

MEDICAL SCIENCES COUNCIL
OF NEW ZEALAND
TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

Medical Laboratory Science Scopes of Practice Consultation

Submissions Analysis Report

Medical Sciences Council of New Zealand

August 2026

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Executive summary

Under the Health Practitioners Competence Assurance Act 2003, the Medical Sciences Council of New Zealand is responsible for setting the scopes of practice for Medical Laboratory Science.

To ensure the scopes remain current, reflect contemporary practice, support effective service delivery and ensure the safety of the public the Council proposed six changes:

i. ending the provisional scopes
ii. amalgamating the Medical Laboratory Technician (MLT) and Medical Laboratory Pre-Analytical Technician (ML-PAT) scopes
iii. moving the list of disciplines from the scopes to policy
iv. removing the requirement for technicians to work under direction
v. revising the wording of the scopes
vi. updating qualification pathways.

Allen + Clarke was engaged to independently analyse the 121 submissions and provide the Council with a robust independent evidence base to inform its decisions.

The analysis considered both the level of support for each proposal and the reasons, concerns and themes raised in written comments. Three themes were raised consistently across the consultation by respondents who both supported and opposed the changes: competence requirements, supervision, and public safety.

Respondents generally supported the overall direction of the review. However, support was often conditional on clear competence standards and a well-defined supervision framework being in place before existing safeguards, including provisional scopes and the requirement to work under direction, are removed.

Support differed by proposal and respondent group. Views were most divided on removing provisional scopes and combining the MLT and ML-PAT scopes. Medical Laboratory Scientists and Medical Laboratory Technicians were generally more cautious or opposed, while Medical Laboratory Pre-Analytical Technicians were more supportive of both proposals.

The proposal to remove the requirement to work under direction received the strongest opposition, particularly from Medical Laboratory Scientists. Respondents commonly viewed this requirement as an important safeguard for patient safety, quality assurance and professional accountability.

There was broader support for moving the disciplines list to policy, renaming Blood Transfusion Services as Transfusion Science, introducing specific requirements for embryologists and mortuary technicians, and revising the wording of the MLS and MLT scopes and qualification pathways.

Respondents also raised issues outside the six proposals. Some relate to further work already planned by the Council, including review of the competence standards, supervision and qualification policies, transition arrangements, and expanded or advanced practice. Others relate to wider employment and workforce issues, including career progression, remuneration and pay equity, and reliance on internationally qualified practitioners. These matters sit largely outside the Council's regulatory role but provide important context for the feedback.

1 Introduction

1.1 Consultation background

Under the Health Practitioners Competence Assurance Act 2003 (HPCA Act), the Medical Sciences Council of New Zealand (the Council) is responsible for setting the scopes of practice for Medical Laboratory Science. These scopes describe the work that registered practitioners are legally permitted to carry out and provide the foundation for the profession's standards and policies.

The Council is proposing several changes to ensure the scopes remain up to date, reflect current practice, and support effective service delivery. As part of this work, it consulted the profession on six proposed changes:

i. ending the provisional scopes
ii. amalgamating the Medical Laboratory Technician (MLT) and Medical Laboratory Pre-Analytical Technician (ML-PAT) scopes
iii. moving the list of disciplines from the scopes into policy level
iv. removing the requirement for technicians to work under direction
v. revising scopes wording
vi. revising the qualification pathways for registration.

Respondents were asked 12 questions covering these proposed changes along with one additional question inviting additional comments. Submissions were received via an online survey and were also accepted via email.

1.2 Respondents

The consultation received 121 valid responses. Medical Laboratory Scientists (MLS) comprised the largest respondent group (63 submissions), followed by Medical Laboratory Technicians (MLT) (25 submissions), and Medical Laboratory Pre-Analytical Technicians (ML-PAT) (22 submissions). Four respondents held more than one scope of practice: two were registered as both Medical Laboratory Scientists and Medical Laboratory Technicians, and two as both Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians.

Seven submissions were received from organisations. These included two professional associations, a national health service provider, a private laboratory service provider, a government research organisation, a union and a college.

1.3 Purpose and scope of this report

Allen + Clarke was engaged to independently analyse the submissions received. The analysis assessed the level of support for each proposal and captured the full range of views expressed to inform the Council's response.

This report presents the findings across the 12 consultation questions. It combines quantitative analysis of support for each proposal with qualitative analysis of the reasons and themes raised by respondents. It also distinguishes between matters directly within the scope of the

consultation, issues relevant to the Council's future policy work, and broader matters outside the Council's role.

1.4 How to read this report

This report draws on two types of evidence:

- **Quantitative results**, showing the level of agreement or disagreement with each proposal, and
- **Qualitative findings**, summarising the main reasons, concerns and themes raised in written comments.

These sources of evidence should be considered together. The quantitative results show how many respondents agreed, disagreed, neither agreed nor disagreed with each proposal or skipped the question. The qualitative analysis examines the issues respondents raised and how frequently they were raised, based on a consistent thematic coding framework.

The written comments do not always reflect the overall level of support shown in the quantitative results. Respondents who disagreed with a proposal or had concerns were generally more likely to explain their views in detail, while those who supported a proposal often selected 'agree' without providing further comment. As a result, a proposal may receive majority support even though the accompanying comments are predominately critical.

The theme counts presented in the appendix show how often an issue was raised by respondents who chose to comment. Frequency should therefore be interpreted as an indication of prominence rather than a measure of importance. The quotes included throughout the report are illustrative of commonly raised views and have been selected to illustrate the tone of respondent's comments.

None of the consultation questions were compulsory. Respondents could select an agreement option without providing a comment, leave a comment without selecting an agreement option, or skip a question altogether. This means the respondents represented in the charts may not be the same respondents whose comments are discussed in the accompanying qualitative analysis. Response numbers vary between questions and are reported for each question.

2 Methodology

2.1 Submissions

Submissions were received through an online SurveyMonkey survey and by email. The survey followed the 13 questions set out in the consultation document. For each proposal, respondents were asked whether they agreed, disagreed, or neither agreed nor disagreed, and were invited to explain the reasons for their response in an open-text comment.

As responses were optional, respondents could answer all or part of each question. The number of quantitative and qualitative responses therefore varies across the 12 proposal-related questions. The number of responses is reported for each question.

A smaller number of submissions were received via email.

2.2 Response validation and data cleansing

Before the analysis began, all submissions were checked for completeness, validity, and duplication.

SurveyMonkey received 154 responses. Of these, 43 respondents completed only the demographic questions and did not answer any of the 13 consultation questions. These responses were excluded from the analysis.

Thirteen submissions were received by email. As these did not always follow the survey structure, their content was mapped to the relevant consultation questions. Comments that did not relate to a specific question were assigned to the final 'any other comments' question.

Cross-checking identified three respondents who had submitted both a SurveyMonkey response and an email submission. Each pair was combined into a single submission to avoid double counting, resulting in a final dataset of 121 valid submissions.

Where respondents had not selected an agreement option, but their written comment clearly indicated their position (for example, 'I agree' or 'I strongly disagree'), this was recorded in the quantitative data. Where the respondent's position was not clear, the quantitative response was left blank.

2.3 Coding framework

A thematic coding framework was developed to turn the open-text responses into structured data for analysis. The framework, provided in Appendix A, used a consistent set of thematic codes across all 13 consultation questions.

Each code represented a distinct issue or viewpoint raised by respondents. It included a brief description of the theme and recorded how often it appeared. This made it possible to identify recurring themes across questions and compare the views of different respondent groups.

The framework provided a consistent and transparent basis for the qualitative analysis. It supported the findings with frequency counts and helped ensure the report accurately reflected the range and relative prominence of submitters' views.

2.4 Analysis and reporting

The analysis combined quantitative and qualitative methods. The quantitative analysis measured the level of support for each proposal by counting responses and breaking them down by scope of practice and organisational respondents to identify differences between groups. Respondents who held more than one scope of practice were counted once in the overall total but were excluded from the individual scope groups, to avoid double counting. The results are presented as charts in the question-by-question analysis.

The qualitative analysis examined the coded open-text responses. Code frequencies were used to identify the most commonly raised themes within each question and across the

consultation. Themes raised across multiple questions are reported both under the relevant question and as recurring themes.

The quantitative results show the overall level of support, while the qualitative findings explain the reasons for respondents' views and the concerns they raised. Illustrative quotes are included to show the range and tone of the comments.

Some comments did not relate directly to the proposal but instead addressed broader policy issues. Some comments, including those related to pay equity and career progression, fall outside the Council's role. These issues were noted and are discussed separately in the out-of-scope themes section.

3 Recurring themes

Although each consultation question focused on a specific proposal, several issues were raised repeatedly across the submissions. These themes emerged across multiple questions, regardless of whether respondents supported or opposed the proposals. The three most prominent themes were competency requirements, supervision, and public safety. They are discussed here to highlight their significance across the consultation before the question-by-question analysis in the following section.

3.1 Competency requirements

Competency requirements were one of the most frequently raised themes, appearing in responses to nine consultation questions. They were most commonly discussed in relation to removing provisional scopes, combining the MLT and ML-PAT scopes, and changing qualification pathways.

Respondents asked for clear competency standards and reliable assessment processes to be in place before the proposed changes are introduced. Some were concerned that the proposals could allow practitioners to undertake work without sufficient assurance that they possessed the required knowledge and skills.

Overall, respondents viewed competency assessment and standards as an important safeguard. The lack of detail about how competency would be assessed made some respondents hesitant, including some who otherwise supported the proposed changes.

3.2 Supervision

Supervision was one of the most frequently raised themes across the consultation, spanning almost all respondent groups and consultation questions. It featured prominently in discussions about removing provisional scopes and the requirement to work under direction. It was raised by both those who supported the proposals and those who opposed them. While many respondents did not oppose the proposed changes in principle, they considered a clear supervision framework should be in place before the current safeguards are removed.

Respondents were concerned that removing provisional scopes that include mandatory supervision periods could reduce oversight for graduates, newly registered or newly employed

staff, and internationally qualified practitioners. Some were also concerned about the combined effects of removing provisional scopes and work under direction for laboratory technicians. They feared technicians would be working beyond their competence without appropriate guidance.

