



Working Under “Supervision” or “Direction”

Policy Statement (adopted 25 May 2007)

Medical Laboratory Science Board

WORKING UNDER “SUPERVISION” OR “DIRECTION”

General

The Board has approved two scopes of practice within medical laboratory science:

Medical Laboratory Scientist (MLS)
Medical Laboratory Technician (MLT)

Note that these scopes are protected titles under the Health Practitioners Competence Assurance Act (HPCAA) and may be used only by registered health practitioners. See the appendix, *Supplementary Notes to the Policy Statement*, for information on title protection and on the performance of tasks in the diagnostic medical laboratory.

The approved scopes, and the relationship between these two scopes of practice, were defined by the Board in its 2004 policy document *Definition of the Profession of Medical Laboratory Science*, available at www.mlsboard.org.nz. In the 2004 policy document it was stated:

- 1) *A MLS may practise independently and a MLT may practise under the direction of a MLS or under the direction of another registered health practitioner with an appropriate scope of practice, other than a MLT.*
 - a) *Direction is the active process of management, control or guidance that influences the outcome of an individual's practice*
 - b) *Direction may be provided directly or indirectly, dependent on the laboratory procedure being performed and the level of competence of the health practitioner*

- c) *For direction to be provided indirectly, provision must be made for reasonable access to whomever is providing the direction*
- d) *A registered health practitioner, in accordance with the Act, must only practice in their area of competence*

In addition, the Board in 2006 approved a Code of Competencies and Standards for the Practice of Medical Laboratory Science. Standard 1.11 of the Code states that, where appropriate, both medical laboratory scientists and medical laboratory technicians are expected to “take responsibility for supervision of unregistered trainees or other staff members required to work under supervision”.

This policy statement sets out the difference between “direction” and “supervision” as it applies to the laboratory. The Board is satisfied that the guidance given in these three policy documents is consistent with the provisions of the Act, and sufficiently flexible for laboratories to operate efficiently without compromising patient safety or laboratory standards.

Restricted activities/ restricting tasks

It is not the Board's role to directly control unregistered persons or to limit tasks that may be undertaken, beyond those restricted activities that are gazetted by the Minister of Health. It is the Ministry of Health that would act if there were any complaint that an unregistered person was practising as a medical laboratory technician or scientist.

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This policy document defines the proper conduct for **registered** medical laboratory scientists and medical laboratory technicians (including registered “interns”). With respect to unregistered staff, the breach of any standard set by the Board is a breach by the MLS (or MLT) who allows someone unregistered to work unsafely. This policy on “supervision” and “direction” is effectively saying that it is always unsafe to allow an unregistered person to work as a (actual or de facto) trainee technician unsupervised, or with telephone-only supervision, or with MLT-only supervision. An exception is made for trainee phlebotomists (see below).

Working under “direction”

It is part of the definition of a registered medical laboratory technician (MLT) that he or she works under the direction of a medical laboratory scientist (MLS) or under the direction of another registered health practitioner with an appropriate scope of practice such as a pathologist but not a MLT. Working “under direction” may include working without direct supervision, such as working at night or at other times, with telephone access to the MLS (or other registered health practitioner) providing the direction. At all times, it is expected that a registered MLS or MLT will practice within his or her area of competence. It follows that the responsibilities given to a MLT, and the level of supervision provided by other registered staff, must take into account the skill and experience of the individual.

Example

MLTs holding a current APC working outside of the “normal” working hours on shifts during the night or weekends, may work under the direction of an off-site MLS (or other appropriate registered health practitioner) provided access to the person providing the direction is available eg. by telephone.

Exception

In Collection Services (phlebotomy), “direction” may be provided indirectly through a supervising MLT (a common day-to-day practice) but all MLTs involved should be under the ultimate direction of a MLS (or other registered health practitioner but not a MLT).

Working under “supervision”

All unregistered laboratory staff must work in the laboratory under supervision.

In a laboratory context, working “under supervision” means working with on-site supervision and does NOT include working at night or other times with telephone access to the supervising MLS (or other registered health practitioner acting as supervisor). The Board does not require a uniform level of supervision: this would depend on the laboratory procedure being performed and level of competence of the person concerned but provision must be made for reasonable access to the supervisor who must be on-site. Registered staff should be providing supervision within their area of competence. Unregistered staff may be supervised by a registered medical laboratory technician with the appropriate skills and experience providing a MLS or other registered health practitioner acting as supervisor (but not a MLT) is also on-site and provides overall supervision.

Example

Supervision in the context of this MLSB policy does NOT permit supervision of unregistered staff performing diagnostic testing to be carried out by an off-site supervisor, either by telephone or other means, at any time.

Exception

In Collection Services (phlebotomy) where a MLT is the immediate supervisor, a trainee MLT may be under the supervision of a MLS or other appropriate registered health practitioner and this supervision may be provided from off-site, that is, by telephone access. For this to happen, the trainee must first demonstrate basic competence in phlebotomy procedures.

Supervision must be provided only by a registered MLS or MLT holding an Annual Practising Certificate and never by a person holding an Interim Practising Certificate that requires the holder to work under supervision.

