



**MEDICAL SCIENCES COUNCIL  
OF NEW ZEALAND**

TE KAUNIHERA PŪTAIAO HAUORA O AOTEAROA

## CONSULTATION OUTCOMES: SUPERVISION AND DIRECTION FOR MEDICAL LABORATORY SCIENCE PRACTITIONERS

In April 2019 the Medical Sciences Council issued a consultation document seeking comment on a revision of the policy on *Supervision and Direction for Medical Laboratory Science Practitioners*.

This report summarises the consultation feedback received by the Council and their subsequent decision to adopt the enclosed policy.

SEPTEMBER 2019

## INTRODUCTION

The Medical Sciences Council would like to take this opportunity to thank those individuals who provided feedback on its recent consultation document (April 2019) that set out a revised policy on Supervision and Direction for Medical Laboratory Science Practitioners.

## CONSULTATION RESPONSES

Consultation respondents were asked to provide their feedback via an online questionnaire. Responses were received from

Scope of Practice	Response	%
Medical Laboratory Pre-Analytical Technician	28	19%
Medical Laboratory Technician	36	24%
Medical Laboratory Scientist	81	54%
Other <sup>1</sup>	2	1%
Group <sup>2</sup>	3	2%
TOTAL	150	

## CONSULTATION QUESTIONS

An online survey asked respondents to answer a total of six questions (excluding personal details information)

1. Does the definition capture the elements of what supervision is? If not, what would you change?
2. Does the definition capture the elements of what direction is? If not, what would you change?
3. The Council is proposing there would be three distinct levels of supervision. Are these adequately defined? If not, what would you change?
4. Do the supervision pre-requisites and responsibilities provide enough clarity? If not, what would you change?
5. Is the section of competency sign-off clear enough? If not, what would you change?
6. Is there anything else you'd like to tell us about the proposed revised policy?

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<sup>1</sup> "Other" respondents included HR Manager, GP

<sup>2</sup> "Group" responses were received from CHL Management, Healthscope NZ, and SCL

## INDIVIDUAL QUESTIONS SUMMARY

Question	Number of Respondents	Agree	Disagree	Feedback Commentary
1. The definition of “supervision” captures the essential elements	149	91%	9%	<ul style="list-style-type: none"> <li>- More clarity on the meaning of “full accountability” in the context of practitioners providing supervision taking full accountability for the practitioner they supervise</li> <li>- Website information uses the two terms of “supervision” and “direction” interchangeably which is confusing (e.g. tab is labelled “practitioners under direction” but section content refers to “currently under supervision”)</li> </ul>
2. The definition of “direction” captures the essential elements	147	93%	7%	<ul style="list-style-type: none"> <li>- Clarification required as to whether a MLT/MLPAT can provide direction to another MLT/MLPAT</li> <li>- Can the practitioner providing direction delegate that to an immediate supervisor on a day-to-day basis?</li> </ul>
3. The three levels of supervision are adequately defined	146	90%	10%	<ul style="list-style-type: none"> <li>- Is it conceivable a practitioner needs different levels of supervision for particular tasks as they develop competence?</li> <li>- Clarification about a supervisor being able to delegate to cover for time-off</li> <li>- Clarification as to whether supervision can be via phone</li> </ul>
4. The pre-requisites and responsibilities of supervision are clear	147	93%	7%	<ul style="list-style-type: none"> <li>- Clarification on whether the 2-year post-qualification experience criteria for supervisors applies to both the nominated supervisor and anyone to whom they delegate (to cover time off) or is it just the nominated supervisor</li> <li>- More support and guidance and continuing education for supervisors</li> </ul>

Question	Number of Respondents	Agree	Disagree	Key Themes from Feedback Commentaries
5. The section on competency sign-off is clear	147	93%	7%	<ul style="list-style-type: none"> <li>- Difficult to sign-off on life-long learning</li> <li>- More clarification on whether competence sign-off can be done by registered MLT/MLPAT or if this solely sits with a MLS</li> </ul>
6. Other comments	-	-	-	<ul style="list-style-type: none"> <li>- More clarification on the term “practitioner” e.g. does this apply to people in training</li> <li>- A number of respondents commented on a gap between Council policy and what happens in practice in the laboratories.</li> </ul>

## COUNCIL DECISION

The Council noted the high percentage of respondent agreement in terms of the clarity of the revised policy document on Supervision and Direction for Medical Laboratory Science Practitioners. There were a number of key and recurring themes noted from respondents’ feedback and a number of amendments have been made to the policy in an effort to address that.



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**POLICY AND GUIDELINES:  
SUPERVISION AND DIRECTION FOR  
MEDICAL LABORATORY SCIENCE  
PRACTITIONERS**

August 2019

<b>Policy Title</b>	Supervision and Direction for Medical Laboratory Science Practitioners
<b>Reference Number</b>	2019-Aug-V2-MSL Supervision (MLS)
<b>Scope</b>	This policy applies to registered medical laboratory science practitioners required to practise under supervision or direction.

