

Medical Laboratory Science scope of practice review - consultation document

16 January 2025

Executive summary

1. The Medical Sciences Council (MSC/the Council) is proposing to update the scopes of practice for the practice of Medical Laboratory Science (MLS). The scopes describe the practice of MLS and the specific activities and roles that practitioners registered in each scope may undertake.
2. The Council has been progressing this work in conjunction with an expert advisory group of practitioners who have provided advice to the Council when considering several options.
3. The Council is proposing several changes to the current scopes to ensure they remain relevant to the practice of medical laboratory science and support effective service delivery. The proposed changes are summarised in Table 1 below, with more detail about the changes detailed in the relevant sections.

Table 1: Summary of proposed scope changes

Proposed change	Current state	Future state
Removal of the provisional scopes.	All new practitioners are registered into the provisional scope, regardless of their education pathway or experience.	Practitioners are registered into the scope, with a requirement for supervision applied for particular practitioner groups (eg, new graduates).

Proposed change	Current state	Future state
Amalgamation of the medical laboratory technician (MLT) and medical laboratory pre-analytical technician (ML-PAT) scopes.	Practitioners wanting to move into another area of practice must apply for a new scope to do this.	Practitioners wanting to move into a new area of practice/ discipline must have the required education and competence to do so.
Remove the working under direction requirement for MLT and ML-PAT practitioners.	All MLT and ML-PAT practitioners must work under direction for the entirety of their career.	All registered practitioners are responsible for their own practice, within the limits of their competence and scope.
List of disciplines reviewed and moved to policy level.	The list of disciplines appears as part of the scope.	The list of disciplines is moved to policy level. Additions and rewording to the list are proposed.
Revision of scope.	Six scopes are described.	Two scopes are described with revised wording.
Rewording of prescribed qualification pathways.	Specific qualifications are recognised as individual pathways.	Pathways are divided into accredited and non-accredited .

4. The Council is proposing to retain:
 - a. Practitioner titles that may be used, for example Phlebotomist.
 - b. The current accredited qualifications required for registration.
 - c. Support for practitioners beginning or returning to work in Aotearoa New Zealand to ensure competence and safe practice.
 - d. Recognition of the various disciplines and areas in which practitioners may practise.
5. The Council is also considering what (if any) additional regulatory action is required to ensure safe expanded and advanced practice, including the safe adoption of novel and evolving technologies. To inform its work in this area, the Council is providing an opportunity for practitioners and stakeholders to share their view about the risks and benefits of expanded practice. This is early engagement to collect information and is not a formal consultation. The information will be used by the Council when considering options for the appropriate regulatory response. Any proposed changes would undergo public consultation prior to being adopted.

Scope of practice review

6. Under the Health Practitioner’s Competence Assurance Act 2003 (HPCA/the Act) the Council is required to set the scopes of practice for the profession of Medical Laboratory Science (MLS). The scope describes the activities that registered practitioners in the profession may undertake. The scope is a legal document which is considered secondary legislation and is tabled in Parliament for approval by the House.
7. Defining the scopes of practice is fundamental to the practice of MLS as all other standards and policies give effect to the scope.

Review process

8. The Council has undertaken this work over a period of several years. Consultation on proposed changes to the scope of practice occurred in late 2022, however, this consultation was withdrawn after concerns were raised about the process and timing of the consultation. The Council recommenced work on the scopes of practice in 2024 and is now consulting with the profession with an updated proposal.
9. To support the Council in the review process, an expert advisory group (EAG) was appointed. The purpose of the EAG was to provide the Council with insights and recommendations about several proposed options.
10. The EAG consisted of members of each of the three full scopes, and a layperson. The New Zealand Institute of Medical Laboratory Science (NZIMLS) and House Scientific Officers Association (HSOA) also nominated a member of the group. The Council has also engaged with education providers, Te Ama Tōtika (Māori Practitioner Advisory Committee), and the Ministry of Health (MOH).
11. While the EAG provided advice about the proposals, the Council is ultimately responsible for setting the scopes of practice.
12. The Council is also reviewing the competence standards to give effect to the scopes of practice. These will be consulted on later with the profession once feedback from this consultation has been reviewed and the scopes developed.

