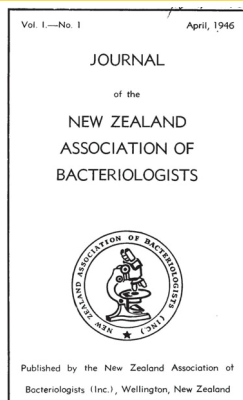


EDITORIAL

75th Anniversary of the Journal

Rob Siebers



Since the mid 1920's medical laboratory workers in New Zealand had tried to set up a professional organisation. Due to lack of support from pathologists, the great depression, and World War II this did not eventuate until 11th May 1945 when a meeting of senior medical laboratory personal met in Wellington to discuss the desirability of forming a professional association. As a result, the New Zealand Association of Bacteriologists, forerunner of the New Zealand Institute of Medical Laboratory Science (NZIMLS), was formed at a conference

in Wellington on 7th and 8th August 1945. At this conference it was unanimously decided that a journal was a necessity of the Association in order to disseminate all knowledge thought to be of interest and use to the profession of medical laboratory science. An editorial committee was established and in April 1946 the 1st issue of the *Journal of the New Zealand Association of Bacteriologists* was issued.

The Journal underwent name changes over the years and is now known as the *New Zealand Journal of Medical Laboratory Science* (the Journal). It has been published without a break since then and this year we celebrate 75 years of the Journal. Our Journal is one of the longest running journals devoted to medical laboratory science in the world. In this issue, and subsequent issues, a number of historical articles on the last 25 years of medical laboratory science in New Zealand, and the Journal and the NZIMLS are, and will be, presented. We hope you enjoy reading them and we will see you again in 25 years to celebrate 100 years of the Journal!

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EDITORIAL

Ensuring professional competency

Michael Legge

The case study by Alan Hicks in this issue clearly contrasts the regulation of Medical Laboratory Science between New Zealand and Australia (1). In addition, it is also a clear indication of what happens when control systems and procedures are inappropriately applied or at worst ignored. The author also identifies the important issue of competency assessment. New Zealand, like the UK, has both qualifications and requirements for competence assessment for all health professionals enshrined in law. The sharp contrast with Australia is where medical laboratory science degrees vary and there is no statutory requirement for demonstrating either competency or professional development. For medical laboratory scientists in New Zealand the Medical Sciences Council (MSC), a statutory requirement under the Health Practitioners Competence Assurance Act (HPCA Act, 2004), has the responsibility to oversee medical laboratory scientists and technicians. The MSC is responsible for issuing annual practicing certificates (APC) to all scientists and technicians who must be registered with the MSC to be employed in the health sector. Both professional groups are required to demonstrate competency (i.e. annual sign-off by their employer or delegated authority) as well as demonstrating continuous professional development by means of maintaining a portfolio of professional activities. The MSC randomly audits 10% of the portfolios each year and has the authority to take action for non-compliance and unprofessional activities.

There is a significant contrast with Australia, where there is no statutory requirements for assessing both competency and professional developments for scientists and technicians. Although the Australian Institute of Medical Laboratory Scientists and Clinical Scientists (AIMS) has on-line discipline-based assessments, there is no requirement to either belong to AIMS

or to undertake the assessments, nor is there any protocol to assess competency. The recent introduction of the "National Certification for Medical Laboratory Scientists and Technicians" organised via AIMS is voluntary and has no requirements, including a participant audit process. Interestingly, the Australian Health Practitioners Regulation Agency (established under the Australian Health Practitioners Regulation legislation) works with 15 National Health Boards. However, medical laboratory scientists are not listed under the health professionals who are required to be registered with that Agency.

Returning to the case study by Allan Hicks, would the errors at SA Pathology have been mitigated by legislative requirements for registration, competency and professional development? A question that clearly cannot be answered based on what occurred. However, as the author concludes, an effective legislative framework not only enhances professional standards but will underpin public confidence in the profession as a whole as well as creating professional confidence.

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