Respondents generally supported a proportionate approach to supervision, based on each practitioner's demonstrated competence rather than the length of time they had worked. Several suggested that supervision requirements should be determined on an individual basis and applied only where they are genuinely needed.

3.3 Public safety

Public and patient safety was a prominent theme throughout the consultation and was raised in response to most proposals. It was most prominent in feedback on removing provisional scopes, combining the MLT and ML-PAT scopes, and removing the requirement to work under direction.

Many respondents assessed the proposals by considering their possible impact on patient safety, reflecting the Council's role in protecting the health and safety of the public. Their main concern was that greater workforce flexibility, without appropriate safeguards, could allow practitioners to work beyond their area of competence. Respondents considered this could affect the accuracy and reliability of laboratory results and, ultimately, patient care.

Even among respondents who supported the proposals, public safety was frequently cited as the reason clear competency and supervision arrangements should be in place before any changes are introduced.

4 Question-by-Question analysis

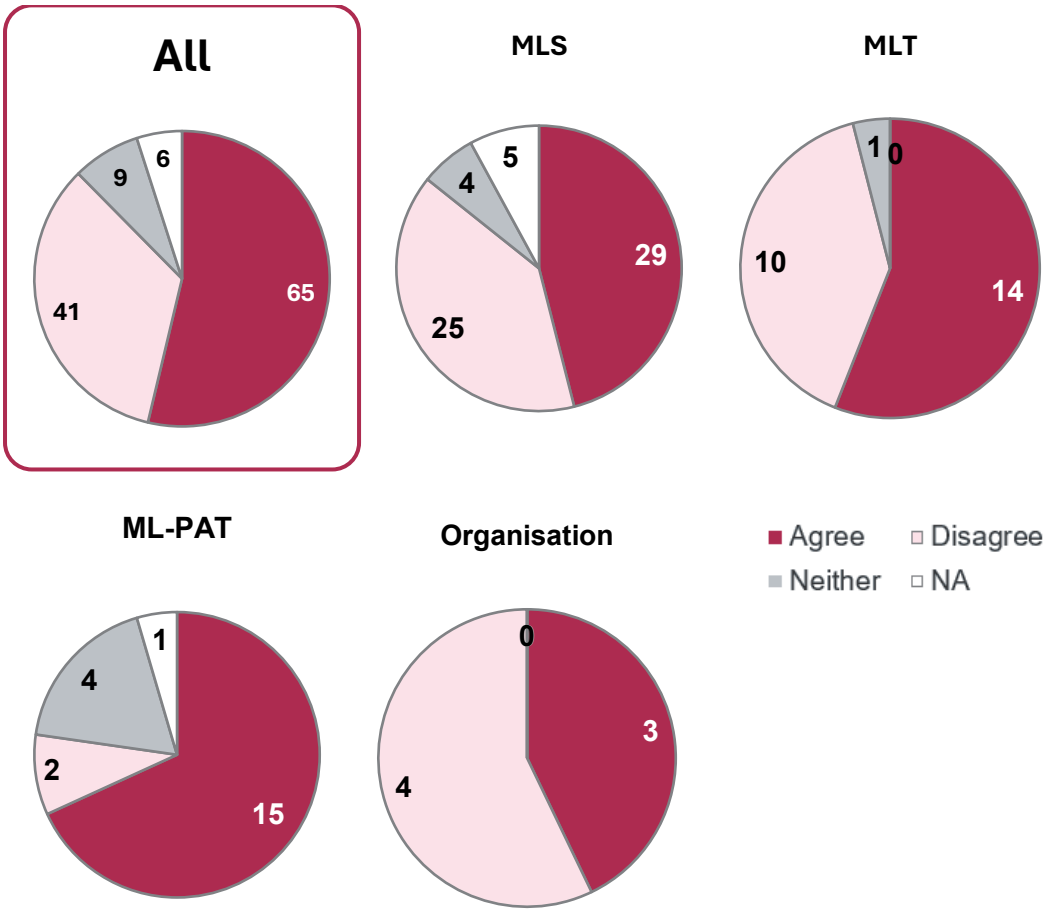
This section presents the findings for each of the 12 proposal-related consultation questions. For each question, it shows the level of support by respondent group, summarises the main themes raised in written comments, and includes illustrative quotes. Together, these findings show how views differed across the proposals and where support or concerns were most strongly expressed. Where respondents suggested additional changes, they are highlighted at the end of the relevant section.

4.1 Proposal to remove provisional scopes of practice

Do you agree with the proposal to remove the provisional scopes?

A total of 115 respondents answered this question. While most supported removing provisional scopes, concerns about the lack of detail in the proposal were raised across all respondent groups. Charts below show levels of support by scope of practice. Medical Laboratory Scientists and Medical Laboratory Technicians were relatively divided, while a clear majority of Medical Laboratory Pre-Analytical Technicians supported the proposal. Organisational respondents were also divided.

Sentiment on provisional scopes removal by respondent group



Supervision was the most prominent theme, raised by both respondents who agreed and disagreed with removing the provisional scopes. Respondents were concerned about losing the requirement to supervise staff, particularly graduates, new employees or those with overseas qualifications. If the provisional scopes were to be removed, respondents called for a clear supervision mechanism to be put in place before those changes were made. Similarly, respondents across the spectrum emphasised the need for clear competency requirements.

> *"We recommend deferring removal of provisional scopes until a clear, well-defined supervision mechanism is established. Without a defined process, there is uncertainty regarding how a supervisor will determine if a practitioner is unsuitable for full scope status."*
>
> - Organisation

> *"I would agree to remove a provisional scope of practice once I am confident the practitioner has demonstrated consistent and safe practice. My decision would be based on documented evidence — including completed competency assessments, supervisor feedback. Ultimately, the decision should be based on patient safety, professional standards, and competent practice and not just time spent in the role."*
>
> - Medical Laboratory Scientist

Respondents who supported removing provisional scopes often noted that practitioners working under provisional and full scopes carry out similar work, and that those practising under a

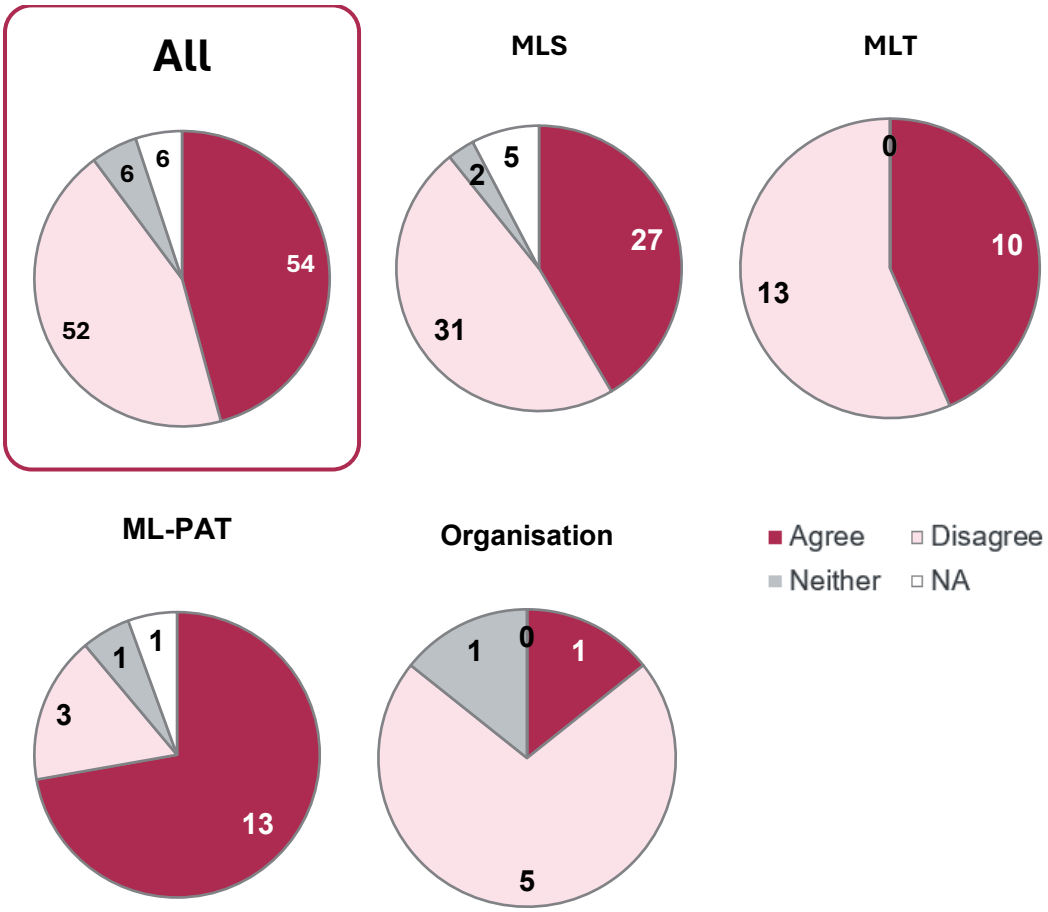
provisional scope frequently have sufficient qualifications and experience. Many argued that ongoing supervision would provide sufficient safeguards, making the need for a separate scope unnecessary. In contrast, respondents who opposed the proposal argued that removing provisional scopes would take away an important safeguard for ensuring practitioner competence, patient safety and the quality of the health service.

4.2 Amalgamation of MLT and ML-PAT

Do you agree with the proposal to amalgamate the current Medical Laboratory Technician and Medical Laboratory Pre-Analytical Technician scopes?

Overall, the 115 respondents who answered this question were divided on the proposal to amalgamate the MLT and ML-PAT scopes. The charts below show clear differences between respondent groups. A narrow majority of Medical Laboratory Scientists and Medical Laboratory Technicians opposed the proposal, while most Medical Laboratory Pre-Analytical Technicians supported it. Most organisational respondents also opposed amalgamation, with only one expressing support.