Registered Practitioners required to work under supervision

1. Interim Practising Certificate (IPC) holders

An *interim practising certificate* is normally issued where there is a supervision requirement on a registered laboratory practitioner.

- a) BMLSc graduates (“MLS interns” is the Board’s preferred title): MLS interns are required to work under supervision for at least 6 months before they may be issued with an APC
- b) Overseas-qualified applicants where the Board requires assurance a person is competent to receive an APC
- c) Registered practitioners returning to the workforce where the practitioner has not held an APC or practised the profession within the last 3 years.

2. Annual Practising Certificate (APC) holders

Those who have a condition placed on their APC by the Board as an order that they practise under supervision for a specified time (after a review of competence or investigation of misconduct etc).

Unregistered persons training towards registration

Those working in the laboratory prior to meeting the minimum registration requirement or relevant experience should be regarded as being in training and **must** work under supervision. To avoid a breach of section 7 of the HPCA Act, the Board recommends the following titles should be used:

1. “Trainee medical laboratory technician ” or “Trainee phlebotomist” for those in training for QMLT and QPT
2. “Trainee medical laboratory scientist” for those in the 4th year of the BMLSc (on clinical placements) or those working in a laboratory while studying towards a BMLSc degree
3. “Trainee scientist ” for those entering the laboratory with post-graduate science qualifications (eg. BSc (Hons), MSc, PhD) but with no diagnostic laboratory experience.

For information on the requirements for laboratory experience during or after training courses, please refer to the policy document, *Paths to Registration 2007* (available at www.mlsboard.org.nz).

Unregistered persons NOT training towards registration

Some laboratory personnel may not be in a training programme towards registration as a MLT or MLS.

The Board uses the title “laboratory assistant” for this group. At present, staff employed in the Specimen Services area of the laboratory do not require registration. Other than these, all laboratory personnel performing phlebotomy or diagnostic laboratory testing in the health service categories listed below should be registered or in training towards registration. If they are not in training, they risk being in breach of Section 7 of the Act and are liable to a fine of up to \$10,000.

Health Service Categories

The health service categories listed in the 2004 policy document *Definition of the Profession of Medical Laboratory Science*, were:

- Clinical Biochemistry
- Haematology
- Transfusion Science
- Histology
- Cytology
- Microbiology
- Cytogenetics
- Immunology
- Virology
- Molecular Pathology
- Mortuary
- Electron Microscopy
- Phlebotomy

Embryology was added to the list in 2006.

For more information on MLSB policy statements, visit our website www.mlsboard.org.nz or contact the Registrar on 04 801 6250 or via e-mail: mls@medsci.co.nz

SUPPLEMENTARY NOTES

TO THE POLICY STATEMENT

1. Performance of tasks under the Health Practitioners Competence Assurance Act

The new legislation (that is, the HPCAA) replaced the Medical Auxiliaries Act 1966 and Regulations made under that Act. The old licensing system, under which both the **occupation** of medical laboratory technologist and the **performance of medical laboratory technology** within a pathology laboratory were formally restricted, has been superseded by a certification regime. The new regime does not refer to the “performance” of any particular task or activity and does not formally restrict tasks unless these activities have been specified by the Minister of Health under section 9 of the Act as “restricted activities”. No activities within the normal scope of the medical laboratory scientist or medical laboratory technician have yet been so designated.

However, section 7 of the Act provides that “no person may claim to be practising a profession as a (medical laboratory technician or medical laboratory scientist) or state or do anything that is calculated to suggest that the person practises or is willing to practice a profession as (either of the above) unless the person is a health practitioner of that kind and holds a current practising certificate as a health practitioner of that kind”.

Section 8 of the Act provides that a registered health practitioner must have a current Annual Practising Certificate (APC) and must practise within his or her scope of practice and within any conditions set by the Board. Performance outside a scope is permissible as part of a course of training.

2. Registered medical laboratory technicians (including phlebotomists)

The Board’s policy statement on the profession *Definition of the Profession of Medical Laboratory Science*, issued in May 2004, provided a definition of the relationship between medical laboratory scientists and medical laboratory technicians.

The word “supervision” was not used in the policy statement. The “direction” under which a medical laboratory technician works was explicitly acknowledged as being provided “directly or indirectly”. That is, there is no requirement for direct supervision of medical laboratory technicians, as there was in the old legislation in respect of laboratory assistants.

The degree to which “direction” should be given depends on the laboratory procedure being performed and the level of competence of the health practitioner, and if indirect, “provision must be made for reasonable access” to the person providing the direction, according to the Board’s May 2004 policy statement.

In situations where a certification (sign-off) of competence is required (either for the Annual Practising Certificate or for initial registration), it is acceptable for the certification to be done (signed) by a registered MLT who is providing direct supervision, and counter-signed by the registered health practitioner (MLS or pathologist) who is providing direction to the applicant. (This could be most applicable in phlebotomy services).

The Annual Practising Certificate issued to all registered medical laboratory technicians by the Board contains the statement that “Every practitioner must practise only within his or her area of competence.” The Board believes that these provisions are in accord with the HPCA legislation and provide adequate guidance to all registered medical laboratory technicians and their employers.