

Policy P.1.5

Accreditation of Prescribed Qualifications

Purpose

Section 12(1) and 12(4) of the Act require the Board to prescribe the qualifications for each scope of practice the Board describes and to monitor every New Zealand educational institution that the Board accredits for providing those prescribed qualifications.

Policy

1. Prescribed Qualifications:

1.1 The Board has prescribed the following qualification for the scope of practice of medical laboratory scientist:

1.1 Bachelor of Medical Laboratory Science (BMLS).

1.2 The Board has prescribed the following qualifications for the scope of practice of medical laboratory technician:

1.2.1 Qualified Medical Laboratory Technician (QMLT).

1.2.2 Qualified Phlebotomist Technician (QPT).

1.2.3 Qualified Donor Technician (QDT).

2. Objective of Accreditation:

2.1 The Board is committed to ensuring graduates of the Board-prescribed qualifications programmes will have a sound knowledge and skills base to practice medical laboratory science safely and effectively.

2.1 The prescribed qualifications programmes will meet the requirements for competence as set out in the Board's Code of Competencies and Standards for the Practice of Medical Laboratory Science policy document.

3. Process of Accreditation:

3.1 Accreditation will be granted for up to six years subject to any requirements which may arise as a result of the accreditation review.

- 3.2 Each educational provider of a Board-prescribed qualification programme will be required to undergo an accreditation review every six years thereafter.
- 3.3 The accreditation process will be open, consultative, and transparent to all parties.
- 3.4 The accreditation review process will be collegial and constructive and will respect the autonomy of the educational institution.
- 3.5 The accreditation review will focus on the achievement of objectives, maintenance of academic standards, public safety requirements, and sound outputs and outcomes rather than on detailed specification of curriculum content.
- 3.6 The accreditation review of providers of the BMLS degree programme will include a site visit.
- 3.7 Each accreditation review will be undertaken by a Board-appointed team that includes practising medical laboratory scientists.
- 3.8 The Board will monitor implementation of recommended changes after the accreditation of the prescribed qualification programme is approved.
- 3.9 Ongoing monitoring of education providers of all accredited qualification programmes will be managed through each provider submitting an annual report to the Board and regular review of the course content of the qualification programme.

Procedures

A. Bachelor of Medical Laboratory Science (BMLS)

1. Communication

- 1.1 All communications between the educational providers and the Board in regards to the accreditation and ongoing monitoring of the prescribed qualification programmes will be directed through the Board's CEO/Registrar.

2. Timetable

- 2.1 Twelve months before accreditation is due to lapse the Board will notify the university of the process for the accreditation review.
- 2.2 A mutual date for the site visit will be agreed between the university concerned and the Board.

3. Accreditation Team

- 3.1 An accreditation team to undertake an accreditation review of a university provider of the BMLS qualification programme will be appointed by the Board at least six months prior to the scheduled accreditation visit.

- 3.2 The accreditation team is typically comprised of three members:
- 3.2.1 One Medical Laboratory Scientist.
 - 3.2.2 One Board member (preferably someone with an academic background in the university setting).
 - 3.2.3 One university academic nominated by the Australian Institute of Medical Science.
- 3.3 Administrative support for the accreditation team is provided by a MSS staff member as delegated by the CEO/Registrar.

4. Documentation

- 4.1 BMLS education providers will supply the Board with all required documentation at least three months prior to the date set for the accreditation team's site visit.
- 4.2 Documentation required from the universities providing the BMLS degree programme is detailed in [Section Five: Forms and Templates: FT.1.5.0: Documentation Required From Educational Providers of the BMLS Degree Programme](#).
- 4.3 Prior to the site visit each member of the accreditation team will familiarise him/herself with the documentation provided by the university to prepare a basis for discussions during the visit.

5. Accreditation Visit

- 5.1 The accreditation review of the New Zealand universities who provide the BMLS degree programme will involve a site visit of approximately three-days duration.
- 5.2 The university will be responsible for compiling the schedule for the site visit in consultation with the Board's CEO/Registrar.
- 5.3 The CEO/Registrar will liaise with the team leader of the accreditation team in regards to the site visit schedule.
- 5.4 The schedule for the site visit will be finalised at least two months prior to the site visit.
- 5.5 The site visit schedule will include times for the accreditation team to meet with the relevant heads of Departments, teaching staff, members of the Course Advisory Committee/Board of Studies, and students.
- 5.6 The site visit schedule will include times for the accreditation team to visit facilities such as lecture rooms, laboratories, library and computer facilities, whether on-site or off-site.

