



**MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

POLICY AND GUIDELINES: Expanded Practice for Registered Medical Laboratory Science Practitioners

This policy document was adopted subsequent to a public consultation process undertaken by the Medical Sciences Council in 2017

FEBRUARY 2018

Policy Title	
Reference Number	2018-Feb-V1-MSC Expanded Practice (MLS)
Scope	This policy applies to registered medical laboratory science practitioners wishing to perform expanded practice activities, and their employers

Associated Policy Documents	
Document Title	Reference Number
Anaesthetic Technician Expanded Practice Application Form	

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Introduction

The Medical Sciences Council (the Council) is responsible for the regulation of medical laboratory science practitioners under the Health Practitioners Competence Assurance Act 2003.

This document sets out the Council's policy and guidelines for expanded practice for suitably trained registered medical laboratory science practitioners to ensure the continued protection of the health and safety of patients.

It is important to note that not all medical laboratory science practitioners will move into an expanded practice role and it is expected that the total number of practitioners approved to work in an expanded practice role will be relatively small.

Expanded Practice Defined

Expanded practice is where a registered medical laboratory science practitioner undertakes activities that are in addition to the competencies for their relevant scope of practice, and which have been approved by the Medical Sciences Council. Expanded practice activities undertaken by a registered Medical Laboratory Technician or a Medical Laboratory Pre-Analytical Technician are carried out under the direction of an appropriately registered and qualified health practitioner.

Principles of Expanded Practice

- Expanded practice must be focused on meeting patients' needs and improving patient outcomes.
- Expansion of a medical laboratory science practitioner's practice must meet an identified gap(s) in health services.
- Practitioners working in an expanded practice role must have the required knowledge and skills and have the necessary supports to continue in that role.
- Expanded practice is only available to practitioners who hold full registration and have no limiting conditions on their practice.

Policy

A medical laboratory science practitioner can only undertake an expanded practice activity once they have been approved to do so by the Council. Application is made to the Council as a component of the issue of an annual practising certificate (APC).

Approval for expansion of medical laboratory science practice role will be dependent on demonstrated evidence that it will meet identified gaps within local health services.

Practitioners will be limited to working within those expanded practice activities that have been approved by the Council. They must be able to provide evidence of having completed a training programme that has been credentialed by the particular laboratory/healthcare facility and meets the Council's standards for the particular expanded practice activity.

The Laboratory/Healthcare Facility

A laboratory/healthcare facility must ensure medical laboratory science practitioners only perform expanded practice activities that have been previously approved by the Council and that organisational policies and protocols comply with the Council's standards for the specified expanded practice activity.

If a laboratory/healthcare facility wants medical laboratory science practitioners to perform an expanded practice activity that is not on the Council's list of approved expanded practice activities, they must make a formal written application to the Council (refer to *Applying for Approval of a New Expanded Practice Activity*).

Prior to instituting training programme for an expanded practice activity already approved by the Council, the appropriate personnel from the laboratory/healthcare facility must ensure an in-house evaluation has been undertaken to determine whether the expanded practice activity is appropriate for medical laboratory science practitioners within that health environment or community. The laboratory/healthcare facility must be able to provide evidence that medical laboratory science practitioners working in an expanded practice role have been suitably trained with appropriate ongoing support. The training programme is to be credentialed by the laboratory/healthcare facility and be overseen by suitably qualified and registered health practitioners designated by the laboratory/healthcare facility. The training and support programme must be documented and able to demonstrate evidence of regular review.

Practitioners

Medical Laboratory science practitioners undertaking a training programme in an expanded practice activity, must hold a current practising certificate and for the duration of the training programme they must work under the supervision of an appropriately qualified and registered health practitioner (who also holds a current practising certificate).

Once the practitioner has completed the laboratory/healthcare facility-based training programme, they must provide the Council with documented evidence that they have met all the requirements of that training programme.

Application Process for Practitioners

Initial Application

Following completion of the training programme and laboratory/healthcare facility certification of meeting all of the required competencies for undertaking a specified expanded practice activity, the practitioner must apply to the Council to have that included as a condition on their scope of practice.

All expanded practice applications are to be made on the Council-issued form - *Application: Expanded Practice (Medical Laboratory Science)*

Ongoing Expanded Practice Competence

Practitioners who have been approved by the Council to work in an expanded practice activity must be able to provide documented evidence, if requested by the Council, that they have been subject to regular and ongoing monitoring and reviews of their competence.

Mobility of Practitioners Approved to Work in an Expanded Practice Role

Approval for medical laboratory science practitioners to work in an expanded practice role is not specific to a named laboratory/healthcare facility.

Practitioners who have been deemed competent within one laboratory/healthcare facility in an approved expanded practice activity will be eligible to perform that activity (as stated on their APC) in another New Zealand laboratory/healthcare facility provided there are appropriate processes within the workplace that meet the support, monitoring and credentialing requirements as set out in this document.

Approval of Expanded Practice Activities

Medical laboratory science practitioners can only work in an expanded practice activity that has been approved by the Medical Sciences Council.

Laboratories/healthcare facilities that wish to utilise the expertise of a medical laboratory science practitioner in an expanded practice activity that is not included in this policy document, must obtain approval from the Council to have that particular activity included in the list of defined expanded practice activities within which medical laboratory science practitioners can practise.

