

# Policy

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# Online Examination

**Effective February 2026**

<b>Policy title</b>	Online Examination
<b>Reference number</b>	20260128 MSC Online Examination v3
<b>Scope</b>	This policy applies to practitioners seeking registration with Te Kaunihera Pūtaiao Hauora O Aotearoa   Medical Sciences Council who do not hold a substantially equivalent qualification.

Associated documents	File name
Online Examinations Candidate Handbook	<a href="#">20250901_MSC-exam-candidate-handbook-2025-v2.pdf</a>
AT Competence Standards	<a href="#">Competence standards for anaesthetic technicians 2025</a>
MLS Competence Standards	<a href="#">Competence standards for medical laboratory science practitioners 2018</a>
AT Return to Practice	<a href="#">20251101-AT-Return-to-Practice-Policy-v2.pdf</a>
MLS Return to Practice	<a href="#">20250408-MLS-Return-to-Practice-Policy.pdf</a>
Exam Committee Reporting Template	20250108 MSC Exam Committee Report TEMPLATE.docx
Exam Committee Terms of Reference	20261009 Exam Committee TOR.docx

Revision Schedule			
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# Overview

1. Te Kaunihera Pūtaiao Hauora O Aotearoa | The Medical Sciences Council (the Council) has a suite of online examinations for the purpose of registration and recertification under the Health Practitioners Competence Assurance Act 2003 (the Act).
2. Examinations are set for the professions of medical laboratory science and anaesthetic technology in the following scopes:
  - Medical Laboratory Scientist (MLS)
  - Anaesthetic Technician (AT)
3. This document sets out the Council's policy in respect of all online examinations. A separate Examination Candidate Handbook is available for examination candidates through the Council's website at Resources | Medical Sciences Council of New Zealand.

## Policy Statement

4. Online examinations are used to assess an applicant's foundational knowledge in the scope of practice in which they are applying to be registered. Each examination assesses the minimum level of applied knowledge for competent and safe professional practice in the relevant scope of practice. The examination may be used for applicants whose qualification has been assessed as being relevant, but not equivalent to, the Council accredited Aotearoa New Zealand qualifications.
5. All examinations are offered at the discretion of the Council.
6. The examination is set under sections 12 and 15 of the Health Practitioners Competence Assurance Act 2003 (the Act).
7. Graduates of an Aotearoa New Zealand qualification programme that is accredited and monitored by the Council are not required to sit the Council's online examinations for the purpose of registration.
8. The Council may also use the examination as part of the process for determining a practitioner's current competence to return to practice for medical laboratory science or anaesthetic technology practitioners who have not practised for an extensive period of time, in accordance with the Council's Return to Practice policy.
9. In some circumstances, the Council may use the examination as part of a process for determining a practitioner's current competence as part of a competence review or competence programme process.

10. The examination is set in English. Translated versions of the examination into another language are not available.
11. In addition to successful completion of an examination, applicants must meet all other registration requirements including proficiency in English language and other fitness to practise criteria. These criteria must be met prior to the applicant being offered the opportunity to sit the examination.
12. If successful then, once registered, practitioners will be required to complete a period of supervised practice, in accordance with the Council's MLS Supervision policy and AT Supervision policy.

## Purpose

13. The online examinations are used to assess a practitioner's foundational knowledge to demonstrate safe and ethical clinical practice at the expected entry level of an Aotearoa New Zealand graduate.
14. The online examinations are grounded on a competency-based model that focuses on the application of medical laboratory science and/or anaesthetic technology knowledge in a clinical environment. Questions are asked from the point of view of how knowledge is used to practise as opposed to the direct recall of that knowledge.
15. Questions are linked to the entry-level competencies required to practise medical laboratory science or anaesthetic technology in New Zealand as set out in the Council's MLS Competence Standards, AT Competence Standards and Code of Ethical Conduct.
16. The Council will advise candidates of the need to ensure they are familiar with the relevant competence standards and other policies and documentation prior to sitting an examination. More details can be found in the Examination Candidate Handbook.

