Interprofessional Collaboration

Scope of Practice Review:
Medical Laboratory Technology

Jurisdictional Review

October 2008
INDEX

Executive Summary ................................................................. i

Ontario .......................................................................................... 1

British Columbia ............................................................................. 23

Alberta .............................................................................................. 24

Saskatchewan ................................................................................. 30

Manitoba ........................................................................................... 41

Quebec ............................................................................................... 47

New Brunswick ................................................................................. 51

Newfoundland/Labrador ................................................................. 56

Northwest Territories ........................................................................ 57

Nova Scotia ........................................................................................ 58

Nunavut .............................................................................................. 62

Prince Edward Island .......................................................................... 62

Yukon ................................................................................................. 62

Canadian Society for Medical Laboratory Science......................... 63

Australia (Queensland and South Australia) .................................... 67

New Zealand ...................................................................................... 70

United Kingdom ............................................................................... 82
EXECUTIVE SUMMARY

This jurisdictional review provides an overview of regulations concerning medical laboratory technologists (MLTs) across Canada and selected foreign jurisdictions.

Ontario, Alberta, Saskatchewan, Manitoba, Quebec, New Brunswick, and Nova Scotia have self-regulated bodies that govern the MLT profession. Several of these bodies advised that their provinces are currently reviewing proposals to determine how MLTs should continue to be regulated. The stage of these discussions varies across the provinces.

The scope of practice of MLTs varies little across Canadian jurisdictions. Provinces either define this term in the legislation or adopt it from the Canadian Society of Medical Laboratory Sciences (CSMLS) competency profile. Most often, it involves the “performance of laboratory investigations” and the “collection and handling of laboratory specimens.” Additionally, the affected provinces reserve the title of “medical laboratory technologist” for licensed professionals.

Of all the provinces, Ontario and Quebec have the most comprehensive regulatory regimes. Both provinces set out the scope of practice and provide for restricted activities/authorized acts for MLTs in provincial legislation.1 Moreover, Quebec gives MLTs the broadest scope of practice. It is the only province in which MLTs are permitted to perform PAP tests and allergy testing.

A minority of jurisdictions permit MLTs to decide on their own whether or not to perform follow-up procedures previously ordered on the basis that these are unnecessary. However, none of the jurisdictions permit MLTs to initiate testing on their own, unless the hospital or laboratory have policies in place that give prior permission for follow-up testing where certain test results are present.

Almost every province requires CSMLS certification for provincial licensure. One provincial regulatory body also requires CSMLS membership. In addition to providing a competency profile, the CSMLS also provides national standards of practice. These are the minimum standards across Canada. Provincial regulatory bodies also have their own standards of practice or code of ethics documents. These provincial standards govern in disciplinary matters within the mandate of the regulatory body.

In contrast to MLTs, Medical Laboratory Assistants/Technicians (MLA/Ts) are unregulated in all provinces. Several provinces have proposals to regulate MLA/Ts, but no province has completed this process.

Selected Foreign Jurisdictions

The foreign jurisdictions surveyed take a different approach to Ontario’s regulation of MLTs. The first marked difference can be noted from the titles used. In Australia, MLTs are called Medical Laboratory Scientists. In New Zealand, the regulatory body governs both MLTs and MLA/Ts; they are called, respectively, Medical Laboratory Scientists and Medical Laboratory Technicians. In the United Kingdom, MLTs are referred to as Biomedical Scientists. These were formerly referred to as Medical Laboratory Technicians, but correspond to Ontario’s MLTs.

The next contrast to Ontario’s regulatory regime stems from the absence of specific authorized or restricted activities. No such acts are set out in the Queensland or South Australia jurisdictions. In New Zealand, restricted activities exist but none pertain to MLTs. Likewise, no restricted activities have been set out for MLTs in the United Kingdom.

The level of regulation also differs in these jurisdictions. There is no statutory registration for Medical Laboratory Scientists in any jurisdiction in Australia. However, some employers do require eligibility for professional membership of the Australian Institute for Medical Scientists (AIMS) for employment.

AIMS is also the body gazetted by the Australian Government to assess the skills and qualifications of people wishing to migrate to Australia as medical scientists and medical laboratory technical officers.

In New Zealand, the Medical Laboratory Science Board (MLSB) regulates the equivalent of Ontario’s MLTs and MLA/Ts. It establishes the educational requirements and scope of practice for Medical Laboratory Scientists and Medical Laboratory Technicians. The MLSB also establishes a Code of Competencies and Standards for both professions. Of all four jurisdictions surveyed, New Zealand’s regulatory regime most closely resembles Ontario’s.

In the United Kingdom, health professionals are self-regulated. Biomedical scientists fall under the regulatory powers of the Health Professions Council (HPC). To use the title Biomedical Scientist, a candidate must register with the HPC. The HPC establishes standards of education, training, conduct and performance for members of the relevant professions. It also ensures the maintenance of those standards. The HPC requires candidates to hold a Certificate of Competence by the Institute of Biomedical Science.
ONTARIO

Regulatory Body
College of Medical Laboratory Technologists of Ontario

Pertinent Legislation

- *Health Protection and Promotion Act*, R.S.O. 1990, Chapter H.7
- *Independent Health Facilities Act*, R.S.O. 1990, Chapter 1.3
- *Laboratory and Specimen Collection Centre Licensing Act*, R.S.O. 1990, c.L.1
  - Laboratories, R.R.O. 1990, Reg. 682
  - Specimen Collection Centres, R.R.O. 1990, Reg. 683
  - General, O. Reg. 207/94
  - Professional Misconduct, O.Reg. 752/93
  - *Control of Exposure to Biological or Chemical Agents*, R.R.O. 1990, Reg. 833
  - Health Care and Residential Facilities, O. Reg. 67/93
  - Needle Safety, O.Reg. 474/07
  - General, R.R.O. 1990, Reg. 937
  - Controlled Acts, O-Reg. 107/96

By-Laws, Codes and Guidelines

College of Medical Laboratory Technologists of Ontario:
- Consolidated Bylaws (May 8, 2008)
- Code of Ethics (May 2007)
- Standard of Practice for Medical Laboratory Technologists

1. SCOPE OF PRACTICE

<table>
<thead>
<tr>
<th>Medical Laboratory Technology Act, 1991, S.O. 1991, c.28</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. The practice of medical laboratory technology is the performance of laboratory investigations on the human body or on specimens taken from the human body and the evaluation of the technical sufficiency of the investigations and their results.</td>
</tr>
</tbody>
</table>
2. **AUTHORIZED ACTS**

<table>
<thead>
<tr>
<th><strong>Medical Laboratory Technology Act, 1991, S.O. 1991, c.28</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>4. In the course of engaging in the practice of medical laboratory technology, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to take blood samples from veins or by skin pricking.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>General, O. Reg. 207/94 under the Medical Laboratory Technology Act, 1991, S.O. 1991, c.28</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>5. (1) A member shall not perform a procedure under the authority of section 4 unless the procedure is ordered by a member of the College of Physicians and Surgeons of Ontario or the Royal College of Dental Surgeons of Ontario or by a prescribed person.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>For the purposes of subsection 5 (1) of the [Medical Laboratory Technology] Act, the following are prescribed persons:</strong></th>
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</thead>
<tbody>
<tr>
<td>1. A member of the College of Midwives of Ontario.</td>
</tr>
<tr>
<td>2. A member of the College of Nurses of Ontario who holds an extended certificate of registration under the Nursing Act, 1991.</td>
</tr>
</tbody>
</table>

3. **CONDITIONS AND LIMITATIONS ON AUTHORIZED ACTS**

(i) **Restrictions on Controlled Acts**

<table>
<thead>
<tr>
<th><strong>Regulated Health Professions Act, 1991, S.O. c.18</strong></th>
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<tbody>
<tr>
<td><strong>CONTROLLED ACTS RESTRICTED</strong></td>
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27.(1) No person shall perform a controlled act set out in subsection (2) in the course of providing health care services to an individual unless,

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<tr>
<td>(a) the person is a member authorized by a health profession Act to perform the controlled act; or</td>
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<tr>
<td>(b) the performance of the controlled act has been delegated to the person by a member described in clause (a).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Controlled Acts, O-Reg. 107/96 under the Regulated Health Professions Act, 1991, S.O. c.18</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>11. The taking of a blood sample from a vein or by skin pricking is an activity that is exempt from subsection 27(1) of the Act if the person taking the blood sample is employed by a laboratory or specimen collection centre licensed under the Laboratory and Specimen Collection Centre Licensing Act.</td>
</tr>
</tbody>
</table>
(ii) Restrictions on Testing and Specimen Collection

**Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990, c.L.1**

**TESTS PERMITTED**

14.(1) Every owner and operator of a laboratory shall ensure that no tests are performed in the laboratory other than tests authorized by the licence, and no person employed in the laboratory shall knowingly participate in such tests.

**SPECIMEN TAKING OR COLLECTING PERMITTED**

(2) Every owner and operator of a specimen collection centre shall ensure that no specimen taking or collecting is carried out in the specimen collection centre other than specimen taking or collecting authorized by the licence, and no person employed in the specimen collection centre shall knowingly participate in such specimen taking or collecting.

(iii) Laboratory Requirements

**Laboratories, R.R.O. 1990, Reg. 682 under the Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990, c. L.1**

9.(1) The owner and the operator of a laboratory shall ensure that the staff of the laboratory,

(a) examine specimens from humans only,

   (i) at the request of a legally qualified medical practitioner or a dentist,
   (ii) at the request of a midwife, in respect of a test specified in Appendix B,
   (ii.1) at the request of a person who lawfully practises a health profession in a jurisdiction outside Ontario, if in that jurisdiction a laboratory may lawfully examine specimens at the request of that person,
   (iii) at the request of an insurer or an agent within the meaning of the Insurance Act, in respect of HIV Antibody testing,
   (iv) at the request of a registered nurse who holds an extended certificate of registration under the Nursing Act, 1991, in respect of a test specified in Appendix C, or
   (v) at the request of a person who is a participant in the provincial colorectal cancer screening program,

(a.1) report the results of tests performed as part of the provincial colorectal cancer screening program to Cancer Care Ontario for the purposes of the Colorectal Cancer Screening Registry;

(b) except in the case of a person described under subclause (a) (v), report the results of a test directly to the person who requested it and include in the report the name of the laboratory that received the specimen and the name and address of the laboratory in which the test was performed;

(b.1) in the case of a person described under subclause (a) (v), report the results to Cancer Care Ontario for the purposes of the Colorectal Cancer Screening Registry but not to the person;

(c) report all positive laboratory findings that indicate the presumptive presence or presence of any reportable disease within the meaning of the Health Protection and Promotion Act to the medical officer of health of the health unit in which the person who gives rise to the case resides within twenty-four hours after the test is conducted;

(d) establish a quality control program that is acceptable to the Director;

(e) maintain such records and submit such reports as the Director may require and produce such
records and reports as are considered necessary for purposes of this Regulation to the Director for inspection at all reasonable times;

(f) analyze and report upon test samples submitted to the laboratory by the Director.

(1.1) For the purposes of assisting staff of a laboratory to perform their duties in examining a specimen from an individual, the owner and the operator of the laboratory may collect personal health information about the individual indirectly from the person referred to in subclause (1) (a) (ii.1) or (iii) who makes the request for the examination.

11. Laboratories operated by a ministry of the Crown in right of the Province of Ontario and every blood donor clinic of the Canadian Blood Services are exempt from the provisions of sections 5 to 17 of the Act and this Regulation.

12. All pharmacies and all pharmaceutical chemists employed in a pharmacy are exempt from the provisions of sections 5 to 17 of the Act and this Regulation with respect only to the performance of immunologic tests for pregnancy.

13. Every legally qualified medical practitioner who performs laboratory tests for the exclusive purpose of diagnosing or treating his or her own patients in the course of his or her medical practice is exempted from the provisions of sections 5 to 17 of the Act and this Regulation.

4. OTHER LIMITATIONS ON MLTs

(i) Definitions

<table>
<thead>
<tr>
<th>Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990, c.L.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. “laboratory” means an institution, building or place in which operations and procedures for the microbiological, serological, chemical, hematological, biophysical, immunohematological, cytological, pathological, cytogenetic, molecular genetic or genetic examination, or such other examinations as are prescribed by the regulations, of specimens taken from the human body are performed to obtain information for diagnosis, prophylaxis or treatment;</td>
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</table>

Note: On a day to be named by proclamation of the Lieutenant Governor, the definition of “laboratory” is repealed by the Statutes of Ontario, 2007, chapter 10, Schedule P, section 18 and the following substituted:

“laboratory” means an institution, building or place in which operations and procedures for the microbiological, serological, chemical, hematological, biophysical, immunohematological, cytological, pathological, cytogenetic, molecular genetic or genetic examination, or such other examinations as are prescribed by the regulations, of specimens taken from the human body are performed to obtain information for medical diagnosis, prophylaxis or treatment;

(ii) Titles and Qualifications

<table>
<thead>
<tr>
<th>Laboratories, R.R.O. 1990, Reg. 682</th>
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<tbody>
<tr>
<td>1. In this Regulation,</td>
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<tr>
<td>“laboratory director” means a person who is responsible for the administration of the scientific and technical operation of a laboratory including the supervision of tests and the reporting of the results of the tests;</td>
</tr>
</tbody>
</table>
“laboratory supervisor” means a person who under the general supervision of a laboratory director supervises laboratory personnel and who may perform tests requiring special scientific skills;

“laboratory technician” means a person who under direct supervision performs laboratory tests which require limited technical skill and responsibilities;

“laboratory technologist” means a person who under general supervision performs tests which require the exercise of independent judgment;

6.(1) The qualifications for a laboratory director are that the person,

(a) is a legally qualified medical practitioner who has been certified by the Royal College of Physicians and Surgeons of Canada in a branch of laboratory medicine; or

(b) is a legally qualified medical practitioner who has two years of post-graduate training in a clinical laboratory or laboratories approved by the Director; or

(c) has obtained from a university approved by the Director an academic doctorate degree with a relevant chemical, physical or biological science as a major subject and has two post-graduate years of laboratory training and experience in a laboratory or laboratories approved by the Director; or

(d) has obtained from a university approved by the Director a master’s degree with a relevant chemical, physical or biological science as a major subject and has five post-graduate years of laboratory training and experience in a laboratory or laboratories approved by the Director.

(2) The qualifications for a laboratory supervisor or technical director are that the person,

(a) is a legally qualified medical practitioner who has one post-graduate year of experience in a relevant laboratory specialty in a laboratory or laboratories approved by the Director; or

(b) has obtained from a university approved by the Director an academic doctorate degree with a relevant chemical, physical or biological science as a major subject and has one post-graduate year of experience in a relevant laboratory specialty in a laboratory or laboratories approved by the Director; or

(c) has obtained from a university approved by the Director a master’s degree with a relevant chemical, physical or biological science as a major subject and has two post-graduate years of relevant laboratory training and experience in a laboratory or laboratories approved by the Director; or

(d) has obtained from a university approved by the Director a bachelor’s degree with a relevant chemical, physical or biological science as a major subject and has a minimum of three post-graduate years of relevant laboratory training and experience of which at least two years shall have been in a laboratory or laboratories approved by the Director; or

(e) is qualified as a laboratory technologist, and,

(i) has at least six years of relevant laboratory experience approved by the Director, or

(ii) has successfully completed relevant courses that together with experience are acceptable to the Director as equivalent to the experience referred to in subclause (i).

(3) The qualifications for a laboratory technologist are that the person,

(a) has obtained from a university approved by the Director a bachelor’s degree with a relevant chemical, physical or biological science as a major subject and has been employed for a minimum of one year as a laboratory technician in a laboratory approved by the Director; or

(b) is recognized as a technologist by a technologist society in Canada, Great Britain or the United
States, whose courses of study are approved by the Director; or

(c) has obtained a diploma as a laboratory technologist from an Ontario Community College; or

(d) has education or experience or both that is approved by the Director as equivalent to the standards prescribed in clause (a), (b) or (c).

(4) The qualifications for a laboratory technician are that the person,

(a) has obtained an Ontario Secondary School Graduation Diploma or is able to produce evidence of equivalent standing that is approved by the Director and has served two years as a technical trainee in a laboratory approved by the Director; or

(b) has obtained an Ontario Secondary School Graduation Diploma or is able to produce evidence of equivalent standing that is approved by the Director and has successfully completed relevant courses which together with experience are in the opinion of the Director equivalent to the standards prescribed in clause (a).

7. Where a person is unable to meet the qualifications listed in section 6 for any particular category of employment, the person is exempted from the requirements of the said section in so far as they relate to that category of employment if he or she was employed in a laboratory on the 1st day of November, 1972, as a,

(a) laboratory director;
(b) laboratory supervisor or technical director;
(c) laboratory technologist; or
(d) laboratory technician,

and has submitted evidence to the Director sufficient to satisfy the Director as to his or her competence and ability to adequately perform the duties of his or her office.

8. (1) No laboratory director shall work or be employed as a laboratory director or laboratory supervisor in more than two laboratories unless the Director approves on the basis of need in the area or areas in which the laboratories are situated.

(2) A laboratory supervisor shall not work or be employed as a laboratory supervisor in more than two laboratories unless the Director approves on the basis of need in the area or areas in which the laboratories are situated.

Laboratories operated by a ministry of the Crown in right of the Province of Ontario and every blood donor clinic of the Canadian Blood Services are exempt from the provisions of sections 5 to 17 of the Act and this Regulation.

12. All pharmacies and all pharmaceutical chemists employed in a pharmacy are exempt from the provisions of sections 5 to 17 of the Act and this Regulation with respect only to the performance of immunologic tests for pregnancy.

13. Every legally qualified medical practitioner who performs laboratory tests for the exclusive purpose of diagnosing or treating his or her own patients in the course of his or her medical practice is exempted from the provisions of sections 5 to 17 of the Act and this Regulation.
(iii) Qualifications for Registration

**PART I - REGISTRATION**

1.(1) The following are prescribed as classes of certificates of registration: 1. Practising. 2. Non-practising.

(2) A certificate of registration shall indicate in which specialties, if any, the member is authorized to practice.

(4) The specialties, subspecialties and former specialties and subspecialties in laboratory sciences that may be indicated on a certificate of registration under subsections (2) and (3) are listed in Schedule 1.

**SCHEDULE 1: SPECIALTIES**

Biochemistry – Cytogenetics – Cytology – Hematology – Histology - Microbiology - Molecular Genetics – Phlebotomy - Transfusion Science

**SUBSPECIALTIES OF MICROBIOLOGY**

Bacteriology – Mycology – Parasitology - Virology

**FORMER SPECIALTIES AND SUBSPECIALTIES**

Electron Microscopy – Immunoassay – Immunology

2.(1) The following are the standards and qualifications for the issuance of a practising certificate of registration:

2. The applicant’s past and present conduct must afford reasonable grounds for the belief that the applicant,

   (i) is mentally competent to practise the profession,

   (ii) will practise the profession with decency, integrity and honesty and in accordance with the law, and

   (iii) can communicate effectively with and will display an appropriate attitude towards patients and colleagues.

4. The applicant must be a Canadian citizen or a permanent resident of Canada or have an authorization under the *Immigration and Refugee Protection Act* (Canada) consistent with the applicant’s proposed certificate of registration.

6. The applicant must have satisfied one of the following educational and training requirements:

   (i) successful completion of a course of study in medical laboratory technology in a Canadian institution which has been approved by a body or bodies designated by the Council or by the Council itself,

   (ii) possession of a baccalaureate degree from a Canadian university, whose major course content, both lecture and practical, is relevant to medical laboratory technology, and which is approved by the Registration Committee, or

   (iii) possession of education or a mixture of education and experience which is considered by the Registration Committee to be equivalent to that which is described in subparagraph i or ii, and demonstrated by the successful completion of a Prior Learning Assessment which, in the opinion of the Registration Committee, is comprehensive and objective.

7. The applicant must have successfully completed a qualifying examination set or approved by the Registration Committee.
8. The applicant must have satisfied one of the following educational and training requirements:

(i) within the three years preceding the application, active engagement in the practice of medical laboratory technology, which may include time spent as a student, or in the teaching of medical laboratory technology, that demonstrates, in the opinion of the Registration Committee, that he or she could meet the current standards of practice in Ontario, or

(ii) within the three years preceding the application, successful completion of a refresher course in the relevant specialties in laboratory science approved by the Registration Committee.

(2) Paragraphs 6 and 7 of subsection (1) do not apply where,

(a) the applicant is recognized as being qualified, without any restrictions other than those related to specialties, to practise medical laboratory technology by the statutory regulator of practitioners of medical laboratory technology in a jurisdiction in Canada in which the practitioners of medical laboratory technology are regulated by statute; and

(b) the occupational standards and requirements of medical laboratory technology in the jurisdiction referred to in clause (a) are, in the opinion of the Registration Committee, substantially equivalent to those of Ontario.

(3) Where the occupational standards and requirements of medical laboratory technology in the jurisdiction referred to in subsection (2) are not substantially equivalent to those of Ontario, the Registration Committee may permit the applicant to practise with terms, conditions and limitations restricting the applicant’s practice to the occupational standards and requirements of medical laboratory technology in the jurisdiction referred to in subsection (2) for a period of up to 14 months to permit the applicant to meet the occupational standards and requirements of medical laboratory technology in Ontario.