- 5.7 Members of the accreditation team will be obliged to maintain the confidentiality of all material examined.
- 5.8 The accreditation team will evaluate the university against a set of criteria as set by the Board and detailed in [Section Five: Forms and Templates: FT.1.5.1: Criteria to be Assessed during an Accreditation Review of an Educational Provider of the BMLS Programme.](#)

6. Accreditation Report:

- 6.1 A written report will be prepared in draft form within 60 days of the site visit and forwarded to the university for initial comment on its factual accuracy and on any recommendations or conclusions. One month will be allowed for such comments to be submitted to the Board's CEO/Registrar.
- 6.2 The accreditation team will then finalise the report and submit it to the Board with recommendations in regards to accreditation of the university.
- 6.3 The Board will make a final decision on accreditation and notify the university.
- 6.4 The decision of the Board may be:
 - 6.4.1 Accreditation for 6 years subject to receipt of annual reports; or
 - 6.4.2 Accreditation for 6 years subject to certain conditions being addressed within a specified period and to receipt of satisfactory annual reports; or
 - 6.4.3 Accreditation for a shorter period of time due to identification of significant deficiencies. When the deficiencies have been addressed to the Board's satisfaction this will be extended to 6 years subject to receipt of satisfactory annual reports; or
 - 6.4.4 Accreditation refused due to deficiencies being so serious as to warrant that action.
- 6.5 The final report, as approved by the Board, will be sent to the university concerned.
- 6.6 The accreditation report may be released to other parties upon mutual agreement between the Board and the relevant university.

7. Ongoing Monitoring – Annual Reports

- 7.1 During the accredited period the university will provide the Board with an annual report by no later than 1st March each year.
- 7.2 The annual report will detail:
 - 7.2.1 Current status of the course curriculum; and
 - 7.2.2 Any significant changes to the course structure or content; and

- 7.2.3 Any significant changes to the course administration and personnel;
and
- 7.2.4 Any issues that may affect the education provider's ability to deliver
the course;
- 7.2.5 Course numbers and graduate requirement outcomes

8. Ongoing Monitoring – Moderation

- 8.1 The Board requires universities providing the BMLS qualification programme to arrange for the course content to be reviewed on a regular. This process is referred to as moderation.
- 8.2 The New Zealand Institute of Medical Laboratory Science (NZIMLS) is responsible for coordinating the schedule and logistics of the moderation process.
- 8.3 Persons who undertake such moderation reviews will be practitioners who are currently practising in the relevant medical laboratory science health service category and have substantial knowledge and experience of that health service category.
- 8.4 Moderation reviews will be independent of the university. That is, moderators should not have a close connection to the particular university whose course content is being reviewed.
- 8.5 The selection, training and payment of moderators is determined between the BMLS provider and the NZIMLS.
- 8.6 The course content to be reviewed must include the course content in the specific health service category that is offered at each level of the degree. That is, it must include relevant course content at years 2 and 3 and may include content from the 1st Year Health Sciences course.
- 8.7 The course content for each of the health service categories offered at 4th year level must be reviewed on a regular cycle.
- 8.8 Each moderation review will be undertaken by two moderators.
- 8.9 Each moderation review will be accompanied by a written report from the persons who undertook the review. A copy of that report will be forwarded to the Board's CEO/Registrar in April of each year.
- 8.10 Information the Board expects a moderation report to cover is detailed in [Section Four: Forms and Templates: FT.1.5.2: Reporting Guidelines for Moderators of BLS Course Content](#).
- 8.11 Each course relating to a medical laboratory science health service category will be reviewed every three years. A schedule for these 3-yearly reviews will be provided by the Board to the NZIMLS and providers of the BMLS.

B. Qualified Medical Laboratory Technician/Qualified Phlebotomist Technician/Qualified Donor Technician

1. Communication

- 1.1 All communications between the educational providers and the Board in regard to the accreditation and ongoing monitoring of the prescribed qualification programmes will be directed through the Board's CEO/Registrar.

2. Timetable

- 2.1 Twelve months before accreditation is due to lapse the Board will notify the New Zealand Institute of Medical Laboratory Science (NZIMLS) of the process for the accreditation review.
- 2.1 For the Qualified Medical Laboratory Technician (QMLT), Qualified Phlebotomist Technician (QPT), and Qualified Donor Technician (QDT) study and examination programmes provided by the NZIMLS, the CEO/Registrar will liaise with a NZIMLS representative to agree a review date.

