstrates MLT education only and/or limited MLT practice experience	The candidate demonstrates education/ employment that supports strong governance and decision-making.	
Volunteer/ Community/ Professional Involvement	The candidate does not demonstrate any community or volunteer experience	The candidate provides limited evidence of community, professional volunteer involvement	The candidate demonstrates volunteer experience related to MLT practice.	The candidate demonstrates diverse experiences in community, professional practice and volunteering	
Total Score					

STATUTORY COMMITTEE POLICY (G-9)

Purpose

This policy outlines the statutory committees that are required for CMLPSK.

Policy

Statutory committees are mandatory and are identified in the *Medical Laboratory Technologists Act*. Sections 21 and 23 of *The Act*, establish the Counselling and Investigation Committee and the Discipline Committee. These committee members are appointed by council, but the Committee itself operates at 'arm's length' from Council.

Authority

[The Medical Laboratory Technologists Act, 1995](#)

[The Regulatory Bylaws](#)

[The Administrative Bylaws](#)

Procedure

The CMLPSK office provides administrative support and monitors the progress for each of these committees. The chair of each committee and the CMLPSK office complete an annual report of activity from the respective committee.

Independent legal counsel and any other expertise necessary for committee duties such as an investigator or mediator is acquired by the CMLPSK office.

Statutory committees include:

- Counselling and Investigation committee
- Discipline committee

Each statutory committee is guided by their respective Terms of Reference.

COUNSELLING AND INVESTIGATION COMMITTEE TERMS OF REFERENCE

Responsibilities

The committee is responsible for reviewing and investigating any complaints made against a CMLPSK registrant. Complaints are submitted to the CMLPSK office via an online complaint form. Once received, the CMLPSK office will convene a panel of the committee to review the complaint and determine next steps, if any.

The committee may request additional support such as legal counsel, investigators or other experts to assist with the committee work. The CMLPSK office will coordinate such requests.

Composition

The committee members are appointed by Council and shall consist of at least three CMLPSK registrants, the majority of whom must hold a Practising licence. Generally, CMLPSK aims to appoint at least six (6) persons to this committee from various locations around SK to mitigate the potential for

conflict of interest. A panel of the committee consisting of at least three (3) members of the committee can be assigned to a complaint.

No member of council or sitting member of the Discipline committee is eligible to be a member of this committee.

Duties

Once a complaint has been received by the CMLPSK office, the Executive Director/Registrar consults with the Chair of the committee. The Chair identifies if they have a conflict of interest, if there is no conflict of interest, they are assigned to the case and advise the Executive Directors/Registrar to proceed with assembling a panel of three that have no conflict of interest, to review the complaint. The CMLPSK assigns legal counsel to the committee for support, education and advice.

The committee shall:

- Review the complaint and determine next steps, if required.
- Legal counsel will be available to provide advice.
- Take any steps necessary as outlined in *The Act* to conduct the investigation.
- Upon completion of the investigation, the committee decision may be one or more of the following:
 - Recommend that no further action be taken;
 - Refer the complaint to mediation, if the complaint only concerns the complainant and the investigated registrant;
 - Caution the registrant;
 - Require the investigated registrant to complete specified continuing education;
 - Accept voluntary surrender of the registrant's licence;
 - Accept an undertaking from the investigated registrant that provides for one or more of the following:
 - Assess the registrant capacity or fitness to practice
 - Counselling or treatment of the registrant
 - Monitoring or supervision of the registrant's practice
 - Completion of a specified course by way of remedial training
 - Place conditions on the investigated registrants right to practise
 - Submit a written report to the Discipline Committee recommending that they proceed to a hearing to determine the outcome of the complaint.

Meeting Time Commitment

This committee meets only if there is a complaint received or an investigation in progress. There may be years when no meetings are required, however, when an investigation is in progress, several meetings may be necessary. Meetings are held virtually and are scheduled to accommodate the availability of the committee or panel of the committee assigned to the complaint.

Resources

The CMLPSK office arranges education opportunities relevant to the committee duties as they are available at CMLPSK expense. CMLPSK office has developed an Investigation and Complaints Handbook that is provided as a guide to the committee. Committee legal counsel is available to provide guidance in processes for decision of the committee or the panel.

DISCIPLINE COMMITTEE TERMS OF REFERENCE

Responsibilities

The Discipline Committee is responsible for hearing and determining any case submitted to it by the Counselling and Investigation Committee to determine whether a registrant is not guilty or guilty of professional misconduct or professional incompetence.