5. The following are the terms, conditions and limitations of a certificate of registration of any class:

1. The member shall within 15 days provide the College with written and, if requested, oral details of any of the following that relate to the member and that occur or arise after the registration of the member:

   (i) a conviction for a criminal offence or an offence relevant to the practice of the profession,
   (ii) a finding of or similar to professional misconduct, incompetence or incapacity in Ontario in relation to another profession or in another jurisdiction in relation to the profession or another profession,
   (iii) the commencement of a proceeding for professional misconduct, incompetency or incapacity, or similar conduct, in Ontario, in relation to another profession or in another jurisdiction in relation to the profession or another profession.

2. If the member is authorized to practise in one or more specific specialties, subspecialties or former specialties or subspecialties of medical laboratory technology, the member shall perform only procedures within the specified specialty, specialties, subspecialty, subspecialties, former specialty or former subspecialties, as the case may be.

10.(1) An applicant who otherwise meets the requirements for registration and who is authorized to practise in one or more of the subspecialties of Bacteriology, Mycology, Parasitology and Virology in another jurisdiction in Canada shall be authorized to practise in the specialty of Microbiology restricted to the subspecialty or subspecialties which would have formerly constituted the applicant’s specialty or subspecialties.

(2) An applicant who otherwise meets the requirements for registration and who is authorized to practise in any of the former specialties of Immunology, Immunoassay or Electron Microscopy in another jurisdiction in Canada shall be authorized to practise in that former specialty.

(3) An applicant who otherwise meets the requirements for registration and who is authorized to practise in Immunohematology in another jurisdiction in Canada shall be authorized to practise in Transfusion Science.
(iv) Qualifications for Taking Specimens from the Human Body

<table>
<thead>
<tr>
<th>Specimen Collection Centres, R.R.O. 1990, Reg. 683 under the Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990, c.L.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. No person shall be employed by the owner or operator of a specimen collection centre for the purpose of taking specimens from the human body unless a legally qualified medical practitioner has certified in writing to the owner or operator, as the case may be, of the centre that the person has,</td>
</tr>
<tr>
<td>(a) competence in the techniques of taking and collecting specimens from the human body;</td>
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<tr>
<td>(b) the ability to manage and care for patients; and</td>
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<tr>
<td>(c) a high standard of personal cleanliness.</td>
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(v) Continuing Competence

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<tr>
<th>General, O. Reg. 207/94 under the Medical Laboratory Technology Act, 1991, S.O. 1991, c.28</th>
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<tbody>
<tr>
<td>13.(1) In this Part,</td>
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<tr>
<td>“assessor” means an assessor appointed under section 81 of the Health Professions Procedural Code;</td>
</tr>
<tr>
<td>“Committee” means the Quality Assurance Committee.</td>
</tr>
<tr>
<td>(2) This Part applies only to members who hold a practising certificate of registration.</td>
</tr>
</tbody>
</table>

**PROFESSIONAL PORTFOLIO**

15.(1) A member shall complete a self-assessment provided by the Committee once every two years or at such other times as the Committee considers necessary.

(2) The member shall maintain a professional portfolio, consisting of his or her most recently completed self-assessment, a career summary and a record of the continuing education and professional activities carried out by the member in accordance with guidelines on such activities published by the College and distributed to the members.

(3) On request, the member shall submit the professional portfolio to the Committee within 30 days of the request.

**PRACTICE REVIEW**

16.(1) The purpose of a practice review is to provide an objective audit of a member’s practice in relation to the standards of practice of the profession.

(2) Each year the College shall select at random the names of members required to undergo a practice review.

(3) A member is required to undergo a practice review by an assessor if his or her name is selected at random and may be required to undergo a practice review based on criteria issued by the Committee, published by the College and distributed to the members.

(4) The assessor shall give the Committee and the member a written report of the practice review.
(5) After considering the report, the Committee may decide,

(a) to give the member an opportunity to correct any deficiencies identified by the Committee;

(b) to require the member to participate in a technical competence evaluation under section 17; or

(c) to take no action.

(6) Where the Committee decides to take action under clause (5) (a) or (b), it may, at the time of the decision or a later time, require the member to undergo a further practice review, and subsections (4) and (5) apply to such a review.

TECHNICAL COMPETENCE EVALUATION

17.(1) The purpose of the technical competence evaluation referred to in clause 16 (5) (b) is to evaluate the member’s knowledge, skills, judgment and technical performance in one or more of the specialties in which the member is registered to practise.

(2) The Committee may require a member to participate in a technical competence evaluation if the Committee is of the opinion, based on a review of the member’s professional portfolio, the report of a practice review or any other written information, that the member’s technical competence is deficient.

(3) A technical competence evaluation shall reflect the member’s type of practice and may include,

(a) requiring the member to answer, orally or in writing, questions that relate to the member’s type of practice;

(b) requiring the member to undergo a practical evaluation of his or her abilities in the specialties in which the member is registered to practise;

(c) requiring the member to solve simulated problems or case studies that relate to the member’s type of practice.

(4) The technical competence evaluation shall be carried out by the person or body designated by the Committee.

(5) When the member has completed the technical competence evaluation, the person or body designated under subsection (4) shall give the Committee and the member a written report of the evaluation.

(6) After considering the report, the Committee may decide,

(a) to give the member an opportunity to correct any deficiencies in technical competence identified by the Committee;

(b) to require the member to participate in a remedial education program specified by the Committee;

(c) subject to section 18, to direct the Registrar to impose terms, conditions or limitations on the member’s certificate of registration; or

(d) to take no action.

(7) Where the Committee decides to take action under clause (6) (a), (b) or (c), it may, at the time of the decision or at a later time, require the member to undergo a re-evaluation of his or her technical competence, and subsections (4) to (6) apply to such a re-evaluation.
5. OTHER RELATED STATUTES AND REGULATIONS CONCERNED WITH THE PROTECTION OF THE PUBLIC

(i) Code of Professional Conduct

*Schedule 2, College of Medical Laboratory Technologists of Ontario, Consolidated Bylaws (May 8, 2008)*

<table>
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<tr>
<th>PREAMBLE</th>
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<tr>
<td>Ethical guidelines are designed to ensure the dignity and integrity of members of the College and to define obligations and professional duties to be observed by every member of the College. An ethical member shall adhere strictly not only to the letter of the guidelines, but also to the underlying spirit and precepts.</td>
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<tr>
<th>ETHICAL OBLIGATIONS OF THE PROFESSION</th>
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<tbody>
<tr>
<td>1. <strong>Professional behaviour</strong>: Medical laboratory technologists shall promote the image and status of their profession by maintaining high standards in their professional practice and through active support of their professional bodies.</td>
</tr>
<tr>
<td>2. <strong>Responsibility</strong>: Medical laboratory technologists shall take responsibility for their professional acts and where there is discrepancy between the employer’s requirements and the member, the onus is on the member to ensure that he or she is not practising under terms and conditions that compromise a medical laboratory technologist’s delivery of quality care.</td>
</tr>
<tr>
<td>3. <strong>Development</strong>: Medical laboratory technologists shall endeavour to maintain and improve their skills and knowledge; keep current with scientific advances and recognize that life-long learning is part of professional development.</td>
</tr>
<tr>
<td>4. <strong>Collegiality</strong>: Medical laboratory technologists shall share their knowledge with colleagues and co-operate fully with other health care practitioners in the provision of optimal care.</td>
</tr>
<tr>
<td>5. <strong>Respect Law</strong>: Medical laboratory technologists shall be aware of the laws and regulations governing medical laboratory technology and shall apply them in the practice of their profession.</td>
</tr>
<tr>
<td>6. <strong>Competence</strong>: Medical laboratory technologists shall practise within the scope of their professional competence.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>ETHICAL OBLIGATIONS TO THE PUBLIC</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. <strong>Respect for the Patient</strong>: Medical laboratory technologists are dedicated to serving the healthcare needs of the public. The welfare of the patient and respect for the dignity of the individual shall be paramount at all times.</td>
</tr>
<tr>
<td>8. <strong>Confidentiality</strong>: Medical laboratory technologists shall protect the confidentiality of all patient information in accordance with the existing legislation.</td>
</tr>
<tr>
<td>9. <strong>Safety</strong>: Medical laboratory technologists perform all duties in compliance with all current provincial and federal legislation for the protection of patients, health care providers, the general public and the environment.</td>
</tr>
<tr>
<td>10. <strong>Conflict of Interest</strong>: Medical laboratory technologists shall not breach the conflict of interest guidelines as outlined in Schedule 3 of the Bylaws.</td>
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</tbody>
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<thead>
<tr>
<th>OBLIGATIONS TO THE COLLEGE</th>
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</thead>
<tbody>
<tr>
<td>11. <strong>Compliance</strong>: Medical laboratory technologists shall comply with the Professional Code of Ethics, Bylaws, Standards of Practice and guidelines approved by the College. Unprofessional conduct on</td>
</tr>
</tbody>
</table>
the part of other members is to be reported to the College in accordance with Ontario Regulation 752/93.

SCHEDULE 3 TO THE BYLAWS

CONFLICT OF INTEREST GUIDELINES

1. All appointed and elected members of the CMLTO Council and its committees must at all times act honestly, loyally, in good faith and in the best interest of the CMLTO and the citizens of Ontario. Any Council or committee member who has a personal conflict with the objects of the College would be in breach of this fiduciary duty. Council and committee members must act in good faith and must also be seen to act in good faith.

2. Where a Council or committee member has a financial interest in a contract or issue before the Council for discussion, or may stand to gain financially from such contract or issue, the individual must declare this conflict:

   (a) at the outset of the meeting when the Chair calls for declaration of conflicts of interest; or

   (b) at the earliest point in the discussion when the individual becomes aware of the conflict or potential conflict; or

   (c) at the beginning of the next meeting, should the individual be made aware of a conflict or potential conflict during the interval between meetings.

3. A Council or committee member who declares a conflict of interest must refrain from any discussion of the issue, and from voting on the matter. The member may choose to be absent from the room during the discussion; at the discretion of the Chair or Council, the member may be asked to leave the room during the discussion on the contract or issue.

4. Where a Council or committee member declares a conflict of interest on a particular issue, the minutes shall record that the member declared the conflict, and whether or not the member remained in the room for the discussion.

5. For purposes of declaring a conflict of interest, "the member" shall be interpreted to include members of the immediate family, close friends or business partners.

(ii) Professional Misconduct Regulations

<table>
<thead>
<tr>
<th>Professional Misconduct, O.Reg. 752/93 under the Medical Laboratory Technology Act, 1991, S.O. 1991, c.28</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the Health Professions Procedural Code:</td>
</tr>
<tr>
<td>1. An act or omission inconsistent with the Act or the Regulated Health Professions Act, 1991 or the regulations under either Act.</td>
</tr>
<tr>
<td>2. Contravening a federal, provincial or territorial law, a municipal by-law or a regulation, rule or by-law of a hospital if the law, by-law, regulation or rule is relevant to the member’s suitability to practise.</td>
</tr>
<tr>
<td>3. Failing to abide by any term, condition or limitation of the member’s certificate of registration.</td>
</tr>
<tr>
<td>4. Failing to keep and maintain records as required.</td>
</tr>
<tr>
<td>5. Making a record or signing a certificate, report, account or other document that the member</td>
</tr>
</tbody>
</table>
knows or ought to know is false, misleading or otherwise improper.

6. Falsifying a record.

7. Submitting an account for services that the member knows or ought to know is false or misleading.

8. Failing, without cause, to provide within a reasonable time any report or certificate requested by a patient or the patient’s authorized agent in respect of a service provided by the member.

9. Providing confidential information about a patient or about professional services performed for a patient to any person other than the patient or his or her authorized agent or an authorized health professional without the consent of the patient, or his or her authorized agent, unless required to do so by law.

10. Using a term, title, listing or designation in respect of the member’s practice other than the one authorized by the Act or the regulations under the Act.

11. Using in a professional respect any name other than the name of the member that is entered in the register.

12. Announcing or holding out that the member has special qualifications that are not possessed by the member.

13. Permitting, counselling or assisting any person who is not a member to perform a controlled act except as provided for in the Act or a regulation under the Act.

14. Providing services while the member’s ability to do so is impaired by any substance, illness or chronic dysfunction.

15. Abusing a patient.

16. Failing to maintain the standard of practice of the profession.

17. Making a misrepresentation respecting the performance method, accuracy or reliability of any laboratory result.

18. Failing to properly supervise a person who provides a service and who is under the authority or direction of the member.

19. Failing to reply appropriately or within thirty days to any written communication from the College or its members, officers, employees or agents.

20. Engaging in conduct or performing an act relevant to the practice of medical laboratory technology that, having regard to all circumstances, would reasonably be regarded by the members as disgraceful, dishonourable or unprofessional.

21. Delegating a controlled act contrary to the Act, the Regulated Health Professions Act, 1991 or the regulations under either Act.

22. Failing to inform the member’s employer or supervisor of the member’s inability to perform a service or to accept specific responsibility in areas where special training is required or where the member knows or ought to know he or she is not competent to perform the service without supervision.

23. Failing to report another member to the College when the other member’s conduct towards a
patient endangers the safety of the patient.

24. Participating in advertising or endorsing a product or service for consideration.

25. Failing to provide when requested, within a reasonable length of time, to a patient or the patient’s authorized representative a copy of a patient’s laboratory record, unless the member believes, on reasonable grounds, that providing the copy may result in harm to the patient or to another person.

26. Practising the profession in a conflict of interest.

27. Directly or indirectly benefitting from the practice of medical laboratory technology while the member’s certificate of registration is suspended, unless full disclosure is made by the member to the College of the nature of the benefit to be obtained and prior approval is obtained from the Executive Committee.

(iii) Licensing of Laboratories

**Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990, c.L.1**

9.(1) No person shall establish, operate or maintain a laboratory except under the authority of a licence issued by the Director under this Act and the Director may issue a licence for a laboratory to perform such classes of tests or such tests within a class or classes of tests and subject to such conditions as the Director may specify in the licence.

WHERE PROPOSAL NOT IN PUBLIC INTEREST

(5) Except in the case of a specimen collection centre that was in operation immediately before the 10th day of June, 1974 and despite subsections (2) and (4), where an application is made for a licence and the Minister states in writing to the Director that it is not in the public interest to issue a licence to establish, operate or maintain the laboratory or specimen collection centre, as the case may be, in the area where the applicant proposes to establish, operate or maintain the laboratory or specimen collection centre, section 11 shall not apply and the Director shall not issue the licence to the applicant and shall give written notice to the applicant of the refusal and of the Minister’s statement.

(6) Except in the case of a specimen collection centre that was in operation immediately before the 10th day of June, 1974 and despite subsections (2) and (4), where an application is made for a licence and the Minister states in writing to the Director that it is not in the public interest to issue a licence,

(a) in the case of a laboratory, for any of such classes of tests or any of the tests within a class or classes of tests in respect of which the application is made; or

(b) in the case of a specimen collection centre, to take or collect such specimens or class or classes of specimens in respect of which the application is made,

sections 10 and 11 shall not apply, and where the Director issues a licence to the applicant upon such application the Director shall give written notice to the applicant of the Minister’s statement and the licence shall not be for such classes of tests or such tests within a class or classes of tests or for taking or collecting such specimens or class or classes of specimens as are set out in the Minister’s statement.
The Lieutenant Governor in Council may make regulations,

(a) providing for the issuance and renewal of licences and provisional licences and prescribing terms and conditions thereof;

(b) prescribing simple laboratory procedures for the purpose of the definition of “laboratory” in section 5;

(c) prescribing classes of tests for the purposes of this Act and the regulations;

(d) respecting the officers and employees of laboratories and prescribing their duties, responsibilities and qualifications;

(e) respecting the employees of specimen collection centres and respecting the duties, responsibilities and qualifications of the employees of specimen collection centres;

(f) prescribing the classes of persons who may perform tests in a laboratory;

(g) prescribing the classes of persons who may take or collect specimens in a specimen collection centre;

(h) prescribing classes of persons who shall not be owners of laboratories or specimen collection centres or of any interest therein;

(i) respecting the management and operation of laboratories and specimen collection centres and requiring laboratories and specimen collection centres to keep such records and make such reports as are prescribed;

(j) specifying classes of persons whom laboratories and specimen collection centres may notify respecting their services;

(k) Repealed: 2006, c. 19, Sched. L, s. 6 (5).

(l) prescribing fees for licences, provisional licences and renewals and for laboratory services performed by the Ministry;

(m) exempting laboratories or specimen collection centres or any class of either of them or any class of persons from any provisions of this Act or the regulations;

(n) prescribing tests to which this Act does not apply;

(o) prescribing other duties and powers of the Director and the Review Board, including the approval of educational qualifications of officers and employees of laboratories and specimen collection centres;

(p) instituting a system for the payment by the Province of all or any part of the annual expenditures of laboratories in lieu of amounts payable under the Health Insurance Act;

(q) prescribing fees for assessments under a quality management program;

(r) designating an agency or agencies to carry out a quality management program.
Specimen Collection Centres, R.R.O. 1990, Reg. 683 under the Laboratory and Specimen Collection Centre Licensing Act, R.S.O. 1990, c.L.1

4.(2) Every owner and operator of a specimen collection centre shall ensure that a record is kept indicating,

(a) the names of the patients attending the centre;

(b) the names of any of the following persons who requested the taking and collecting of specimens:
   (i) a legally qualified medical practitioner,
   (ii) a dentist,
   (iii) a midwife,
   (iv) a registered nurse who holds an extended certificate of registration under the Nursing Act, 1991;

(c) the specimen or specimens taken and collected from each patient;

(d) the date and time of submission of the specimens to a licensed laboratory; and

(e) the name and address of the laboratory to which the specimens are sent.

(iv) Hospital and Health Facility Regulations Affecting the MLT Practice

Public Hospitals Act, R.S.O. 1990, c.P.40

24.(1) Every order for treatment or for a diagnostic procedure of a patient shall, except as provided in subsection (2), be in writing and shall be dated and authenticated by the physician, dentist, midwife or registered nurse in the extended class giving the order.

(2) A physician, dentist, midwife or registered nurse in the extended class may dictate an order for treatment or for a diagnostic procedure by telephone to a person designated by the administrator to take such orders.

(3) Where an order for treatment or for a diagnostic procedure has been dictated by telephone,

a) the person to whom the order was dictated shall transcribe the order, the name of the physician, dentist, midwife or registered nurse in the extended class who dictated the order, the date and the time of receiving the order and shall authenticate the transcription; and

b) the physician, dentist, midwife or registered nurse in the extended class who dictated the order shall authenticate the order on the first visit to the hospital after dictating the order.

32.(1) Subject to the approval of the Lieutenant Governor in Council, the Minister may make such regulations with respect to hospitals as are considered necessary for,

(n) prescribing the facilities that hospitals shall provide for dental students, student dietitians, medical students and interns, students of nursing, student laboratory technicians, student physiotherapists, student occupational therapists, student x-ray technicians and student social workers.
9. The attending physician is responsible for the preparation of a complete medical record, including identification, complaint, present history, family history, physical examination, special reports including reports of consultations, laboratory examinations, X-ray, provisional diagnosis, medical or surgical treatment, pathological findings, progress notes, reports of operations and anaesthesia, final diagnosis, condition on discharge and follow-up record.

11.(1) Any tissues or sections of tissues removed during an operation or curettage shall be immediately set aside by the surgeon operating and, together with a short history of the case and a statement of the findings during the operation, shall be forwarded by the superintendent to a laboratory approved by the Minister for examination, but any tonsil, appendix, tooth, frenum, hemorrhoid, finger, toe, hand, foot, arm or leg removed or amputated shall not be so forwarded unless the surgeon desires a special examination.

(2) The pathological report received from the laboratory shall become part of the patient’s case record.

24.(1) For the purpose of this Regulation, hospital employees are divided into Group 1 and Group 2.

(2) Group 1 is composed of,

(a) graduate nurses;
(b) interns;
(c) graduate physiotherapists;
(d) graduate occupational therapists;
(e) nursing assistants, nurses’ assistants, ward maids and ward orderlies;
(f) laboratory technicians; and
(g) X-ray technicians.

(3) Group 2 is composed of all hospital employees not listed in subsection (2).

25.(1) Every Group 1 employee shall receive a tuberculin test and an X-ray film of the lungs within thirty days of employment.

(2) Every Group 1 employee who has a negative tuberculin reaction shall receive an additional tuberculin test within six months of the date of the first test and shall receive an additional test within six months after the date of each test, where the result of the test is negative.

(3) Employees referred to in subsection (2) shall receive an X-ray film of the lungs annually.

(4) Every Group 1 employee who is found to have a positive tuberculin reaction shall not be required to take another tuberculin test but shall receive an X-ray film of the lungs forthwith and every six months thereafter.

(5) Every Group 1 employee whose X-ray film shows evidence of abnormal shadowing shall forthwith receive further examination to determine the nature of the disease.

(6) No tests other than the intradermal (Mantoux) test, using one-twentieth of a milligram of Old Tuberculin, or the patch test shall be used in the test given under this section.

(7) Where an employee has received a tuberculin test and an X-ray film of the lungs within four months before the date of employment, the record of the result of the test and film may be accepted in lieu of the test and film required by subsection (1).