Sentiment on amalgamation of MLT and ML-PAT scopes



Respondents who opposed the proposal generally viewed MLTs and MLPATs as distinct professions with different skills, responsibilities, and qualification requirements. They were concerned that amalgamating the scopes could lead to staff being expected to work beyond their competence, with possible impacts on service quality and patient safety.

> *"While some overlap exists, these roles are inherently different and demand distinct knowledge, skills, and levels of experience... Combining these scopes risks blurring important distinctions between the roles. This could have implications for accountability, workforce planning, career progression, and ultimately patient safety. Maintaining clear and separate scopes of practice is important to uphold professional standards and ensure effective service delivery. Maintaining a distinction between MLT and MLPAT roles provides clarity around training requirements, competency expectations, and career progression pathways."*
>
> - Medical Laboratory Pre-Analytical Technician

> *"Professional identity concerns Medical Laboratory Technicians with analytical responsibilities may feel their role is being devalued. Risk to patient safety. Analytical testing requires deeper scientific knowledge, troubleshooting ability, and quality management understanding. A broad scope without safeguards may dilute accountability and competence. Loss of role clarity Pre-analytical errors and analytical errors carry different risks. Blurring responsibilities can make incident investigation and quality control harder."*
>
> - Medical Laboratory Technician

Supporters highlighted that amalgamation could improve workforce flexibility and make it easier to deploy staff within the laboratory. Some ML-PAT respondents also saw it as a pathway for career progression. Several respondents suggested that a clear mechanism, such as examinations or bridging requirements, would be helpful to help practitioners upskill and move between scopes or disciplines.

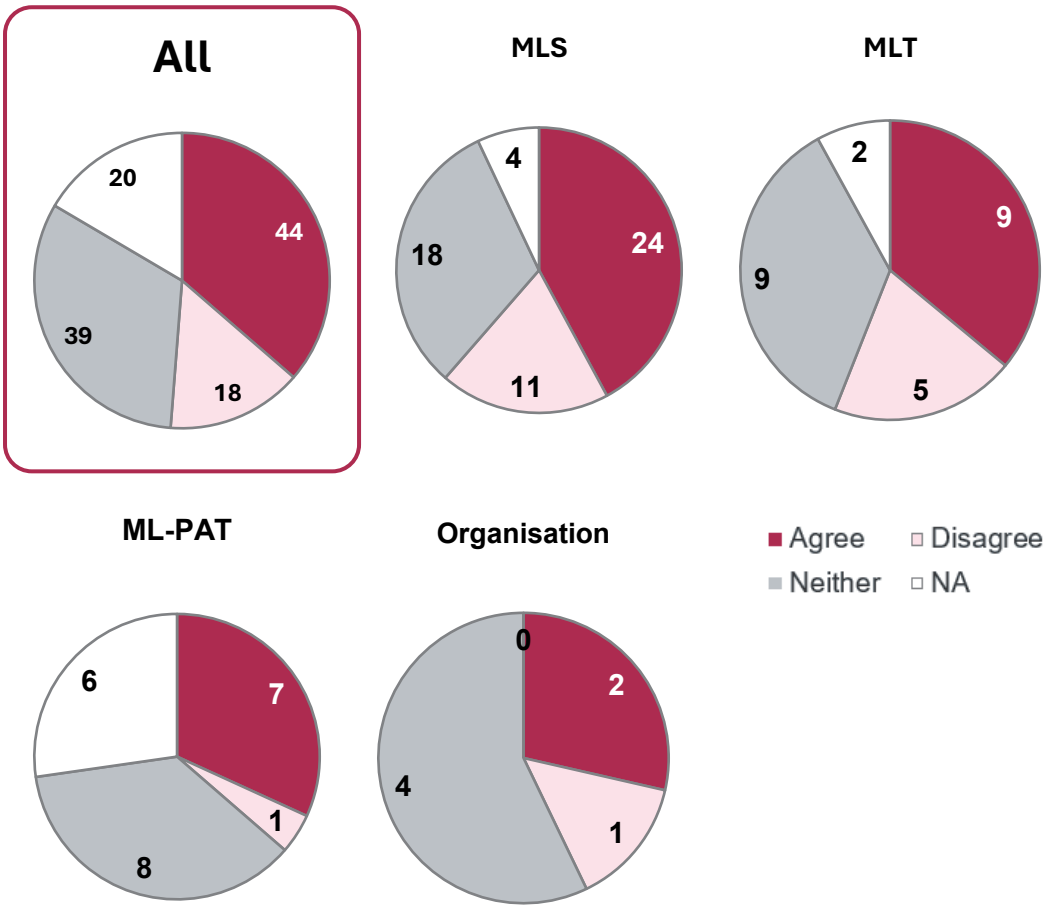
> *To create a lot more flexibility within the lab, enhance knowledge of multiple departments, aid in staff shortages or test delays due to staff absences, allow for career progression and broaden practitioner job opportunities."*
>
> - Medical Laboratory Pre-Analytical Technician

4.3 Setting disciplines at policy level

Do you agree with the proposal to move the disciplines list to policy level?

Most out of the 101 respondents who answered this question supported moving the list of disciplines to the policy level. Few respondents opposed the proposal. However, a relatively high number either skipped the question or selected 'neither agree nor disagree', suggesting that respondents may not hold a strong view on this issue or that the effects of the proposed change were unclear.

Sentiment on moving disciplines list to policy level



Supporters underlined that listing disciplines at the policy level would make the regulatory framework more modern and easier to update as technology evolved. Those who opposed the proposal were concerned that it could reduce transparency, inclusion of stakeholders in the consultation process and opportunities for public scrutiny. They preferred the disciplines to remain in secondary legislation. Respondents who were undecided commonly asked the Council to explain more clearly what the shift would mean for the profession in practice.

> *"There is a need for clarity what this actually means and what implications it may have. There is no documentation associated with the MSCNZ documents to provide a satisfactory explanation of what the effects would be on the profession moving disciplines into policy. There is no guidance relating to criteria that may be applied. The internet face-to-face meeting failed to explain this."*
>
> - Medical Laboratory Scientist

Respondent suggestion:

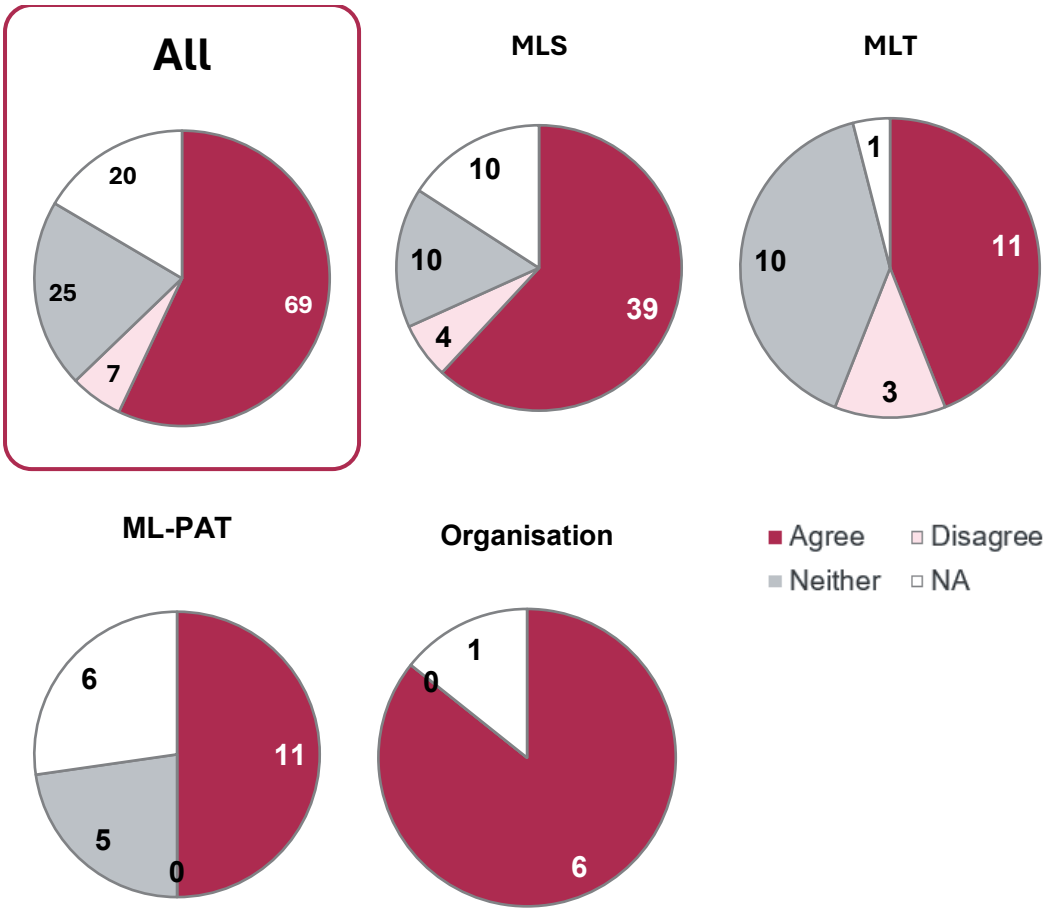
- Add a reference to clinical practice among the disciplines.

4.4 Transfusion Science

Do you agree with the proposal to update "Blood Transfusion Services" to "Transfusion Science" in the list of disciplines?

The 101 respondents who answered this question broadly supported changing the term “Blood Transfusion Services” to “Transfusion Science”.

Sentiment on changing to “Transfusion Science”



Respondents who provided comments generally considered that the proposed term better reflects current practice. Some suggested adding additional disciplines (listed below).