The committee is provided legal counsel to assist with the committee work. The CMLPSK office will coordinate meetings, pre-hearing conferences and hearings.

Composition

The Discipline Committee shall consist of at least five (5) persons, with the majority being Practicing registrants from various locations around SK to mitigate the potential for conflict of interest. One of the committee members must be one of the persons appointed to council by the Lieutenant Governor in Council. A panel of the committee consisting of at least three (3) members of the committee can be assigned to a discipline hearing.

Duties

Once a report referring a case to the committee has been received to the CMLPSK office, the Executive Director/Registrar consults with the Chair of the committee. The Chair identifies if they have a conflict of interest, and if there is no conflict of interest, they are assigned to the discipline case. The Executive Director/Registrar proceeds with assembling a panel, confirming that each have no conflict of interest, to hear the complaint.

CMLPSK office assigns a legal counsel to the committee for support, education and advice.

The committee shall:

- Conduct a formal hearing either virtually or in-person;
- Accept any evidence it considers appropriate;
- Hear the testimony of witnesses under oath or affirmation administered by the Chair;
- Have the right to examine and/or cross-examine all witnesses;
- Present evidence in defence and reply.

Upon conclusion of the hearing, the committee shall determine whether the member is guilty of professional misconduct or professional incompetence. Where the discipline committee finds a registrant guilty, it may make one or more of the orders as penalty outlined in s. 25 of *The Act*.

Meeting Time Commitment

This committee meets only if there is a complaint referred for a discipline hearing. There may be years when no meetings are required, however, when a hearing is required, 1-2 meetings may be necessary. Meetings are held virtually and are scheduled to accommodate the availability of the committee or panel of the committee assigned to the complaint.

Hearings would be in addition to committee meetings and are generally held virtually but may be in-person. The length of any hearing will depend on the complexity of the case and the number of witnesses. Most hearing are less than one day in length.

Resources

The CMLPSK office arranges education opportunities relevant to the committee duties as they are available at CMLPSK expense. CMLPSK office has developed a Discipline Handbook that is provided as a guide to the committee. Legal counsel is available to provide guidance in hearing processes for decisions of the committee or the panel.

STANDING COMMITTEES POLICY (G-10)

Purpose

This policy outlines the standing committees of CMLPSK.

Policy

Sections 24-27 of the Administrative Bylaws, establish the standing committees for CMLPSK. These committee members are appointed by Council and perform duties under the direction of Council. Council can also establish an ad-hoc committee for a single purpose for the duration required to complete the work assigned to it.

Authority

[The Medical Laboratory Technologists Act](#)

[The Administrative bylaws](#)

Procedure

The CMLPSK office provides administrative support to and monitors the progress for each of these committees. The Chair of each committee and the CMLPSK office complete an annual report of activity from the respective committee.

The standing committees include:

- Professional Practice committee;
- Finance and Audit committee;
- Ad hoc committee for a specific purpose.

Each standing committee is guided by their respective Terms of Reference.

PROFESSIONAL PRACTICE COMMITTEE TERMS OF REFERENCE

Responsibilities

The Professional Practice Committee is responsible for making decisions on education funding and requests for Continuing Professional Education (CPE) credits or Practice Hours (PH). The committee is accountable to Council and makes recommendations to council or CMLPSK office on matters related to registration, education programs, and continuing competency.

Composition

The committee consists of a minimum of five (5) members that include:

- Two members of council, one of which is the Chair of the committee
- One representative from the Saskatchewan accredited education program
- A minimum of two practicing registrants.

Duties

- Review and approve education fund requests for the continuing competency program
- Review the registration audit
- Make recommendations to Council as needed, for items such as:
 - Registration requirements
 - Entry to practice examinations
 - Medical Laboratory education programs
 - Continuing competency requirements
 - Standards of practice
 - Code of ethics (conduct).

The Chair in collaboration with the CMLPSK staff will develop an annual report to Council each year.

Meeting time commitment

Committee business may be virtual or by email depending on the complexity of the item(s) that require review. The CMLPSK staff consult with the Chair on outstanding business to determine the best option for conducting the business. When there are specific items referred to the committee by the Council for recommendation a virtual meeting is scheduled that accounts for committee availability.

FINANCE AND AUDIT COMMITTEE TERMS OF REFERENCE

Purpose

The Finance and Audit Committee is directly accountable to Council. The committee monitors the finances of the CMLPSK to ensure short and long-term financial stability. The committee reviews the Quarterly financial report submitted by the Executive Director/Registrar.