26.(1) Every Group 2 employee shall receive an X-ray film of the lungs within thirty days of employment and annually thereafter.

(2) Where an employee has received a tuberculin test and an X-ray film of the lungs within four months
before the date of employment, the record of the result of the test and film may be accepted in lieu of the X-ray film required by subsection (1).

(3) Every Group 2 employee whose X-ray film shows evidence of abnormal shadowing shall receive forthwith further examination to determine the nature of the disease.

27. No employee found to be suffering from active tuberculosis shall be permitted to work in the hospital, and the superintendent shall report the case within twenty-four hours to the medical officer of health of the municipality in which the employee resides.

**Independent Health Facilities Act, R.S.O. 1990**

**EVIDENCE**

34.(1) Copies of material removed from premises under this Act and certified as being true copies of the originals by the person who made them are admissible in evidence to the same extent as, and have the same evidentiary value as, the material of which they are copies.

**ANALYSIS REPORT AS EVIDENCE**

(2) A certificate or report of an analysis of a sample removed from premises under this Act that purports to be signed by the laboratory technician who carried out the analysis shall be received in evidence as proof, in the absence of evidence to the contrary, of the facts stated in the certificate or report without proof of the signature or position of the person appearing to have signed the certificate or report.

**Applications and Exemptions, R.R.O. 1990, Reg. 649 under the Independent Health Facilities Act, R.S.O. 1990**

5. A service is exempt from the application of the Act and the regulations if the service would make the place in which it is provided a laboratory as defined in section 5 of the Laboratory and Specimen Collection Centre Licensing Act or a specimen collection centre as defined in section 5 of that Act and the service is provided under the authority of a licence issued under that Act.

(v) Occupational Safety Precautions

**Control of Exposure to Biological or Chemical Agents, R.R.O. 1990, Reg. 833, under the Occupational Health and Safety Act, R.S.O. 1990**

3.(1) Every employer shall take all measures reasonably necessary in the circumstances to protect workers from exposure to a hazardous biological or chemical agent because of the storage, handling, processing or use of such agent in the workplace.

**Health Protection and Promotion Act, R.S.O. 1990, Chapter H.7**

29.(1) The operator of a laboratory shall report to the medical officer of health of the health unit in which the person who gives rise to the case resides each case of a positive laboratory finding in respect of a reportable disease, as soon as possible after the making of the finding.
CONTENTS AND TIME OF REPORT

(2) A report under this section shall state the laboratory findings and shall be made within the time prescribed by the regulations.

(3) In this section, “laboratory” has the same meaning as in section 5 of the Laboratory and Specimen Collection Centre Licensing Act.

PUBLIC HEALTH LABORATORY CENTRES

79.(1) The Minister may establish and maintain public health laboratory centres at such places and with such buildings, appliances and equipment as the Minister considers proper.

DIRECTION BY MINISTER

(2) The Minister may give direction from time to time to a public health laboratory centre as to its operation and the nature and extent of its work, and the public health laboratory centre shall comply with the direction.

REGULATIONS

96.(4) The Lieutenant Governor in Council may make regulations relating to Part IV,

(c) requiring and governing the detention, isolation, handling, laboratory examination, taking of specimens from or destruction of any animal that has or may have a disease or a condition that may adversely affect the health of any person.

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Occupational Health and Safety Act, R.S.O. 1990

REFUSAL TO WORK

NON-APPLICATION TO CERTAIN WORKERS

43.(1) This section does not apply to a worker described in subsection (2),

(a) when a circumstance described in clause (3) (a), (b) or (c) is inherent in the worker’s work or is a normal condition of the worker’s employment; or

(b) when the worker’s refusal to work would directly endanger the life, health or safety of another person.

(2) The worker referred to in subsection (1) is, a person employed in the operation of, (i) a hospital, sanatorium, nursing home, home for the aged, psychiatric institution, mental health centre or rehabilitation facility,

Note: On a day to be named by proclamation of the Lieutenant Governor, subclause (i) is amended by the Statutes of Ontario, 2007, chapter 8, section 221 by striking out “nursing home, home for the aged” and substituting “long-term care home”. See: 2007, c. 8, ss. 221, 232 (2).

(iv) a laboratory operated by the Crown or licensed under the Laboratory and Specimen Collection Centre Licensing Act, or
REFUSAL TO WORK

(3) A worker may refuse to work or do particular work where he or she has reason to believe that,

(c) any equipment, machine, device or thing the worker is to use or operate is likely to endanger himself, herself or another worker;

(d) the physical condition of the workplace or the part thereof in which he or she works or is to work is likely to endanger himself or herself; or

(e) any equipment, machine, device or thing he or she is to use or operate or the physical condition of the workplace or the part thereof in which he or she works or is to work is in contravention of this Act or the regulations and such contravention is likely to endanger himself, herself or another worker.

REGULATIONS

70.(1) The Lieutenant Governor in Council may make such regulations as are advisable for the health or safety of persons in or about a workplace.

(2) Without limiting the generality of subsection (1), the Lieutenant Governor in Council may make regulations,

28. Permitting the Minister to approve laboratories for the purpose of carrying out and performing sampling, analyses, tests and examinations, and requiring that sampling, analyses, examinations and tests be carried out and performed by a laboratory approved by the Minister.

Health Care and Residential Facilities, under the Occupational Health and Safety Act, R.S.O. 1990

2.(1) This Regulation applies to the following types of facilities:

2. A laboratory or specimen collection centre as defined in the Laboratory and Specimen Collection Centre Licensing Act.

56.(1) Glassware used in a laboratory shall be inspected for chips and cracks before use.

(2) Chipped or cracked glassware shall not be used unless it is repaired to a condition that does not present a hazard to a worker and if not repaired it shall be placed in a puncture-resistant container for disposal as waste.

109.(1) In a laboratory, appropriate disinfectants and decontaminants shall be provided and used to clean workbench, fume hood and safety cabinet surfaces and floors.

(2) In a laboratory where spills of a hazardous material are likely to occur, workbench, fume hood and safety cabinet surfaces and floors shall consist of a smooth nonporous or impervious material.

(vi) Other Safety Precautions to Protect the Public

Needle Safety, O. Reg. 474/07, under the Occupational Health and Safety Act, R.S.O. 1990

DEFINITION

1. In this Regulation,
“safety-engineered needle” means,

(f) a hollow-bore needle that,
   (i) is designed to eliminate or minimize the risk of a skin puncture injury to the worker, and
   (ii) is licensed as a medical device by Health Canada, or
   (iii) a needleless device that,
   (iv) replaces a hollow-bore needle, and
   (v) is licensed as a medical device by Health Canada.

APPLICATION

2. This Regulation applies to the following facilities:

1. Every hospital as defined in the Public Hospitals Act.
2. Every private hospital as defined in the Private Hospitals Act.
3. Every institution as defined in the Mental Hospitals Act.
4. Homewood Health Centre Inc.

PROVISION OF SAFETY-ENGINEERED NEEDLES

3.(1) When a worker is to do work requiring the use of a hollow-bore needle, the employer shall provide the worker with a safety-engineered needle that is appropriate for the work.

(2) Subsection (1) does not apply if the employer is unable, despite making efforts that are reasonable in the circumstances, to obtain a safety-engineered needle that is appropriate for the work.

USE OF SAFETY-ENGINEERED NEEDLE

4.(1) A worker who has been provided with a safety-engineered needle for work described in subsection 3 (1) shall use the safety-engineered needle for the work.

(2) Despite subsection (1), the worker may use a hollow-bore needle that is not a safety-engineered needle if he or she believes on reasonable grounds that, in the particular circumstances, the use of a safety-engineered needle would pose a greater risk of harm than the use of the hollow-bore needle.

(3) In subsection (2), “risk of harm” refers to either or both of the following risks:

1. A risk of harm to the worker or to another worker.
2. If the work involves the use of a needle on a person, a risk of harm to him or her.

(4) The employer shall develop, establish and provide training for workers to assist them in applying subsection (2).

EXCEPTIONS, EMERGENCIES AND RISKS TO HEALTH

5.(1) Subsection 3 (1) does not apply if all of the following conditions are satisfied:

1. The facility is located in a part of Ontario in which,
   i. a declaration of emergency made under the Emergency Management and Civil Protection Act
Act is in effect, or

ii. a situation exists that constitutes or may constitute a serious risk to public health, whether the Chief Medical Officer of Health has taken action under section 77.1 of the Health Protection and Promotion Act or not.

2. The employer’s supplies of safety-engineered needles appropriate for the work have been exhausted.

3. The risk of harm from postponing the work until a safety-engineered needle appropriate for the work becomes available is greater than the risk of harm from using a hollow-bore needle that is not a safety-engineered needle.

(2) In paragraph 3 of subsection (1), “risk of harm” refers to any or all of the following risks:

1. A risk of harm to the worker or to another worker.

2. If the work involves the use of a needle on a person, a risk of harm to him or her.

3. An immediate or potential risk to the public or to the public interest.
BRITISH COLUMBIA

The profession is not regulated in BC.

The British Columbia Society of Laboratory Science (BCSLS) represents individuals who perform diagnostic procedures in chemistry, hematology, microbiology, anatomic pathology, transfusion medicine and clinical genetics.

The exact numbers of MLTs and Medical Laboratory Assistants (MLAs) practicing in the province is not known. Most employers require certification in the national professional association, the Canadian Society for Medical Laboratory Science (CSMLS), at the time of hiring an MLT but membership is not required subsequently. The CSMLS currently has 2,730 members in the province and the BCSLS has approximately 1,200 members. It is estimated that there are approximately 3,500 MLTs in the province and 1,500 MLAs.

The BC Society of Laboratory Science (BCSLS) and the BC Association of Medical Radiation Technologists (BCAMRT) have applied to have MLTs and Medical Radiation Technologists regulated in British Columbia. In 2005, the Ministry of Health provided grants to the BCSLS and the BCAMRT to explore a new structure for a joint regulatory college. This college would govern the actions of MLTs, MLAs and medical radiation technologists.

The two professional associations combined efforts to develop a proposal on the idea of a joint college and established a steering committee to study the issue. In its report, the steering committee considers that “there are two comprehensive models of professional self-regulation, one in the United Kingdom and the other in Ontario, that combine disparate health disciplines into an overall, coordinating self-regulating Council. “The report studies each in turn.2

2 BCSLS / BCAMRT Report, supra note 1.
ALBERTA

Regulatory Body
Alberta College of Medical Laboratory Technologists

Pertinent Legislation

*Government Organization Act, R.S.A. 2000, c. G-10*

*Health Professions Act, R.S.A. 2000, c. H-7*

  *Combined Laboratory and X-ray Technologists Profession Regulation, Alta. Reg. 224/2005*

  *Medical Laboratory Technologists Profession Regulation, Alta. Reg. 255/2001*

Policies and Guidelines


1. **SCOPE OF PRACTICE**

<table>
<thead>
<tr>
<th><em>Health Professions Act, R.S.A. 2000, c. H-7</em></th>
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<tr>
<td><strong>PRACTICE</strong></td>
</tr>
<tr>
<td>3. In their practice, medical laboratory technologists do one or more of the following:</td>
</tr>
<tr>
<td>(a) Collect and analyze biological samples, perform quality control procedures and communicate results that have been critically evaluated to ensure accuracy and reliability,</td>
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<tr>
<td>(b) Teach, manage and conduct research in the science and techniques of medical laboratory technology, and</td>
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<tr>
<td>(c) Provide restricted activities authorized by the regulations.</td>
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2. **AUTHORIZED / RESTRICTED ACTS**

(i) Restricted Activities: the following are activities listed as restricted, but none are specified as corresponding to MLTs

<table>
<thead>
<tr>
<th><em>Government Organization Act, R.S.A. 2000, c. G-10</em></th>
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<tbody>
<tr>
<td><strong>SCHEDULE 7.1 - HEALTH SERVICES RESTRICTED ACTIVITIES</strong></td>
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<tr>
<td><strong>RESTRICTED ACTIVITIES</strong></td>
</tr>
<tr>
<td>2.(1) The following, carried out in relation to or as part of providing a health service, are restricted activities:</td>
</tr>
</tbody>
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3 According to the Registrar of the Alberta College of Medical Laboratory Technologists, Alberta legislation does not specifically define restricted activities for MLTs.
(a) To cut a body tissue, to administer anything by an invasive procedure on body tissue or to perform surgical or other invasive procedures on body tissue
    (i) below the dermis or the mucous membrane or in or below the surface of the cornea;
    (ii) in or below the surface of teeth, including scaling of teeth;

(b) To insert or remove instruments, devices, fingers or hands
    (i) beyond the cartilaginous portion of the ear canal,
    (ii) beyond the point in the nasal passages where they normally narrow,
    (iii) beyond the pharynx,
    (iv) beyond the opening of the urethra,
    (v) beyond the labia majora,
    (vi) beyond the anal verge, or
    (vii) into an artificial opening into the body;

(b.1) To insert into the ear canal
    (i) under pressure, liquid, air or gas;
    (ii) a substance that subsequently solidifies;

(c) To set or reset a fracture of a bone;

(d) To reduce a dislocation of a joint except for a partial dislocation of the joints of the fingers and toes;

(e) To use a deliberate, brief, fast thrust to move the joints of the spine beyond the normal range but within the anatomical range of motion, which generally results in an audible click or pop;

(f) To prescribe a Schedule 1 drug within the meaning of the *Pharmacy and Drug Act*;

(g) To dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug within the meaning of the *Pharmacy and Drug Act*;

(h) To administer a vaccine or parenteral nutrition;

(i) To prescribe, compound or administer blood or blood products;

(j) To prescribe or administer diagnostic imaging contrast agents;

(k) To prescribe or administer anesthetic gases, including nitrous oxide, for the purposes of anesthesia or sedation;

(l) To prescribe or administer radiopharmaceuticals, radiolabelled substances, radioactive gases or radioaerosols;

(m) To order or apply any form of ionizing radiation in
    (i) medical radiography,
    (ii) nuclear medicine, or
    (iii) radiation therapy;

(n) To order or apply non-ionizing radiation in
    (i) lithotripsy,
    (ii) magnetic resonance imaging, or
(iii) ultrasound imaging, including any application of ultrasound to a fetus;

(o) To prescribe or fit

(i) an orthodontic or periodontal appliance,
(ii) a fixed or removable partial or complete denture, or
(iii) an implant supported prosthesis;

(p) To perform a psychosocial intervention with an expectation of treating a substantial disorder of thought, mood, perception, orientation or memory that grossly impairs

(i) judgment,
(ii) behaviour,
(iii) capacity to recognize reality, or
(iv) ability to meet the ordinary demands of life;

(q) To manage labour or deliver a baby;
(r) To prescribe or dispense corrective lenses.

(2) Despite subsection (1), the following are not restricted activities:

(a) Activities of daily living, whether performed by the individual or by a surrogate on the individual’s behalf,

(b) Giving information and providing advice with the intent of enhancing personal development, providing emotional support or promoting spiritual growth of individuals, couples, families and groups, and

(c) Drawing venous blood.

3. On consulting with the Health Professions Advisory Board under the Health Professions Act, the Minister may make regulations authorizing a person or a category of persons other than a regulated member or category of regulated members under the Health Professions Act, to perform one or more restricted activities subject to any conditions included in the regulations.

PUBLIC HEALTH EMERGENCY

3.1 For the purposes of preventing, combating or alleviating a public health emergency as defined in the Public Health Act, the Minister may by order authorize a person or category of persons to perform one or more restricted activities subject to any terms or conditions the Minister may prescribe.

(ii) How Restricted Activities Apply to Health Professions


A restricted activity is a procedure or service that requires specific professional competence to be performed safely. The HPA recognizes that one or more professions can have the necessary competence to perform the same restricted activity. Individual health professions no longer have exclusive rights to provide any particular health service. Under the new legislation, health professionals are not bound by exclusive scopes of practice.
practice, but by their abilities and the range of services they can provide in a safe and competent manner,
subject to the standards of their regulatory college.

Profession-specific schedules define the services generally provided by members of colleges. However, some
services may require specific or advanced education or training. [The] college regulations will provide more
details regarding requirements for providing special services. The regulations will also list the restricted
activities that members of [a] profession are authorized to provide.

Unregulated professionals may only provide restricted activities under the strict conditions outlined in the
HPA. The act allows unregulated health care workers to perform restricted activities under certain strict
conditions. These situations may occur if unregulated workers have been specifically authorized by the
Minister of Alberta Health and Wellness to perform a particular service, or if they are assisting or working
under appropriate supervision of an authorized, regulated professional.

### 3. CONDITIONS AND LIMITATIONS ON AUTHORIZED ACTS

#### (i) Definitions and Qualifications

**Medical Laboratory Technologists Profession Regulation, Alta. Reg. 255/2001**

<table>
<thead>
<tr>
<th>GENERAL REGISTER</th>
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<tbody>
<tr>
<td>3. An applicant for registration as a regulated member on the general register must have obtained a diploma from a program in medical laboratory science of at least 2 years’ duration or a degree from a program, approved by the Council, and have successfully passed a registration examination approved by the Council.</td>
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<tr>
<th>DIAGNOSTIC CYTOLOGY REGISTER</th>
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<tr>
<td>4. An applicant for registration as a regulated member on the diagnostic cytology register must have obtained a diploma from a program in medical laboratory science of at least 2 years’ duration or a degree from a program, approved by the Council, with a specialization in diagnostic cytology and have successfully passed a registration examination approved by the Council.</td>
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<tr>
<th>CLINICAL GENETICS REGISTER</th>
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<tr>
<td>5. An applicant for registration as a regulated member on the clinical genetics register must have obtained a diploma from a program in medical laboratory science of at least 2 years’ duration or a degree from a program, approved by the Council, with a specialization in clinical genetics and have successfully passed a registration examination approved by the Council.</td>
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#### (ii) Professional Standards


The college sets professional standards for registered members and ensures that members meet those
standards on an ongoing basis. If members fail to meet these standards, the college is also responsible for
undertaking disciplinary action. The college regulates the members of a health profession according to
legislation. Its primary role is to govern its members.

### 4. OTHER LIMITATIONS ON MLTs

#### (i) Titles

**Health Professions Act, R.S.A. 2000, c. H-7**

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<tr>
<th>USE OF TITLES, ETC.</th>
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<tr>
<td>2. A regulated member of the Alberta College of Medical Laboratory Technologists may, as authorized by the regulations, use any of the following titles, abbreviations and initials:</td>
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</table>
(a) medical laboratory technologist;
(b) M.L.T.

**Medical Laboratory Technologists Profession Regulation, Alta. Reg. 255/2001**

**USE OF TITLES**

23. A regulated member may, in the regulated member’s practice of medical laboratory technology, use the words “registered” and “regulated” and may use any of the following titles, abbreviations and initials:

(a) medical laboratory technologist;
(b) registered medical laboratory technologist;
(c) M.L.T.

(ii) Continuing Competency

**Medical Laboratory Technologists Profession Regulation, Alta. Reg. 255/2001**

**CONTINUING COMPETENCE PROGRAM**

12.2 As part of the continuing competence program, a regulated member must complete the following, on an annual basis, in a form satisfactory to the Registrar:

(a) a self-assessment based on the competency profile developed by the College indicating the areas where continuing competence activities are to be undertaken by a regulated member in the next registration year;

(b) a written learning plan that sets out the continuing competence goals of the regulated member for the next registration year and the continuing competence activities to be undertaken by the regulated member during that year to achieve the continuing competence goals;

(c) a completed learning plan from the previous registration year documenting the competence activities that were completed.

**REVIEW AND EVALUATION**

12.3 The Registrar must periodically select regulated members in accordance with criteria established by the Council for a review and evaluation of all or part of a regulated member’s continuing competence program.

(iii) Minimum Standards of Practice (Clinical and Ethical)

**Website of the Alberta College of Medical Laboratory Technologists**

MLTs must meet a standard of practice, as outlined by the Health Professions Act (HPA), and the MLT Regulations for Medical Laboratory Technologists as created by the Government of Alberta.

The College Standards of Practice set out professional standards, ethical guidelines, entry level competencies, provincial regulations, standards of care and practice guidelines. An MLT must be knowledgeable of the theory, technique, and clinical application of laboratory analyses, and skilled in the performance of those procedures. The MLT must be competent in judgmental and interpretive skills, and

4 Information available online: <http://acmlt.org/pub_min_stand_of_prac.asp>.
must recognize and deal with abnormal situations related to test results, methods and quality control. The
MLT must also be professional in conduct. These standards, as outlined below, ensure the public of safe,
ethical and competent MLT practice.

Standard 1 – Provision of Service to a Client: An MLT uses critical thinking skills in analyzing tests, and
ensures the accurate, precise and verifiable performance of tests, and the timely reporting of results to
provide reliable information on the diagnosis/monitoring of each client.

Standard 2 – Body of Knowledge: An MLT integrates an in-depth knowledge of medical laboratory science
with other disciplines, including health and social sciences, education, management and communications.

Standard 3 – Application of Knowledge and Skills: The MLT understands the principles of medical
laboratory science, basing practice on current techniques and scientific knowledge and competently
integrates this knowledge with that from other disciplines.

Standard 4 – Continued Competence: The MLT is responsible for life-long learning to ensure competence in
his or her area of practice.