The Council will not consider applications for approval of an expanded activity that have been made by an individual practitioner or group of practitioners. The application must have the endorsement and support of the laboratory/healthcare facility.

Expanded Practice Activities Approved by the Council

At this point in time, the Council has approved one expanded practice activity within which registered medical laboratory science practitioners can practise:

- (1) IV Cannulation

Applying for Approval of a New Expanded Practice Activity

A laboratory/healthcare facility looking to utilise the expertise, skills and knowledge of medical laboratory science practitioners to undertake an expanded practice activity that is not on the Council's list of approved activities will need to apply for inclusion of that activity.

A critical preliminary step for the laboratory/healthcare facility is to check if the proposed activity is already covered in the scopes of practice the Council has defined for the profession of medical laboratory science. This can be done by referring to the *Gazette* notice of the scopes and qualifications for the medical laboratory science profession which is on the Council's website www.msccouncil.org.nz/publications

The application is to be supported with evidence that the laboratory/healthcare facility has applied a consistent framework to determine if the expanded practice role is appropriate. The application is to contain information on all of the following questions¹

- Is there evidence that the expansion of medical laboratory science practice will improve the health outcomes for patients?
- Is there an appropriate rationale for medical laboratory science practitioners to undertake this activity?
- Is the role or activity supported by professional standards and/or legislation?
- Have potential risks been evaluated and strategies developed to mitigate those that have been identified?
- Are there policies and procedures as part of an organisational risk management framework that support this practice?
- Will the change be accepted within the organisation and interdisciplinary team?
- Has a process been established to assess the educational preparation and competence of practitioners prior to undertaking the expanded practice activity?
- Is there a documented training programme for medical laboratory science practitioners looking to undertake the expanded practice activity?
- Are there explicit standards addressing the level of accountability for practitioners performing the expanded practice activity?
- Is there a process for ongoing education to ensure practitioners maintain competence in the expanded practice activity?
- Has a process been established to access other health practitioners to support medical laboratory science practitioners undertaking the expanded practice activity?
- Is there a process for the ongoing monitoring and evaluation of practitioners performing the expanded practice activity?
- Is there a process for regular reviews of the continued appropriateness for the expanded practice activity?

The application must also contain detailed information in respect of:

- The clinical activity/procedure; and
- Required entry-level competencies; and
- A summary of actual and potential risks pertaining to the activity/procedure and the required measures to mitigate those risks; and
- Required training programme to ensure practitioners have the necessary skills and knowledge; and
- How the training is to be delivered; and
- An assessment framework for ensuring a practitioner is competent to perform the specified activity/procedure; and
- Minimum ongoing support mechanisms for ensuring continued competence

¹ All questions should be answered “Yes”. Any question with a “No” response will require further planning and consultation to consider what needs to occur for the standard to be met

Approved Expanded Practice Standards: IV Cannulation

The Council has approved IV cannulation as an expanded practice activity for suitably trained and registered medical laboratory science practitioners.

Practitioners and the laboratory/healthcare facility must ensure all of the following standards are met in respect of IV cannulation.

Training Programme Pre-Requisites

The practitioner must have:

- A current practising certificate (APC); and
- Written support from the laboratory/healthcare facility management personnel to participate in the training programme; and
- Relevant post-qualification clinical experience

Training Programme

All IV cannulation training programmes for medical laboratory science practitioners are to be credentialed by the laboratory/healthcare facility and as a minimum (but not limited to) must include the following:

- Checking of referral forms
- Patient identification procedures
- Equipment preparation
- Basic life support
- Aseptic technique
- Patient positioning
- Site assessment and evaluation
- Insertion techniques
- Collection of body fluids
- Flushing techniques
- Equipment cleaning and/or disposal
- Sample collection labelling
- Record keeping
- Communication skills
- Quality control

Competence Assessment

At the completion of training, practitioners are to be formally assessed on their competence to perform IV cannulation, that assessment providing evidence of their ability to:

- Perform all steps of the procedure independently and according to laboratory/healthcare facility policy; and
- Theoretical knowledge; and
- Documented certification by the nominated supervisor of their successful completion of the IV cannulation training programme

Practitioners Approved to Perform IV Cannulation

Once a medical laboratory science practitioner has been formally certified by the laboratory/healthcare facility as competent to perform IV cannulation and approved by the Council to have this included as a condition on their APC, they can take responsibility for performing IV cannulation procedures.

In accordance with their gazetted scopes of practice, Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians are required to work under the direction of a nominated registered health practitioner (as opposed to supervision).

Working under direction means the Technician/Pre-Analytical Technician takes full responsibility for performing IV cannulation procedures with general oversight by an appropriately qualified and registered health practitioner who must be available for consultation if assistance is required. The registered health practitioner providing direction must meet with the Technician/Pre-Analytical Technician to conduct periodic reviews of their practice.

Ongoing Monitoring

The laboratory/healthcare facility must have processes in place for the ongoing monitoring of medical laboratory science practitioners performing IV cannulations.

Practitioners will be required to provide evidence of ongoing monitoring support if called for an audit by the Council.

Practitioners must be able to provide evidence they have:

- Performed a minimum of 20 IV cannulations within the preceding 12-months; and
- Have successfully completed ongoing assessments of their IV cannulation competence and continue to be certified by the laboratory/healthcare facility;