Composition

The committee consists of the Council Chair, Council Vice-Chair and one of the Public Representatives.

Duties

In collaboration with the Executive Director/Registrar, the committee meets to establish a draft budget to submit to Council for approval. The committee representatives review the annual audit and sign off once the audit has been approved by Council. The Executive Director/Registrar brings to the committee any potential expenses that are outside the budget for discussion prior to submitting to Council for approval.

Any expenses claimed by and paid directly to the Executive Director/Registrar must be reviewed and approved by the committee prior to the payment being issued.

Meeting time commitment

A significant amount of the work is conducted by email. The committee generally has one virtual meeting in the spring to review and recommend a budget to Council. Prior to the budget meeting, the Executive Director/Registrar submits a draft budget to the committee for review.

AD HOC COMMITTEES

Terms of reference are determined when a committee for a specific purpose has been developed.

COUNCIL EVALUATION POLICY (G-11)**Purpose**

The purpose of this policy is to establish regular and ongoing council evaluation which is a key component of good governance.

Policy

This policy outlines the council evaluation process for quality improvement.

Procedure

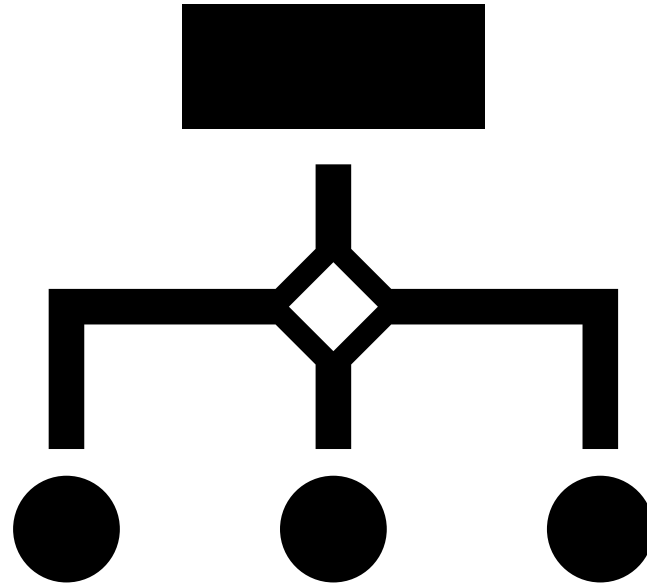
Each year the council will conduct an evaluation of council as well as council meetings and structure.

The Executive Director/Registrar will collaborate with the Chair to create an evaluation form that can be completed anonymously by each council member.

The form is meant to determine if there are areas of improvement and review any suggested changes Council may determine are necessary.

A consolidated, de-identified summary will be presented at a council meeting for Council to direct the Executive Director/Registrar to implement any agreed upon improvements.

SECTION 4: BUSINESS OPERATIONS



DELEGATION OF AUTHORITY POLICY (G-12)

Purpose

The purpose of this policy is to outline the process for Council to delegate power.

Policy

In alignment with the CMLPSK's mandate of public protection and good governance, Council delegates power to the Executive Director/Registrar to admit persons and issue licences as set out in *The Act*. The Executive Director/Registrar delegated duties are outlined in the Administrative Bylaws. The Executive Director/Registrar's job description provides a fulsome description of all duties that are expected.

Authority

[The Medical Laboratory Technologists Act](#)

[The Regulatory bylaws](#)

[The Administrative bylaws](#)

Procedure

The Executive Director/Registrar shall use reasonable interpretation of the legislation and Council policies to make decisions, take all actions, establish practices, and develop or modify activities that consist of day-to-day operations of CMLPSK. The Executive Director/Registrar remains accountable for CMLPSK operations.

The Executive Director/Registrar shall:

- Schedule council meetings, distribute the agenda approved by the Chair, and distribute all relevant meeting materials.
- Conduct operations of the CMLPSK in an efficient, financially prudent manner.
- Conduct business within the Executive Limitations policy.
- Consult with Council to develop annual strategic priorities.
- Provide support to Council and all committees.
- Report to Council any changes in legislation or practice in SK or across Canada.
- Hire staff or contractors within the budget approved by the council. Duties assigned to staff or contractors are accountable to the Executive Director/Registrar.
- Respond to Council requests for information on any duties, except those that are designated as confidential by legislation.