Associated Documents
Competence Standards for Medical Laboratory Science Practitioners in Aotearoa New Zealand (Revised November 2018)
Registration Policy (March 2019)

Revision Schedule			
Version Number	Version Date	Approved By	Next Review
One	Aug 2017	Medical Sciences Council	2018
Two	August 2019	Medical Sciences Council	2021

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## POLICY OVERVIEW

Sections 22 (3), (a) and (b) of the Health Practitioners Competence Assurance Amendment Act 2019 (the Act) allow the Council to place a condition on a practitioner's scope of practice that will ensure they are competent to practise.

This document sets out the Council's policy and guidelines for registered medical laboratory science practitioners working under supervision or direction to ensure the continued protection of the health and safety of patients.

## DEFINITIONS

### PRACTITIONER

For the purpose of this policy a *practitioner* is in accordance with section 5(1) of the Act, and means a person who is, or is deemed to be, registered with the Council as a practitioner of the medical laboratory science profession.

The policy does not apply to persons who are in training towards gaining registration in the medical laboratory science profession. It is an employer's responsibility to ensure laboratory workers who are unregistered and training towards a medical laboratory science qualification are supervised appropriately to ensure safe practice.

### SUPERVISION

Supervision is a formal process of professional support and teaching to enable the practitioner to build on their knowledge, skills and professional attributes, and to progressively assume responsibility for their own practice.

### DIRECTION

Medical Laboratory Technicians and Medical Laboratory Pre-Analytical Technicians with full registration practise under the direction of a fully registered medical laboratory science practitioner or other appropriately qualified and registered health practitioner who has expertise and knowledge in the relevant medical laboratory science discipline.

Within the parameters of practising under direction the practitioner takes full accountability for their practice with general oversight by the practitioner providing direction who must be available for consultation if assistance is required.

Practitioners providing direction are accountable for the direction they provide to ensure practitioners working under direction practise within the parameters of the relevant gazetted scope of practice. The practitioner providing direction must regularly meet with, and conduct periodic reviews of the Medical Laboratory Technician's or Medical Laboratory Pre-Analytical Technician's practice.



## SUPERVISION AND DIRECTION: AN OVERVIEW

The practitioner providing supervision is accountable for the safe practice of those they supervise

	Definition	Specifications	Responsibilities
<b>Supervision</b>	The practitioner providing supervision must be available to give immediate practical assistance and/or advice at any time.	<p>The practitioner works under the supervision of a registered health practitioner who is suitably qualified, and has the expertise and relevant knowledge of the medical laboratory science discipline(s) within which the practitioner is practising. This means that supervision may be provided by a medical laboratory science practitioner who is registered in any of the scopes of practice (scientist; technician; pre-analytical technician), on the proviso they have full registration and no conditions on their practice. The supervising practitioner must have expertise and experience in the relevant medical laboratory science discipline/area of practice.</p> <p>No medical laboratory science practitioner with provisional registration can provide supervision or direction to another practitioner.</p> <p>Phlebotomists cannot work off-site (i.e. without the supervisor being physically present) until they have been signed off by the nominated supervisor as meeting minimum clinical competencies.</p>	<p>When a condition of supervision is placed on a practitioner's registration, they must provide the Council with the name of the practitioner who will act as a <i>nominated</i> supervisor.</p> <p>Practitioners providing supervision take full accountability<sup>3</sup> for the practice of the practitioner they supervise.</p> <p>The nominated supervisor may delegate their daily oversight of a practitioner to another registered health practitioner with the appropriate expertise and relevant knowledge.</p>

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<sup>3</sup> Full accountability means undertaking regular assessments of the supervised practitioner's performance to ensure they demonstrate competence in each respective laboratory task before doing those independently. Performance assessment should be documented

	<b>Definition</b>	<b>Specifications</b>	<b>Responsibilities</b>
<b>Level of Supervision</b>	<p>The degree of supervision provided to the individual practitioner can be reduced over time and as the practitioner under supervision demonstrates competence in particular procedures/tasks. This means that the supervision level being provided may be different according to particular procedures/tasks being undertaken the supervised practitioner.</p>	<p>Phlebotomists cannot work off-site until they have been signed off by the nominated supervisor as meeting minimum clinical competencies.</p> <p><b>Level 1 Supervision:</b> Level 1 supervision applies when the practitioner being supervised is performing procedures/tasks for which competence sign-off has not been achieved.</p> <p><b>Level 2 Supervision:</b> The practitioner under supervision has been signed-off as competent in the procedures/tasks they are performing.</p> <p><b>Level 3 Supervision:</b> The practitioner under supervision has been signed-off as competent in a range of procedures/tasks they would be expected to perform as part of their usual routine but still require sign-off across the whole range of competencies as required for their scope of practice.</p>	<p><b>Level 1 Supervision:</b> The practitioner providing supervision must be in the same room as the practitioner under supervision.</p> <p><b>Level 2 Supervision:</b> The practitioner providing supervision must be on-site and within a reasonable distance so as to be immediately available should the practitioner under supervision need assistance and/or advice.</p> <p><b>Level 3 Supervision:</b> The practitioner providing supervision may be off-site but is immediately available to the practitioner under supervision by phone.</p>
<b>Direction</b>	<p>The practitioner providing direction is available, but does not need to be present at all times.</p>	<p>The practitioner working under direction will take full accountability for their practice with general oversight by a registered medical laboratory science practitioner or other appropriately qualified and registered health practitioner, who must be available for consultation if assistance is required.</p>	<p>Practitioners providing direction are accountable for the type and extent of direction provided.</p>