## Foundational principles

17. Each examination assumes that the candidate has had formal education (although the qualification is not equivalent to the Aotearoa New Zealand standard) in the relevant medical laboratory science or anaesthetic technology practice with appropriate and adequate post-qualification clinical experience. This is to ensure the candidate has a sufficient level of base knowledge pertaining to the safe, ethical and competent practice of medical laboratory science and/or anaesthetic technology in Aotearoa New Zealand.
18. Examination questions are designed to assess a candidate's ability to:
  - Critically review, analyse, consolidate and synthesise knowledge; and

- Differentiate theoretical concepts, to exercise critical thinking and judgement in identifying and solving problems; and
- Use initiative and judgement in planning, problem solving and clinical decision-making in professional practice; and
- Analyse a range of circumstances encountered in clinical practice and evaluate options to maximise patient care; and
- Adapt knowledge and skills in diverse contexts; and
- Account for professional practice and inter-professional practice.

## Examination governance

19. The Council has appointed an Examination Committee each for the MLS and AT exams, which are responsible for ensuring a framework is in place to provide oversight and quality assurance of the examinations.

### Functions

20. The functions of the committee are to:

- Ensure each examination assesses the minimum level of applied knowledge for competent and safe professional practice in the relevant scope of practice
- Ensure the examination meets the parameters of being an assessment of contemporary professional and ethical medical laboratory science and anaesthetic technology practice and is in alignment with the Council's competencies standards
- Confirm the examination framework and blueprint to ensure it captures the key foundational knowledge requirements of the prescribed entry to practice competence standards
- Provide oversight and monitor the processes and procedures for the exam process including the question development and validation processes
- Monitor the progress of the exam and moderate and confirm the exam results in a timely manner after each sitting
- Consider exam statistics, item analysis and other relevant information and make recommendations for actions accordingly
- Ensure the exam model is efficient, effective and facilitates current safe practice
- Consider matters referred by the Council about the examination and provide advice.

### Terms of reference

21. The examination committee is governed by the Terms of Reference developed by the Council in accordance with the Council's Committees Policy.

22. Requirements for membership and the functioning of the committee are detailed in the Terms of Reference.

23. The Council may alter the terms of reference for the examination committee at any stage. The Terms of Reference undergoes regular review every three years.

## Membership

24. The Committee will comprise a maximum of five members appointed by the Council.
25. Committee members will include practitioner representatives from the examination scopes. Practitioner members must hold a current practising certificate, have been registered with the Council for more than five years, and be in good standing.
26. It is desirable that committee members have experience in education, teaching, and/or assessment of professional competencies. Tangata whenua representation will also be included.
27. MSS education advisors may be appointed to the committee.
28. Appointments will be made through an expression of interest process, and approval will be through the Council.
29. Committee membership will be for a term of two years with a maximum of two consecutive terms.
30. The Council may remove a committee member for any reason it considers appropriate.
31. The committee meets up to four times per year. Meetings are primarily conducted online. Out of cycle meetings may occur on an as need basis.

## Reporting and communication

32. The committee provides a written report to the Council following each meeting using a Reporting Template.
33. The Registrar or Deputy Registrar is responsible for liaising with the Council about exam matters, including the outcome and recommendations of the committee.
34. Secretarial support for the exam committee is provided by MSS staff (Regulations Advisor - Examinations).

## Examination structure

35. The structure of the examination is overseen by the Examination Committee in accordance with Appendix 1.

## Examination frequency

36. The exam is offered four times a year. Dates, fees, and registration instructions will be published annually on the Council's website.

## Examination fee

37. Examination candidates are required to pay a fee prior to registering for an examination. The examination fee is gazetted by the Council following a public consultation process. The online examination fee can be found under 'fee schedule' on the Council's website: Resources | Medical Sciences Council of New Zealand.

## Examination outcome

38. Examination results are to be provided approximately three weeks after the candidate has sat the examination. This period is required to analyse results and conduct psychometric assessment, to ensure the exam is fair, valid and reliable.
39. Results are reported as *successful* or *unsuccessful* and are sent directly to the candidate via email.

## Number of examination attempts

40. A candidate can take an examination up to a maximum of three attempts (that is, first exam and up to two re-sits). Acceptance for any further examination attempts will be at the discretion of the Registrar. The candidate is required to pay the full examination fee for each attempt.
41. A first examination must be taken within the 12-month period from the date of the candidate being advised an examination is required. Any re-sits must be taken within the 12-month period after the first examination taken by the candidate.
42. Each re-sit examination will be different from the previous exam(s) taken by the individual candidate.