EXECUTIVE DIRECTOR/REGISTRAR PERFORMANCE REVIEW POLICY (G-13)

Purpose

The purpose of this policy is to outline the performance review process of the Executive Director/Registrar.

Policy

In alignment with good governance and business operations, the council will conduct a performance review of the Executive Director/Registrar each year.

Principles

The Executive Director/Registrar is accountable to the Council for delegated responsibilities, responsibilities listed in the Administrative Bylaws and those identified in the job description.

The council establishes the job description and competencies required for success. The council will conduct a performance review following the probationary period and at least annually thereafter.

The Executive Director/Registrar performance is measured against the annual key priorities and organizational expectations.

Procedure

The Executive Director/Registrar will submit an annual self-evaluation to the Council Chair. The self-evaluation tool must be approved by the council.

The self-evaluation tool shall include key areas such as but not limited to:

- Organizational goals and performance
- Leadership and Initiative
- Knowledge
- Communication
- Collaboration and Relationship building
- Financial and Legal Compliance
- Business Acumen
- Accountability
- Professionalism
- Decisiveness

Council will receive the self-evaluation tool and discuss “in-camera” and rate the Executive Director/Registrar performance. The Chair and/or the Vice-Chair may provide the evaluation to the Executive Director/Registrar either in-person or virtually.

EXECUTIVE DIRECTOR/REGISTRAR PAY POLICY (G-14)

Purpose

This policy establishes the initial pay rate and performance pay guidelines for the Executive Director/Registrar.

Policy

The council has a fiduciary duty to ensure strong fiscal management while ensuring sound operational expertise.

Principles

The Executive Director/Registrar is responsible for the day-to-day operations of CMLPSK.

The key responsibilities include but are not limited to:

- Maintain thorough knowledge of the legislation and policies, submit revisions when necessary
- Coordinate, provide support to and attend all meetings as required by the Council and committees
- Maintain Registers
- Ensure strategic objectives are met and reported regularly to the Council
- Perform recording secretary function for all meetings
- Process applications and respond to applicant requests
- Responsible for the maintenance of financial records and managing the financial audit
- Prepare and monitor budgets and cash flows
- Maintain and update official documents and the website
- Write reports and draft new legislation or policies
- Oversee day-to-day office and organization administration
- Supervise staff and contractors, and delegate duties as required
- Seek funding support for projects that support the CMLPSK mandate by preparing grant proposals, budgets, and evaluation plan
- Liaise with key partners such as the government, educational institutions, employers, other regulatory bodies and non-government agencies
- Represent the CMLPSK at meetings as required by the Council
- Manage or coordinate complaints and discipline procedures
- Other duties as assigned by the Council.

Procedure

The council has established that initial pay would align with the pay scale of MLT supervisor job description in the public sector, unless otherwise determined by council. Pay increases shall be determined by performance using the following pay increase guidelines:

Performance Evaluation key indicators	Pay increases
D- does not meet expectations	0%
P- partially meets expectations	0.5%
M- meets expectations	1%
E- exceeds expectations	2%

The council is committed to a review of the initial pay scale and pay increase guidelines if the Executive Director/Registrar pay rate does not reflect those in the public sector or other similar organizations.

BUSINESS CONTINUITY POLICY (G-15)

Purpose

The purpose of this policy is to manage organizational risk and maintain business operations.

Policy

In alignment with good governance, the CMLPSK office will develop processes to support a seamless, orderly transition from existing to new leadership in both planned and unplanned circumstances.

Principles

- Business continuity planning is a continuous process that requires clear roles, organizational goals, performance expectations, and the measurement of performance at both the individual level and council/committee level.
- Business continuity planning should be considered within the context of annual organizational goals.
- Careful, proactive business continuity planning inspires confidence among councilors which allows them to work at a strategic rather than operational level.
- The council will be informed of any operational risks and the mitigation strategy, so the risk will be minimized during an emergency or a transition period.

Procedure

- The CMLPSK office develops and updates a list of all vendors that payments are submitted.
- The CMLPSK office ensures at least two persons approved by council have access to all accounts, including but not limited to:
 - CRA
 - Bank account
 - Credit Card Processor
 - Employee Benefits
 - Payroll and Accounting system
 - Website
 - Registration database
 - IT support
 - Telecommunications
 - Credit card
- The CMLPSK office ensures that operations can continue if remote work is required, or if any staff member is unable to work.
- The CMLPSK office ensures that IT support is available to assist whenever it is necessary.
- The CMLPSK office ensures that system backup is conducted regularly as recommended by IT support.