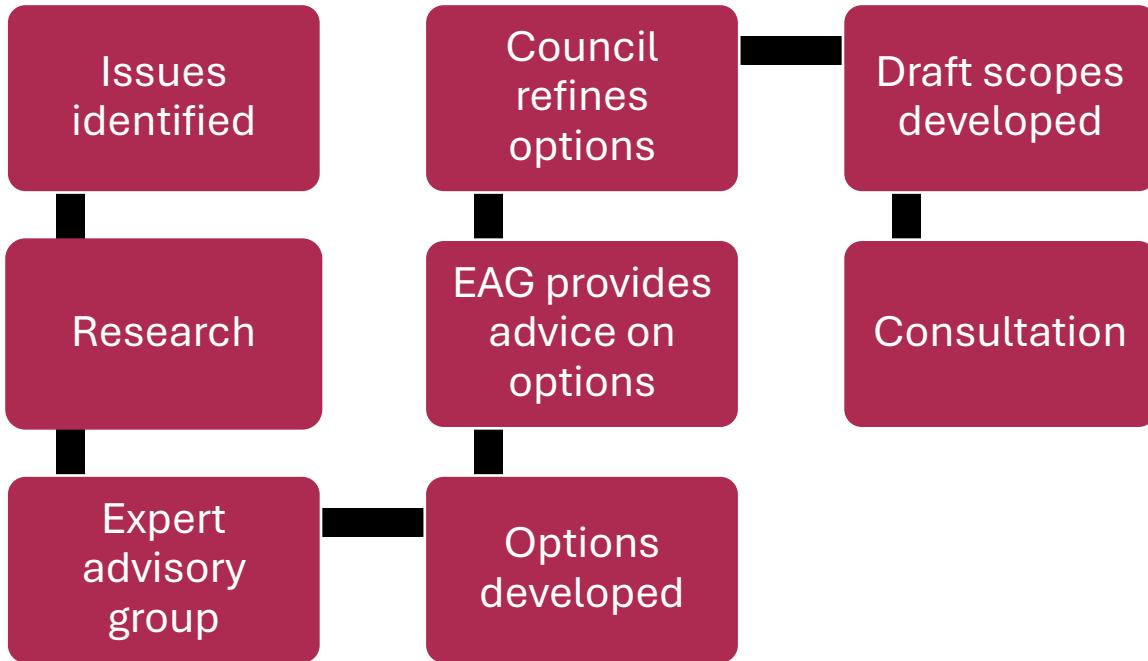


Figure 1: Overview of the 2024-25 scope development process

Proposed changes

13. The Council is proposing several changes to the scope structure and content, described in more detail below.

Proposal 1: Remove the provisional scopes

14. The provisional scopes are removed with supervision being applied using alternate mechanism/s under the Act. The expectations for supervision are reviewed, as well as the groups of practitioners that supervision is applied to.

Current scopes	Proposed scopes
Medical Laboratory Scientist (Provisional)	Medical Laboratory Scientist
Medical Laboratory Scientist (Full)	
Medical Laboratory Technician (Provisional)	Medical Laboratory Technician
Medical Laboratory Technician (Full)	
Medical Laboratory Pre-Analytical Technician (Provisional)	
Medical Laboratory Pre-Analytical Technician (Full)	

Background

15. All practitioners are currently registered into a provisional scope of practice. The qualifications and competence standards are the same as for the full scope, but with the requirement of supervision. Supervision of practitioners in the provisional scopes ensures that the public is protected, while the practitioner gains the necessary New Zealand work-

based knowledge and experience to be able to practise without supervision.

16. The Council has reviewed the use of provisional scopes of practice and is proposing to remove the provisional scopes for the following reasons:

- a. The Act does not provide for people to be provisionally registered.
- b. Other mechanisms under the Act allow the Council to require supervision which may be more appropriate for the purposes outlined above.
- c. Practitioners in the provisional scope are held to the same standards as those within the full scope of practice.
- d. Some practitioner types have operated under supervision during their education and have already demonstrated competent and safe practice as part of their qualification (eg, Qualified Medical Laboratory Technician (QMLT) graduates). Applying further supervision requirements to protect the public for these practitioners may be unnecessary.

Proposal

17. The Council is proposing to remove provisional registration scopes and to require supervision using other mechanisms available under the Act, such as a recertification programme. As a part of this work, the need for a minimum period of supervised practice for those new to the register and beginning practice in Aotearoa New Zealand for the first time in their respective scope, is being reviewed. Also being considered is whether some registration pathways may not require supervision due to the nature of the supervision provided during their education (for example, QMLT qualified practitioners).

18. In all cases, the primary consideration will be to ensure practitioners beginning work in Aotearoa New Zealand for the first time have appropriate monitoring and support in place to ensure protection of the health and safety of the public.