Standard 5 – Ethics: The MLT practices according to the ethical guidelines of the profession, which includes
practicing at a level of competence, exercising safety procedures, and protecting the client’s right to
autonomy, respect, confidentiality, dignity and access to information.

Standard 6 – Professional Responsibility and Accountability: MLTs bear the primary responsibility and
accountability for the delivery of medical laboratory services.
1. SCOPE OF PRACTICE

There is no scope of practice statement for MLTs set out in the legislation. The Council of the SSMLT has developed the following statement:

SSMLT Website, Career Profile: 5

The practice of medical laboratory technology is the performance of laboratory investigations and the evaluation of the technical sufficiency of the investigations and their results. The definition includes practice in the areas of: laboratory administration; laboratory education; medical research; specimen collection, handling, and accessioning; and laboratory information systems.

2. AUTHORIZED ACTS

No authorized acts are specified in the legislation.

3. CONDITIONS AND LIMITATIONS ON AUTHORIZED ACTS

(i) Restrictions on Testing and Specimen Collection


TESTS TO BE REQUESTED

10.(1) A licensee shall ensure that no tests, examinations or procedures are performed unless:

(a) they are requested by a physician who is entitled to practise medicine pursuant to The Medical Profession Act, 1981, a dentist who is entitled to practise dentistry pursuant to The Dental Disciplines Act, a midwife who is entitled to practise midwifery pursuant to The Midwifery Act or a registered nurse who is entitled pursuant to The Registered Nurses Act, 1988 to practise in the nurse practitioner category; or

(b) the qualified professional requires further tests to reach a diagnosis.

5 Available online: <http://www.ssmlt.ca/CareerProfile.htm>.
(2) Subsection (1) does not apply:

(a) to a Category IX medical laboratory where the licence contains a statement that subsection (1) does not apply to that medical laboratory; or

(b) where the tests are performed as part of an anonymous testing program for sexually transmitted diseases.

(ii) Laboratory Requirements

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<tr>
<td>LICENCE REQUIRED</td>
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<td>4. No person shall operate a medical laboratory unless that person holds a licence that authorizes that person to do so.</td>
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<th>GRANTING OF LICENCE</th>
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<tr>
<td>6.(1) The director shall:</td>
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<td>(a) consider each application received pursuant to section 5, including any information or materials requested by the director; and</td>
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<tr>
<td>(b) consider the standards of the accreditation program for the medical laboratory that is the subject of the application.</td>
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| (2) The director shall:                                 |
| (a) grant the licence if the director is satisfied that: |
| (i) there is a need, based on factors set out in the regulations, for the medical laboratory that is the subject of the application and for the tests that are to be performed in that laboratory; |
| (ii) the medical laboratory that is the subject of the application will be operated in compliance with this Act, the regulations and any terms and conditions contained in the licence; and |
| (iii) granting a licence to the applicant would not be contrary to the public interest; or |
| (b) refuse to grant a licence.                          |

| (3) The director shall notify the applicant in writing of his or her decision. |

| (4) The director may include as provisions of a licence any terms or conditions that the director considers appropriate, including, without limiting the generality of the foregoing, any terms or conditions that constitute standards of the accreditation program. |

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<th>QUALIFIED PROFESSIONAL</th>
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<tr>
<td>7.(1) Subject to the regulations, a licensee must employ or engage the services of a qualified professional for the medical laboratory for which the licence is granted.</td>
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</table>

| (2) Every licence must contain the name of the qualified professional of the medical laboratory for which the licence is granted. |

| (3) Where the qualified professional named in the licence granted for a medical laboratory ceases to be the qualified professional, the licensee shall immediately provide the director with the name of another qualified
professional who is to replace that qualified professional.


**ASSESSING NEED FOR LABORATORY OR TEST**

4. For the purposes of subclause 6(2)(a)(i) of the Act, the following are the factors that may be considered by the director, with respect to an application for a licence, in considering whether there is a need for the medical laboratory that is the subject of the application and for the tests that are to be performed in it:

(a) whether existing medical laboratories are capable of meeting any need for additional testing or would be capable of meeting that need if they were expanded, having regard to:
   (i) the types and number of tests performed in existing medical laboratories;
   (ii) the number of specimens collected, transported and referred by existing medical laboratories;
   (iii) the availability of facilities to transport persons and specimens to medical laboratories in the geographic area of concern;

(b) the costs of providing additional testing:
   (i) in existing medical laboratories; and
   (ii) in the proposed medical laboratory;

(c) whether the proposed medical laboratory or proposed additional testing would result in an unnecessary duplication of services;

(d) in the case of an application to perform a test, the medical relevance of the test;

(e) whether the proposed medical laboratory or proposed additional testing would affect the quality of patient care;

(f) whether the proposed medical laboratory or proposed additional testing would affect the reasonable access of patients to laboratory services;

(g) the mandate of the facility in which the medical laboratory is located;

(h) any other factors that the director considers relevant.

7. No licensee shall cause or permit an individual to be the qualified professional of more than one medical laboratory without the approval of the director.

4. **OTHER LIMITATIONS**

(i) **Definitions, Titles and Qualifications**


2.(1) In these regulations: (e) “medical laboratory technologist” means a person who:

(i) has successfully completed a medical laboratory technology education program that is accredited by the Conjoint Committee for the Accreditation of Educational Programs in Allied Medical Disciplines; and

(ii) is eligible for certified membership in:
   (A) the Canadian Society of Laboratory Technologists; and
   (B) the Saskatchewan Society of Medical Laboratory Technologists Inc.;
QUALIFICATIONS OF STAFF

9.(1) Subject to subsection (2), a person employed to perform tests in a Category II, Category III, Category IV, Category V, Category VI, Category VII or Category VIII medical laboratory must be:

(a) a registered nurse, a registered psychiatric nurse, a licensed practical nurse or a duly qualified medical practitioner;

(b) a certified combined laboratory and X-ray technician;

(c) a medical laboratory technologist;

(d) the holder of an academic bachelor's, master's or doctoral degree in a relevant chemical or biological science as approved in the licence; or

(e) a medical director.

(2) The categories of persons mentioned in subsection (1) are subject to the following restrictions:

(a) a duly qualified medical practitioner shall perform only the tests set out in Parts I and IV of the Appendix;

(b) a registered nurse, a registered psychiatric nurse or a licensed practical nurse shall perform only the tests set out in Part IV of the Appendix;

(c) a certified combined laboratory and X-ray technician shall perform only the tests set out in Part V of the Appendix;

(d) the holder of an academic bachelor's, master's or doctoral degree in a relevant chemical or biological science as approved in the licence shall perform only the tests specified in the licence.

(3) A person employed to perform tests in a Category I or Category IX medical laboratory must have the qualifications specified in the licence.

(4) Notwithstanding subsections (1) to (3):

(a) a licensee may continue to employ a person who was employed in the medical laboratory on March 31, 1991 and who does not possess the required qualifications if:

(i) on or before March 31, 1991, the person was regularly performing the tests that the person will be performing in the medical laboratory;

(ii) on April 1, 1991, the medical laboratory was licensed to perform the tests that the person will be performing in the medical laboratory; and

(iii) the person is under the supervision of the qualified professional in accordance with the accreditation program; and

(2) For the purposes of subsection (1), a person who performs under supervision some portion of a test in accordance with the accreditation program is not, while performing that portion of a test, a person employed to perform tests in a medical laboratory.

APPENDIX

PART I

TESTS PERFORMED BY DULY QUALIFIED MEDICAL PRACTITIONER

[CLAUSES 2(2)(C) AND 9(2)(A)]

Microscopic slide examination: Fungi, Scales, Secretions, Trichomonas and Yeast.
PART II
TESTS THAT MAY BE PERFORMED IN CATEGORY I MEDICAL LABORATORIES
[CLAUSE 5(A)]

Glucose
Haematocrit
Haemoglobin
Occult blood
Pregnancy test
Urinalysis dipstick
Urinalysis - complete - dipstick and microscopic examination.

PART III
TESTS THAT MAY BE PERFORMED IN CATEGORY II MEDICAL LABORATORIES
[CLAUSE 5(B)]

Automated haematology profiles including one or more of the following: haemoglobin, white blood cell count, red blood cell count, haematocrit or red blood cell indices
Erythrocyte sedimentation rate
Glucose
Glucose tolerance
Haematocrit
Haemoglobin
Indices (mean cell volume, mean cell haemoglobin, mean cell haemoglobin concentration)
Infectious mononucleosis screening test
Occult blood
Pregnancy test

MEDICAL LABORATORY LICENSING, 1995, M-9.2 REG 1

Prothrombin time
Semen analysis
Urea
Urinalysis dipstick
Urinalysis - complete - dipstick and microscopic examination
White blood cell count
White blood cell differential and morphology.

PART IV
TESTS THAT MAY BE PERFORMED IN CATEGORY III MEDICAL LABORATORIES
[CLAUSES 5(C) AND 9(2)(A)]

Glucose diagnostic stick
Haemoglobin
Occult blood
Pregnancy test
Urinalysis dipstick

PART V
TESTS THAT MAY BE PERFORMED IN CATEGORY IV MEDICAL LABORATORIES
[CLAUSES 5(D) AND 9(2)(B)]

Activated partial thromboplastin time
Amylase
Aspartate aminotransferase
Automated haematology profiles
Calcium
Carbon dioxide
Cell count - body fluids including cerebrospinal fluid
Cell differential - body fluids including cerebrospinal fluid
Chloride
Creatine kinase
Creatinine
Erythrocyte sedimentation rate
Glucose
Glucose tolerance
Haematocrit
Haemoglobin
Indices (mean cell volume, mean cell haemoglobin, mean cell haemoglobin concentration)

MEDICAL LABORATORY LICENSING, 1995, M-9.2 REG I

Infectious mononucleosis screening test
Microscopic slide examination - wet preparation
Occult blood
Platelet count
Potassium
Pregnancy test
Prothrombin time
Reducing substances
Semen analysis
Sodium
Total bilirubin
Urea
Urinalysis dipstick
Urinalysis - complete - dipstick and microscopic examination
White blood cell count
White blood cell differential and morphology.

PART VI
TESTS THAT MAY BE PERFORMED IN CATEGORY V MEDICAL LABORATORIES
[CLAUSE 5(E)]

All tests within the disciplines of:
  Haematology
  Immunohaematology
  All tests listed in Part V

In addition to the tests listed in Part V, the following tests within the discipline of clinical chemistry:
  Acetaminophen
  Acid Phosphatase
  Alanine transaminase
  Albumin
  Alkaline phosphatase
  Barbiturates
  Blood gases
  Carbamazepine
  Cholesterol
  C-reactive protein
  Creatine kinase isoenzymes
  Creatinine clearance
  Digoxin
  Dilantin
Direct bilirubin
Drug screen (qualitative)
Ethanol
Gamma glutamyl transferase
Gentamicin
HDL/LDL cholesterol
Ionized calcium
Iron
Iron binding/transferrin
Ketones - serum (qualitative)
Lactate dehydrogenase
Lactic acid
Lithium
Magnesium
Phenobarbital
Phosphate
Rheumatoid factor
Salicylate
Theophylline
Tobramycin
Total protein - cerebrospinal fluid
Total protein - serum
Total protein - urine
Triglycerides
Uric acid
Valproic acid

In addition to the tests listed in Part V, the following tests within the discipline of microbiology:
  Antibiotic sensitivity testing
  Antistreptolysin O serology
  Bacterial culture testing
  Gram stain
  Group A streptococcus throat screening test
  India ink/potassium hydroxide preparation
  Stool - ova and parasites.

MEDICAL LABORATORY LICENSING, 1995, M-9.2 REG 1

PART VII
TESTS THAT MAY BE PERFORMED IN CATEGORY VI MEDICAL LABORATORIES
[CLAUSE 5(F)]

All tests within the disciplines of:
  Anatomical pathology
  Clinical chemistry
  Cytogenetics
  Cytology
  Haematology
  Immunohaematology
  Microbiology
SECTION 1 - Categories of Membership:

(1) Membership in the society shall consist of the following categories:

(a) practicing member
(b) non-practicing member
(c) retired member
(d) honorary member
(e) provisional restricted member

SECTION 2 - Initial Registration as a Member:

(1) A person may make an application in the prescribed form to be registered as a member of the Society upon producing evidence establishing to the satisfaction of the Council that the person:

(a) has satisfactorily completed a medical laboratory technology educational program:

   (i) given in the Province and recognized by the Council; or
   (ii) recognized by the Council as being equivalent to a course of studies mentioned in subsection (1)(a)(i);

(b) is of good character;

(c) has passed the certification examinations of the Canadian Society for Medical Laboratory Science or equivalent examinations as recognized by the Council.

(2) A person who has satisfactorily completed a recognized educational program mentioned in subsection (1)(a)(ii) that is given outside the province shall, in addition to meeting the requirements of subsection (1), produce evidence establishing to the satisfaction of the Council, registration, certification or licensing as a medical laboratory technologist outside the province, that meets standards equivalent to those in Saskatchewan.

(3) The Council may, upon application, waive the requirements that a person mentioned in subsection (2) be registered or certified outside the province.

(4) Any person who applies to be registered as a member and whose application is refused by the Executive Director may, in accordance with Section 19 of the Medical Laboratory Technologists Act, apply in writing to the Council to review the decision of the Executive Director and the Council may, upon such a review, grant or refuse the application.

(5) A license to practice may be issued to persons who meet the requirements of Bylaw II, Section 2, subsections (1) or (2).

5.1 Persons eligible for a license to practice under subsection 5 must also have:

(a) worked at least 1,200 practice hours as set out in Bylaw II, Section 3(2) of these Bylaws, within the five-year period immediately preceding the date of application for the year in which the license is sought; and,

(b) completed 2.0 continuing education credits in accordance with the requirements of the Professional Improvement Program, as approved by the Council from time to time, within the five-year period immediately preceding the date of application for the year in which the license is sought.

5.2 Clause 5.1 does not apply to applicants for a license who have met the requirements of Bylaw II, Section
2. Subsection (1) or (2) within the five-year period immediately preceding the date of application for the year in which the license is sought.

SECTION 3 - Maintaining Eligibility as a Practicing Member:

(1) To maintain eligibility as a practicing member, the member must:

(a) work at least 1,200 practice hours as set out in Bylaw II, Section 3(2) of these Bylaws, within the five-year period immediately preceding the date of application for the year in which the license is sought; and;

(b) complete 2.0 continuing education credits in accordance with the requirements of the Professional Improvement Program, as approved by the Council from time to time, within the five-year period immediately preceding the date of application for the year in which the license is sought; and

(c) hold practicing membership with the Society or a regulatory body recognized by the Society while working in medical laboratory technology activities approved by the Society to contribute to eligibility for a license; and

(d) complete the prescribed forms and submit them together with the annual licensing fee and other fees prescribed by Council.

(2) The following shall be applied for the assessment of practice hours:

(a) Members must hold a practicing membership with the Society or a regulatory body recognized by the Society while working in medical laboratory technology in order to have hours credited toward eligible practice hours. Members who hold a Non-Practicing membership are not eligible to accumulate eligible practice hours.

(b) Paid hours shall be used to calculate the 1,200 practice hours. Full-time hours shall be considered to be 1,950 hours annually. Overtime and call-back hours are eligible (the number of hours actually worked).

(c) Volunteer hours obtained in the practice of medical laboratory technology may be used to achieve the required number of practice hours. Volunteer hours must be documented on the appropriate form and evaluated by the Regulatory Affairs Committee.

(d) A maximum of 20% of the 1,200 practice hours, or 240 hours, may be achieved through the completion of CSMLS or SSMLT accredited education programs. Documentation of successful completion of the program must be provided. One (1.0) credit is equivalent to 80 practice hours.

(e) All hours worked by medical laboratory technologists in laboratory management shall be credited toward eligible practice hours.

(f) All hours worked by medical laboratory technologists in laboratory education programs shall be credited toward eligible practice hours.

(g) All hours worked by medical laboratory technologists in veterinary laboratories shall be credited toward eligible practice hours.

(h) All hours worked by medical laboratory technologists in medical research laboratories shall be credited toward eligible practice hours.

(i) All hours worked by medical laboratory technologists in phlebotomy shall be credited toward eligible practice hours.

(j) All hours worked by medical laboratory technologists in accessioning shall be credited toward
eligible practice hours.

(k) Medical laboratory technologists who work solely in industrial laboratories shall be required to obtain the equivalent of 240 practice hours through the completion of CSMLS/SSMLT-recognized continuing education programs in the general medical laboratory technology disciplines, plus a minimum of 960 actual hours worked in an industrial laboratory in the five-year period immediately preceding the date of application for the year in which the license is sought.

(l) Medical laboratory technologists who perform other related laboratory activities shall have their job duties assessed to determine eligible practice hours.

(iii) Code of Professional Conduct

Saskatchewan Society of Medical Laboratory Technologists Bylaws, last amended March 24, 2006

BYLAW XIV - CODE OF PROFESSIONAL CONDUCT

The Society hereby adopts the following Code of Professional Conduct. The same may be repealed or amended in accordance with the provisions for repeal or amendment of bylaws contained herein.

1. Medical laboratory technologists are dedicated to serving the healthcare needs of the public. The welfare of the patient and respect for the dignity of the individual shall be paramount at all times.

2. Medical laboratory technologists work with other health care professionals to provide effective patient care.

3. Medical laboratory technologists shall promote the image and status of their profession by maintaining high standards in their professional practice and through active support of their professional bodies.

4. Medical laboratory technologists shall protect the confidentiality of all patient information.

5. Medical laboratory technologists shall take responsibility for their professional acts.

6. Medical laboratory technologists shall practice within the scope of their professional competence.

7. Medical laboratory technologists shall endeavour to maintain and improve their skills and knowledge and keep current with scientific advances.

8. Medical laboratory technologists shall promote learning by facilitating the sharing of knowledge, skills and judgment processes with colleagues, students, other healthcare professionals, and the public.

9. Medical laboratory technologists shall be aware of the laws and regulations governing medical laboratory technology and shall apply them in the practice of their profession.

10. Medical laboratory technologists shall practice safe work procedures at all times to ensure the safety of patients and co-workers and the protection of the environment.

(iv) Professional Incompetence

Medical Laboratory Technologists Act, S.S. 1995, c.M-9.3

(C) Professional incompetence
26. Professional incompetence is a question of fact, but the display by a member of:

(a) a lack of knowledge, skill or judgment; or

(b) a disregard for the welfare of members of the public served by the profession; of a nature or to an extent that demonstrates that the member is unfit to continue in the practice of the profession is professional incompetence within the meaning of this Act.

PROFESSIONAL MISCONDUCT

27. Professional misconduct is a question of fact, but any matter, conduct or thing, whether or not disgraceful or dishonourable, is professional misconduct within the meaning of this Act if:

(a) it is harmful to the best interests of the public or the members;

(b) it tends to harm the standing of the profession;

(c) it is a breach of this Act or the bylaws; or

(d) it is a failure to comply with an order of the counselling and investigation committee, the discipline committee or the council.
MANITOBA

Regulatory Body
College of Medical Laboratory Technologists of Manitoba

Pertinent Legislation

Health Services Insurance Act, C.C.S.M. c. H35
Diagnostic Laboratories Regulation, Man. Reg. 16/95
Laboratory Requisition Forms Regulation, Man. Reg. 40/95

Medical Laboratory Technologists Act, C.C.S.M. c. M100
Medical Laboratory Technologists Regulation, Man. Reg. 179/2006

Codes and Bylaws
College of Medical Laboratory Technologists of Manitoba, By-laws. Available online: <http://www.cmltm.ca/documents/cmltm-bylaws-08.pdf>.

1. SCOPE OF PRACTICE

Medical Laboratory Technologists Act, C.C.S.M. c. M100

2. The practice of medical laboratory technology is
   (a) the performance of laboratory investigations on the human body or on specimens taken from the human body; and
   (b) the interpretation of quality control data to verify the accuracy and precision of investigation results; for use by other health care practitioners in the diagnosis, treatment and prevention of disease.

2. AUTHORIZED ACTS

The legislation does not set out specific authorized acts. Instead, the College follows the competency profile of the CSMLS (see below).

3. CONDITIONS AND LIMITATIONS ON AUTHORIZED ACTS

(i) Restrictions on Testing and Specimen Collection

Laboratory Requisition Forms Regulation, Man. Reg. 40/95 under the Health Insurance Act, C.C.S.M. c. H35

1. “health professional” means a physician or other health professional who is authorized by regulation to order laboratory tests or diagnostic imaging examinations;

   PROHIBITION

2. No diagnostic laboratory shall provide, and no health professional shall use, a laboratory or diagnostic imaging requisition form except in accordance with this regulation.
LABORATORY TESTS TO BE REQUISITIONED INDIVIDUALLY

5(1). A health professional who requisitions laboratory tests on a requisition form shall specify individual tests and shall not requisition tests in non-specific blocks such as "C.B.C.", "liver profile", "kidney profile" or "thyroid profile".

6. A health professional who requisitions diagnostic imaging examinations on a requisition form shall specify individual and specific diagnostic imaging examinations and indicate when additional views, diagnostic imaging or other examinations are medically required.