EXECUTIVE LIMITATIONS POLICY (G-16)

Purpose

The purpose of this policy is to define boundaries which the CMLPSK Executive Director/Registrar can operate, ensuring compliance with the direction provided by Council.

Policy

The Executive Director/Registrar shall not cause or allow any practice, activity, decision or organizational structure which is illegal, imprudent or in violation of commonly accepted management practices or is inconsistent with CMLPSK's vision, values, policies and bylaws.

Procedures

GENERAL EXECUTIVE CONSTRAINT

The Executive Director/Registrar may exercise any reasonable interpretation of the limitations.

The Executive Director/Registrar will not cause or allow any practice, activity, or decision, which is either illegal, imprudent, or in violation of commonly accepted business and professional ethics.

The Executive Director shall:

- Deal with staff, volunteers, registrants, applicants and the public fairly
- Encourage openness in the decision-making processes of the organization
- Follow council policies to ensure fiscal stability and conform with generally accepted accounting and budgeting practices
- Maintain and protect physical assets of CMLPSK
- Approve compensation and benefits approved by the Council
- Inform Council of risks and recommend revisions to processes where necessary
- Prevent situations of conflict of interest
- Support the vision of the CMLPSK
- Support Council, staff, and committees

COMMUNICATION AND SUPPORT TO COUNCIL AND COMMITTEES

The Executive Director/Registrar shall ensure that the council and committees are informed and supported in their role by providing timely and accurate reports.

The Executive Director/Registrar shall:

- Submit data required by the Council or a committee in a timely, accurate and understandable fashion.
- Provide leadership, governance guidance, and administrative support to Council and committees
- Deliver communication tools to ensure privacy and confidentiality
- Supply timely and thorough information to support informed decisions

- Support Council and committees with education opportunities to enhance their contribution within budget limitations
- Report any actual or anticipated noncompliance in a timely manner
- Inform Council or committee chair when issues arise
- Consult with Council or committee chair to determine meeting dates and agendas

TREATMENT OF STAFF AND VOLUNTEERS

The Executive Director/Registrar shall ensure employees, contractors, and volunteers are treated fairly in a dignified and organized manner.

The Executive Director/Registrar shall:

- Operate within Council approved policies and procedures
- Ensure compliance with labour legislation
- Respect all staff, contractors, and volunteers and be receptive to receiving their point of view
- Acquaint staff with their rights and responsibilities
- Orientate staff, contractors and volunteers to their duties
- Effectively deal with performance matters, and provide areas for improvement

FINANCIAL CONDITION

The Executive Director/Registrar shall identify and provide an explanation to the Council for any deviation of actual expenditures vs. the budget. The Executive Director/Registrar must label any items that have potential for fiscal jeopardy.

The Executive Director/Registrar shall:

- Ensure expenditures do not exceed funds received in the fiscal year-to-date unless Council has approved the expenditure and/or use of reserve funds
- Shall not incur debt without council approval
- Request council approval for use of long-term reserves with explanation
- Settle payables or receivables within 60 days and notify the finance and audit committee when this is not possible
- Ensure government-ordered payments or filings are accurately filed and submitted prior to deadline
- Receive approval of Finance and Audit Committee prior to issuing expense payments to Executive Director/Registrar
- Consult with and receive approval from Council in advance of multi-year contracts to lease or purchase capital equipment that exceeds the approved budget

BUDGETING AND FORECASTING

The Executive Director/Registrar shall ensure financial plans and budgets are in place for each fiscal year and align with the strategic priorities considering financial risk.

The Executive Director/Registrar shall:

- Complete a budget in collaboration with the Finance and Audit Committee, in the first quarter of each year for the next fiscal year
- At least quarterly, provide the Finance and Audit Committee with a year-to-date financial summary that includes:
 - Current profit and loss
 - Budgeted to actual year-to-date with variance
 - Projections for year-end expectations
- At each council meeting, provide a financial narrative, profit and loss report, budgeted to actual year-to-date and a status summary of risks.
- Notify the Finance and Audit Committee and/or Council if there are unexpected unbudgeted expenses.

ASSET PROTECTION

The Executive Director/Registrar shall ensure corporate assets are protected and maintained to minimize risk.