19. If the proposal is approved the Council will develop a change process to ensure all practitioners receive appropriate supervision.

Proposal 2: Amalgamate the current Medical Laboratory Technician scope with Medical Laboratory Pre-Analytical Technician scope

20. Amalgamate the current MLT and ML-PAT scopes under a single MLT scope that includes the collection, receipt, preparation, testing and/or analysis of human biological material.

Current scopes	Proposed scope
Medical Laboratory Technician	Medical Laboratory Technician
Medical Laboratory Pre-Analytical Technician	

Background

21. Currently the technician scopes of practice are divided into MTL and ML-PAT. Applicants may choose to register in either scope with specific qualifications required for each.
22. Approximately five percent (5%) of practitioners on the register are registered in both the MLT and ML-PAT scopes. As they may only practise in one scope at a time, they must contact the Council to change their practising certificate when performing an activity that is not included in the scope with their current practising certificate. This is onerous for practitioners and may act as a barrier to service flexibility.
23. The costs and complexity of applying for an additional scope may be a barrier to practitioners currently registered in either scope expanding their skills into a related area.

Proposal

24. The Council is proposing to amalgamate the current MLT and ML-PAT scopes under a single MLT scope that includes the collection, receipt, preparation, testing and/or analysis of human biological material. Titles protected within the scope would be retained (eg, Phlebotomist).
25. The scope would allow appropriately qualified and competent practitioners to perform tasks within their area of education and competence. All practitioners providing services must ensure they practise safely and effectively within their area(s) of competence and do not practise in areas where they are not proficient to do so.
26. Some practitioners new to the scope may be required to complete a minimum period of supervised practice to demonstrate they are competent and safe to practise (eg, those new to the New Zealand health system).
27. If this proposal were adopted by the Council, a transition plan for amalgamation for those who are already on the register, in either of the Technician scopes, would be developed.

Proposal 3: Review the list of disciplines and move to policy level

28. Move the list of disciplines to a policy level and review the list to include precision medicine. Rework blood transfusion services to transfusion science.

Background

29. The disciplines list contains the traditional fundamental areas of MLS. While practitioners traditionally may work in one or two disciplines, many techniques may now involve more than one discipline, and evolving areas of practise in laboratory science may not be

adequately covered in the current list.

30. The Council does not routinely record or require practitioners to advise which disciplines they are practising in, and practitioners may begin working in another discipline if they have the required education and competence to do so. Some practitioners with non-accredited qualifications in specific discipline/s may have a condition applied to their scope limiting their practice to these discipline/s. The Council is considering what requirements should apply to practitioners who wish to have this limitation removed.
31. The disciplines of embryology and mortuary technology have specific legislative requirements and skills, and this is currently recognised in the scope of practice for embryology, and a policy for practitioners who are mortuary technicians. [2021-May-Mortuary-Practice-Policy.pdf](#).

Proposal

32. The Council is proposing to move the list of disciplines to a policy level. This allows the Council to be more responsive in the recognition of emerging disciplines, now and into the future. The settings in which practitioners may work has been retained in the scope of practice. This is to acknowledge that those working in teaching, management and/or research that directly affects the provision of medical laboratory services to the public, are also considered to be practising.
33. The Council is also proposing including ‘Precision health’ as a discipline in the practice of Medical Laboratory Science. Precision health is defined by the Ministry of Health in its precision health long term insights briefing as: “*...a growing field that aims to use current and emerging technologies and all available information (such as an individual’s genome, current biophysical measures, and environment) to predict, prevent, diagnose and treat health needs more precisely for the benefit of individuals and their whānau¹*”. The inclusion of precision health as a discipline recognises the role that the medical laboratory science workforce plays in the safe and effective adoption of this technology.
34. The Council is also proposing to update ‘Blood transfusion services’ to ‘Transfusion science’. This change reflects the terminology used in teaching and practice and includes all aspects relating to the transfusion of blood and blood products.
35. The Council is also developing a formal process for applicants wishing to have a discipline-specific restriction lifted. The requirements for this will include considering what educational and competence are required and how these are assessed.

¹ [Precision health: exploring opportunities and challenges to predict, prevent, diagnose, and treat health needs more precisely in Aotearoa New Zealand \(P5\)](#)

36. Due to the specialised area of practice, the draft scope retains the statement that scientists working in embryology with a non-accredited qualification may have a limitation applied to their practice. This has also been extended to mortuary practice in the technician scope.