(ii) Laboratory Requirements

Health Services Insurance Act, C.C.S.M. c. H35

APPROVAL REQUIRED FOR LABORATORY

121.(1) No person shall

(a) establish, operate or maintain a laboratory or a specimen collection centre; or

(b) enlarge, relocate, or establish a branch of a laboratory or specimen collection centre;

except under the authority of an approval granted by the officer under this Act.

POWERS OF INSPECTORS

128.(2) When claims have been submitted to the minister for services rendered in a laboratory or a specimen collection centre, an inspector may, without a warrant, during ordinary business hours enter the premises of the laboratory or the specimen collection centre and may inspect and examine

(a) the premises;

(b) any records, facilities and equipment located on the premises that are relevant to the submission of claims and the payment of benefits under the plan for services rendered by the laboratory or specimen collection centre; and

(c) any records, facilities and equipment located on the premises that will aid the minister in determining whether the standards of testing and analysis, the qualifications and number of skilled personnel, and the range and availability of services and equipment provided are appropriate to the operation of the laboratory or specimen collection centre and the functions performed under the approval granted in respect of it.

ENTRY TO BE PERMITTED

128.(3) A person who operates a laboratory or a specimen collection centre approved under this Act shall, on the request of an inspector and on presentation of identification, permit entry onto the premises of the laboratory or the specimen collection centre and permit the inspector to inspect or examine, in accordance with subsection (2), the premises and the records, facilities and equipment located on the premises.
### ELIGIBILITY FOR REGISTRATION AS A MEDICAL LABORATORY TECHNOLOGIST

4. (1) In addition to the requirements of subsection 9(1) of the Act, the requirements for registration as a medical laboratory technologist are as follows:

- **a.** the applicant must have successfully passed the examination;
- **b.** the applicant must not suffer from a physical or mental condition, disorder, or addiction to alcohol or drugs that makes it desirable in the public interest that he or she not practice medical laboratory technology;
- **c.** if the applicant's first language is not English or French, the applicant must be able to speak and write either English or French in accordance with language fluency criteria established by the council;
- **d.** the applicant must provide evidence that he or she intends to commence practice as a medical laboratory technologist within three months after the date of application;
- **e.** the applicant has not been convicted of an offence that is relevant to his or her suitability to practise;
- **f.** if the applicant was previously registered as a medical laboratory technologist in one or more other jurisdictions, he or she must provide proof of membership in good standing from all other jurisdictions in which he or she was registered during the past five years;
- **g.** if applying before June 1, 2012, the applicant must provide evidence that he or she has fulfilled the academic requirement set out in clause 9(1)(a) of the Act within the previous 18 months;
- **h.** if applying on or after June 1, 2012, the applicant must provide evidence of one of the following:
  - **(i)** he or she has fulfilled the academic requirement set out in clause 9(1)(a) of the Act within the previous 18 months,
  - **(ii)** he or she has practised medical laboratory technology for a minimum of 1,200 hours in the five-year period immediately preceding the year for which registration is sought.

### APPLICANT DOES NOT MEET EDUCATION REQUIREMENTS

4. (2) For the period of one year after the Act comes into force, the board of assessors must approve an application for registration of an applicant who does not meet the requirements set out in clause 9(1)(a) of the Act if, in addition to meeting all other requirements for registration, the applicant meets one of the following qualifications:

- **a.** the applicant is employed as a medical laboratory technologist in a laboratory in Manitoba as of the date the Act comes into force;
- **b.** the applicant was employed as a medical laboratory technologist in a laboratory in Manitoba for a period of at least 900 hours in the two years prior to the date the Act comes into force.
REGISTRATION IF EMERGENCY

9.1(1) Despite anything in this Act or the regulations, the board of assessors may waive any requirements for registration under this Act and the regulations to allow a person who is authorized to practise medical laboratory technology in another jurisdiction in Canada or the United States to practise medical laboratory technology in the province during an emergency, if the minister gives the board of assessors written notice that

(a) a public health emergency exists in all or part of the province; and

(b) he or she has determined, after consulting with public health officials and any other persons that the minister considers advisable, that the services of a medical laboratory technologist from outside the province are required to assist in dealing with the emergency.

EMERGENCY NEED NOT BE DECLARED

9.1(2) The board of assessors may exercise its authority under subsection (1) even if no emergency has been declared under an enactment of Manitoba or Canada.

REPRESENTATION AS MEDICAL LABORATORY TECHNOLOGIST

3.(1) No person except a medical laboratory technologist shall

(a) represent or hold out, expressly or by implication, that he or she is a medical laboratory technologist or is entitled to engage in the practice of medical laboratory technology as a medical laboratory technologist; or

(b) use any sign, display, title or advertisement implying that he or she is a medical laboratory technologist.

USE OF TITLE

3.(2) No person except a medical laboratory technologist shall use the title "medical laboratory technologist", a variation or abbreviation of that title, or an equivalent in another language. But nothing in this subsection prevents a person from using the title "medical laboratory technician", "laboratory technician", "medical laboratory assistant" or "laboratory assistant".

CONTINUING COMPETENCE

19.(1) To satisfy the requirement of continuing competence for renewal of registration on the register of medical laboratory technologists, beginning on June 1, 2012,
(a) a member must

(i) have practised as a medical laboratory technologist for a minimum of 1,200 hours in the five-year period immediately before the registration year for which renewal is sought, and
(ii) have successfully completed, in the registration year immediately preceding the registration year for which renewal is sought, the following activities as may be required by policies established by the council:

   (A) a process of self-assessment,
   (B) the creation and maintenance of a professional portfolio,
   (C) any other activity approved by the council; or

(b) within the 12-month period immediately before the registration year for which renewal is sought, a member must

(i) have successfully completed a medical laboratory technology education program or a course of instruction approved in accordance with criteria established by the council, or
(ii) have passed the examination

FAILURE TO COMPLY WITH SUBSECTION (1)

19.(2) A practising member who fails to comply with subsection (1) is required to successfully complete 500 hours of supervised practice of medical laboratory technology or a refresher course approved by the council.

(iii) Code of Ethics

<table>
<thead>
<tr>
<th>Website of the College of Medical Laboratory Technologists of Manitoba</th>
</tr>
</thead>
<tbody>
<tr>
<td>The College of Medical Laboratory Technologists of Manitoba adheres to the Canadian Society for Medical Laboratory Science Code of Professional Conduct as stated here:</td>
</tr>
<tr>
<td>o Medical laboratory professionals are dedicated to serving the healthcare needs of the public. The welfare of the patient and respect for the dignity of the individual shall be paramount at all times.</td>
</tr>
<tr>
<td>o Medical laboratory professionals work with other health care professionals, to provide effective patient care.</td>
</tr>
<tr>
<td>o Medical laboratory professionals shall promote the image and status of their profession by maintaining high standards in their professional practice and through active support of their professional bodies.</td>
</tr>
<tr>
<td>o Medical laboratory professionals shall protect the confidentiality of all patient information.</td>
</tr>
<tr>
<td>o Medical laboratory professionals shall take responsibility for their professional acts.</td>
</tr>
<tr>
<td>o Medical laboratory professionals shall practise within the scope of their professional competence.</td>
</tr>
<tr>
<td>o Medical laboratory professionals shall endeavour to maintain and improve their skills and knowledge and keep current with scientific advances. They will uphold academic integrity in all matters of professional certification and continuing education.</td>
</tr>
<tr>
<td>o Medical laboratory professionals shall share their knowledge with colleagues and promote learning.</td>
</tr>
<tr>
<td>o Medical laboratory professionals shall be aware of the laws and regulations governing medical laboratory technology and shall apply them in the practise of their profession.</td>
</tr>
<tr>
<td>o Medical laboratory professionals shall practise safe work procedures at all times to ensure the safety of patients and co-workers and the protection of the environment.</td>
</tr>
</tbody>
</table>
QUEBEC

Regulatory Body
Ordre professionnel des technologistes médicaux du Québec

Pertinent Legislation
*Professional Code, R.S.Q. c. C-26*

- *Code of ethics of professional technologists, R.Q. c. C-26, r.177.02.01*
- *Committee on training of medical technologists, Regulation respecting the, R.Q. c. C-26, r.169.2*
- *Diploma or training equivalence standards for the issue of a permit by the Ordre professionnel des technologistes médicaux du Québec, Regulation respecting, R.Q. c. C-26, r.170.1.1*
- *Issue of a permit of medical technologist in cytopathology, Regulation respecting the, R.Q. c. C-26, r.169.3*
- *Professional activities that may be engaged in by persons other than medical technologists, Regulation respecting the, R.Q. c. C-26, r.165.2*
- *Professional inspection committee of the Corporation professionnelle des technologistes médicaux du Québec, Regulation respecting the, R.Q. c. C-26, r.169.1*
- *Refresher training periods for medical technologists, Regulation respecting, R.Q. c. C-26, r.174*

1. SCOPE OF PRACTICE

<table>
<thead>
<tr>
<th><em>Professional Code, R.S.Q. c. C-26</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>37. Every member of one of the following professional orders may engage in the following professional activities in addition to those otherwise allowed him by law:</td>
</tr>
<tr>
<td>(q) the Ordre professionnel des technologistes médicaux du Québec: conduct analyses and tests in the field of medical biology on the human body or on specimens and ensure the technical validity of the results for diagnostic or therapeutic follow-up purposes</td>
</tr>
</tbody>
</table>

2. AUTHORIZED / CONTROLLED ACTS

<table>
<thead>
<tr>
<th><em>Professional Code, R.S.Q. c. C-26</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>37.1 Every member of one of the following professional orders may engage in the following professional activities, which are reserved to such members within the scope of the activities they may engage in under section 37:</td>
</tr>
<tr>
<td>6) the Ordre professionnel des technologistes médicaux du Québec:</td>
</tr>
<tr>
<td>(a) take specimens;</td>
</tr>
<tr>
<td>(b) perform phlebotomies, according to a prescription;</td>
</tr>
<tr>
<td>(c) introduce an instrument, according to a prescription, in and beyond the pharynx or beyond the nasal vestibule, urinary meatus, labia majora or anal margin or into a peripheral vein;</td>
</tr>
</tbody>
</table>
(d) administer, including intravenously from a peripheral site, prescribed medications or other prescribed substances, provided a training certificate has been issued to the member by the Order pursuant to a regulation under paragraph o of section 94; and
(e) mix substances to complete the preparation of a medication, according to a prescription.

3. CONDITIONS AND LIMITATIONS ON AUTHORIZED ACTS

(i) Restrictions on Controlled Acts

<table>
<thead>
<tr>
<th>Code of ethics of professional technologists, R.Q. c. C-26, r.177.02.01 under the Professional Code, R.S.Q. c. C-26</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Before accepting to perform professional services, professional technologists must ensure that they have the necessary qualifications and the means to adequately perform such services.</td>
</tr>
<tr>
<td>8. Professional technologists must indicate to the client, in writing, the professional services that will be provided, unless the context indicates otherwise.</td>
</tr>
<tr>
<td>Professional technologists must promptly inform their clients of the scope and terms and conditions of their services and provide them with the explanations necessary as regards the composition, property, quality, benefits and drawbacks of goods or services offered.</td>
</tr>
<tr>
<td>9. Professional technologists who provide or are requested to provide a good, product or material must inform their client of their availability or substitute.</td>
</tr>
<tr>
<td>10. Professional technologists must not provide professional services for which they are insufficiently prepared or for which they do not own or have access to the necessary facilities or equipment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional activities that may be engaged in by persons other than medical technologists, Regulation respecting the, R.Q. c. C-26, r.165.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. A person who does not meet the conditions for the issue of a permit of the order may continue to engage in the following professional activities listed in subparagraphs a and c of paragraph 6 of section 37.1 of the Professional Code (R.S.Q., c. C-26), if the person was engaging in those activities on 11 July, 1980 and if the person meets the conditions of practice that applied to the person at that time:</td>
</tr>
<tr>
<td>(1) take specimens; and</td>
</tr>
<tr>
<td>(2) introduce an instrument into a peripheral vein, according to a prescription.</td>
</tr>
</tbody>
</table>

4. OTHER LIMITATIONS ON MLTs (SCOPE OF PRACTICE, AUTHORIZED ACTS, CODES, STANDARDS, GUIDELINES, ETC.)

(i) Qualifications for Cytopathologists

<table>
<thead>
<tr>
<th>Issue of a permit of medical technologist in cytopathology, Regulation respecting the, R.Q. c. C-26, r.169.3 under the Professional Code, R.S.Q. c. C-26</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. A person who meets the following conditions on the date of coming into force of this Regulation may also</td>
</tr>
</tbody>
</table>
obtain a permit of medical technologist in cytopathology:

(1) the person holds a diploma of college studies issued by the ministère de l'Éducation following studies completed at the general and vocational colleges of Dawson, Sainte-Foy or Rosemont, a cytotechnology certificate issued by Université de Montréal, Université Laval or McGill University, or the Canadian cytology certification issued by the Canadian Society for Medical Laboratory Science; and

(2) the person applies for a permit, in the form prescribed by the Bureau of the Ordre professionnel des Technologistes médicaux du Québec, within one year from 19 September, 2002.

Such person may only engage in the professional activities described in paragraph q of section 37 of the Professional Code in the field of cytopathology, unless they have successfully completed the training periods included in the programs of study leading to diplomas giving access to the permits of the Order.

4.2. A candidate holding an attestation of studies issued by an educational institution outside Québec is granted an equivalence for the attestation of college studies if the attestation was obtained upon completion of studies of a level equivalent to the college level comprising a minimum of 1,080 hours of training apportioned as follows:

(1) a minimum of 780 hours of theoretical training in a laboratory, in gynaecological and non-gynaecological cytology, including the interpretation of results and quality assurance; and

(2) a minimum of 300 hours of training in a clinical environment.

4.3. Despite section 4.2, if the attestation of studies of a level equivalent to the college level in respect of which an equivalence application has been made was obtained more than 5 years before the application and the candidate's knowledge no longer corresponds, taking into account the developments in the profession, to the knowledge being taught at the time of the application in a program of studies leading to an attestation of college studies in cytotechnology, the candidate is granted an equivalence pursuant to section 4.4 if the candidate has attained the required level of knowledge and skills since obtaining the attestation of studies.

4.4. A candidate who does not hold an attestation of studies of a level equivalent to the college level issued by an educational institution outside Québec is granted an attestation of college studies equivalence if the candidate demonstrates, on completion of relevant work experience of at least 5 years, a level of knowledge and skills equivalent to the level acquired by the holder of an attestation of college studies in cytotechnology that gives access to the permit referred to in section 1.

(ii) Continuing Competency

<table>
<thead>
<tr>
<th>Refresher training periods for medical technologists, Regulation respecting, R.Q. c. C-26, r.174 under the Professional Code, R.S.Q. c. C-26</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.01. The Bureau may, if it considers that a member's level of competence does not meet the standards required for the protection of the public, require a medical technologist to serve a refresher training period where:</td>
</tr>
<tr>
<td>(a) his name is entered on the roll more than 5 years after he has obtained his permit or more than 5 years following the date on which he was entitled to the issuance of such permit;</td>
</tr>
<tr>
<td>(b) his name is re-entered on the roll after failing to be entered thereon for more than 5 years;</td>
</tr>
<tr>
<td>(c) his name is re-entered on the roll after having been struck off for more than 5 years;</td>
</tr>
</tbody>
</table>
| (d) a recommendation to that effect concerning him is made by the professional inspection committee or the committee on discipline pursuant to sections 113 and 160 of the Professional Code (R.S.Q., c.
(e) he has served a training period considered, in virtue of section 2.10, not to be in conformity with the objectives and the terms and conditions determined by the Bureau;

(f) he has not practised his profession for more than 5 years.

(iii) Committee on Training Medical Technologists

<table>
<thead>
<tr>
<th>Committee on training of medical technologists, Regulation respecting the, R.Q. c. C-26, r.169.2 under the Professional Code, R.S.Q. c. C-26</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A committee on training shall be set up within the Ordre professionnel des technologistes médicaux du Québec.</td>
</tr>
<tr>
<td>2. The committee shall be an advisory committee whose mandate is to examine, in concordance with the respective and complementary jurisdictions of the Order, the college educational institutions and the Minister of Education, matters relating to the quality of the training of medical technologists.</td>
</tr>
<tr>
<td>Quality of training means the adequacy of the training for the acquisition of the professional skills required for the practice of the profession of medical technologist.</td>
</tr>
</tbody>
</table>
NEW BRUNSWICK

Regulatory Body

New Brunswick Society of Medical Laboratory Technologists (NBSMLT)

Pertinent Legislation

An Act Respecting the New Brunswick Society of Medical Laboratory Technologists, S.N.B. 1991, c. 67

Corporate Documents

NBSMLT Scope of Practice. Available online: <http://www.nbsmlt.nb.ca/english/home/index.cfm?id=152>

NBSMLT Standards of Practice. Available online: <http://www.forces.gc.ca/health/hs_staff_sites/pdf/engraph/SP_Lab_NB_SMLT_e.pdf>

1. SCOPE OF PRACTICE


2.(1) “Medical laboratory technology” means the performance of laboratory investigations relating to the diagnosis, treatment and prevention of disease and the evaluation of their technical validity, on specimens taken from the human body.

New Brunswick Society of Medical Laboratory Technologists Website

Scope of Practice for the profession of Medical Laboratory Technology includes:

- effective application of all competencies required to provide accurate and reliable laboratory test results contributing to the diagnosis, treatment, prognosis, and prevention of physiological and pathological conditions in humans
- striving to improve the profession to meet the many technological and procedural challenges now and into the future
- developing and assessing new techniques and implementing their proper clinical use
- promoting the development and application of knowledge
- performance and maintenance of technical skills
- correlation of test results in a clinical environment
- appropriate response to test results
- collaboration with other health care professionals

NBSMLT Standards of Practice

Medical laboratory practice comprises:

- collecting biological specimens
- performing analyses on biological specimens
- monitoring and evaluating analyses
- accurate and reliable reporting of the results of analyses

Medical laboratory practice contributes to the prevention and management of physiological and pathological conditions.

2. AUTHORIZED ACTS

According to the Registrar of the NBSMLT, the College and the legislation do not set out specific authorized acts or restricted activities. Instead, the College adopts the CSMLS competencies for MLTs (see below).

3. CONDITIONS AND LIMITATIONS ON AUTHORIZED ACTS / OTHER LIMITATIONS

(i) Standards of Practice

<table>
<thead>
<tr>
<th>NBSMLT Standards of Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL LABORATORY TECHNOLOGY-PROFESSION:</td>
</tr>
</tbody>
</table>

Professional knowledge of Medical Laboratory Technology is defined as:

1. A thorough knowledge of the principles, theories and accepted practice of the clinical laboratory sciences as they relate to the conduct of tests on human blood, urine, and other body fluids and tissues;
2. A broad knowledge of laboratory testing methodologies and quality assurance procedures;
3. Specialized knowledge of clinical correlation which relates laboratory test data to human physiology;
4. Knowledge of disease states and the clinical significance/application of various tests as aids in diagnosing the causes of disease.

MEDICAL LABORATORY TECHNOLOGY-TECHNOLOGIST:

- perform laboratory tests
- recognize unexpected test reactions, errors, and discrepancies
- identify technical, instrumental or physiological causes of problems
- determine solutions to these problems based on the theory of reactions on which the procedures are based and on other clinical data
- suggest additional assays that could clarify or amplify the physician's diagnosis
- design, evaluate and implement new methods.

Medical laboratory technologists apply professional knowledge of scientific principles and theory:

- to determine the causes or possible significance of abnormalities and departures from the norm when test results do not conform to expectations
- to alter procedures and techniques to correct problems and to report reliable results based on the
understanding of the underlying physiological phenomena and relationships among tests.

INTRODUCTION:

The New Brunswick Society of Medical Laboratory Technologists has the responsibility for establishing and maintaining standards for the practice of medical laboratory technology as defined by the Medical Laboratory Technology Act. The ultimate goal of excellence in medical laboratory technology is visible in the performance of the technologist. This document is equally important as a guide to the educator, administrator and researcher whose roles maintain and support the practice of medical laboratory technology. The public in the province of New Brunswick will benefit from the high quality of service promoted by the NBSMLT.

PHILOSOPHY:

The NBSMLT philosophy is a statement of the beliefs about the public, the profession and the Medical Laboratory Technologist. These beliefs underlie the establishment of standards and actions for Medical Laboratory Technology. We believe each member of the public is unique and possess dignity and worth.

Individuals have the right to quality health care. The public has the duty to promote optimal health to its citizens. Medical Laboratory Technology exists in response to the needs of the public.

The public has values, expectations and changing needs which influence the profession of Medical Laboratory Technology. Medical Laboratory Technology exerts an influence on and is influenced by legislation affecting the profession of health care.

Health is influenced by the quality of Medical Laboratory Technology. We believe Medical Laboratory Technology is a profession vital to the public. The Medical Laboratory Technology profession promotes health and prevention of disease.

The Medical Laboratory Technology profession has the right and responsibility to develop, establish, maintain and administer its own standards.

The administration and maintenance of standards requires group action through the NBSMLT which is accountable to the public. The profession upholds the Code of Professional Conduct for Medical Laboratory Technologists and Standards of Practice.

Quality Medical Laboratory Technology can best be ensured when it is provided, taught, administered and researched by Medical Laboratory Technologists who are registered members of the professional association (NBSMLT).