The Executive Director/Registrar shall:

- Follow a risk management strategy that identifies, assesses and manages risk to mitigate risk
- Ensure an adequate comprehensive insurance policy providing property and liability coverage in an amount and terms which are comparable to other regulatory organizations in Saskatchewan
- Prohibit personnel payment of funds, unless approved by Finance and Audit Committee
- Ensure facilities and equipment have sufficient maintenance and replace items that may be a safety or security concern
- Receive, process, or disburse funds within internal controls in accordance with the recognized accounting principles and standards to comply with applicable laws
- Ensure purchases are within the budget allowance, and report to Council items above the threshold
- Protect all property, information and files from loss, breach or considerable damage
- Invest or hold operating capital in low-risk secure instruments, including chequing accounts, term investments or savings accounts
- Eliminate conflict of interest when entering any contracts
- Ensure adequate protection from loss or unauthorized access of CMLPSK information and intellectual property

- Ensure the CMLPSK has a current and comprehensive technology plan sufficient to maintain security and integrity of all electronic files and registration data.

COMPENSATION AND BENEFITS

The Executive Director/Registrar shall ensure the fiscal integrity as it relates to the employment, compensation and benefits to employees, contractors, consultants, and volunteers.

The Executive Director/Registrar shall:

- Ensure their own compensation and benefits are reviewed and approved by Council
- Maintain established benefits plan
- Use annual increments for staff as determined by performance using the Standard Pay Increase Guidelines
- Recommended pay ranges or salary grid for staff, should they be outside the current guidelines, are to be approved by the Council
- Ensure contract services meet the objectives approved in the budget
- Ensure contracted service rates are negotiated with consideration of the complexity of the task, market value and the expertise required in fulfilling the requirements
- Submit contracted services required above the budget allocation for approval by Council.

MAINTENANCE OF THE REGISTER

The CMLPSK must maintain a current and accurate register.

The Executive Director/Registrar shall:

- Establish the format of the public register
- Modify the register when registration processes change
- Ensure the public register is backed up on a secure network.

COMMUNICATION AND PUBLIC INTERACTION

The Executive Director/Registrar or Council Chair are the spokespersons for the organization. It is imperative that all written and verbal communication is respectful and courteous.

The Executive Director/Registrar shall:

- Provide regular communication to registrants with a focus on regulatory requirements
- Provide regular communication to the Council Chair and Council with updates to be provided whenever significant change or concerns arise
- Inform registrants of their professional responsibilities and consequences of non-compliance
- Address inquiries or concerns from registrants, stakeholders, new applicants and the public

COLLABORATION

The Executive Director/Registrar shall develop collaborative relationships to achieve the organization's mandate. Collaborative engagement may result in efficiency and effective use of resources.

The Executive Director/Registrar shall foster relations with but not limited to:

- Canadian Alliance of Medical Laboratory Professionals Regulators
- Network of Interprofessional Regulators Organization
- MLT education programs in Saskatchewan
- MLT education program outside Saskatchewan as necessary
- Saskatchewan employers
- Saskatchewan Laboratory Quality Assurance Program
- Government of Saskatchewan
- MLT education Accreditation program