Proposal 4: Remove the working under direction requirement

37. Remove the requirement for technicians to be working under the direction of a scientist.

Current situation

38. A requirement of the current iteration of the MLT and ML-PAT scopes is for these practitioners to work under the direction of a “registered medical laboratory scientist or other appropriately qualified and registered health practitioner who holds a current practising certificate and has expertise and knowledge in the relevant discipline”².

39. The requirements for working under direction are often confused with those of supervision. The requisites for each are listed in the Council’s supervision policy, available on the Council website.

Table 2: Differences between direction and supervision requirements

	Direction	Supervision applied by the Council
Timeframe	Applied for an indefinite period.	Usually applied for a fixed period.
Application criteria	Applied to all MLT and ML-PAT practitioners regardless of experience.	Applied for a specific purpose eg, beginning work in Aotearoa New Zealand.
Reporting to the Council	Annual APC sign off.	Scheduled reporting required during the supervision period.

40. Council records currently show that several practitioners have up to 70 MLT or ML-PAT practitioners working under their direction.

Proposal

41. The Council proposes to remove from the scope of practice, the requirement to work under direction for medical laboratory technicians and medical pre-analytical technicians.

42. Registration under the Act means that practitioners in all scopes have responsibility for their own practice. The requirement for direction is at odds with this and may be seen as reinforcing the traditional hierarchical structure of the laboratory, which has evolved over time.

² [2021-Apr-MSC-Scope-and-Qualifications-MLS.pdf](#)

43. The role of establishing reporting and accountability lines is more appropriately situated within a workplace setting, and not for the Council to determine.
44. It is the responsibility of all practitioners to ensure they maintain their competence and fitness to practise. Where a practitioner or employer is concerned about a practitioner this should be notified to the Council at any stage during the year, not just on an annual basis.
45. The Council will continue to require practitioners who are new, or returning to the workforce, to be supervised by an appropriate registered health professional with reporting requirements to the Council.

Proposal 5: Revision of scope description

46. Update the scope description to reflect the proposed changes and revise wording.

Current situation

47. Wording of the current scope has been largely unchanged since 2015. The description of the scopes has been revised to ensure it reflects current and future medical laboratory science practice.

Proposal

48. Both proposed scopes have been revised to reflect the changes discussed in proposals 1-4 above.
49. The proposed medical laboratory scientist scope includes the role that scientists play in the interpretation and reporting of laboratory results. The proposed scope also reflects the various employment roles that scientists may play.
50. The proposed medical laboratory technician scope recognises the breadth of areas that technicians may work in, and the protected titles that may be used by practitioners working in this scope.
51. Both scopes require that practitioners must ensure they have the required level of education and competence to work in their selected discipline or area.

Proposal 6: Revision of qualifications for registration

Current situation

52. The Council is required to prescribe qualifications for registration in each of the scopes. The Council has developed a number of pathways for registration in the current Gazette notice. Some of these pathways are historical and are no longer fit for purpose.

53. Some current pathways refer to ‘appropriate experience’ which may limit the Council in using other tools to measure a practitioner’s competence.

Proposal

54. Qualifications for registration are proposed to be aligned along pathways.

55. **Accredited pathways** apply to qualifications that are accredited and monitored by the Council. Graduates from these programmes are recognised as having a qualification suitable for registration. References to specific educational providers and programmes have been updated to refer to the accredited programmes. Current accredited programmes are listed on the Council’s website and published in the New Zealand Gazette.

56. **Non-accredited pathways** apply to applicants with a qualification other than those accredited by the Council. The qualification(s) are compared to the accredited qualification to determine if it is suitable for registration. Non-accredited qualifications are considered under the same pathways, regardless of country of origin:

- a. Where the qualification is deemed to be substantially equivalent to the accredited qualification, then the applicant will be considered for registration.
- b. Where the qualification is deemed to be relevant to the accredited qualification the applicant may be offered the Council examination to provide assurance that the qualification is suitable for registration.
- c. Applicants with qualifications that are assessed as not relevant to the scope being applied for are declined registration.

57. All applicants must meet the Council’s fitness to practise requirements.

58. Applicants with an accredited qualification are deemed to meet the competence standards at graduation.

59. Applicants with a non-accredited qualification must meet the Council’s competence requirements. The Council may use a number of methods for measuring an applicant’s competence, which include considering their relevant experience in the scope being applied for.