We believe The Medical Laboratory Technologist has the professional responsibility to provide competent care. The Medical Laboratory Technologist must be committed to the development and implementation of standards for the profession. The Medical Laboratory Technologist functions in a caring manner in providing quality health care.

The medical laboratory technologist and the NBSMLT are responsible and accountable to each other. The Medical Laboratory Technologist is a member of the public with all the basic needs, rights, responsibilities and freedoms of individuals. The Medical Laboratory Technologist must be self-directed in maintaining a high degree of competence and continued growth as a member of the profession, community and public.

STANDARD 1.0: MEDICAL TECHNOLOGISTS SHALL KNOW AND UNDERSTAND THEIR PROFESSIONAL RESPONSIBILITIES AND FULFIL THEM.

CRITERIA

1.1 They shall abide by the Code of Professional Conduct and the regulations of the Act Respecting the New Brunswick Society of Medical Laboratory Technologists.
1.2 They are dedicated to serving the health care needs of the public. The welfare of the patient and respect for the dignity of the individual shall be paramount at all times.

1.3 They shall work with other professionals on the health care team to provide effective patient care.

1.4 They shall take responsibility for their professional acts.

1.5 They shall protect the confidentiality of all patient information.

1.6 They shall maintain and improve their skills and knowledge and keep current with developments in the field of medical laboratory technology.

1.7 They shall share their knowledge with colleagues and promote learning.

1.8 They shall practice safe work procedures to ensure the safety of patients and co-workers and the protection of the environment.

1.9 They shall help to maintain the dignity of the profession, by being courteous, tactful, honest and displaying personal integrity.

STANDARD 2.0: MEDICAL LABORATORY TECHNOLOGISTS RESPONSIBLE FOR THE COLLECTION AND HANDLING OF SAMPLES SHALL KNOW, UNDERSTAND AND FOLLOW STANDARD PROCEDURES.

CRITERIA

2.1 They shall know and follow accepted isolation and safety procedures.

2.2 They shall make the patients comfortable by putting them at ease and by being courteous.

2.3 They shall provide the explanations necessary for the patients to understand the sample collection procedure.

2.4 When collecting samples, they shall
   - verify the patient's identity
   - verify satisfactory patient preparation prior to sample collection
   - understand the type of sample required
   - ensure proper sample identification
   - note the time and date of collection and/or receipt of the sample on the requisition
   - ensure proper care of collection site after sample collection

2.5 They shall know and follow the standard rules for the transportation of biological products and infectious materials.

STANDARD 3.0: MEDICAL LABORATORY TECHNOLOGISTS SHALL KNOW AND UNDERSTAND THE VARIOUS STEPS OF THE ANALYSIS THEY PERFORM AND ENSURE THE SAFETY AND ACCURACY OF THESE ANALYSES.
CRITERIA

3.1 They shall ensure that all infectious and hazardous substances are handled in accordance with current safety guidelines and legislation.

3.2 They shall understand the type of sample required and evaluate the quality and suitability of samples before performing the analysis.

3.3 They shall refuse to accept inadequate and/or poorly identified samples and request new samples when necessary.

3.4 They shall understand the principles of the analysis they perform.

3.5 They shall know the various steps in the analysis they perform.

3.6 They shall be proficient with the use, operation and maintenance of the equipment they use.

3.7 They shall know the reference values and detection limits of the techniques they use.

3.8 They shall know about possible interferences and take appropriate action.

3.9 They shall ensure accuracy of patient results utilizing a quality assurance program.

3.10 They shall ensure that a procedure manual is in place and is appropriately maintained.

STANDARD 4.0: MEDICAL TECHNOLOGISTS SHALL PARTICIPATE IN A QUALITY ASSURANCE PROGRAM.

CRITERIA

4.1 They shall ensure that quality control protocols are clearly defined for each test.

4.2 They shall compile, analyze and validate results of controls.

4.3 They shall understand the relationship between the various results of analysis and physiological and pathological variations.

4.4 They shall participate in external quality assurance programs.

4.5 They shall have access to appropriate reference materials.

STANDARD 5.0: MEDICAL LABORATORY TECHNOLOGISTS SHALL ENSURE THAT PATIENT REPORTS ARE FORWARDED AS NECESSARY.

CRITERIA

5.1 They shall date and initial all results.

5.2 They shall communicate results effectively.

5.3 They shall forward results to authorized persons within prescribed time limits.

5.4 They shall report errors discovered and ensure that they are corrected.

5.5 They shall keep all patient reports for the prescribed period of time as required by New Brunswick regulation.
NEWFOUNDLAND AND LABRADOR

Regulatory Body
At present, there is no regulatory body governing MLTs in Newfoundland and Labrador.

Pertinent Legislation
There is no pertinent legislation regulating MLTs.
NORTHWEST TERRITORIES

Regulatory Body
   At present, there is no regulatory body governing MLTs in the Northwest Territories

Pertinent Legislation
   There is no pertinent legislation regulating MLTs.
1. SCOPE OF PRACTICE

<table>
<thead>
<tr>
<th>Medical Laboratory Technology Act, S.N.S. 2000, c. 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.(l) &quot;Medical laboratory technology&quot; means the collection and handling of laboratory specimens, analysis of specimens and the interpretation of quality-control data to verify the accuracy and precision of test results for use by health-care practitioners in diagnosis, treatment and prevention of disease.</td>
</tr>
</tbody>
</table>

2. AUTHORIZED ACTS

According to the Registrar of the NSCMLT, the College and the legislation do not set out specific authorized acts or restricted activities.

3. CONDITIONS AND LIMITATIONS ON AUTHORIZED ACTS / OTHER LIMITATIONS

(i) Titles and Qualifications

<table>
<thead>
<tr>
<th>Medical Laboratory Technologists Registration Regulations, N.S. Reg. 168/2003 under the Medical Laboratory Technology Act, S.N.S. 2000, c. 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.(3) An applicant for initial registration must</td>
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<tr>
<td>(a) be a Canadian citizen or satisfy the Registrar that the applicant is legally entitled to live and work in Canada;</td>
</tr>
<tr>
<td>(b) be competent in both written and oral English to the satisfaction of the Registrar or as determined by the Board;</td>
</tr>
<tr>
<td>(c) have successfully completed</td>
</tr>
<tr>
<td>(i) a baccalaureate degree program from a Canadian post-secondary educational institution in medical laboratory technology or a diploma program from a Canadian post-secondary educational institution in medical laboratory technology, and</td>
</tr>
<tr>
<td>(ii) the qualifying examinations prescribed by the Board.</td>
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<tr>
<td>(4) Despite clause 3(c), an applicant is eligible for initial registration if the applicant meets the requirements of clauses 3(a) and (b) and</td>
</tr>
<tr>
<td>(a) possesses the education or experience considered by the Credentials Committee to be equivalent to that which is required by clause 3(c); and</td>
</tr>
</tbody>
</table>
b) has successfully completed the qualifying examinations prescribed by the Board.

**CONDITIONS ON LICENCE**

7 The Board, the Credentials Committee or the Registrar may impose such reasonable limitations or qualifications on a member’s licence as it considers appropriate, including, but not limited to, practice limitations or temporary licence or supervisory requirements.

**PRACTICE ALLOWED ONLY WITHIN SCOPE OF PRACTICE**

8 In addition to any conditions imposed under Section 7, it shall be a term, condition and limitation of every registration and licence that the member practise only within the scope of practice in which the member is educated.

(ii) **Prohibited Conduct**

**Medical Laboratory Technology Act, S.N.S. 2000, c. 8**

38 (1) Except as provided in this Act or the regulations, no person, other than a member of the College, shall

(a) publicly or privately, for hire, gain or hope of reward, practise or offer to practise medical laboratory technology;

(b) hold himself or herself out in any way to be entitled to practise medical laboratory technology;

(c) use the title "Medical Laboratory Technologist" or assume any title or description implying or designed to lead the public to believe that that person is entitled to practise medical laboratory technology; or

(d) use the designation "M.L.T." or "MLT", either alone or in combination with other words, letters or description, to imply that the person is entitled to practise medical laboratory technology.

(2) No person is entitled to receive a fee, reward or remuneration for professional services rendered to any person in the practice of medical laboratory technology unless registered and licensed at the time the services were provided.

(iii) **Non-Members**

**Medical Laboratory Technologists Registration Regulations, N.S. Reg. 168/2003 under the Medical Laboratory Technology Act, S.N.S. 2000, c. 8**

11. For the purposes of clause 42(s) of the Act, a person that is not a member may carry out tasks constituting part of the practice of medical laboratory technology as long as

(a) the tasks involve only

(i) data entry and procurement/receipt,

(ii) specimen processing,

(iii) data entry and procurement/receipt;

(iv) specimen processing;
(iii) performance of pre-analytical procedures on specimens from a variety of sources that do not
involve either the analysis or the use of scientific knowledge as the basis for the interpretation,
communication and documentation of confidential data, or

(iv) preparation of reagents for medical laboratory testing;

(b) the person follows quality assurance policies and procedures as opposed to total quality management, all
of which are in accordance with established laboratory standards and fall within the competencies for medical
laboratory assistants as prescribed by CSMLS; and

(c) the tasks are carried out while the person is supporting and assisting a member and is under the
supervision and control of a member.

(iv) Continuing Competence

Medical Laboratory Technologists Registration Regulations, N.S. Reg. 168/2003 under the Medical
Laboratory Technology Act, S.N.S. 2000, c. 8

15.(1) An applicant for renewal of registration as a practising member must hold a TeKnowledge.ns
certificate.

(2) Despite subsection (1), a practising member who is registered in accordance with subsection 78(1) of the
Act and who, on the date of the coming into force of the Act, did not meet the requirements of clause 3(3)(c)
has 4 years from the date of their initial registration to obtain a TeKnowledge.ns certificate as long as the
practising member maintains continuous membership throughout the 4-year period.

(3) A practising member who fails to comply with subsection (1) or (2) is required to successfully complete
500 hours of supervised practice of medical laboratory technology or a refresher course approved by the
Board.

(v) Code of Professional Conduct

NSCMLT Code of Conduct

- Medical laboratory technologists are dedicated to serving the health-care needs of the public. The
  welfare of the patient and respect for the dignity of the individual shall be paramount at all times.
- Medical laboratory technologists work with other health care professionals, to provide effective
  patient care.
- Medical laboratory technologists shall promote the image and status of their profession by
  maintaining high standards in their professional practice and through active support of their
  professional bodies.
- Medical laboratory technologists shall protect the confidentiality of all patient information.
- Medical laboratory technologists shall take responsibility for their professional acts.
- Medical laboratory technologists shall practice within the scope of their professional competence.
- Medical laboratory technologists shall endeavour to maintain and improve their skills and
  knowledge and keep current with scientific advances.
- Medical laboratory technologists shall share their knowledge with colleagues and promote learning.
- Medical laboratory technologists shall be aware of the laws and regulations governing medical
<table>
<thead>
<tr>
<th>Laboratory technology and shall apply them in the practice of their profession.</th>
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<tbody>
<tr>
<td>Medical laboratory technologists shall practice safe work procedures at all times to ensure the safety of patients and co-workers and the protection of the environment.</td>
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</table>
NUNAVUT

Regulatory Body
At present, there is no regulatory body.

Pertinent Legislation
There is no pertinent legislation.

PRINCE EDWARD ISLAND

Regulatory Body
At present, there is no regulatory body.

Pertinent Legislation
There is no pertinent legislation.

YUKON

Regulatory Body
At present, there is no regulatory body.

Pertinent Legislation
There is no pertinent legislation.
The following excerpts outline the policy documents and other information posted on CSMLS, in particular on the application of the CSMLS to the regulation of the profession and the CSMLS code of conduct. Several provinces rely on the CSMLS for their MLT qualification criteria and scope of practice. The CSMLS also provides standards where provincial legislation does not regulate MLTs.

(i) Application of CSMLS to the Profession

<table>
<thead>
<tr>
<th>CSMLS Frequently Asked Questions⁶</th>
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</table>

**Do I have to be a member of CSMLS if I want to work as either a medical laboratory technologist or a medical laboratory assistant in Canada?**

Membership in CSMLS is voluntary. The only exception applies to medical laboratory technologists (MLTs) who work in New Brunswick. The regulatory body, the New Brunswick Society of Medical Laboratory Technologists, requires CSMLS membership as a condition of licensure. Some employers require CSMLS membership as a condition of employment.

**What is the difference between the CSMLS and a provincial regulatory body?**

CSMLS is the national certifying body for medical laboratory technologists and medical laboratory assistants in Canada. It is also a voluntary professional society for medical laboratory professionals. CSMLS represents 14,000 members in Canada and around the world.

Provincial regulatory bodies (also called regulatory colleges) establish the rules and regulations that determine who may practice as a medical laboratory technologist. Their primary role is to protect the public.

CSMLS works in partnership with provincial regulatory bodies but is a completely separate organization.

Regulatory bodies exist in Alberta, Saskatchewan, Ontario, Quebec, New Brunswick and Nova Scotia. If you wish to work as an MLT in any of these provinces, you must be registered with the regulatory body. Medical laboratory assistants are not a regulated health profession in Canada at this time.

**Do MLTs who work in the regulated provinces have to be certified by CSMLS?**

All of the regulated provinces, with the exception of Quebec, require CSMLS certification. Most employers in the unregulated provinces and territories (British Columbia, Newfoundland and Prince Edward Island, Northwest Territories, Yukon, Nunavut) require CSMLS certification.

**Can I be certified without being a member?**

Although it’s not a requirement, CSMLS membership is an important part of your professional life. CSMLS offers a wide array of benefits including low-cost professional liability and legal defense insurance, grants for continuing education, free subscription to the Canadian Journal of Medical Laboratory Science and a member discount program.

**Who is eligible to become a member of CSMLS?**

You must be certified by the CSMLS to be eligible for active membership. Individuals who are recognized by a provincial regulatory body as an MLT, and/or have worked for at least two years as an MLT in an unregulated province, can join as an affiliate member. Only active certified members have the right to serve on the CSMLS Board of Directors.

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Can medical laboratory assistants become members?

Medical laboratory assistants who have either CSMLS certification or provincial certification are eligible to join CSMLS. However, only CSMLS certified MLAs have the right to serve on the CSMLS Board of Directors.

(ii) Competencies

<table>
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<tr>
<th>CSMLS Competency Categories</th>
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(iii) Standards of Practice

<table>
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<tr>
<th>CSMLS Standards of Practice</th>
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<tr>
<td>STANDARDS OF PRACTICE</td>
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A standard of practice is defined as the measure by which the accuracy or quality of performance of an individual is judged.

The medical laboratory technologist must be knowledgeable of the theory, technique and clinical application of laboratory analyses and skilled in the performance of those procedures. The medical laboratory technologist must be competent in judgmental and interpretive skills and must recognize and deal with abnormal situations related to test results, methods and quality control. The medical laboratory technologist must be professional in conduct.

The intent of the Standards of Practice is to provide an overview of the expectations that professionalism places on the medical laboratory technologist. Detailed standards pertaining to the specific workplace should be developed within the framework of these standards of practice.

National standards of practice are the minimum standards across Canada. Provincial regulatory bodies established under provincial statutes will have their own Standards of Practice, which will be more specific and may be more stringent. These provincial standards will govern in disciplinary matters within the mandate of the regulatory body.

1. Knowledge

Medical laboratory technologists possess scientific knowledge of the theory, techniques and clinical application of medical laboratory procedures. They understand and apply this knowledge of medical laboratory science to current practice. They ensure continued competence by maintaining their professional skills.

Medical laboratory technologists shall:

1.1 Demonstrate competence as outlined in the current CSMLS Competency Profile.
1.2 Understand the relationship between analyses, diagnoses, clinical information and treatment.
1.3 Perform method evaluation as applied to medical laboratory science.
1.4 Understand and adhere to the ethical and legislative framework that influences the practice of medical laboratory science.
1.5 Understand and apply institutional policies and procedures.
1.6 Assume responsibility for professional development to ensure continued competence.

2. Safe Work Practices

Medical laboratory technologists practice according to established protocols, safety guidelines, existing legislation and environmental considerations.

Medical laboratory technologists shall:

2.1 Apply health and safety measures at all times to ensure the safety and protection of patients, colleagues, self and the environment.

2.2 Advocate the use of personal protective equipment and laboratory safety devices.

2.3 Provide leadership to other members of the health care team with regard to safety issues.

2.4 Understand and apply the regulations for preservation and safe shipment of biological specimens.

2.5 Store, handle and dispose of biological, toxic and radioactive material safely.

2.6 Understand and comply with all emergency response plans.

3. Data Collection, Specimen Procurement and Handling

Medical laboratory technologists verify relevant data and ensure that appropriate specimens are procured in accordance with established protocols. Medical laboratory technologists shall:

3.1 Ensure that all relevant information is obtained for correct specimen collection and analysis.

3.2 Treat all patients with courtesy and respect, ensuring that their rights are protected and their consent obtained.

3.3 Apply proper protocol for proper identification of the patient and collection of specimens.

3.4 Apply proper protocol for specimen accessioning, identification, documentation and storage in a retrievable manner.

3.5 Exercise judgment in assessing the integrity and suitability of specimens for examination.

3.6 Identify and use the most appropriate techniques for preparing specimens for analysis.

3.7 Assess and organize the workload to optimize efficiency and quality of patient care.

3.8 Provide appropriate instruction to health care workers responsible for collection, transportation, documentation and storage of specimens.

3.9 Ensure there is a complete, current and accessible manual outlining proper procedures for collection, transportation, documentation and storage of specimens.

4. Analytical Techniques and Instrumentation

Medical laboratory technologists understand the principles and perform analytical techniques on a variety of specimens and ensure accuracy of analyses. Medical laboratory technologists shall:

4.1 Understand the physical and chemical principles of the various analyses performed.

4.2 Apply approved methods and procedures in the performance of analyses.

4.3 Operate and maintain analytical equipment proficiently.

4.4 Understand and interpret references ranges (intervals), critical values, and detection limits of each technique.
4.5 Understand and identify the cause of interferences and adverse effects and take appropriate action.

4.6 Ensure that control protocols are clearly defined and followed for each analysis.

4.7 Compile, analyse and validate control results.

4.8 Ensure the accuracy of patient results utilizing quality control programs.

4.9 Ensure there is a complete, current and accessible manual outlining approved methods and procedures.

5. **Interpretation and Reporting of Results**

Medical laboratory technologists evaluate the technical sufficiency of test results and ensure that reports are issued in an appropriate and timely manner. Medical laboratory technologists shall:

5.1 Demonstrate an understanding of the relationship between clinical information, laboratory analyses, diagnosis and patient care.

5.2 Identify results that are outside expected findings or clinically established reference ranges and ensure that appropriate action is taken.

5.3 Release results of laboratory analyses that meet quality control criteria in a timely and efficient manner.

5.4 Communicate information regarding laboratory analyses to clients in a manner that is appropriate.

5.5 Ensure that laboratory results remain confidential and are accurately documented and retained in accordance with established policy and existing legislation.

6. **Quality Management**

Medical laboratory technologists practice and promote the principles of quality management. Medical laboratory technologists shall:

6.1 Maintain established standards for quality control in specimen procurement, preparation, analysis, interpretation, and reporting.

6.2 Follow established protocols as defined in policy and procedure manuals.

6.3 Ensure the accurate and timely reporting of results.

6.4 Practise in a manner consistent with efficient and effective use of resources.

6.5 Participate in internal and external quality assurance programs.

6.6 Maintain appropriate documentation.

7. **Professional Responsibility**

Medical laboratory technologists understand and abide by the CSMLS Code of Professional Conduct. Medical laboratory technologists shall:

7.1 Be responsible and accountable for their continued competence.

7.2 Practise within the legal and ethical framework of their profession.

7.3 Participate in the development and application of accepted standards of their profession.

7.4 Always put the welfare of the patient above other considerations.
Neither Queensland nor South Australia have colleges or regulatory bodies with powers comparable to those of self-regulated Canadian jurisdictions. Australia divides its professions into four categories:

- **Regulated professions** must by law be registered/licensed in all jurisdictions within Australia;
- **Partially-regulated professions** fall into three categories: either some states or territories require registration/licensing under state law; or some activities carried out by that profession are regulated under state/territory law; or some activities carried out by that profession are regulated under Commonwealth law; and where no such legal requirements exist, these professions are otherwise considered self-regulated;
- **Self-regulated professions** have no requirement for registration/licensing under law, but clear entry requirements to the profession are established by the profession and employment may be dependent upon demonstration of eligibility for membership of the key professional body; and
- **Unregulated professions** have no requirement for registration/licensing under law; professional bodies may exist but do not have control over professional standards. Employers make their own evaluation of employee skills rather than relying on membership of a professional body as a guide to standards.7

Australia considers medical laboratory science to fall under the self-regulated professions. This has several implications:

Individuals wishing to practise a self-regulated profession do not require registration in any jurisdiction of Australia. Each professional body determines and maintains standards and processes for the regulation of the occupation. Employers generally require prospective staff to be eligible for membership of the relevant professional body.

Professional bodies for the self-regulating professions have a high degree of autonomy and establish their own requirements for membership. A basic requirement for membership is that the applicant holds the appropriate academic qualification.