> *“The term “Transfusion Science” more accurately reflects the breadth of contemporary practice, including laboratory science, quality systems, clinical support, and evolving technologies within the field. It aligns better with current professional terminology and recognizes the scientific foundation of the discipline.”*
>
> - Medical Laboratory Scientist

Respondent suggestions:

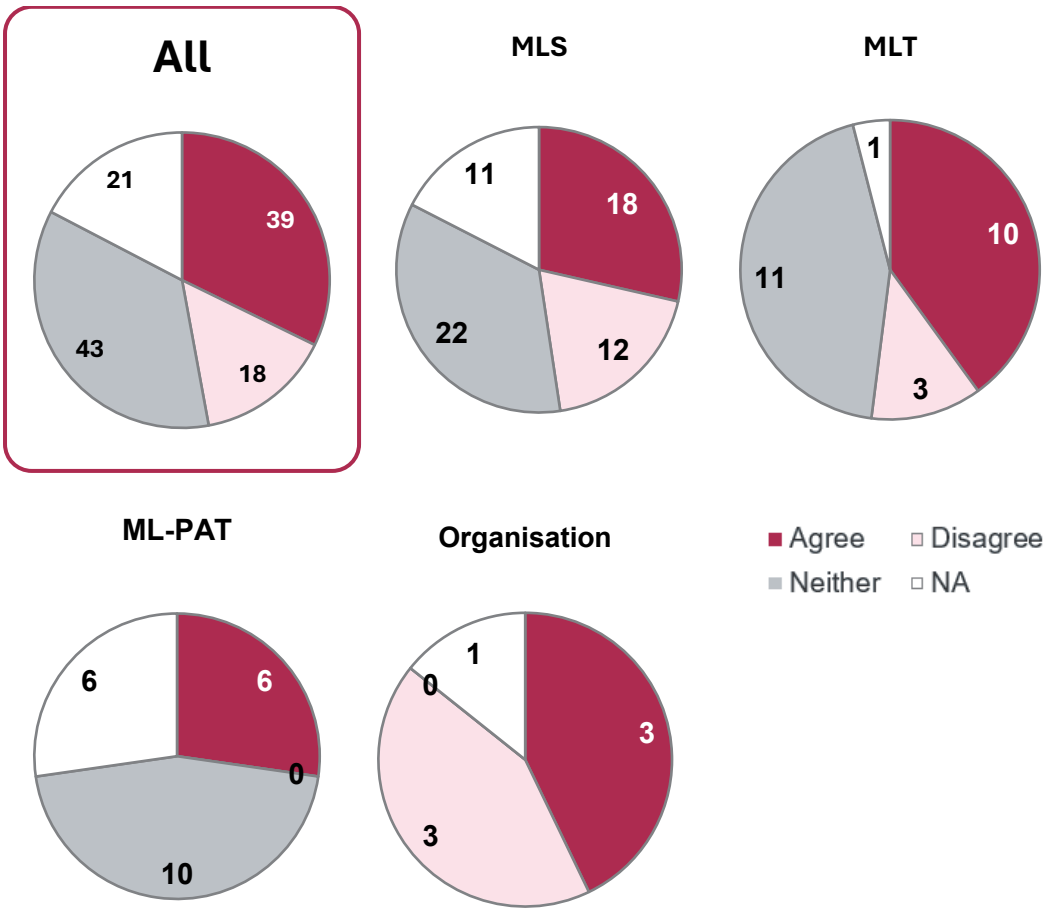
- Add specific provisions for Donor Technicians.
- Add specific disciplines related to blood manufacturing, e.g. blood banking, tissue banking, immunohaematology, cellular therapy and blood product manufacturing.

4.5 Precision Health

Do you agree with the proposal to add Precision Health to the list of disciplines?

A total of 100 respondents answered this question. Although relatively few opposed adding Precision Health to the list of disciplines, most respondents across all three scopes selected 'neither agree nor disagree'. Organisations were divided between supporting and opposing the proposal.

Sentiment on adding Precision Health to the disciplines



Respondents who supported the proposal considered that adding Precision Health would help future-proof the regulatory framework. Those who were hesitant commonly questioned whether Precision Health should be recognised as a cross-disciplinary approach rather than a separate discipline. They asked the Council to clarify why it should be listed as a discipline and what this would mean for the profession in practice. A small number of respondents also suggested adding other disciplines or sub-disciplines (see suggestions below).

> *"While I recognize that Precision Health is an emerging and evolving area of practice, I would need further clarity around its definition, scope boundaries, competency expectations, and how it would interface with existing disciplines. It is important to ensure there is no unintended overlap or ambiguity within the regulatory framework."*
>
> - Medical Laboratory Scientist

Respondent suggestions:

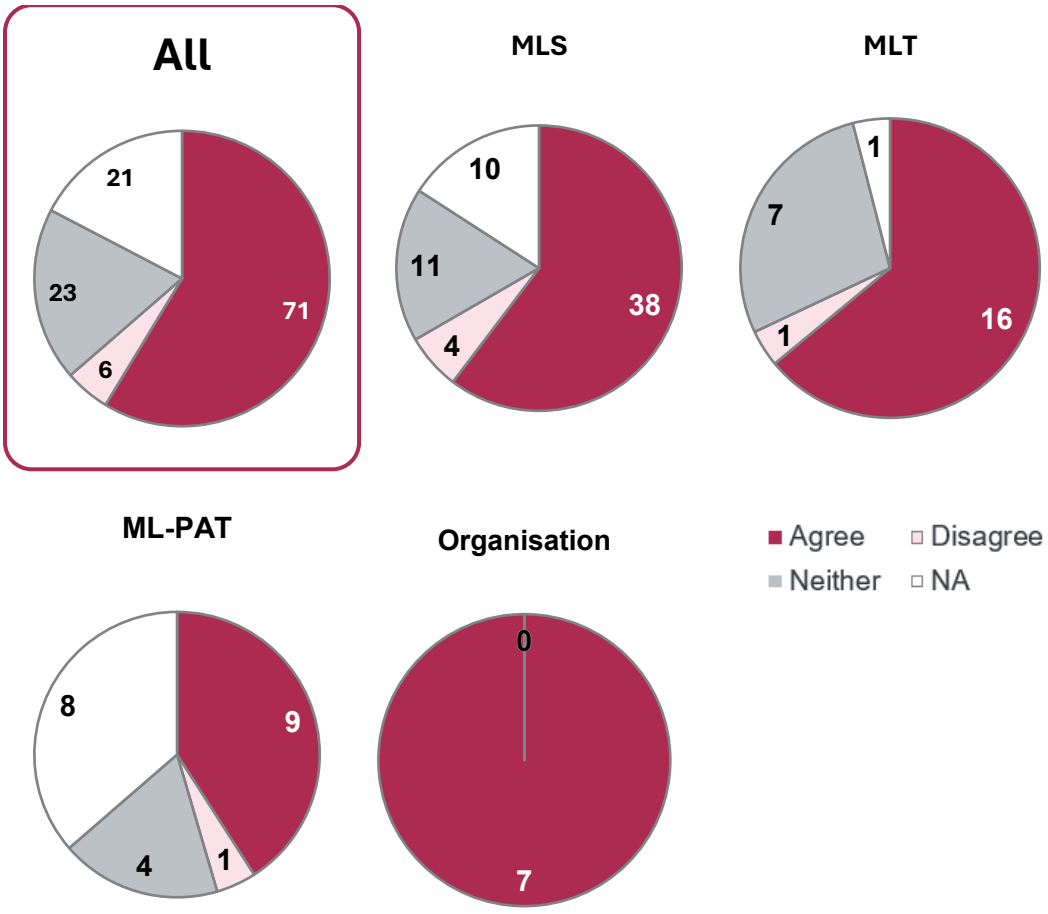
- Ensure disciplines also cover modern molecular and genomic technologies that use individual biometric data.
- Be more specific on disciplines that people do within precision health such as genetic testing.
- Include bioinformatics and medical genomics as a subsection of precision health.

4.6 Embryology and Mortuary

Do you agree with the proposal that the embryology and mortuary technology disciplines should have specific requirements?

A total of 100 respondents answered this question. Most respondent groups supported the proposal to add specific requirements for embryology and mortuary disciplines. Notably, all organisations agreed with this proposal.

Sentiment on specific requirements for embryology and mortuary



Respondents agreed that both embryology and mortuary were areas requiring distinct skills, qualifications and competencies. They also underlined the specific ethical and cultural considerations professionals need to be taken into account when practising in these areas.

"Agree. Both areas carry distinct risks, competencies, and ethical/legal dimensions; specific requirements will better assure public safety and practitioner preparedness."

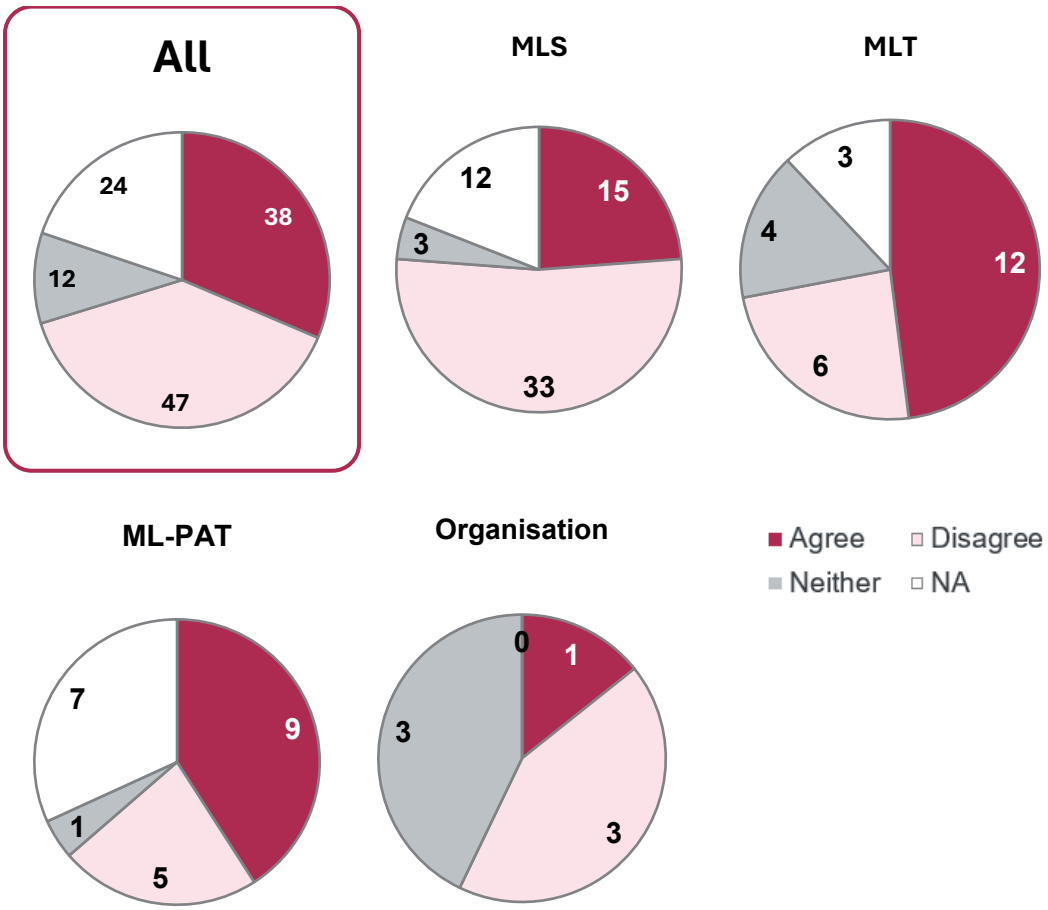
- Organisation

4.7 Removing work under direction

Do you agree with the proposal to remove the requirement for Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians to work under the direction of another health practitioner?