The following table outlines when a practitioner should be practising under supervision or direction:

Scope of Practice		Practising Under Supervision	Practising Under Direction
<b>MLS</b>	Provisional registration	✓	
	Full registration		Not generally applicable
<b>MLT</b>	Provisional registration	✓	
	Full registration		✓
<b>MLPAT</b>	Provisional registration	✓	
	Full registration		✓
<b>Return to work practitioners</b>		To be determined on a case-by-case basis	

## SUPERVISION PRE-REQUISITES AND RESPONSIBILITIES

<b>Pre-Requisites for Nominated Supervisors</b>	<b>Responsibilities: Nominated Supervisors and Supervisors Providing Daily Oversight</b>	<b>Responsibilities: Nominated Supervisors</b>	<b>Responsibilities: Practitioner Working Under Supervision</b>
Hold a current practising certificate that does not contain any restrictive conditions on their practice	Take responsibility for their own and the supervised practitioner's practice	Maintain supervision and assessment integrity	Maintain a professional relationship with supervisor
Be actively engaged in a Council-approved CPD programme	Avoid and/or declare any conflicts of interest	Establish regular meetings with the supervised practitioner and conduct regular performance reviews with timely remediation of any identified issues	Be prepared for meetings with supervisor
Have at least 2-year's post qualification clinical experience and hold full registration	Ensure the health and safety of patients is protected through the practice of the supervised practitioner and the range of tasks for which supervision is provided	Notify the Council: <ul style="list-style-type: none"> <li>- if the relationship with the supervised practitioner breaks down</li> <li>- of any concerns regarding the conduct, or health of the supervised practitioner</li> <li>- if the supervised practitioner is not complying with the conditions or undertakings as set by the Council</li> </ul>	Adapt their practice to address the remediation of identified areas of practice needing improvement
Have a sound understanding of the competencies required for registration in the relevant scope of practice	Maintain a professional relationship with the supervised practitioner	Complete all required supervision reports as set by the Council	Recognise professional limits and work within those limits
Declare any conflict of interest prior to undertaking supervisor responsibilities	Be contactable and readily available to the supervised practitioner		Immediately advise supervisor of any issues and all clinical incidents
	Take appropriate steps to ensure the practitioner is practising safely		
	Observe the practitioner, conduct case reviews and provide constructive feedback		

## WORKING UNDER DIRECTION PRE-REQUISITES AND RESPONSIBILITIES

<b>Pre-Requisites for Practitioners Providing Direction</b>	<b>Responsibilities: Practitioner Providing Direction</b>	<b>Responsibilities: Practitioner Working under Direction</b>
Have full registration without any conditions for supervised practice	Ensure the health and safety of patients is protected through the practice of the practitioner under direction and the range of procedures/tasks they perform	Take responsibility for their own practice
Be actively engaged in a Council-approved CPD programme	Ensure suitable support is available to the practitioner	Recognise their professional limits and practise within those limits
	Meet regularly with the practitioner to review their work practices	Maintain a professional relationship with the practitioner providing direction
	Notify the Council if there are concerns regarding the competence, conduct, or health of the practitioner	Advise the practitioner providing direction of any issues and all clinical incidents

## COMPETENCY SIGN-OFF

### PRACTITIONERS PRACTISING UNDER SUPERVISION

At the end of the supervision period, the supervisor is required to provide the Council with written confirmation the practitioner meets all of the competencies of the scope of practice they are registered in. This is inclusive of ethical practice, awareness of limitations on their practice, professional and cultural competence, and a commitment to lifelong learning. That confirmation must be received by the Council as supporting evidence when the supervised practitioner apply to have their provisional registration changed to full registration.

Once this has been received and approved the supervised practitioner's registration can be converted to full registration, and their APC is re-issued at no extra cost.

### PRACTITIONERS PRACTISING UNDER DIRECTION

Medical Laboratory Technicians (MLT) and Medical Laboratory Pre-Analytical Technicians (MLPAT) have no formal reporting requirements to the Council, however each year they renew their APC, the practitioner providing direction will need to declare to the Council the MLT/MLPAT is competent to practise.

The person signing off the competency of a practitioner must:

- Have knowledge of the practitioner's competence; and
- Be in the position where competency issues would be reported to them; and
- Review the results of an annual competency review conducted by another party; and
- Have sufficient background knowledge of the work to form a sound opinion on the practitioner's competency

While direction of MLT's and MLPAT's is usually the responsibility of medical laboratory scientists, in some circumstances it may be more appropriate for the direction to be provided by a MLT or MLPAT. The MLT/MLPAT providing direction would be an experienced practitioner with extensive knowledge of the relevant medical laboratory science discipline/area of practice.