Australian universities liaise with professional bodies where appropriate when developing new courses of study or changing existing courses, in order to ensure that graduates will be eligible to practise their profession and/or for membership of the relevant professional body. Self-regulated professions include medical laboratory science.8

**AUSTRALIAN INSTITUTE OF MEDICAL SCIENTISTS**

The AIMS is the professional association representing medical scientists in all disciplines of pathology working predominantly in hospital and private medical laboratories in Australia. While membership is not required for licensure, some employers may require membership before hiring. The Institute has a document setting out minimum standards for bachelor degree courses in medical laboratory science offered by Australian universities and undertakes periodic reviews to ensure the courses meet these standards. The Institute also assesses the qualifications of medical scientists and medical laboratory technical officers wishing to migrate to Australia under the Government’s General Skilled Migration program. Furthermore, the Institute offers a Code of Professional Conduct for MLTs.

(i) **Competency-Based Standards**

<table>
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<tr>
<td>These standards have been compiled with a number of potential uses in mind.</td>
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Firstly, the production, adoption and publication of these standards represent an act of self-definition by Medical Scientists, through the professional groups which represent the various areas of clinical laboratory sciences in Australia.

Secondly, the regulation of clinical laboratories in Australia through the accreditation system places emphasis on the qualifications and professional skills of all staff in the laboratories.

Thirdly, the standards will be a resource for those offering undergraduate or postgraduate courses in clinical laboratory sciences.

Fourthly, standards which have received widespread professional endorsement may be used as guides by employers in the context of training, staff development, and performance management.

Finally, there is a need for a benchmark for assessment of overseas qualifications and of bridging courses from technical qualifications.

The Competency-based standards have ten units:

UNIT 1: Prepare and analyse biological material
UNIT 2: Correlate, validate and interpret results of investigation using clinical information
UNIT 3: Report and issue laboratory results
UNIT 4: Maintain documentation, equipment and stock
UNIT 5: Maintain and promote safe working practices
UNIT 6: Liaise with health workers and others to continuously improve the service
UNIT 7: Participate in education and training of health workers and others
UNIT 8: Participate in research and development activities
UNIT 9: Demonstrate continuing professional development
UNIT 10: Demonstrates professional accountability for Medical Science practice Element

(ii) Code of Professional Conduct


Members of the Institute shall observe and be bound by the following code of professional conduct.

Members of the Institute shall always:

(a) Exercise their professional judgment, skill and care to the best of their ability in such a way as to bring credit to the profession and take all reasonable precautions to avoid practices detrimental to others;

(b) Respect any confidence gained in the conduct of their profession and not wittingly disclose results, or information, of a personal or confidential nature to unauthorised persons;

(c) Maintain a responsible approach to the community at large with respect to the handling and disposal of
hazardous material;

(d) Avoid any action that may reflect upon the character and integrity of those with whom they stand in professional relationship and conduct themselves so as to uphold the reputation of the profession;

(e) Assist in the advancement of the profession and endeavour to maintain and improve their professional skill and knowledge; they shall disseminate such knowledge to fellow members and persons under their control; and

(f) Avoid practices restricted by law or professional agreement, or not indulge in unfair or improper practices for personal or professional gain.

Useful documents


*Health Practitioners (Professionals Standards Act) 1999* (Q.L.D.), Act No. 58 of 1999
NEW ZEALAND

Regulatory Body

Medical Laboratory Science Board (MLSB)

Pertinent Legislation

*Health Practitioners Competence Assurance Act (N.Z.), 2003/48*

*Health Practitioners Competence Assurance (Restricted Activities) Order 2005 (N.Z.), SR 2005/182*

By-Laws, Codes and Guidelines

MLSB, “Code of Competencies and Standards,” August 2006

MLSB, “Definition of the Profession of Medical Laboratory Science,” Policy statement adopted May 2004


Notice of Scopes of Practice and Related Qualifications Prescribed by the Medical Laboratory Science Board, *New Zealand Gazette*, 27/7/2006, Notice: gs4942

1. **SCOPE OF PRACTICE**

<table>
<thead>
<tr>
<th><em>Health Practitioners Competence Assurance Act (N.Z.), 2003/48</em></th>
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<tbody>
<tr>
<td>11. Authorities must specify scopes of practice</td>
</tr>
<tr>
<td>(1) Each authority appointed in respect of a profession must, by notice published in the Gazette, describe the contents of the profession in terms of 1 or more scopes of practice.</td>
</tr>
<tr>
<td>(2) A scope of practice may be described in any way the authority thinks fit, including, without limitation, in any 1 or more of the following ways:</td>
</tr>
<tr>
<td>(a) by reference to a name or form of words that is commonly understood by persons who work in the health sector;</td>
</tr>
<tr>
<td>(b) by reference to an area of science or learning;</td>
</tr>
<tr>
<td>(c) by reference to tasks commonly performed;</td>
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<tr>
<td>(d) by reference to illnesses or conditions to be diagnosed, treated, or managed.</td>
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<table>
<thead>
<tr>
<th>MLSB, “Definition of the Profession of Medical Laboratory Science,” Policy statement adopted May 2004</th>
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</thead>
<tbody>
<tr>
<td>Reference: Section 11 of the <em>Health Practitioners Competence Assurance Act 2003</em></td>
</tr>
<tr>
<td>Medical laboratory science is the performance of laboratory investigations on the human body or specimens taken from the human body for the purpose of supporting the diagnosis, management, treatment and prevention of disease by other health practitioners.</td>
</tr>
<tr>
<td>The practice of Medical Laboratory Science includes any of the following:</td>
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</table>
- Collection of samples from the human body for laboratory investigations
- Analysis of the sample using appropriate laboratory techniques
- Performance of quality assurance procedures
- Evaluation and interpretation of laboratory results
- Communication of laboratory results

Ancillary tasks directly associated with the performance of laboratory investigations:
  - Teaching
  - Management
  - Health & safety
  - Quality

Notes

1) Two scopes of practice have been recognized within this health profession:
   a) Medical Laboratory Scientist (MLS)
   b) Medical Laboratory Technician (MLT)

A separate scope of practice for scientific officers is now under consideration.

2. RESTRICTED ACTIVITIES

The following restricted activities have been declared under the HPCAA; however, none apply to MLTs.

<table>
<thead>
<tr>
<th>Health Practitioners Competence Assurance (Restricted Activities) Order 2005 (N.Z.) SR 2005/182</th>
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<tbody>
<tr>
<td><strong>SCHEDULE</strong></td>
</tr>
<tr>
<td><strong>RESTRICTED ACTIVITIES</strong></td>
</tr>
</tbody>
</table>

1. Surgical or operative procedures below the gingival margin or the surface of the skin, mucous membranes, or teeth.

2. Clinical procedures involved in the insertion and maintenance of fixed and removable orthodontic or oral and maxillofacial prosthetic appliances.

3. Prescribing of enteral or parenteral nutrition where the feed is administered through a tube into the gut or central venous catheter.

4. Prescribing of an ophthalmic appliance, optical appliance, or ophthalmic medical device intended for remedial or cosmetic purposes or for the correction of a defect of sight.

5. Performing a psychosocial intervention with an expectation of treating a serious mental illness, without the approval of a registered health practitioner.

6. Applying high-velocity, low-amplitude manipulative techniques to cervical spinal joints.
9. Certain activities restricted to particular health practitioners

(1) The Governor-General may, from time to time, by Order in Council made on the recommendation of the Minister, declare an activity that constitutes or forms part of a health service to be a restricted activity.

(2) Before the Minister makes a recommendation under subsection (1), the Minister must consult about his or her proposal for the recommendation with any organisation that the Minister considers—

(a) will be affected by the proposal; or

(b) whose members will be affected by the proposal.

(3) The Minister may recommend that an Order in Council under this section be made only if, after consulting under subsection (2), he or she is satisfied that members of the public risk serious or permanent harm if the activity is performed by persons other than health practitioners who are permitted by their scopes of practice to perform that activity.

(4) No person may perform, or state or imply that he or she is willing to perform, an activity that, by an Order in Council made under this section, is declared to be a restricted activity unless the person is a health practitioner who is permitted by his or her scope of practice to perform that activity.

(5) Despite subsection (4), a person does not contravene that subsection by performing an activity—

(a) in an emergency; or

(b) in the course of training or instruction and under the control of a health practitioner of the kind described in that subsection; or

(c) in the course of an examination, assessment, or competence review required or ordered by the responsible authority.

(6) Every person commits an offence punishable on summary conviction by a fine not exceeding $30,000 who contravenes subsection (4).

(7) An Order in Council under this section is a regulation for the purposes of the Regulations (Disallowance) Act 1989.

3. CONDITIONS AND LIMITATIONS ON AUTHORIZED ACTS

(i) Restrictions on Controlled Acts

8. Health practitioners must not practise outside scope of practice

(1) Every health practitioner who practises the profession in respect of which he or she is registered must have a current practising certificate issued by the responsible authority.

(2) No health practitioner may perform a health service that forms part of a scope of practice of the profession in respect of which he or she is registered unless he or she—
(a) is permitted to perform that service by his or her scope of practice; and

(b) performs that service in accordance with any conditions stated in his or her scope of practice.

(3) Nothing in subsection (1) or subsection (2) applies to a health practitioner who performs health services—

(a) in an emergency; or

(b) as part of a course of training or instruction; or

(c) in the course of an examination, assessment, or competence review required or ordered by the responsible authority.

4. OTHER LIMITATIONS ON MLTs (SCOPE OF PRACTICE, AUTHORIZED ACTS, CODES, STANDARDS, GUIDELINES, ETC.)

(i) Definitions

<table>
<thead>
<tr>
<th>MLSB, “Definition of the Profession of Medical Laboratory Science,” Policy statement adopted May 2004</th>
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</table>

MLT = Medical Laboratory Technician

MLS = Medical Laboratory Scientist

2) A MLS or MLT may practice only within his or her area of competence, in a health service that forms part of the medical laboratory science profession.

3) In the medical laboratory science field, some tasks may be performed by laboratory assistants who do not qualify for registration. The Board considers that Section 7 of the HPCA Act will not require registration on the part of those involved exclusively in specimen collection or handling (other than phlebotomy) for example.

4) A MLS may practice independently and a MLT may practice 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

5) Medical laboratory science health service categories:

   a) Clinical Biochemistry

   b) Haematology
c) Transfusion Science  
d) Histology  
e) Microbiology  
f) Cytology  
g) Cytogenetics  
h) Immunology  
i) Virology  
j) Molecular Pathology  
k) Mortuary  
l) Electron Microscopy  
m) Phlebotomy

(ii) Titles and qualifications


The MLSB adopted two scopes of practice in 2004 and gazetted a range of qualification options sufficient to register any person with tertiary science qualifications (if acceptable to the MLSB) from the three occupational groups recognised in New Zealand at that time. These were: scientific officers and medical laboratory technologists (now medical laboratory scientists) and laboratory assistants (now medical laboratory technicians).

The Board recognises that, even within New Zealand, a diverse range of qualifications and training may provide the student or school-leaver with skills relevant to the practise of medical laboratory science, particularly when combined with practical training within the medical laboratory. New Zealand laboratories also draw upon the world-wide profession to recruit experienced staff, and their assessment by the Board for suitability for registration demands that the Board establish a framework within which the diversity of qualifications and relevant experience possessed by applicants can be assessed consistently and fairly.

(iii) Qualifications for registration

Notice of Scopes of Practice and Related Qualifications Prescribed by the Medical Laboratory Science Board, New Zealand Gazette, 27/7/2006, Notice: gs4942

Qualifications Prescribed for Registration in a Scope of Practice

A. MEDICAL LABORATORY SCIENTIST

Pursuant to section 12 of the Act, the qualifications required for registration as a medical laboratory scientist shall be one of the following:

1. A degree in medical laboratory science from a New Zealand university accredited by the board.

2. A post-graduate qualification, approved by the board in each case, combined with relevant and specialised medical laboratory experience that, in the opinion of the board, is sufficient for registration as a medical laboratory scientist.

3. Certification in medical laboratory science by an authority outside New Zealand approved by the board, combined with relevant and specialised medical laboratory experience that, in the opinion of the board, is sufficient for registration as a medical laboratory scientist.

4. A course of training, examinations and post-qualification medical laboratory experience that, in the
opinion of the board, is substantially equivalent to the course of training for the New Zealand BMLSc degree.

B. MEDICAL LABORATORY TECHNICIAN

Pursuant to section 12 of the Act, the qualifications required for registration as a medical laboratory technician shall be one of the following:

1. Qualified Medical Laboratory Technician (QMLT) certificate or Qualified Technical Assistant (QTA) certificate or Qualified Phlebotomy Technician (QPT) certificate issued by the New Zealand Institute of Medical Laboratory Science.

2. A bachelors degree in a field of science awarded by a New Zealand university, approved in each case by the board, combined with a minimum of 12 months’ relevant full-time (or equivalent) medical laboratory experience that, in the opinion of the board, is sufficient for registration as a medical laboratory technician.

3. A National Diploma in Science, Level Six, or equivalent qualification, with a minimum of 12 months’ relevant full-time (or equivalent) medical laboratory experience that, in the opinion of the board, is sufficient for registration as a medical laboratory technician.

4. A course of training and an examination or examinations combined with relevant medical laboratory experience that, in the opinion of the board, is sufficient for registration as a medical laboratory technician.

(iv) Continuing Competence


Recertification programmes for Medical Laboratory Scientists

The Board has approved three recertification programmes for medical laboratory scientists under section 41 of the HPCA Act. It is a Board requirement that, to hold an Annual Practising Certificate, a medical laboratory scientist must enrol and participate in an approved recertification programme unless exempted by the Board.

The approved programmes are:

- the CPD programme (Continuing Professional Development programme) offered by the NZ Institute of Medical Laboratory Science
- the APACE programme (Australian Professional Acknowledgement Continuing Education) of the Australian Institute of Medical Scientists
- the CPD programme for Medical Laboratory Scientists and Scientific Officers administered by NZ Hospital Scientific Officers Association

Professional Development for Medical Laboratory Technicians and Phlebotomists

The Board has set a recertification programme for medical laboratory technicians, including phlebotomists, to commence in 2008.
To renew their practising certificate in 2009, MLTs (including phlebotomists) will need to fulfil two requirements for recertification:

- supervisor certification (as at present)
- 8 hours of professional development in 2008

(v) Other MLSB powers

<table>
<thead>
<tr>
<th>Health Practitioners Competence Assurance Act (N.Z.), 2003/48</th>
</tr>
</thead>
</table>

12. Qualifications must be prescribed

(1) Each authority must, by notice published in the Gazette, prescribe the qualification or qualifications for every scope of practice that the authority describes under section 11.

(2) In prescribing qualifications under subsection (1), an authority may designate 1 or more of the following as qualifications for any scope of practice that the authority describes under section 11:

(a) a degree or diploma of a stated kind from an educational institution accredited by the authority, whether in New Zealand or abroad, or an educational institution of a stated class, whether in New Zealand or abroad:

(b) the successful completion of a degree, course of studies, or programme accredited by the authority:

(c) a pass in a specified examination or any other assessment set by the authority or by another organisation approved by the authority:

(d) registration with an overseas organisation that performs functions that correspond wholly or partly to those performed by the authority:

(e) experience in the provision of health services of a particular kind, including, without limitation, the provision of such services at a nominated institution or class of institution, or under the supervision or oversight of a nominated health practitioner or class of health practitioner.

(3) A notice under subsection (1) may state that 1 or more qualifications or experience of 1 or more kinds, or both, is required for each scope of practice that the authority describes under section 11.

(4) An authority must monitor every New Zealand educational institution that it accredits for the purpose of subsection (2)(a), and may monitor any overseas educational institution that it accredits for that purpose.

118. Functions of authorities

- The functions of each authority appointed in respect of a health profession are as follows:

  (a) to prescribe the qualifications required for scopes of practice within the profession, and, for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes;

  (b) to authorise the registration of health practitioners under this Act, and to maintain registers;
(c) to consider applications for annual practising certificates;

(d) to review and promote the competence of health practitioners;

(e) to recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners;

(f) to receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of health practitioners;

(g) to notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public;

(h) to consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession;

(i) to set standards of clinical competence, cultural competence, and ethical conduct to be observed by health practitioners of the profession;

(j) to liaise with other authorities appointed under this Act about matters of common interest;

(k) to promote education and training in the profession;

(l) to promote public awareness of the responsibilities of the authority;

(m) to exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment.

(vi) Code of Competencies and Standards

<table>
<thead>
<tr>
<th>MLSB, “Code of Competencies and Standards,” August 2006</th>
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</thead>
<tbody>
<tr>
<td>MLT = Medical Laboratory Technician</td>
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<tr>
<td>MLS = Medical Laboratory Scientists</td>
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<tr>
<td>1. Practise as a Professional Act in accordance with ethical, legal, professional and regulatory requirements</td>
</tr>
<tr>
<td>1.1 Comply with the Health Practitioners Competence Assurance Act 2003</td>
</tr>
<tr>
<td>• Understand requirements for registration and practice as a health practitioner in New Zealand</td>
</tr>
<tr>
<td>• Practise within scope of practice and within any conditions set, and hold a current practising certificate</td>
</tr>
<tr>
<td>1.2 Comply with other relevant legislation and codes, including:</td>
</tr>
<tr>
<td>• Code of Health and Disability Services Consumers’ Rights</td>
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<tr>
<td>• Health Information Privacy Code</td>
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</table>
• NZS/ISO Standards for Medical Laboratory Testing
• Human Tissue Act

Note: The Treaty of Waitangi created a partnership between the Crown and Maori that governs the provision of health services by the Crown in New Zealand.

1.3 Demonstrate honest and trustworthy practice

1.4 Maintain the privacy and confidentiality of patients/clients

1.5 Apply the protocols of informed consent, to include
• Collection of specimens
• Use of specimens for other than the tests requested
• Return of specimens to the patient/client

1.6 Apply the principles of Quality Assurance and Improvement
• Adhere to established workplace policies and procedures to meet and improve performance standards

1.7 Manage workload and resources, be effective and efficient in:
• Prioritising workload
• Responding to urgent requests
• Timely completion of tasks

1.8 Demonstrate problem solving skills
• MLS and MLT: Initiate resolution of problems
• MLS: Evaluate outcomes and modify processes where appropriate

1.9 Work collaboratively
• Demonstrate good working relationships with colleagues and service users
• Contribute to team objectives
• Share knowledge and support colleagues

1.10 Demonstrate accountability
• Maintain accuracy
• Take responsibility for professional decisions and actions
• Recognise limitations of competence, knowledge and skills and seek assistance when required
• Recognise limitation of scope of practice
1.11 Take responsibility for the training, direction and/or supervision of others

- MLS: Take responsibility for training of staff
- MLS: Take responsibility for direction of medical laboratory technicians
- MLS and MLT: Where appropriate, take responsibility for supervision of unregistered trainees or other staff members who are required to work under supervision

1.12 MLS: Continue to develop knowledge and skills

- Participate in a re-certification programme
- Critically review and evaluate new and existing methods and apply new procedures as appropriate
- Review effectiveness of practice and modify accordingly

### 2.0 Practise as a scientist/technician: Practise by integrating medical laboratory science knowledge and skills within area of competence and scope of practice

#### 2.1 Demonstrate the correct safe operation of laboratory equipment to include:

- calibration
- maintenance
- responding appropriately to malfunction and accidents

#### 2.2 Demonstrate practical competence in laboratory analytical techniques

#### 2.3 Analyse specimens using the prescribed protocols of the workplace, to include:

- Collection, storage and transportation of samples
- Selection of appropriate sample and preparation for analysis
- Performance of the test with accuracy and precision
- Performance of calibration and quality control checks
- Calculation/determination or interpretation of results
- Recognition of errors and taking appropriate corrective action
- Authorisation and reporting of results

#### 2.4 Report and interpret laboratory results

- MLS and MLT: Integrate data/information
- MLS and MLT: Recognise and take account of sources of variability in interpretation of data
- MLS and MLT: Recognise the relevance and significance of, and the relationship between, laboratory results in pathological conditions
• MLS and MLT: Report results
• MLS: Interpret and discuss results*
• MLS: Advise what further tests might be relevant*

*May be performed by MLT if covered by other standards, example NCSP OPQS1.