Of the 97 respondents who answered this question, most opposed removing the requirement for MLTs and ML-PATs to work under the direction of an MLS or another health practitioner. Opposition was strongest among Medical Laboratory Scientists. Of the 51 MLS respondents, 33 disagreed with the proposal and 15 agreed. In contrast, most Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians supported removing the requirement. Among organisational respondents, only one organisation supported the proposal. Of the remaining six organisations three opposed the proposal and three selected 'neither agree nor disagree'.

Sentiment on removing work under direction



Respondents who supported retaining the requirement to work under direction considered it an important safeguard for ensuring technicians receive appropriate guidance and support. They

argued that this helps maintain the accuracy and reliability of laboratory results, supports quality assurance, and enables laboratories to meet accreditation requirements. Some were concerned that removing the requirement could lead to technicians being expected to work beyond their competence, with possible impacts on service quality and patient safety. Respondents also considered that the change could weaken professional roles and negatively affect how laboratory teams work together.

> *"The relationship between Scientists and Technicians is a cornerstone of the laboratory profession; Scientists being the only practitioners who have the requisite knowledge to validate test results and analyse complex situations, and therefore, provide the necessary guidance and support to MLTs to ensure accuracy and reliability of laboratory results. Working under direction is also used for certain expanded practice activities. Many members report Technicians are already being inappropriately deployed to replace Scientists for cost-saving purposes. Rather than fixing this scope creep, the proposal effectively suggests that employing formally trained Scientists is optional, legitimising unsafe role substitution. It undermines the MLS profession and risks creating a generalist workforce that lacks the depth of knowledge required for modern, complex pathology."*
>
> - Medical Pre-Analytical Technician

While acknowledging that supervision and working under direction are not the same, some respondents were questioning how this proposal would affect supervision, particularly combined with the proposal to remove provisional scope for technicians. Respondents on both sides emphasised that any change would need to be supported by clear supervision arrangements, competency requirements, and clarity on what the change would mean for practitioners and laboratories.

> *"It is important to distinguish between supervision and working under direction: the former requiring much more active oversight, control, and supervisor availability, with the latter providing guidance and instruction to a practitioner who takes much more responsibility for their practice. This is not a hierarchy issue. Technicians working under direction can still be responsible for their own practice while lacking the necessary training to carry overall clinical responsibility. Working under direction protects them from decision-making responsibility that exceeds this training; providing a much-needed safety net... Removing this requirement would shift systemic risks onto individual practitioners, exposing both staff and patients to avoidable harm."*
>
> - Organisation

> *"Registered practitioners should be accountable for their own practice within their scope and competence. The current requirement to work under direction can reinforce outdated hierarchies and does not reflect the professionalism or capability of experienced technicians. In my experience, this requirement can also contribute to prolonged and unnecessary supervision, which negatively affects confidence, wellbeing, and career progression. Removing this requirement supports professional autonomy, fairness, and better use of the workforce. Safeguards should focus on clear competency standards and appropriate supervision only where genuinely needed (for example, for new graduates or those new to the NZ system)."*
>
> - Medical Laboratory Scientist

-

Respondent suggestions:

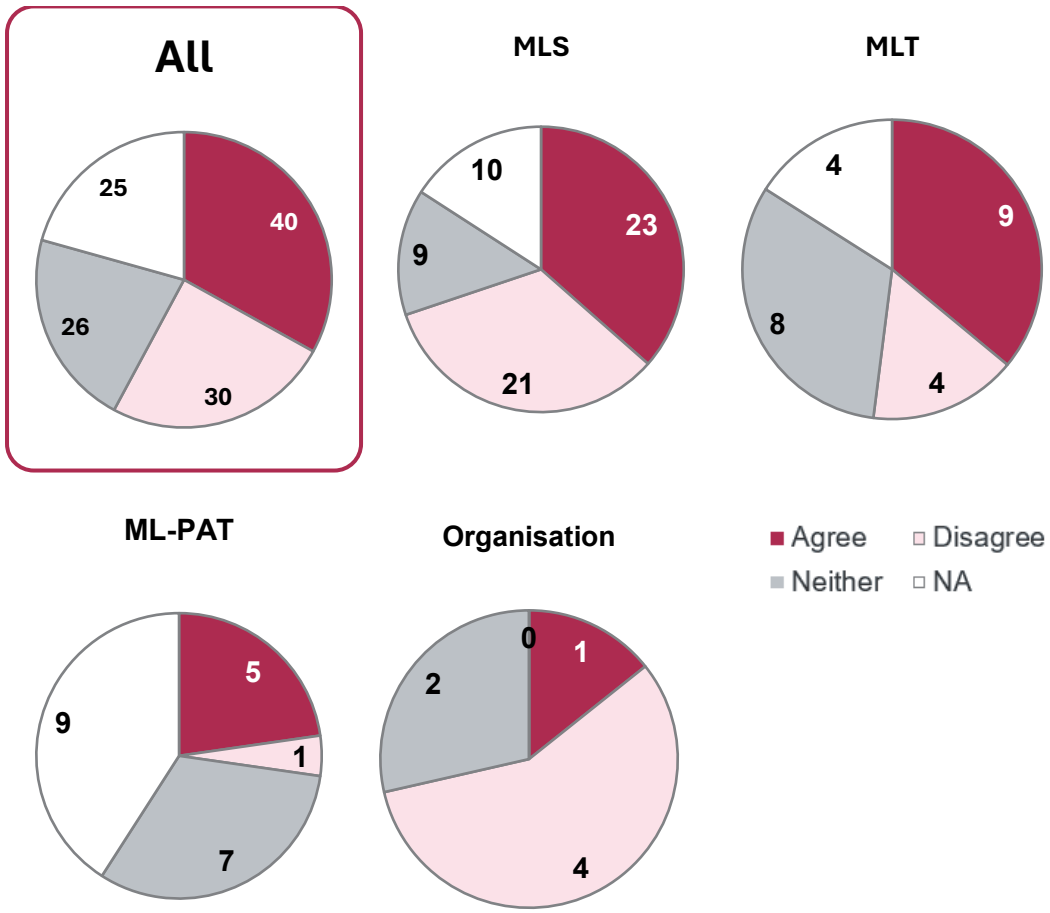
- The Council should strengthen its oversight and clarify expectations to ensure that the work under direction requirement is applied safely, consistently, and credibly.
- Consider bridging programmes that enable MLTs with years of experience to safely become MLSs, without needing a health degree as pre-requisite.

4.8 MLS Qualification Pathways

Do you agree with the proposed qualification pathways for registration as a Medical Laboratory Scientist?

The 96 respondents who answered this question were divided, with a narrow majority supporting the proposal. Medical Laboratory Scientists and Medical Laboratory Technicians were split, while many Medical Laboratory Pre-Analytical Technicians either selected 'neither agree nor disagree' or did not answer the question. Most organisational respondents opposed the proposal. As the proposal relates specifically to the MLS scope, responses from other practitioners should be interpreted with this context in mind.

Sentiment on MLS qualification pathways



Respondents generally supported consolidating qualification pathways into accredited and non-accredited streams. Regardless of whether they agreed, disagreed, or selected 'neither agree nor disagree', many used the open-text responses to raise broader issues. These

included repeated calls for clear competency and supervision requirements, and more information about how the proposed changes would affect practitioners. Some called for more transparency in the decision-making processes by the Council and for the development of clearer pathways for practitioners to move between disciplines.

> *"The proposed alignment of qualification pathways into accredited and non-accredited streams improves clarity and consistency. The distinction between substantially equivalent and relevant qualifications is logical. However, transparency regarding the criteria and assessment methodology used to determine equivalence would strengthen fairness and defensibility, particularly for internationally qualified applicants. Clear communication around examination standards and competence verification processes would also enhance confidence in the regulatory framework."*
>
> - Medical Laboratory Scientist

The main concerns related to the MLS examination. Respondents questioned the ability to retake the examination multiple times, its cost, its one-size-fits-all and multiple-choice format, and the lack of transparency around its design and administration. Some also raised concerns about reliance on overseas workforce and the recognition of overseas qualifications and experience.

