

Medical laboratory science scope of practice review

at Thursday 5 March 2026

Here's what you'll find below:

- Answers to the frequently asked questions discussed at the 13 February webinar
- Answers to questions submitted before the webinar
- A link to the FAQs in the consultation document.

Defining scopes of practice

Amalgamation of MLT and ML-PAT scopes

Currently a person with Level 5 qualification is eligible for registration as an MLPAT. MLT required Level 7. If MLPAT and MLT are combined, will level 5 be sufficient for registration?

Medical Laboratory Technicians (MLT) are assessed against the accredited qualification which is the Qualified Medical Laboratory Technician (QMLT) as a **minimum** standard. Some practitioners who are MLT may have a higher level of qualification, depending on their competence and experience.

Wasn't an MLT able to do MLPAT work without having to get a change of discipline? ie MLPAT is subset of MLT.

No, Medical Laboratory Technician (MLT) and Medical Laboratory Pre-Analytical Technician (ML-PAT) have different scopes of practice, and different disciplines are included in each scope. One is not a subset of the other.

For the moment MLPATs require a QMLT exam to be able to work as an MLT. How would this work if the scopes are merged?

Practitioners would work in the disciplines in which they are qualified and competent to do so. The Qualified Medical Laboratory Technician qualification (QMLT) ensures that a practitioner is qualified and competent to do so.

Why would you merge these scopes when their job requirements and tasks are completely different?

It provides flexibility and a pathway for the workforce to move into areas where needs are identified, provided that the practitioners have the necessary qualifications and competence to work in multiple areas.

Advanced and expanded practice

Currently we have MLT's with PhD's in related disciplines to Medlab Science that bring skills that are becoming highly sought after (e.g. mass spectrometry assay development) and these skills are not currently being taught to a very high level in the traditional MLS education degree, that are not being approved to MLS scope because of incorrect degree pathway. Is there any move to reconsider or put greater weight on MLS applications from people with these much-needed skillsets?

The expanded and advanced survey is collecting information from the profession about the future of the laboratory workforce, these are some of the issues that are being considered as part of this work and what the appropriate regulatory response is.

Any provision around bringing on a scope for clinical scientist?

The expanded and advanced survey is collecting information from the profession about the future of the laboratory workforce, these are some of the issues that are being considered as part of this work and what the appropriate regulatory response is.

Why is clinical scientist scope not included in this consultation?

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Education requirements

What do the proposals mean regarding education requirements?

The current education providers will continue to be accredited and monitored under the usual processes. The proposed gazette notice more clearly defines the pathways that lead to registration. For most applicants the way to enter the Register is by having a qualification that is accredited by the Council.

Can people reapply after gaining experience in a MLT role?

If they have the appropriate qualification and competence, they can apply to add another scope

Who's responsible for what

Employers v unions v responsible authority/the Council, etc

Some consideration needs to be given for laboratories who currently have a pay gap between MLPAT and MLT. If this proposal is to go through, will this be an immediate change or across a period of time?

This is an employment issue outside the Council's control. Any change would be managed to ensure all practitioners and stakeholders are aware of the implications for their scope.

Does the MSC have any say with regards to pay parity and pay equity and pay difference between private and public labs for MLT/MLS scope?

Pay parity and equity are not part of the regulator's duties. We don't and can't advocate for the profession.

Supervision and directions

Working under supervision – pressure to sign off on training to fill staff shortages, etc

What is supposed to be the benefit of no longer having a provisional registration/supervision when they commence working after obtaining degree?

The competence standards for provisional registration are the same as for full registration, the only difference is the requirement for supervision. It is proposed that the Council will still require those new and returning to the profession to engage in supervision, just using a different legal mechanism.

Can you explain more the proposed changes to direction. ie the current vs proposed?

Direction applies to Medical Laboratory Technician (MLT) and Medical Laboratory Pre-Analytical Technician (ML-PAT), regardless of their level of competence or experience. Escalation pathways for issues encountered during everyday practice are the responsibility of the employer, not the Council.

If MLT's no longer have to work under direction would this mean they could perform on-call duties and work alone without on-call support?