2.5 Demonstrate competence in the application and use of relevant information technology

2.6 Demonstrate knowledge of the normal and pathological states of human anatomy and physiology of the major organ systems in health and disease

• MLS: Advanced knowledge
• MLT: Sufficient to perform practical work

2.7 Demonstrate an understanding of current knowledge and practical competence in one or more of the health service categories approved by the Medical Laboratory Science Board (MLSB)

• MLS: Advanced knowledge
• MLT: Sufficient to perform practical work

2.8 MLS: Be able to apply appropriate research methods

• Review and evaluate research papers
• Collect, integrate, present and interpret data

3.0 Safe Practice: Ensure personal, patient/client, colleague and public safety

3.1 Practise safely in accordance with health and safety legislation and workplace safety policies and procedures

• Take appropriate measures where stress or other mental or physical conditions affect the ability of self or colleagues to function as a health practitioner

3.2 Identify and manage laboratory hazards including fire, electrical, mechanical, biological, chemical, radiation and Occupational Overuse Syndrome

3.3 Handle, store, transport and dispose of hazardous chemical and biological material appropriately

4.0 Communication: Communicate effectively with patients/clients, colleagues, other health professionals and the public

4.1 Demonstrate competence in written and oral English

4.2 Accurately record and report results in a clear, timely and appropriate format for interpretation

4.3 Use a range of communication skills to convey information and instructions

• Ensure all communication is clear, concise and accurate
• Communicate in style and format to meet needs of recipients recognising cultural differences that may affect communication
### 5.0 Culturally competent practice: Practise taking into account the sociocultural values of others

5.1 Recognise own beliefs, values and prejudices and the impact these may have on patients/clients and colleagues

5.2 Recognise cultural diversity as it relates to ethnicity, culture, age, gender, sexual orientation, migrant experience or disability

5.3 Apply the Treaty of Waitangi principle of partnership, by making informed decisions through consultation, both parties to act reasonably, honourably and in good faith

5.4 Demonstrate culturally competent practice

- Recognise and respond to the values, beliefs and cultural practices of patients/clients when collecting, handling, storing or disposing of body fluids, tissue samples and related patient/client information
- Practise in a manner that is respectful of and inclusive of others
UNITED KINGDOM

Regulatory Body

Health Professions Council

Institute of Biomedical Science

Pertinent Legislation

Health Professions Order 2001 (U.K.), 2002 No. 254

Health Act 1999 (U.K.), 1999, c.8

By-Laws, Codes and Guidelines

HPC, “Biomedical Scientist,” available online: <http://www.hpc-uk.org/aboutregistration/professions/index.asp?id=2#profDetails>


Institute of Biomedical Science, “Classes of IBMS membership,” available online: <http://www.ibms.org/index.cfm?method=ibms.join>

Institute of Biomedical Science, “What is a Biomedical Scientist?” available online: <http://www.ibms.org/index.cfm?method=science.about_biomedical_science>

1. **SCOPE OF PRACTICE**

- Health Professions Council, “Biomedical Scientist Analyses,” available online: <http://www.hpc-uk.org/aboutregistration/professions/index.asp?id=2#profDetails>

A biomedical scientist analyses specimens from patients to provide data to help doctors diagnose and treat disease.

- Institute of Biomedical Science, “What is a Biomedical Scientist?” Available online: <http://www.ibms.org/index.cfm?method=science.about_biomedical_science>

Biomedical science is the term for the investigations carried out by biomedical scientists on samples of tissue and body fluids to diagnose disease and monitor the treatment of patients.

2. **OTHER LIMITATIONS ON MLTs (SCOPE OF PRACTICE, AUTHORIZED ACTS, CODES, STANDARDS, GUIDELINES, ETC.)**

(i) Enabling Legislation for the Health Professions Council

<table>
<thead>
<tr>
<th><strong>Health Professions Order 2001 (U.K.), 2002 No. 254</strong></th>
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<tbody>
<tr>
<td><strong>PART II</strong></td>
</tr>
<tr>
<td><strong>THE COUNCIL AND ITS COMMITTEES</strong></td>
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<tr>
<td>The Health Professions Council and its Committees</td>
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</table>

3. (1) There shall be a body corporate known as the Health Professions Council (referred to in this
Order as "the Council").

(2) The principal functions of the Council shall be to establish from time to time standards of education, training, conduct and performance for members of the relevant professions and to ensure the maintenance of those standards.

Schedule 3: Interpretation

2. "relevant professions" means arts therapists; chiropodists; clinical scientists; dietitians; medical laboratory technicians; occupational therapists; orthoptists; paramedics; physiotherapists; prosthetists and orthotists; radiographers; and speech and language therapists

(ii) Definitions

Biomedical Scientists, also known as Medical Laboratory Technicians (formally known as Medical Laboratory Scientific Officers), carry out a range of laboratory tests to assist doctors in the diagnosis and treatment of disease. Their work is highly varied and is both practical and analytical.

Biomedical Scientists tend to specialise in one of the following areas –

• **Medical Microbiology**: Disease causing micro-organisms are isolated for identification and for susceptibility to antibiotic therapy. Diseases diagnosed in this way include meningitis, food poisoning and legionnaire’s disease.

• **Clinical Chemistry**: Scientists analyse blood and other biological materials to assist in diagnosis, for example, diabetes. They carry out toxicological studies, test kidney and liver functions and help monitor therapies.

• **Transfusion Science**: Biomedical Scientists support hospital blood banks and the blood transfusion service. They prepare blood transfusions and plasma fractions to administer to patients and are responsible for ensuring that the blood groups of both donors and patients are compatible.

• **Haematology**: Involves the study of the blood to identify abnormalities within the different types of blood cells. Such tests are necessary to diagnose different types of anaemia and leukaemia.

• **Histopathology**: Tissue samples from surgical operations and autopsies are processed for microscopy using specialist techniques.

• **Cytology**: This discipline is best known for its work in screening cervical smears but it also provides a non-gynaecological service, such as histopathology where specialized techniques are used to prepare and study samples of cellular materials.

• **Virology**: Specialists test for infections such as rubella, herpes simplex, hepatitis and HIV and also screen selected populations at risk from virus disease.

• **Immunology**: Deals with conditions of the body’s immune system and its role in infectious diseases, parasitic infestations, allergies, tumour growth, tissue grafts and organ transplant.
(iii) Titles

<table>
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<tbody>
<tr>
<td>Anyone using one of these titles must be registered with the Health Professions Council, or they may be subject to prosecution and a fine of up to £5,000:</td>
</tr>
<tr>
<td>Biomedical scientist</td>
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<tr>
<td>To use the title Biomedical Scientist or Medical Laboratory Technician a candidate must be registered with the HPC. In order to gain HPC registration a candidate is required to hold a Certificate of Competence awarded by the IBMS.</td>
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</table>

(iv) Qualifications

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<tr>
<td>The IBMS has four classes of membership:</td>
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<tr>
<td><strong>Licentiate</strong></td>
</tr>
<tr>
<td>Licentiate is the initial class of corporate membership for a person who has been awarded the Institute's Certificate of Competence or demonstrated equivalence as determined by the Institute through an individual assessment.</td>
</tr>
<tr>
<td>The Institute's Certificate of Competence has two elements:</td>
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<tr>
<td>• an Institute accredited honours degree in biomedical science (or the equivalent through supplementary education)</td>
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<tr>
<td>• completion of a portfolio of evidence that meets the professional standards set by the Health Professions Council</td>
</tr>
<tr>
<td>Licentiates of the Institute have the opportunity to work towards an Institute Specialist Diploma, a qualification that accompanied by at least two years professional experience as a Licentiate will allow individuals to apply for the next class of Institute membership, Member.</td>
</tr>
<tr>
<td>Individuals in the class of Licentiate are entitled to use the designatory letters LIBMS.</td>
</tr>
<tr>
<td><strong>Member</strong></td>
</tr>
<tr>
<td>Member is the next class of corporate membership and applicants to the class of Member will be required to have a minimum two years professional experience as a Licentiate and hold an Institute Specialist Diploma.</td>
</tr>
<tr>
<td>Members of the Institute also have the opportunity to work towards an Institute Higher Specialist Diploma, a qualification that, accompanied by at least three years’ professional experience as a Member, will allow individuals to apply for the highest class of Institute membership, Fellow.</td>
</tr>
</tbody>
</table>
Alternatively Members may undertake a (research) project and obtain 'Fellowship by Thesis'. Details of this route are available on the Institute's website.

Individuals in the class of Member are entitled to use the designatory letters MIBMS.

**Fellow**

Fellow is the highest corporate class of Institute membership and applicants will be required to have a minimum of three years professional experience as a Member and hold an Institute Higher Specialist Diploma.

Fellows are eligible to sit the Institute's expert, extended or advanced specialist diplomas in order to evidence practice at the level of a healthcare scientist consultant.

Individuals in the class of Fellow are entitled to use the designatory letters FIBMS.

Please note: HPC registration is not mandatory for Institute corporate membership although it is a legal requirement for practitioners of biomedical science employed in, or providing a service to, the NHS.

**Non-corporate membership class**

Associate is the non-corporate class of Institute membership for persons who are not eligible for corporate membership but who possess a suitable level of educational and vocational standards and are working within the field of, or related to, biomedical science. All applications will be considered on an individual basis.

Categories of Associate class include:

- students on accredited biomedical science degree courses, including those entitled to free membership see below
- graduate trainees employed in an Institute approved training laboratory, either undertaking supplementary education or working towards the Institute's Certificate of Competence
- associate practitioners (non-HPC registered)
- overseas qualified, HPC registered individuals who do not meet the Institute's educational standard for corporate membership
- overseas qualified individuals who don't meet the above

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Entry into the profession is by means of an accredited / approved honours degree in Biomedical Science or equivalent qualification in biomedical science that meets the educational requirements of the Health Professions Council’s (HPC) Standards of Proficiency.

If a candidate does not have an Institute of Biomedical Science (IBMS) accredited, or HPC approved, degree in Biomedical Science, a candidate will have to achieve the following:

- A degree that is confirmed suitable for registration by the IBMS
- A minimum of one year’s in-service training in an approved laboratory
- A Certificate of Competence Registration Portfolio
- A final assessment – success at this stage leads to the IBMS Certificate of Competence which must be
submitted to the HPC with an application for registration. Once all these stages have been completed, and registration with the HPC has been gained, a candidate can use the title of Biomedical Scientist or Medical Laboratory Technician.

HPC, “Standards of Proficiency: Biomedical Scientist,” available online: <http://www.hpc-uk.org/aboutregistration/standards/standardsofconductperformanceandethics/>

The Standards of Proficiency are the standards which every registrant must meet in order to become registered, and must continue to meet in order to maintain their registration.

1a Professional autonomy and accountability
Registrant biomedical scientists must:

1a.1 be able to practise within the legal and ethical boundaries of their profession
– understand the need to act in the best interests of service users at all times
– understand what is required of them by the Health Professions Council
– understand the need to respect, and so far as possible uphold, the rights, dignity, values and autonomy of every service user including their role in the diagnostic and therapeutic process and in maintaining health and wellbeing
– be aware of current UK legislation applicable to the work of their profession
– be aware of the British, European and International Standards that govern and affect pathology laboratory practice

1a.2 be able to practise in a non-discriminatory manner

1a.3 understand the importance of and be able to maintain confidentiality

1a.4 understand the importance of and be able to obtain informed consent

1a.5 be able to exercise a professional duty of care

1a.6 be able to practise as an autonomous professional, exercising their own professional judgement
– be able to assess a situation, determine the nature and severity of the problem and call upon the required knowledge and experience to deal with the problem
– be able to initiate resolution of problems and be able to exercise personal initiative
– know the limits of their practice and when to seek advice or refer to another professional Standards of proficiency – Biomedical scientists
– recognise that they are personally responsible for and must be able to justify their decisions

1a.7 recognise the need for effective self-management of workload and resources and be able to practice accordingly

1a.8 understand the obligation to maintain fitness to practise
– understand the need to practise safely and effectively within their scope of practice
– understand the need to maintain high standards of personal conduct
– understand the importance of maintaining their own health
– understand both the need to keep skills and knowledge up to date and the importance of career-long learning

1b Professional relationships
Registrant biomedical scientists must:

1b.1 be able to work, where appropriate, in partnership with other professionals, support staff,
service users, and their relatives and carers
– understand the need to build and sustain professional relationships as both an independent practitioner and collaboratively as a member of a team
– understand the need to engage service users and carers in planning and evaluating diagnostics, treatments and interventions to meet their needs and goals
– be able to make appropriate referrals
– understand the team and discipline approach to the provision of pathology services
– be aware of the general working of a hospital
1b.2 be able to contribute effectively to work undertaken as part of a multi-disciplinary team
1b.3 be able to demonstrate effective and appropriate skills in communicating information, advice, instruction and professional opinion to colleagues, service users, their relatives and carers
– be able to communicate in English to the standard equivalent to level 7 of the International English Language Testing System, with no element below 6.5
– understand how communication skills affect the assessment of service users and how the means of communication should be modified to address and take account of factors such as age, physical ability and learning ability
– be able to select, move between and use appropriate forms of verbal and non-verbal communication with service users and others – be aware of the characteristics and consequences of non-verbal communication and how this can be affected by culture, age, ethnicity, gender, religious beliefs and socio-economic status
– understand the need to provide service users (or people acting on their behalf) with the information necessary to enable them to make informed decisions
– understand the need to use an appropriate interpreter to assist service users whose first language is not English, wherever possible
– recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
– be able to inform colleagues and relevant members of the clinical team of outcomes of biomedical procedures to unambiguous standards
1b.4 understand the need for effective communication throughout the care of the service user
– recognise the need to use interpersonal skills to encourage the active participation of service users
2a Identification and assessment of health and social care needs
Registrant biomedical scientists must:
2a.1 be able to gather appropriate information
– be able to select suitable specimens and procedures relevant to patients’ clinical needs, including collection and preparation of specimens as and when appropriate
2a.2 be able to select and use appropriate assessment techniques
– be able to undertake and record a thorough, sensitive and detailed assessment, using appropriate techniques and equipment
– be able to demonstrate practical skills in the essentials of measurement, data generation and analysis
– be aware of the need to assess and evaluate new diagnostics prior to routine use
2a.3 be able to undertake or arrange investigations as appropriate
2a.4 be able to analyse and critically evaluate the information collected
– be able to investigate and monitor disease processes and normal states
– be able to use tables and graphs in order to analyse experimental data
– be able to use standard operating procedures for analyses including point of care in vitro diagnostic devices
– be able to use statistical packages and present data as graphs and tables

2b Formulation and delivery of plans and strategies for meeting health and social care needs

Registrant biomedical scientists must:

2b.1 be able to use research, reasoning and problem-solving skills to determine appropriate actions
– recognise the value of research to the critical evaluation of practice
– be able to engage in evidence-based practice, evaluate practice systematically and participate in audit procedures
– be aware of a range of research methodologies
– be able to demonstrate a logical and systematic approach to problem solving
– be able to evaluate research and other evidence to inform their own practice
– be able to design experiments, report, interpret and present data using scientific convention, including application of SI units and other units used in biomedical practice

2b.2 be able to draw on appropriate knowledge and skills in order to make professional judgements
– be able to change their practice as needed to take account of new developments
– be able to demonstrate a level of skill in the use of information technology appropriate to their practice

2b.3 be able to formulate specific and appropriate management plans including the setting of timescales
– understand the requirement to adapt practice to meet the needs of different groups distinguished by, for example, physical, psychological, environmental, cultural or socio-economic factors
– be able to identify the cause of procedural anomalies and implement remedies

2b.4 be able to conduct appropriate diagnostic or monitoring procedures, treatment, therapy or other actions safely and skillfully
– understand the need to maintain the safety of both service users and those involved in their care
– be able to perform and supervise scientific and technical procedures to reproducible standards
– be able to operate and utilise specialist equipment according to their discipline
– be able to validate scientific and technical data and observations according to pre-determined quality standards
– be able to demonstrate proficiency in liquid handling methodologies, including preparation of standard solutions and buffers
– be able to demonstrate practical skills in instrumentation and techniques in: microscopy; spectroscopy; centrifugation; electrophoresis; chromatography; electroanalytical techniques; automated analysis; immunological techniques; enzyme assays and molecular biology techniques; sterilisation techniques and microbial culture; identification and quantitation of microorganisms; microtomy
– be able to demonstrate practical skills in the processing and analysis of specimens including specimen identification, the effect of storage on specimens and the safe retrieval of specimens
– be able to demonstrate practical skills in the investigation of disease processes
– be able to work in conformance with standard operating procedures and conditions
– be able to work with accuracy and precision
– be able to prepare reagents accurately and consistently
– be able to perform calibration and quality control checks
– be able to check that equipment is functioning within its specifications and to respond appropriately to abnormalities
– understand the implications of non-analytical errors
– be aware of near-patient testing and non-invasive techniques

**2b.5 be able to maintain records appropriately**
– be able to keep accurate, legible records and recognise the need to handle these records and all other information in accordance with applicable legislation, protocols and guidelines
– understand the need to use only accepted terminology in making records
– recognise the risks and possible serious consequences of errors in both requests for, and results of, laboratory investigations
– recognise the value of test results for clinical audit and as a reference source
– be able to use systems for the accurate and correct identification patients and laboratory specimens
– understand the need to adhere to protocols of specimen identification, including bar coding and electronic tag systems
– be able to use computer systems for test requesting and reporting
– understand the importance of backup storage of electronic data

**2c Critical evaluation of the impact of, or response to, the registrant’s actions**
Registrant biomedical scientists must:

**2c.1 be able to monitor and review the ongoing effectiveness of planned activity and modify it accordingly**
– be able to gather information, including qualitative and quantitative data, that helps to evaluate the responses of service users to their care
– be able to evaluate intervention plans using recognised outcome measures and revise the plans as necessary in conjunction with the service user
– recognise the need to monitor and evaluate the quality of practice and the value of contributing to the generation of data for quality assurance and improvement programmes
– be able to make reasoned decisions to initiate, continue, modify or cease treatment or the use of techniques or procedures, and record the decisions and reasoning appropriately
– be able to select and apply quality and process control measures that have a statistical or measurable output
– be able to identify and respond appropriately to abnormal outcomes from quality indicators

**2c.2 be able to audit, reflect on and review practice**
– understand the principles of quality control and quality assurance
– be aware of the role of audit and review in quality management, including quality control, quality assurance and the use of appropriate outcome measures
– be able to maintain an effective audit trail and work towards continual improvement
– participate in quality assurance programmes, where appropriate – understand the value of reflection on practice and the need to record the outcome of such reflection
– recognise the value of case conferences and other methods of review

**3a Knowledge, understanding and skills**
Registrant biomedical scientists must:
3a.1 know and understand the key concepts of the bodies of knowledge which are relevant to their profession specific practice

– understand the structure and function of the human body, relevant to their practice, together with knowledge of health, disease, disorder and dysfunction

– be aware of the principles and applications of scientific enquiry, including the evaluation of treatment efficacy and the research process

– recognise the role of other professions in health and social care

– understand the theoretical basis of, and the variety of approaches to, assessment and intervention

– know the structure, function and metabolism of molecules of biological importance

– understand the structure, function and control of normal and altered genetic material and associated investigative techniques

– understand the immune response in health and disease

– understand the basic structure, classification, biochemistry and control of pathogenic agents

– know the role of the laboratory in the diagnosis and monitoring of specific disease conditions

– understand the role of the following in the diagnosis and treatment of disease: cellular pathology; clinical biochemistry; clinical haematology; clinical immunology; medical microbiology; medical genetics; transfusion science

– be able to evaluate analyses using qualitative and quantitative methods to aid the diagnosis, screening and monitoring of health and disorders

– understand the techniques and associated instrumentation used in the practice of biomedical science

3a.2 know how professional principles are expressed and translated into action through a number of different approaches to practice, and how to select or modify approaches to meet the needs of an individual, groups or communities

3a.3 understand the need to establish and maintain a safe practice environment

– be aware of applicable health and safety legislation, and any relevant safety policies and procedures in force at the workplace, such as incident reporting, and be able to act in accordance with these

– be able to work safely, including being able to select appropriate hazard control and risk management, reduction or elimination techniques in a safe manner in accordance with health and safety legislation

– be able to select appropriate personal protective equipment and use it correctly

– be able to establish safe environments for practice, which minimize risks to service users, those treating them, and others, including the use of hazard control and particularly infection control

– understand sources of hazard in the workplace, including specimens, raw materials, clinical waste and equipment

– be aware of immunisation requirements and the role of occupational health

– know the correct principles and applications of disinfectants, methods for sterilisation and decontamination, and for dealing with waste and spillages correctly

– know the use and application of engineering controls, eg mechanical ventilation systems such as fume cupboards or microbiological safety cabinets

– understand the application of principles of good laboratory practice relevant to health and safety
(v) Standards of conduct

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<tbody>
<tr>
<td>1</td>
<td>You must act in the best interests of service users.</td>
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<td>2</td>
<td>You must respect the confidentiality of service users.</td>
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<tr>
<td>3</td>
<td>You must keep high standards of personal conduct.</td>
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<tr>
<td>4</td>
<td>You must provide (to us and any other relevant regulators) any important information about your conduct and competence.</td>
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<td>5</td>
<td>You must keep your professional knowledge and skills up to date.</td>
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<td>6</td>
<td>You must act within the limits of your knowledge, skills and experience and, if necessary, refer the matter to another practitioner.</td>
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<td>7</td>
<td>You must communicate properly and effectively with service users and other practitioners.</td>
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<td>8</td>
<td>You must effectively supervise tasks that you have asked other people to carry out.</td>
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<td>9</td>
<td>You must get informed consent to give treatment (except in an emergency).</td>
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<td>10</td>
<td>You must keep accurate records.</td>
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<td>11</td>
<td>You must deal fairly and safely with the risks of infection.</td>
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<td>12</td>
<td>You must limit your work or stop practising if your performance or judgement is affected by your health.</td>
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<tr>
<td>13</td>
<td>You must behave with honesty and integrity and make sure that your behaviour does not damage the public’s confidence in you or your profession.</td>
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<tr>
<td>14</td>
<td>You must make sure that any advertising you do is accurate.</td>
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This document sets out the standards of conduct, performance and ethics we expect from the health professionals we register. The standards also apply to people who are applying to become registered.