Proposed medical laboratory science qualifications

	Proposed Gazette qualification pathway	Applies to
1	Hold an undergraduate qualification in Medical Laboratory Science issued by an education provider, accredited and monitored by the Council.	NZ BMLS/BMLSc graduates.
2	Hold a graduate Medical Laboratory Science qualification issued by an education provider, accredited and monitored by the Council.	NZ Medical Laboratory Science Postgraduate diploma
3	Hold a biological science undergraduate or post-graduate degree that has been assessed by the Council as being <i>substantially equivalent</i> to the accredited qualification, and meet the Council's competence requirements.	International and New Zealand non-accredited applicants whose qualification is assessed as <i>substantially equivalent</i> , and meet the Council's competence requirements.
4	Hold an undergraduate or post-graduate science degree that has been assessed as <i>relevant</i> to the accredited qualification and pass in a Council examination, and meets the Council's competence requirements.	International and New Zealand non-accredited applicants whose qualification is assessed as <i>relevant</i> , passes the exam, and meets the Council's competence requirements.

Proposed Medical Laboratory Technician qualifications

	Proposed Gazette qualification pathway	Applies to
1	Hold a medical laboratory technician qualification from an education provider accredited and monitored by the Council.	Accredited (New Zealand) qualifications: QMLT and Diploma in Applied Science.
2	Hold a qualification with a major in a relevant biological science assessed by the Council as being <i>substantially equivalent</i> to the accredited New Zealand qualification, and meet the Council's competence standards.	International and New Zealand non-accredited applicants whose qualification is assessed as <i>substantially equivalent</i> and meets the Council's competence requirements.

Frequently Asked Questions

1. What effect will the changes have on practitioners who are already registered?

Practitioners who are already registered will continue to be registered. Where they are affected by any changes the Council will advise them of this, and what this means. If proposals around removal of provisional scopes are approved, then a transition plan for those on the Register will be developed.

2. How are non-accredited qualifications assessed?

The Council determines if a qualification is *substantially equivalent* or *relevant* to the accredited qualification by comparing the course level, content, and quality of the qualification with the equivalent New Zealand qualification. More information about this process can be found in the Council's qualification policy available on the Council's website.

3. What about supervision?

Supervision will continue to be required by the Council for practitioners entering or returning to the workplace.

4. What is the role of the exam?

The examination has a role in determining if practitioners with qualifications assessed as *relevant* have the required foundational knowledge to be registered with the Council. This provides assurance to the Council that those with relevant qualifications meet the entry level registration requirements for registration.

5. How do I know what discipline a MLT can work in?

Practitioners work in their area of qualification and competence. For example, a practitioner with a QMLT qualification in phlebotomy may work as a phlebotomist. They will need to undertake further education to work in another area or discipline.

6. Will the qualifications for registration change?

The currently accredited qualifications will continue to lead to registration in the appropriate scope.

7. What about the Annual Practising Certificate sign-off process for MLT and ML-PATs?

The Council is undertaking education with practitioners about the requirement under the Act to notify the Council when there are concerns about a practitioner, regardless of the practitioner's scope, or the time of year.

Consultation survey questions

These questions relate to the draft scope of practice for Medical Laboratory Science.

Remove the provisional scopes

1. Do you agree with the proposal to remove the provisional scopes? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?

Combining the current Medical Laboratory Technician (MLT) scope with Medical Laboratory Pre-Analytical Technician (ML-PAT) scope

2. Do you agree with the proposal to amalgamate the current MLT and ML-PAT scopes? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?

Review the list of disciplines and move to policy level

3. Do you agree with the proposal to move the disciplines list to policy level? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?
4. Do you agree with the proposal to update Blood Transfusion services to Transfusion science? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?
5. Do you agree with the proposal to add precision health to the list of disciplines? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?
6. Do you agree that the embryology and mortuary technology disciplines should have specific requirements? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?

Remove the working under direction requirement

7. Do you agree with the proposal to remove the requirement for MLTs and Medical Laboratory Pre-Analytical Technicians to work under the direction of another health practitioner? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?

Revision of qualifications for registration

8. Do you agree with the proposed qualification pathways for registration as a Medical Laboratory Scientist? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?

9. Do you agree with the proposed qualification pathways for registration as a Medical Laboratory Technician? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?

Revision of scope wording

10. Do you agree with the proposed common area in the scopes of practice, "The Practice of Medical Laboratory Science"? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?
11. Do you agree with the proposed scope for Medical Laboratory Scientists? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?
12. Do you agree with the proposed scope for Medical Laboratory Technicians? (agree/disagree/neither agree nor disagree)
 - a. Why or why not?
13. Are there any other comments about the proposed changes you would like the Council to consider?