## Unsuccessful candidates

43. Unsuccessful candidates will receive limited feedback indicating domains where exam performance suggests additional focus and preparation should be applied.
44. If a candidate is unsuccessful in passing the exam after a total of three attempts, the Council is of the general view that they are not able to apply foundational knowledge and concepts to the minimum level required for safe practice. The candidate would subsequently be advised of a proposal to decline their application for registration. In accordance with the Health Practitioners Competence Assurance Act 2003, the candidate will have an opportunity to be heard in respect of that proposal.

## Professional conduct

45. Examination candidates are subject to rules of ethical and professional conduct. Failure to comply with the rules of the examination or any instruction of the online proctor may be regarded as a breach of professional conduct.

## Examination concerns and complaints

46. If a candidate, practitioner or a member of the public has concerns or would like to make a complaint about the Council examination they can submit a written request to the Council outlining their concerns following the complaints process.
47. Complaints may relate to the procedure of the examination (the way the exam was conducted) or any impairment that prevented the practitioner from engaging in the examination (such as technical issues).
48. Complaints about registration examination decisions will be managed in accordance with the registration policy and the Act.
49. All concerns or complaints about the examination relating to a specific candidate must be raised before the outcome of the examination is communicated to the candidate.
50. If required or appropriate, the Registrar may refer the complaint to an external party for impartial investigation, or request information from the examination committee.
51. The Registrar may also refer the complaint to the Council for further advice or where a decision is required.
52. Once a decision has been made, the Registrar will communicate the outcome of the investigation to the individual who made the complaint, along with any actions that have been taken or recommended.
53. The person making the complaint will also be advised of any further right to appeal the decision.
54. Where the complaint raises issues about the competence, conduct or fitness of an individual candidate or practitioner, this will also be managed under the relevant policy and process.
55. Further information may be found in the Complaints policy.

# Appendix 1

## Processes for examination structure and scoring

56. Examinations are delivered through an online environment using online proctoring. Medical Sciences Council examinations are delivered online by Kryterion Global Testing Solutions, an international computer-based testing company.

### Examination length

57. The examination must be completed within a maximum period of three hours (180 minutes).

58. Candidates must allow for an additional hour to complete examination entry procedures and post-exam administration activities. This requires a candidate to allow for a total time commitment of four hours on the day of the exam.

### Examination format

59. Examinations are set in a multiple-choice question (MCQ) format where the exam taker is required to select the best possible answer from a selection of choices.

60. The examination contains 150 questions which are allocated within two broad categories:

### Generic competencies questions (45% - 55%):

61. These questions relate to the medical laboratory science competence standards set out in Domains 1-5, and anaesthetic technology competence standards set out in Domains 1-4. Those competences apply to all scopes of practice within the professions of medical laboratory science and anaesthetic technology.

62. Questions pertaining to the generic competencies are not evenly distributed across all of the generic domains. The Examinations Taxonomy sets out the percentage range of questions related to each of the generic domain competencies that are to be included in a set of examination questions.

### Scope-specific competencies questions (45% - 55%):

#### *Medical laboratory science profession*

63. These questions relate to the competence standards as set out in one of the Domains from 5A.

#### *Anaesthetic technology profession*

64. These questions are based on the competence standards specific to the clinical practice for the Anaesthetic Technician scope of practice, as set out in Domain 5.

65. Examination questions are split 45/55% - 45/55% between the two categories of generic competencies and scope-specific competencies.

66. Examples:

- An examination for a Medical Laboratory Scientist candidate may contain 45% of questions related to Domains 1, 2, 3, 4, and 5 with the other 55% of questions related to Domain 5A.
- An examination for an Anaesthetic Technician may contain 45% of questions related to Domains 1, 2, 3, and 4 with the other 55% of questions related to Domain 5.

## Question generation and format

### Content writers

67. Examination questions are developed by Council-appointed clinicians and educationalists who are qualified and registered medical laboratory science and/or anaesthetic technology practitioners with a high level of clinical and/or educational expertise.

68. Content writers must attend Council education modules and are required to abide by a confidentiality agreement. The Council will offer regular education to ensure there is an adequate and appropriately skilled pool of content writers available.

69. Writers develop questions using the Council's relevant Competence and other standards to ensure questions are related to the relevant profession and scope.