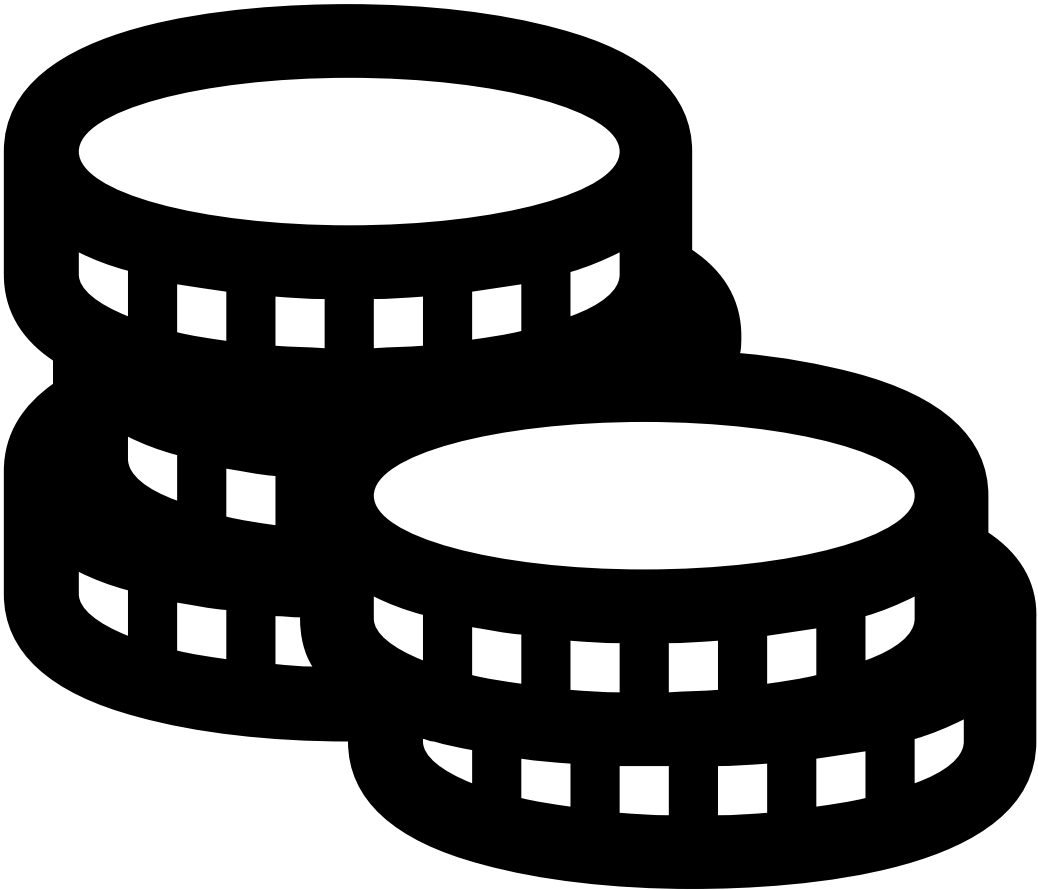
INFORMATION MANAGEMENT

The Executive Director/Registrar is responsible for ensuring the organization has an effective information management system.

The Executive Director/Registrar is responsible to:

- Maintain and update necessary information management systems
- Develop a plan for a smooth transition whenever IT changes are made
- Evaluate the effectiveness of the current system and implement upgrades necessary
- Ensure that back-up and recovery plans are in place
- Meet the legislative requirements for record retention, confidentiality, privacy, and freedom of information
- Ensure data compromise and recovery insurance is in place if an event occurs
- Implement dual factor authentication for all applications whenever possible
- Ensure a monthly security review is conducted by IT support

SECTION 5: FIDUCIARY RESPONSIBILITIES



CMLPSK FINANCIAL FRAMEWORK

The CMLPSK financial framework outlines the requirements for sound financial practices. The framework consists of guiding principles along with several policies approved by the Council.

Guiding Principles include:

- CMLPSK conducts business with honesty, fairness, accountability, and transparency.
- CMLPSK office will take all reasonable efforts to maintain and safeguard assets through internal and external controls approved by Council.
- CMLPSK is responsible for the expenses it incurs while conducting its affairs.
- An external financial audit of CMLPSK is conducted annually.
- CMLPSK Council selects, by motion, a qualified auditor to conduct the annual financial audit.
- The CMLPSK Finance and Audit committee will review the audited financial statements and recommend approval by the Council.
- The CMLPSK Council will approve, by motion, the annual audited financial statements.
- CMLPSK shall conduct a strategic plan on a regular basis to provide direction and identify financial priorities to be considered for the budget cycle.
- Bookkeeping is performed by a qualified bookkeeper according to generally accepted accounting principles.
- Specific financial policies are developed to ensure fiscal stability.

SIGNING AUTHORITY AND EXPENSE PAYMENT POLICY (G-17)

Purpose

This policy outlines the approved signing authority for CMLPSK and the mechanism for expense approval and payment.

Policy

In alignment with good financial practices, the CMLPSK must incorporate internal controls for payments and expenses that are managed in a legal, ethical manner to safeguard the organization's assets.

Authority

[The Medical Laboratory Technologists Act](#)

[The Administrative bylaws](#)

Procedure

SIGNING AUTHORITY

Those approved for signing authority are outlined in section 4 of the Administrative Bylaws and appointed by the Council. All approved expenditures must meet legal, ethical, policy, and procedural requirements of the organization.

All payments must:

- Review and approved by the Executive Director/Registrar or designated staff member prior to submission to the Bookkeeper.
- Be initiated by the Bookkeeper for internal controls essential for segregation of duties.
- Have two-person approval for payments to be executed.
- Submit any expenses payable directly to the Executive Director/Registrar to the Finance and Audit committee for approval prior to payments being executed.
- Submit items outside of the budget guidelines to the Council for approval prior to expenditures being made.
- Be approved by the council when they are above the signatory's limit of \$10,000.