Medical Laboratory Technicians (MLT) would be able to perform tasks within their scope of practice and level of competence. While the requirement for having a specific named director is considered being removed, it would be appropriate for all practitioners to have access to a suitable escalation pathway for when issues outside their level of expertise arise.

What is the position regarding an individual who holds registration but is employed in a managerial or senior leadership role within a department or service? In this capacity, they may be signing off competencies for practitioners while not performing bench duties on a day-to-day basis. How would this be considered valid, and how would it align with competency standards and scope of practice requirements?

Practitioners working in a managerial role are often in a position to significantly influence the care provided to many people and the Council considered this as 'practise'. The Council would expect that anyone signing off competence areas has expertise in the area of interest and can make an informed assessment of the practitioner's competence.

Frequently Asked Questions

The following are questions that were asked prior to the webinar:

If MLT and ML-PAT are amalgamated, will the qualifications still be separate?

The current accredited qualifications will continue. These already allow practitioners to work in the specific discipline, and this will continue. For example, a practitioner with a QMLT in Biochemistry will work in this discipline - one with a QMLT in specimen services will work in this area.

How often are people changing their scopes?

We've had applications from 55 individuals for changing scope in the MLS profession since 11 June 2025.

Can you provide further information about the proposal to move the disciplines list to policy level?

This proposal is to future-proof the list of disciplines and allow it to be altered in the future. Changing the disciplines would still occur with input from the profession.

What is the benefit to removing ‘blood’ from blood transfusion services? What is the purpose in changing the name?

This aligns with the common description now used, and the term used internationally.

What are the reasons for adding Precision Health to the list of disciplines? How/who does this benefit?

The Ministry of Health has indicated that the medical laboratory workforce is likely to be involved in the safe and effective delivery of precision health in Aotearoa New Zealand. Precision health services are already being delivered by scientists in New Zealand.

What is precision health?

The Ministry of Health defines precision health as: *“an approach to health care that tailors medical treatment and prevention strategies to the specific characteristics of individuals. This includes considering differences in people’s genes, environments, and lifestyles. Precision health is increasingly being used to identify genetic risks associated with disease. This allows for earlier intervention, determining the most effective ways to treat cancer, and identifying differences in the way people respond to medicines.”*

Why would embryology and mortuary technology be the only disciplines to have specific requirements? All disciplines have unique skill sets.

We agree that all disciplines have unique skill sets. Both Embryology and Mortuary technicians have specific legislative responsibilities.

How does removing the requirement for working under direction improve patient care and safety?

The Council is of the view that the direction of a fully registered practitioner lies within the employment setting of the practitioner, and pathways for escalation of issues should be in place, regardless of the availability of a director. **Note:** the requirement for supervision of new and returning practitioners will still apply.

If we remove the requirement for working under direction, how can we ensure practitioners are meeting the required standard of competence?

All practitioners are required to be competent, regardless of scope. Where there are concerns about the competence of a practitioner, this should be notified to the Council at any time of year. **Note:** the requirement for supervision of new and returning practitioners will still apply.

What is the difference between pathway 3 and 4 of the MLS qualifications?

Both pathways are for applicants who have not completed an accredited programme of education (eg, BMLSc). Both pathways require the qualification to be assessed against the accredited qualification. Pathway 3 applies where the qualification is equivalent to the NZ qual - pathway 4 applies when the qualification is relevant, and the applicant is offered the exam to demonstrate their knowledge.

How does the revised scope definitions allow for growth/advancement in the profession?

For technicians, the scope allows technicians to work in other disciplines where they have the required training and competence.

For scientists, the scope recognises the role that scientists have in providing advice and recommendations for the care of patients.

Who is in the expert advisory group?

The expert advisory group consists of members of all three scopes and a lay person. Members were selected from around the country, from both rural and urban areas. A number of different disciplines were represented. Members were employed in both public and private settings and had varying backgrounds and levels of experience. The NZIMLS and the NZHSO (Health scientific officers) each nominated a representative. Tangata whenua representation was also included.

More FAQs

For more FAQs refer to the [Medical Laboratory Science scope of practice review consultation document](#) on the website.