3. Documentation (QMLT, QPT and QDT):

- 3.1 The NZIMLS, as provider of the QMLT, QPT and QDT qualification programmes will complete an accreditation questionnaire and return that along with supporting documentation to the Board's CEO/Registrar at least one month prior to the review date.
- 3.2 Documentation required from the NZIMLS is detailed in [Section Five: Forms and Templates: FT.1.5.3: Information/Documentation Required from Educational Providers of Prescribed Qualifications Programmes for Medical Laboratory Technicians](#).

4. Accreditation Review Panel

- 4.1 The NZIMLS will appoint a representative/s to liaise with the Board's CEO/Registrar for the period of the review.
- 4.2 The accreditation review panel will evaluate the qualification programmes against a set of criteria as set by the Board and detailed in [Section Five: Forms and Templates: FT.1.5.4: Criteria to be Assessed during an Accreditation Review of an Educational Provider of the QMLT/QPT/QDT Qualification Programme](#).

5. Accreditation Report:

- 5.1 A written report will be prepared in draft form within 60 days of the review date and forwarded to NZIMLS for initial comment on its factual accuracy and on any recommendations or conclusions. One month will allowed for such comments to be submitted to the Board's CEO/Registrar.

- 5.2 The review panel will then finalise the report and submit it to the Board with recommendations in regards to accreditation of NZIMLS
- 5.3 The Board will make a final decision on accreditation and notify NZIMLS
- 5.4 The decision of the Board may be:
 - 5.4.1 Accreditation for 6 years subject to receipt of annual reports; or
 - 5.4.2 Accreditation for 6 years subject to certain conditions being addressed within a specified period and to receipt of satisfactory annual reports; or
 - 5.4.3 Accreditation for a shorter period of time due to identification of significant deficiencies. When the deficiencies have been addressed to the Board's satisfaction this will be extended to 6 years subject to receipt of satisfactory annual reports; or
 - 5.4.4 Accreditation refused due to deficiencies being so serious as to warrant that action.

6. Ongoing Monitoring – Annual Reports:

- 6.1 During the accredited period NZIMLS will provide the Board with an annual report by no later than 1st March each year.
- 6.2 The annual report will detail:
 - 6.2.1 Current status of the course curriculum; and
 - 6.2.2 Any significant changes to the course structure or content; and
 - 6.2.3 Any significant changes to the course administration and personnel; and
 - 6.2.4 Any issues that may affect the education provider's ability to deliver the course;
 - 6.2.5 Course numbers and graduate requirement outcomes

Documentation Required from Educational Providers of the BMLS Degree Programme

STAFFING:

- Director of course – qualifications, experience, involvement in research.
- Teaching staff – qualifications, experience, involvement in research.
- Ratio of full-time to part-time staff.
- Staff appraisal and development programme.

FUNDING AND MANAGEMENT:

- Budget for last year and projected budget for next year.
- Funding for research.
- Organisational structure and management.
- Major committees involved in the course – Terms of reference, membership, frequency, example of minutes.

FACILITIES:

- Lecture rooms.
- Laboratories.
- Library facilities including course texts available, journals and recent textbooks.
- IT facilities.
- Major equipment.
- Off site physical resources if used.
- Distance learning.

STUDENTS:

- Numbers.
- Entry requirements, selection procedures.
- Support services such as facilities for study and recreation, health services.
- Mentoring or advising students.
- Monitoring of progress in 4th year.

RESEARCH:

- Research carried out by lecturers, students and departments.
- Numbers of post graduate students.
- Publications produced in last 5 years.

COURSE CONTENT:

- Structure of course including subjects, points and hours, integration and organisation of curriculum.
- Description of subjects.
- Methods of teaching and learning including specific examples to illustrate.
- Ratio of taught to self learning.
- Assessment methods used and when they take place.

Criteria to be Assessed during an Accreditation Review of an Educational Provider of the BMLS Degree Programme

The following criteria are used by the Board-appointed accreditation team to assess the BMLS degree programme.

1. STAFFING:

- 1.1 The programme is directed and administered by a person of recognised stature in the field of medical laboratory science.
- 1.2 Full time academic staff is adequate in number and appropriately qualified for the objectives of the programme to be met.
- 1.3 Academic staff responsible for teaching clinical medical laboratory science have relevant experience in one or more of the health service categories of medical laboratory science including routine laboratory testing and an understanding of modern technologies.
- 1.4 There are adequate numbers of support staff for the teaching of the programme.
- 1.5 There is an ongoing programme of staff appraisal and development.