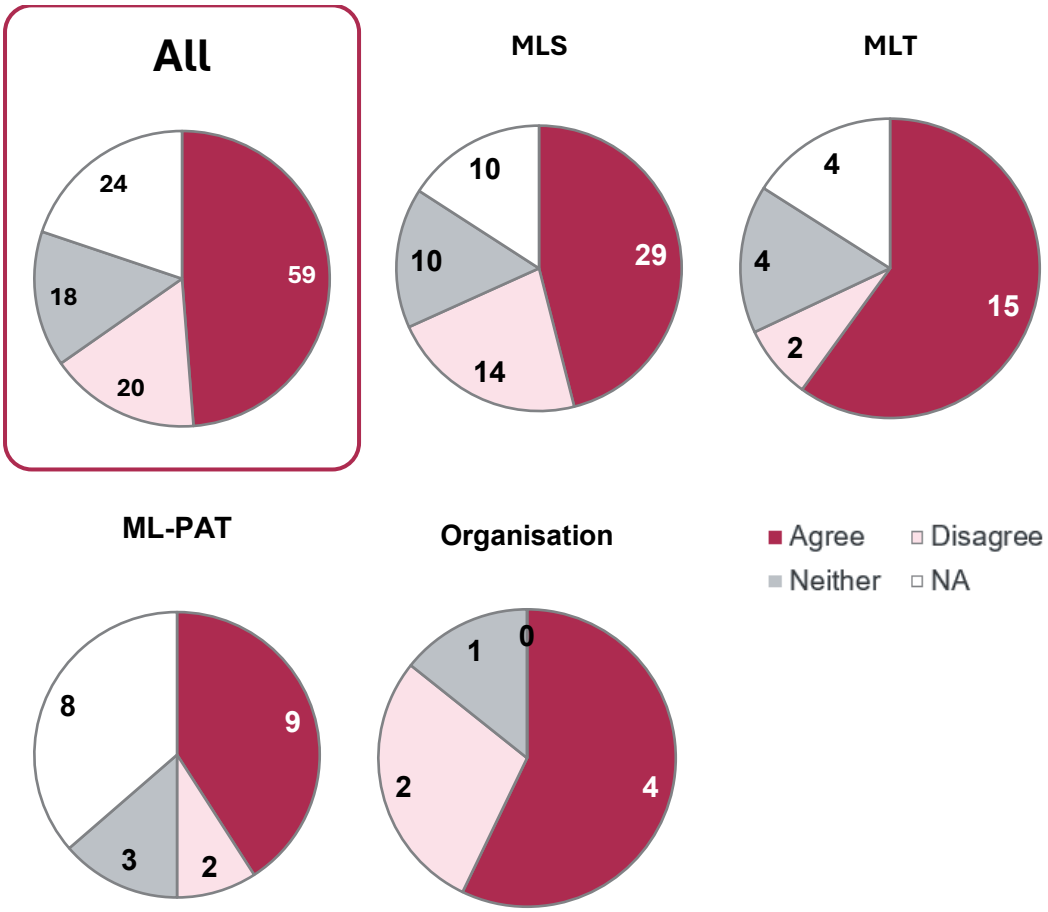
> *"I do not agree that the MSCNZ examination should be used as a mechanism for determining the suitability of overseas qualified practitioners whose qualifications are not substantially equivalent to those qualifications who are recognized as being suitable. Qualifications that are relevant often still lack the basic requirements for work in an IANZ accredited laboratory. I don't believe a multi choice exam reflects the depth and breadth of knowledge required to be assessed academically suitable to be registered as a New Zealand Medical Laboratory Scientist."*
>
> - Medical Laboratory Scientist

4.9 MLT Qualification Pathways

Do you agree with the proposed qualification pathways for registration as a Medical Laboratory Technician?

A total of 97 respondents answered this question, with most across all respondent groups supporting the proposal. As it relates specifically to the new MLT scope, the views of Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians are particularly relevant. More than two-thirds of the MLTs who answered the question supported the proposal. ML-PATs had a higher non-response rate, but among those who responded, a similar proportion supported the proposal.

Sentiment on MLT qualification pathways



Similarly to the MLS qualification pathways question, the open-text responses raised a wide range of suggestions, many reflecting earlier concerns about competency requirements, supervision, overseas qualifications, transparency and public safety. However, these concerns were raised less frequently compared to the MLS scope.

> *"I generally agree with the proposed qualification pathways for registration as a Medical Laboratory Technician, provided they are implemented with clear safeguards to maintain competence, consistency, and patient safety."*
>
> - Medical Laboratory Technician

> *"Yes, I agree with the proposed qualification pathways for registration as a Medical Laboratory Technician, particularly the inclusion of the QMLT examination. The QMLT exam provides a robust and standardised way to assess the knowledge and practical competencies required for safe and effective practice as a Medical Laboratory Technician. When combined with accredited training and supervised clinical experience, it ensures that practitioners are well-prepared, competent, and ready to meet professional and regulatory standards."*
>
> - Medical Laboratory Scientist

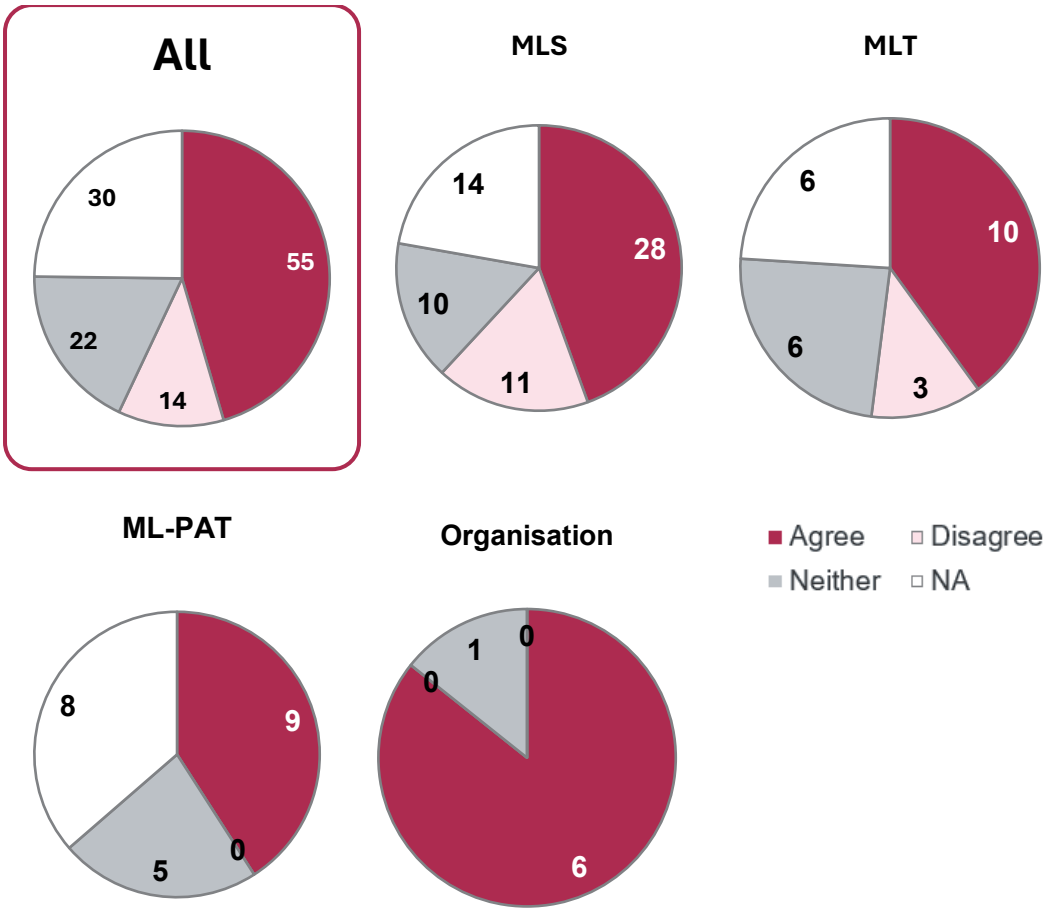
4.10 The Practice of Medical Laboratory Science

Do you agree with the proposed common area in the scopes of practice, "The Practice of Medical Laboratory Science"?

A total of 91 respondents answered this question, with most across all groups supporting the proposal to include "The Practice of Medical Laboratory Science" common area. Nearly all organisations supported the proposal. Respondents who provided comments broadly agreed that the common area would create a good professional foundation across all scopes.

> *"Having a clearly defined common area helps unify the core principles, responsibilities, and standards across all laboratory roles. It provides a consistent framework for safe practice, professional accountability, and quality assurance, while still allowing each discipline to maintain its specific scope and competencies under the MSCNZ framework."*
>
> - Medical Laboratory Scientist

Sentiment on adding "The Practice of Medical Laboratory Science"

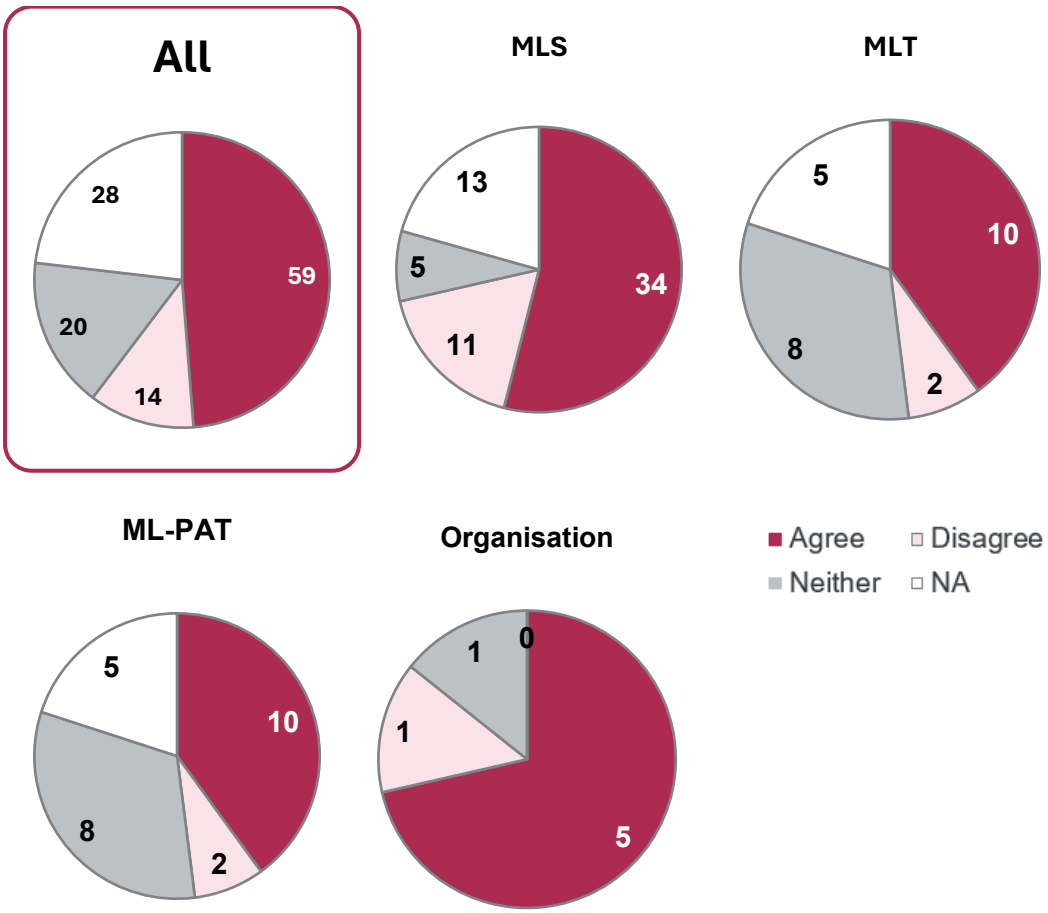


4.11 MLS Scope

Do you agree with the proposed scope for Medical Laboratory Scientists?