70. Advice may be sought from Te Ama Tōtika when developing appropriate cultural competence questions.

71. All questions are referenced to relevant academic/literature resources.

### Question format

72. Exam questions are mostly set within two formats:

- Single topic question
- Vignette or clinical scenario.

73. All questions have four options, one of those being the correct answer and the other three incorrect answers (called *distractors*). There is only one correct answer for each question. Images and graphs may be used with some questions.

74. Each question must adhere to the requirements for examination questions defined by the examination committee to ensure content validity and statistical reliability prior to being included into an examination.

## Scoring

75. An examination is scored as *successful or unsuccessful*. Each correct answer is awarded one point and there is no deduction of points for wrong answers. Individual questions are not weighted and contribute equally to the candidate's examination score.
76. The pass score for an examination is set at a minimum of 75% in each of the two question categories - that is 75% for questions relating to generic competencies and 75% for questions relating to the scope-specific competencies. In the opinion of the Council, this sets a level that ensures candidates are capable of safe and ethical practice.
77. A score may be adjusted after the conduct of an examination. An example<sup>1</sup> is where a subsequent moderation of the examination identified a particular question, and its answer (and/or distractors) may have been impossible to select accurately. That may have been due to the grammar or expression used, and/or there being more than one reasonable answer to the question. In such circumstances the question may be removed from the examination and marks for all candidates adjusted accordingly.

## Examination framework

78. The examination blueprint sets out the percentage range of questions related to each of the competence domains, upon which each examination set is to be based.

### *Medical laboratory science*

<b>Common questions – Domains 1, 2, 3, 4, 5</b>		<b>45 – 55%</b>
<b>Scope-specific questions – Domain 5A</b>		<b>45 – 55%</b>
<b>Total</b>		<b>100%</b>
<b>Common domains</b>		<b>Questions per exam</b>
1	Professional and ethical conduct	9 – 11%
2	Communication and collaboration	5 – 7%
3	Evidence-based practice and learning	1 – 3%
4	Safety of practice and risk management	18 – 20%
5	Medical laboratory science practice	12 – 14%
<b>Total common domain questions</b>		<b>45 – 55%</b>

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<sup>1</sup> Please note this example is given as an illustration only.

5A	Medical Laboratory Scientist	Questions per exam
	Scientific enquiry and methods	10 – 12%
	Validation of scientific and technical data	10 – 12%
	Assessment and evaluation	10 – 12%
	Research, reasoning and problem solving	5 – 7%
	Quality management	10 – 12%
	<b>Total Medical Laboratory Scientist specific questions</b>	<b>45 – 55%</b>

### *Anaesthetic technology*

<b>Common questions – Domains 1, 2, 3, 4</b>		<b>45 – 55%</b>
<b>Scope-specific questions – Domains 5</b>		<b>45 – 55%</b>
<b>Total</b>		<b>100%</b>
<b>Common domains</b>		<b>Questions per exam</b>
1	Professional and ethical conduct - Professional Practice	9 – 11%
2	Communication and collaboration - Professional Relationships	5 – 7%
3	Evidence-based practice and learning	1 – 3%
4	Safe practice and risk management	30 – 34%
<b>Total common domain questions</b>		<b>45 – 55%</b>

79. An examination will include questions relating to one of the scope-specific practice domains:

- Domain 4 – Practice (knowledge, skills and values).

80. Questions from a scope-specific practice domain will make up between 45% and 55% of an examination.

5	<b>Anaesthetic Technician</b>	<b>Questions per exam</b>
	Application of anatomical and physiological knowledge	3 – 4%
	Surgical and interventional procedures	4%
	Patient care	10%
	Anaesthesia equipment	13 – 18%
	Emergency management	7 – 9%
	Record keeping and documentation	3 – 4%
	Pharmacology	4 – 5%
	Other roles within the operating department environment	1%
	<b>Total Anaesthetic Technician specific questions</b>	<b>45 – 55%</b>

# Appendix 2

## Registering for an online examination: a graphic overview

**Note:** All applicants must advise Webassessor at least 72 hours prior to sitting the exam that they are unable to sit the exam. Applicant forfeits exam fee if they do not provide at least 72 hours to Webassessor of their intention to withdraw from the exam.