2. FUNDING:

- 2.1 The programme is sufficiently funded to be able to achieve its objectives and maintain a high standard.

3. COURSE CONTENT AND PROGRAMME STRUCTURE:

- 3.1 The curriculum is documented and readily available to students and the accreditation review team.
- 3.2 The programme is an integrated study of medical laboratory science (MLS) such that graduation follows advanced study to the Bachelor level of two of the major MLS health service categories. This follows comprehensive study of basic physical and biomedical sciences. There is evidence of instruction in the pathological basis of disease processes and how laboratory studies in each of the clinical health service categories relates to the investigation, diagnosis, treatment and overall understanding of the disease.
- 3.3 Graduates have knowledge and understanding of the following:
 - 3.3.1 Chemistry – basic chemical concepts and mechanisms beyond the normal upper secondary level study of the subject.

- 3.3.2 Physics – including the principles, operation and care of laboratory equipment, microprocessors and computers.
- 3.3.3 Human Morphology and Physiology – including the cellular and histological organisation of the human body and the mechanisms of cells at the organ and cellular level.
- 3.3.4 Biochemistry – including the mechanisms of metabolism operating in mammalian systems.
- 3.3.5 Molecular Biology – including the theoretical basis of molecular biology and the application of molecular biology techniques in the diagnosis of disease.
- 3.4 The programme provides students with a minimum of one semester, including laboratory sessions, in each of the following subjects:
 - 3.4.1 Haematology
 - 3.4.2 Clinical Immunology
 - 3.4.3 Transfusion Science
 - 3.4.4 Clinical Biochemistry
 - 3.4.5 Clinical Microbiology and Virology
 - 3.4.6 Clinical Histopathology/Cytology
- 3.5 Graduates have knowledge of and are able to apply:
 - 3.5.1 Safe practice
 - 3.5.2 Ethical practice
 - 3.5.3 Quality assurance and quality control
 - 3.5.4 Cultural integrity
- 3.6 Graduates are equipped to further develop their knowledge and skills plus undertake research.
- 3.7 The programme provides an appropriate range of laboratory experiences including practical work under realistic conditions. Graduates have the skills to perform routine tasks as required in New Zealand medical laboratories.

4. EDUCATIONAL OBJECTIVES AND ASSESSMENT:

- 4.1 Educational methods are consistent with the programme's objectives.
- 4.2 Assessment processes are monitored.

- 4.3 Assessment processes determine if students have acquired the knowledge, skills and attitudes required to practice medical laboratory science.

5. STUDENT SELECTION AND SUPPORT:

- 5.1 Student selection procedures are defined, consistent and free of discrimination.
- 5.2 There are adequate student support services such as:
 - 5.2.1 Access to counselling services
 - 5.2.2 A student health service
 - 5.2.3 Academic advisors
 - 5.2.4 Adequate facilities for study and recreation

6. FACILITIES AND EQUIPMENT:

- 6.1 Access to and experience with up-to-date equipment as used in the modern laboratory.
- 6.2 Adequate teaching areas with appropriate facilities (lecture theatres, laboratories, computer rooms).
- 6.3 Adequate library facilities with access to current and relevant journals and appropriate texts.

7. RESEARCH:

- 7.1 Adequate facilities for staff/student research to be undertaken.
- 7.2 Fundamental and/or applied research activities carried out by staff from the department.

8. EVALUATION:

- 8.1 There is a programme/course advisory (or similar) committee with professional representation.
- 8.2 The programme is internally and externally moderated.
- 8.3 Students' opinions of the value of teaching – gained from regular assessment – are considered.
- 8.4 There is a mechanism for reviewing the curriculum.

- 8.5 There is a system to monitor the achievements of students during clinical placements.
- 8.6 There is a system to check the quality of graduates produced.

Reporting Guidelines for Moderators of BMLSc Course Content

Moderators reviewing the course content of the BMLSc programme are requested to follow the following reporting guidelines when preparing their joint report to the Board on their subject area.

1. INTRODUCTION:

Outline the material supplied and the process followed. Briefly discuss any difficulties encountered.

2. REVIEW FINDINGS:

2.1 Theoretical Component:

Consider the theoretical base of the subject in terms of:

- The completeness of the coverage
- The level at which the subject is being taught
- Any deficiencies
- Recommendations/suggestions

2.2 Curriculum Documentation:

Consider the material provided in terms of:

- The clarity and quality of presentation
- Completeness of information for students
- Articles/support material/in-house notes provided
- Adequacy of referencing

2.3 Emphasis on Key Elements:

There should not be an inappropriate over-emphasis on the more esoteric components of the course. Consider:

- The appropriateness of time allocations
- The emphasis given to key components

2.4 Educational Objectives:

Consider whether educational objectives, both practical and theoretical, will be met by the syllabi. In particular:

- Are educational objectives for projects clearly set, unambiguous?
- Are skills to be mastered well-defined?