A total of 97 respondents answered this question, with most across all respondent groups supporting the proposed changes to the MLS scope. As the proposal relates specifically to Medical Laboratory Scientists, the level of support within this group is particularly relevant. Two-thirds of MLS respondents supported the proposal. Only one organisation opposed this proposal.

Sentiment on changes to MLS scope



Most respondents who answered the open-text question considered that the proposed changes reflected current practice. Some suggested that the scope should explicitly include clinical practice. Those who opposed generally repeated concerns raised elsewhere in the consultation, particularly about removing provisional scopes and clarifying supervision requirements. Respondents also supported the inclusion of advanced scopes, while emphasising that further consultation with stakeholders would be needed before these were introduced.

> *"The proposed scope accurately reflects responsibilities, technical competencies, and professional accountability required for safe and effective practice. It supports professional judgement, quality assurance, and patient safety."*
>
> - Organisation

Respondent suggestions:

- Ensure the scope is more inclusive and applicable beyond diagnostic laboratory, such as undertaking surveillance work, public health monitoring and outbreak management.
- Teaching and education should be added to the scope.
- Include direct reference to clinical practice.

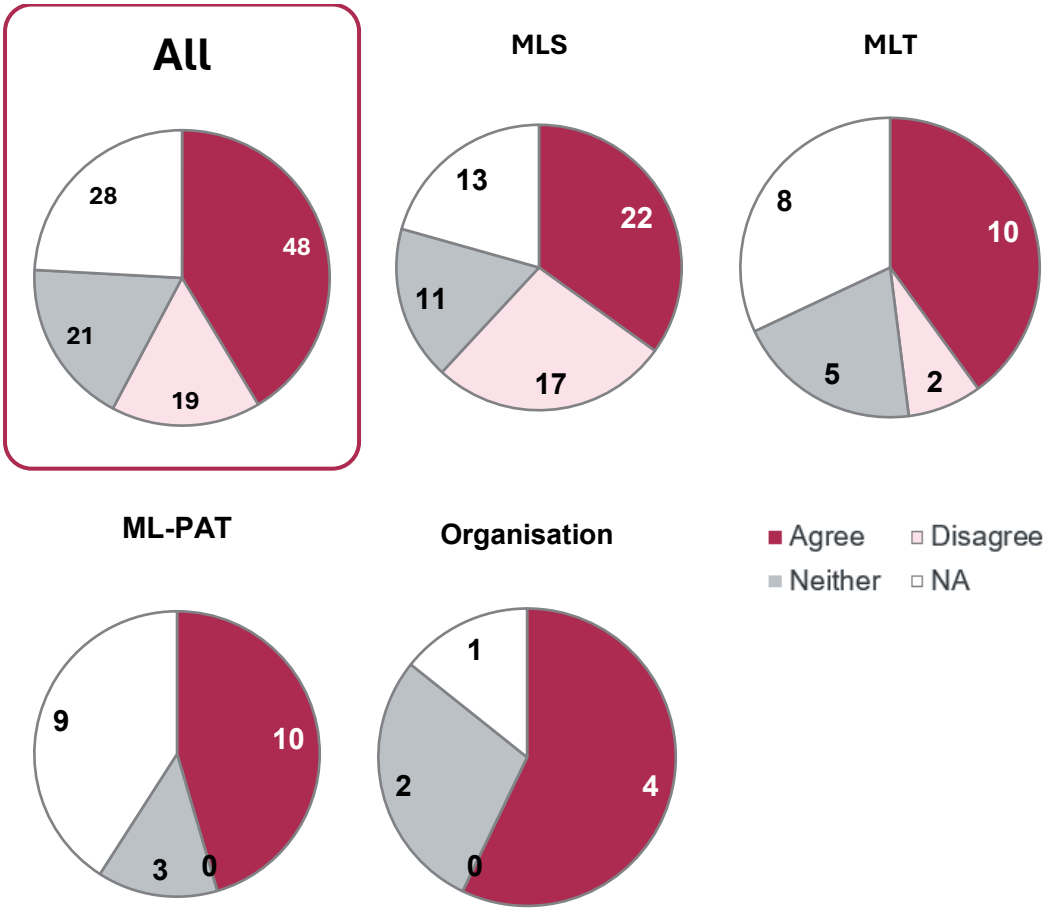
4.12 MLT Scope

Do you agree with the proposed scope for Medical Laboratory Technicians?

A total of 93 respondents answered this question, with most across all respondent groups supporting the proposed changes to the MLT scope.

As the proposal relates specifically to Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians, the majority support within these groups is particularly relevant. However, a relatively high proportion of respondents in these groups did not answer the question. No organisational respondents opposed the proposal.

Sentiment on changes to MLT scope



As with the proposed changes to the MLS scope, some respondents considered that the changes reflected current practice. Many opposed the proposal because they disagreed with

combining the MLT and ML-PAT scopes, removing provisional scopes, or removing the requirement to work under direction. Respondents also repeated broader concerns raised throughout the consultation, including potential risks to public safety, the need for appropriate supervision, and the importance of clearly defined competencies.

> *"Agree with the proposed scope for Medical Laboratory Technicians in that it appropriately recognises the breadth of activities technicians undertake across collection, preparation, testing, and analytical functions. The emphasis on practising within the limits of education and competence reinforces individual accountability and aligns with modern regulatory principles. However, given the proposal to remove the "working under direction" requirement, further clarification would be helpful regarding professional accountability and governance in mixed-scope environments... While the revised scope promotes flexibility, it will be important to ensure that broader wording does not inadvertently blur distinctions between technician and scientist responsibilities, particularly where interpretive and reporting functions are concerned..."*
>
> - Medical Laboratory Scientist

> *"As long as there remains a distinction between MLT and MLPAT role, and practitioners have demonstrated competency and completed training in their discipline. Supervision would need to be assessed per individual to address any patient safety issues.*
>
> - Medical Laboratory Technician

Respondent suggestion:

- Include a reference to technology as profession being driven by laboratory development.

5 Out-of-scope themes

Respondents raised several matters that were outside the scope of the proposals under consultation but related to areas of work the Council intends to progress. These issues are recorded separately to acknowledge that they were considered ahead of the finalisation of the proposal and to inform the Council's further policy work. They can be grouped into two categories based on whether the issues lie within the Council's role.

5.1 Further policy work

The scope of practice changes considered in this consultation form part of a wider programme of regulatory review. Several related pieces of work are expected to follow.

Competence standards

The Council is reviewing the competence standards that support the scopes of practice as a part of this process. This is an aligned piece of work and will be informed by feedback received through this consultation. The revised standards will be consulted on with the profession once the scope structure has been finalised.

Supervision policy

The Council's supervision policy sets out when supervision is required, how it should operate and how it is monitored. If the proposals remove provisional scopes, the policy will need to be updated to reflect the new approach, including arrangements for practitioners returning or beginning work in New Zealand. Should the requirement to work under direction be retained, the supervision policy will clearly distinguish supervisory roles from direction to avoid confusion and support more consistent application in practice.

Qualification policy

The Council's qualification policy sets out how non-accredited qualifications are assessed to determine whether they are substantially equivalent or relevant to an accredited qualification pathway. The policy will need to be updated to align with the revised accredited and non-accredited pathways proposed through this consultation.

Transition plan

If the proposals to remove provisional scopes and combine the MLT and ML-PAT scopes are adopted, the Council has committed to developing a transition plan. This will set out how the changes will apply to practitioners who are already registered and address the practical implications for existing registrants.

Expanded and advanced practice

Separate from this consultation, the Council is undertaking early engagement with the profession on expanded and advanced practice. This includes considering the risks and benefits of novel and emerging technologies and how they can be adopted safely. Respondents also raised issues relating to expanded and advanced practice through this consultation. These comments will be considered as the work develops, alongside further engagement with the profession. Any resulting proposals would be subject to a separate public consultation.

Examinations

Not all examinations discussed by respondents are administered by the Council. The Qualified Medical Laboratory Technician (QMLT) qualification, mentioned in several responses, is administered by the New Zealand Institute of Medical Laboratory Science.

The Council sets and administers the Medical Laboratory Scientist examination. The online examination is offered four times a year and provides a potential pathway towards registration for practitioners whose qualifications are assessed as relevant, but not substantially equivalent to the accredited New Zealand qualification. The consultation highlighted that greater clarity may be needed about the purpose of the MLS examination and who may be eligible to sit it. The Council is undertaking a review of the examination and will consider the feedback as part of its ongoing work on examinations and registration pathways.

5.2 Employment conditions and workforce pressures

Respondents also raised several issues relating to employment conditions and broader workforce pressures. These matters fall outside the scope of the consultation and the Council's regulatory role. However, as they may be relevant to employers, professional bodies, unions and workforce planners, they are summarised here.