EXPENSE PAYMENT

Expenses incurred when performing duties on behalf of CMLPSK will be paid by CMLPSK in a transparent, timely and fair manner. Whenever possible, CMLPSK will pay for items directly to the vendor to reduce reimbursement requests.

Council and Committee members shall be reimbursed for:

- All substantiated expenses while conducting CMLPSK duties using the rates established by CMLPSK Council.
- All pre-approved conference expenses
- Professional development requests within the council approved limit
- Honoraria to conduct CMLPSK duties may be requested if the work is on a scheduled workday that they must take time off without pay, and:
 - Requests for Honoraria must be pre-approved by the CMLPSK office.
 - Rates for Honoraria are the rates approved by the council.
 - The Executive Director/Registrar will monitor honoraria requests and shall bring to Council approval amounts that may jeopardize the annual finances.

APPROVED PARTICIPATION

The CMLPKS council has approved the following expenses:

- The Chair and Vice-Chair attendance at the annual regulatory conference.
- Professional development funds in the amount of \$250/year for each council member that does not attend the annual regulatory conference. Re-imburement can be issued following receipt of proof of attendance or completion.

INVESTMENT AND RESERVE FUND POLICY (G-18)

Purpose

This policy outlines the approved investment practices and reserve fund allocation for CMLPSK.

Policy

In alignment with good management practices, investments and reserve funds are identified to ensure the long-term financial stability of CMLPSK.

Authority

[The Medical Laboratory Technologists Act](#)

[The Trustee Act, 2009](#)

Procedure

INVESTMENT PRACTICES

The CMLPSK Council approved investment practices to be:

- Investments in low risk, limited to fixed income securities such as GICs, bonds, and debentures.
- Constructed so the portfolio preserves capital and maximizes income.
- Flexible in the short term to accommodate specific operation expenses without penalties.
- Consider a 3 to 5-year view that is reviewed annually by the Finance and Audit Committee and Council.

RESERVED FUNDS

The CMLPSK shall maintain reserve funds for unexpected or extraordinary expenses and sufficient funds to wind down CMLPSK operations, should these be necessary.

The CMLPSK Council approved reserved funds to be:

- Maintained by the Executive Director/Registrar for unexpected events or unanticipated expenses.
- Funded with surplus operating funds.
- An amount determined proportionate to the organization's risk tolerance and shall be reviewed annually by the Council.
- Monitored regularly by the Finance and Audit Committee with any recommended changes to be approved by the Council.
- Determined to ensure alignment with *The Act* and the *Trustee Act, 2009*.

Approved Reserve Funds:

- Legal fund
 - Amount \$150,000.

- For unbudgeted expenses related to complaints and discipline against registrants or litigation against CMLPSK.
- Contingency Fund
 - Amount \$200,000
 - For operations in the event of unforeseen circumstances.

CORPORATE CREDIT CARD POLICY (G-19)

Purpose

The purpose of this policy is to outline the practices for CMLPSK corporate credit cards.

Policy

In accordance with good financial practices, CMLPSK council has established corporate credit card access and credit limits.

Procedure

CMLPSK corporate credit cards must be:

- Limited to CMLPSK staff that have expense approval and signing authority.
- Established under one master account with the total limit approved by council.
- Reconciled and paid each month to avoid any late payment fees.
- Stored in a secure location when it is not needed.

STRATEGIC PLANNING POLICY (G-20)

Purpose

The purpose of this policy is to outline the organization's strategic planning processes.

Policy

In accordance with good governance and business operations, CMLPSK will engage in strategic planning to establish a clear direction for the organization's future.

Procedure

A strategic plan allows an organization to define their vision for the future and identify their goals and objectives.

CMLPSK will engage in strategic planning every 3-5 years to:

- Clarify the vision, mission, and value statements.
- Set strategic goals for the organization's future.
- Analyze the current business operations and make recommended changes as needed.
- Define strategic priorities and threats.
- Develop goals and metrics for reporting.
- Monitor and evaluate the progress of previous strategic goals, and course correct when necessary.

SECTION 6: REFERENCES AND DOCUMENTS

All references or documents listed in this handbook can be accessed in the CMLPSK:

[Document Library](#)

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