2.5 Assessment Process:

Consider whether assessment processes are clearly articulated, fair to students and adequately monitored. Consideration should be given to:

- The documentation of assessment processes
- Marking schedules
- Distribution of marks (theoretical/practical/logbooks)

- Penalties for late assignments
- Guidelines to assist the students in report writing
- Moderation processes

2.6 Practical Component:

Consider the practicals and logbooks in terms of the need for the student to:

- Gain practical experience and competency in a range of representative techniques that they will use with reasonable frequency in the laboratory
- Gain practical experience/skills that will challenge a student's ability to identify and solve problems
- Gain practical experience/skills that will make the student attractive to the job market
- Gain experience and competence with commonly-used instrumentation

2.7 Investigative and Problem-Solving Skills:

Consider the requirements for graduates to:

- Retrieve and critique published material
- Integrate knowledge to solve problems

3. CONCLUSION:

Acknowledgement of assistance/comment/feedback

Discussion of response to first draft

Comment on balance between theoretical/practical components

Particular strengths noted

Summary of recommendations/suggestions

Information/Documentation Required from Educational Providers of Prescribed Qualification Programmes for Medical Laboratory Technicians

The Board accredits and monitors New Zealand qualifications approved for registration under the Health Practitioners Competence Assurance Act 2003.

Accreditation criteria for the QMLT QPT and QDT qualification programmes set by the Board and are detailed in Appendix Four of this policy document.

This Accreditation Questionnaire was developed to assist the course provider(s) of Board-approved prescribed qualification programmes for the scope of practice of medical laboratory technician, to document the ways in which the programme meets the accreditation criteria set by the Board.

1. PERSONNEL:

1.1. Appropriate executive oversight is provided to meet the objectives of the course.

Who is responsible for the oversight of the QMLT/QPT/QDT courses?

1.2. Personnel are adequate in number and appropriately qualified to administer the course.

Who is responsible for the administration of the course?

1.3. Personnel who set or moderate the examinations have relevant qualifications and experience in medical laboratory science.

What protocol is followed to select examiners and moderators for the examinations?

1.4. There is a process for examiner appraisal and development.

Are examiners' performance assessed and if so how is this undertaken?

Are opportunities provided to examiners and moderators to further develop their skills and if so how is this done?

2. COURSE EXAMINATION CONTENT & STRUCTURE:

2.1. The syllabus is well documented and readily available to trainees.

How is the syllabus documented?

How is it made available to trainees?

2.2. The course provides trainees with a minimum of two years (4000 hrs) relevant practical experience in one of the following health service categories:

Clinical Biochemistry	Haematology
Histology	Immunology
Medical Cytology	Microbiology
Mortuary	Phlebotomy
Transfusion Science	Virology

How do candidates have their two years practical experience verified?

Are there provisions for candidates to be allowed to sit the examination before meeting this requirement for any reasons (and if so, what are they)?

2.3. The syllabus provides for the integrated study of a health service within the profession of medical laboratory science and includes:

List or otherwise provide documentation on how the following studies are integrated into the syllabus

2.3.1. Basic human anatomy and physiology

2.3.2. The fundamentals of the pathological basis of disease processes

2.3.3. Common diagnostic techniques and laboratory procedures

2.3.4 Basic instrumentation; principles, operation and maintenance where applicable

2.4. The syllabus provides graduates with knowledge of the following competencies as set by the Medical Laboratory Science Board:

List or otherwise provide documentation on the ways in which the syllabus covers the following competencies. What methods are used, eg case studies?

2.4.1. Practice as a Professional

2.4.2. Practice as a technician

2.4.3. Safe Practice

2.4.4. Communication

2.4.5. Culturally competent practice

3. EDUCATIONAL OBJECTIVES & ASSESSMENT:

3.1. Educational methods are consistent with the course objectives.

What are the course objectives?

Who is responsible for setting the course objectives?

When are course objectives reviewed?

3.2. Assessment processes determine if a candidate's knowledge is sufficient for them to practice safely as a medical laboratory technician.

3.3. How are candidates examined to determine if they have adequate knowledge to practice safely as a medical laboratory technician/phlebotomist?