Career progression

Career progression within the laboratory workforce was the most commonly raised employment-related issue. Some respondents viewed the proposed changes, particularly combining the MLT and ML-PAT scopes and removing provisional scopes, as an opportunity to create clearer career pathways. Others were concerned that combining or broadening scopes could blur the differences between roles without creating better opportunities for practitioners to progress. Although career development is primarily an employment and workforce matter, these concerns influenced how respondents viewed the proposals.

Remuneration and pay equity

Some respondents linked the proposals to how laboratory roles are valued and paid. They were concerned that broader or combined scopes could be used to replace more highly qualified practitioners with less qualified and lower-paid staff. Some saw that the proposed changes presented as increasing workforce flexibility could instead be used by laboratories to reduce costs. These concerns reflect wider workforce pressures affecting the profession.

Reliance on internationally qualified practitioners

Respondents also commented on the workforce's reliance on internationally qualified practitioners. Some were concerned that overseas recruitment was being used to address ongoing workforce shortages. Others focused on the need for robust processes to assess overseas qualifications and experience. They also emphasised the importance of ensuring internationally qualified practitioners understand New Zealand legislation, regulatory requirements and professional expectations.

The assessment of overseas qualifications is relevant to the Council's revised registration pathways and its aim of reviewing the assessment process. However, broader issues relating to reliance on overseas recruitment are workforce planning and policy matters that sits outside the Council's role.

6 Conclusions and considerations

The consultation findings will inform the Council's review of the scopes of practice, including decisions about their future structure, content and relationship to one another. Feedback on the qualifications required for registration will also be considered as part of this work.

The findings will also inform the development of the competence standards that will support the scopes of practice. These standards are currently being reviewed and developed and will be subject to further consultation with the profession and relevant organisations.

Once the competence standards have been developed, the Council will review the policies needed to give effect to them. This will include policies relating to registration, supervision, maintaining competence, continuing professional development and recertification. Practitioners, the public and other stakeholders will have an opportunity to provide feedback on any proposed changes before final decisions are made.

The Council is also progressing related work raised through the consultation, including:

- considering advanced or expanded practice and whether a specific scope of practice may be appropriate; and
- reviewing the registration examination for internationally qualified applicants.

Together, this work will help ensure that the scopes of practice, competence standards, qualification requirements and supporting policies form a coherent framework that protects public safety and supports safe, competent practice.

Appendix A: Code inventory

Objective of the coding framework

The coding framework provides a consistent set of rules for converting open-text submissions into structured, analysable data. It ensures all submissions are assessed against the same categories, so that themes are identified consistently. This ensures the analysis is reproducible and defensible, supports reliable frequency counts, allows comparison across respondent groups, and provides the Council with an evidence base that accurately reflects submitters' views.

About this coding framework

This coding framework organises consultation submissions on scopes of practice into thematic codes applied consistently across all thirteen questions (Q5 to Q17). Each code covers a distinct issue raised by respondents, includes a short explanation of the view it captures and records how frequently it was raised. This enables recurring themes such as supervision, competency requirements and public safety to be tracked across questions. The framework is presented separately for each question and is accompanied by a code inventory that shows the prevalence of each code across all questions.

Code	Explanation	Frequency
Supervision	Respondents call for defining supervision mechanism before changes are made. Particularly they raise the need for supervision schemes for internationally qualified staff and for graduates / newly registered staff/newly hired staff/staff returning after a break.	Total 60; Q5 (25); Q6 (1); Q11 (15); Q12 (5); Q13 (6); Q14 (1); Q15 (1); Q16 (2); Q17 (4)
Competency requirement	Respondents ask for clarity on competency requirements and for appropriate competency standards and assessment. Most say this should be in place before proposal is implemented.	Total 54; Q5 (17); Q6 (9); Q9 (2); Q11 (13); Q12 (5); Q13 (2); Q16 (3); Q17 (3)
Working outside competence	Respondents are concerned that staff without sufficient qualifications and skills will be working beyond their capabilities, typically because they are cheaper for employers.	Total 53; Q5 (6); Q6 (21); Q11 (16); Q13 (2); Q14 (1); Q16 (1); Q17 (6)
Public safety	Respondents are concerned about lowering public (patient) safety standards and safeguarding quality of the health service.	Total 49; Q5 (5); Q6 (11); Q11 (15); Q12 (3); Q13 (4); Q16 (2); Q17 (9)
Justification	Respondents ask for an evaluation, justification and/or clarity on the impact of the proposal before changes are made.	Total 45; Q5 (1); Q6 (2); Q7 (10); Q8 (2); Q9 (11); Q11 (7); Q12 (4); Q13 (4); Q14 (2); Q17 (2)
Current practice	Respondents support the proposed change as it is aligned with current practice.	Total 40; Q6 (4); Q7 (1); Q8 (13); Q9 (3);

Code	Explanation	Frequency
		Q11 (2); Q14 (1); Q15 (9); Q16 (7)
Separation needed	Respondents argue that MLT and ML-PAT scopes are distinct roles with different knowledge base and skill sets and/or that separation is necessary for effective service delivery.	Total 39; Q6: 25, Q13: 1, Q16: 10, Q17: 3
Undermine profession	Respondents argue the change would undermine relationships between scopes and erode workplace efficiency and/or culture.	Total 32; Q6 (3); Q11 (8); Q12 (6); Q13 (4); Q17 (11)
New suggestion	Respondents suggest more options including related to disciplines, scope and qualifications.	Total 29; Q7: 1; Q8: 8; Q9: 5; Q12: 2; Q15: 6; Q16: 2; Q17: 5
Workforce agility	Respondents say changes will improve workforce agility.	Total 27; Q5 (2); Q6 (10); Q7 (2); Q11 (5); Q12 (2); Q13 (3); Q14 (1); Q16 (1); Q17 (1)
Specific requirements	Respondents note that this area needs specific requirements as it involves distinct skills, qualifications and competences.	Total 26; Q10 (26)
Innovation	Respondents argue this will enable modernisation and keeping up with evolving technologies.	Total 22; Q7 (11); Q9 (11)
Direction needed	Respondents argue that MLS provides the necessary guidance and support to MLTs/ML-PATs to ensure accuracy and reliability of laboratory results, quality assurance and compliance with standards.	Total 22; Q11 (20); Q16 (1); Q17 (1)
Transparency	Respondents call for transparency and stakeholder participation throughout the process and criticise MSC decision-making. This includes the setting of rules in secondary legislation to provide understanding, amendment of clarity and transparency to both the profession and the public.	Total 21; Q7 (10); Q12 (2); Q13 (3); Q15 (1); Q17 (5)
PS needed	Respondents think provisional scope is needed.	Total 21; Q5 (16); Q15 (3); Q16 (2)
Career progression	Respondents argue the proposal enables career progression.	Total 20; Q5 (5); Q6 (7); Q7 (1); Q11 (3); Q12 (2); Q13 (1); Q17 (1)
Exam issues	Respondents raise concerns about how the MLS exam is currently organised incl. possibility for multiple retakes for a fee, fees being too high, one size fits all approach, multiple choice, transparency on how it is run etc. And/or have issues about MLT examination.	Total 18; Q12 (12); Q13 (6)
PS not needed	Respondents say there is no need for a provisional scope.	Total 17; Q5 (17)

Code	Explanation	Frequency
Consultation	Respondents call for an extended consultation on this topic.	Total 16; Q9 (1); Q10 (3); Q11 (3); Q12 (1); Q14 (2); Q15 (1) Q17 (5)
Development pathways	Respondents call for clear pathways on how scopes could upskill and/or take exam and then move across disciplines.	Total 15; Q6 (5); Q12 (7); Q13 (1); Q17 (2)
Confusing	Respondents find the new proposal adds/could add confusion, do not understand the concept or find the phrasing ambiguous.	Total 14; Q7 (2); Q8 (2); Q9 (3); Q12 (3); Q13 (2); Q16: (1); Q17 (1)
Pathways consolidation	Respondents support pathways consolidation into accredited and non-accredited streams.	Total 12; Q12 (9); Q13 (3)
Too broad	Respondents say the qualifications or scopes are too broad.	Total 12; Q12 (5); Q13 (2); Q15 (3); Q16 (2)
Direction not needed	Respondents argue the concept is redundant/out of date.	Total 11; Q11 (11)
Ethical sensitivity	Respondents acknowledge specific ethical and/or cultural considerations are needed when working in these areas.	Total 10; Q10 (10)
Foundation	Respondents agree that the proposed wording created a good professional foundation.	Total 9; Q14 (9)
Cross-disciplinary	Respondents argue that Precision Health is not a separate discipline but rather a cross-disciplinary approach/already covered by other disciplines.	Total 9; Q9 (9)
QMLT good	Respondents support the QMLT.	Total 9; Q13 (7); Q16 (2)
Less administration	Respondents mention changes will lead to less paperwork.	Total 8; Q5 (4); Q6: (4)
Overseas qualifications	Respondents ask for more work on converting overseas licenses and assessing equivalent qualifications.	Total 7; Q12 (2); Q13 (1); Q17 (4)
Overseas reliance	Respondents are concerned about the overreliance on overseas practitioners in the New Zealand workforce.	Total 7; Q12 (4); Q13 (3)
NZ context	Respondents say that any pathway to registration must ensure that practitioners entering the New Zealand workforce must acquire a sound understanding of New Zealand legislation, regulatory requirements, and professional expectations.	Total 6; Q12 (4); Q13 (2)
Advanced scopes	Respondents agree with the addition of advanced scopes. Some provide further feedback on them.	Total 5; Q15 (2); Q17 (3)

Question numbers: Q5: Remove the provisional scopes; Q6: Amalgamate the MLT and ML-PAT; Q7: Move disciplines to policy level; Q8: Transfusion Science; Q9: Precision Health; Q10: Embryology and Mortuary; Q11: Work under direction; Q12: MLS Qualifications; Q13: MLT Qualifications; Q14: Medical Laboratory Science; Q15: MLS scope; Q16: MLT scope; Q17: Other comments.



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