4. CANDIDATE SELECTION & SUPPORT:

4.1. Candidate selection is defined, consistent and free of discrimination.

How are candidates selected for enrolment in the QMLT/QPT/QDT examination?

4.2. Candidate support provisions are adequate to meet the objectives of the course.

What support is provided to candidates prior to sitting the examination?

5. RESOURCING:

5.1. The course of study is sufficiently resourced to achieve its objectives and to maintain high standards.

How are examination costs covered by the Institute?

Are there sufficient funds to meet the course objectives including the cost of course development and revision?

6. INFRASTRUCTURE (FACILITIES & EQUIPMENT):

6.1. Adequate facilities are available to support the organisational requirements of the course.

Where is the co-ordination and dissemination of course material based?

Is there adequate IT equipment and support for the administrative requirements of the course?

6.2. Adequate resources are available for the planning, preparation and production of syllabi and examination papers.

How are examination papers and associated documentation prepared and distributed?

7. MONITORING & EVALUATION:

7.1. There is a course advisory committee with professional representation.

Is there a course advisory committee and if so, please report on how it is constituted and how it operates (meetings? Email? etc)

7.2. The course examinations are moderated.

Are course examinations moderated and if so by whom?

7.3. There is a mechanism for reviewing the syllabus.

When is the syllabus reviewed?

Who is responsible for the review?

What process is used for the review?

7.4. Candidates' opinion of course examinations are sought and considered.

Is candidates' opinion of course examinations sought and considered?

7.5 Complaints received on specific examination issues are recorded and considered.

Is there a process for responding to and recording complaints?

Criteria to be Assessed during an Accreditation Review of an Educational Provider of the QMLT/QPT/QDT Qualification Programmes

1. PERSONNEL:

- 1.1 Appropriate executive oversight is provided to meet the objectives of the programme.
- 1.2 Personnel are adequate in number and appropriately qualified to administer the programme.
- 1.3 Personnel who set or moderate the examinations have relevant qualifications and experience in medical laboratory science.
- 1.4 There is a process for examiner appraisal and development.

2. COURSE CONTENT AND STRUCTURE:

- 2.1 The syllabus is well documented and readily available to trainees.
- 2.2 The course provides trainees with a minimum of two years (4000 hours) relevant practical experience in on the following health service categories:
 - 2.2.1 Clinical Biochemistry
 - 2.2.2 Histology
 - 2.2.3 Medical Cytology
 - 2.2.4 Mortuary
 - 2.2.5 Transfusion Service
 - 2.2.6 Haematology
 - 2.2.7 Immunology
 - 2.2.8 Microbiology
 - 2.2.9 Phlebotomy
 - 2.2.10 Virology
- 2.3 The syllabus provides for the integrated study of a health service within the profession of medical laboratory science and includes:
 - 2.3.1 Basic human anatomy and physiology
 - 2.3.2 The fundamentals of the pathological basis of disease processes

- 2.3.3 Common diagnostic techniques and laboratory procedures
- 2.3.4 Basic instrumentation, principles, operation and maintenance where applicable
- 2.4 The syllabus provides graduates with knowledge of the following competencies as set by the Board:
 - 2.4.1 Practice as a professional
 - 2.4.2 Practice as a technician
 - 2.4.3 Safe practice
 - 2.4.4 Communication
 - 2.4.5 Culturally competence practice
- 3. EDUCATIONAL OBJECTIVES AND ASSESSMENT:**
 - 3.1 Educational methods are consistent with the qualification programme's objectives.
 - 3.2 Assessment procedures determine if a candidate's knowledge is sufficient for them to practice safely as a medical laboratory technician.
- 4. CANDIDATE SELECTION AND SUPPORT:**
 - 4.1 Candidate selection is defined, consistent and free of discrimination.
 - 4.2 Candidate support provisions are adequate to meet the objectives of the qualification programme.
- 5. RESOURCING:**
 - 5.1 The qualification programme is sufficiently resourced to achieve its objectives and to maintain high standards.
- 6. INFRASTRUCTURE:**
 - 6.1 Adequate facilities are available to support the organisational requirements of the programme.
 - 6.2 Adequate resources are available for the planning, preparation and production of syllabi and examination papers.

7. MONITORING AND EVALUATION:

- 7.1 There is a programme advisory committee with professional representation.
- 7.2 The programme examinations are moderated.
- 7.3 Candidates' opinions of programme examinations are sought and considered.
- 7.4 Complaints received on specific examination issues are recorded and considered.