

**National Certification
Scheme for Medical
Laboratory Scientists**

Implementation Plan

April 2019



HUMANCAPITAL

Alliance

Creating workforce solutions

This Implementation Plan was prepared by Human Capital Alliance under the guidance of a Project Coordinating Group that was established and jointly convened by the project co-sponsors, the Australian Institute of Medical Scientists (AIMS) and the Australasian Association of Clinical Biochemists (AACB). The Project was funded by the Australian Government Department of Health through the Quality Use of Pathology Program.

The Project Coordination Group comprised:

Ms Robyn Wells, President, AIMS
Ms Helen Martin, Outgoing President, AACB
Mr Peter Ward, Incoming President, AACB
Mr Michael Nolan, Chief Executive Officer, AIMS
Dr Kevin Carpenter, Chief Executive Officer, AACB
A/Prof Bruce Bennetts, National Pathology Accreditation Advisory Committee (NPAAC) representative
Ms Suzanne Petrie, Department of Health.

The group was chaired by A/Prof Tony Badrick.

Consultations over the course of the project have included the following medical laboratory science professional associations who have sought and maintained involvement throughout the project's trajectory:

the Australian Institute of Medical Scientists (AIMS), the Australasian Association of Clinical Biochemists (AACB), the Human Genetics Society of Australasia (HGSA), the Australian Society for Microbiology (ASM), the Fertility Society of Australia (FSA), the Australian Society of Cytology (ASC), the Australian and New Zealand Society of Blood Transfusion (ANZSBT), the Australasian Society of Immunology and Allergy (ASCIA), the Thrombosis and Haemostasis Society of Australia and New Zealand (THANZ), the Australian Cytometry Society, the Histotechnology Society of NSW and the Faculty of Science of the Royal Australasian College of Pathologists (RCPA).

A number of additional stakeholder representatives also participated constructively in the project's discussion and survey activities, including representatives from Pathology Australia, Public Pathology Australia, the Health Services Union (NSW/ACT/QLD Branch), and the National Association for Testing Authorities (NATA).

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Executive Summary

In July 2017, a process to gauge the enthusiasm amongst relevant stakeholders for the development and implementation of a scheme to certify the competence of sections of the medical laboratory scientific workforce commenced. Almost 2 years later, and after countless informal and structured (interviews, workshops, meetings, Delphi conferencing) consultations, a Certification Scheme has been detailed and is ready to be implemented. A large number of very relevant stakeholders with a keen interest, though holding sometimes disparate and even conflicting perspectives, have fashioned an agreed common path forward. The agreed approach is based on a shared desire to provide leadership in promoting the ongoing development of the competence, professionalism and recognition of the medical scientific workforce in order for them to continue to deliver safe and high quality services to consumers. The significant support of the Commonwealth Department of Health in enabling this process to occur needs to be fully acknowledged.

Throughout the consultation process, an agreed position on a number of key Certification Scheme elements was sought. These are elements that a literature review and case study analysis found to be critical to any certification scheme structure and operation, as follows:

- Accountability and governance arrangements
- Requirements of participation in the Scheme
- Levels of workforce to be included in certification
- Entry requirements in order to apply for certification
- The competency basis / standards for certification
- Methods of competency assessment
- Recertification and maintenance of certification
- Sanctions for not staying competent or breaching conduct codes
- Cost of participation.

For all of these identified elements, a position of consensus was able to be closely approached, with the Delphi Conference delivering a high proportion of conference respondents indicating that they 'completely' or 'mostly' agree with the final stated position, ranging from a low of 87% to 100%.

This Implementation Plan provides the final position reached for each of the Scheme elements and outlines the steps that now need to be taken to bring the Certification Scheme to fruition. In some cases, some more detailed work remains to be completed on the elements before the Scheme can commence, but this quite appropriately will now be the task of the Scheme's governance body which will be made up of representatives from ten or more relevant professional associations.

The Implementation Plan is divided into three distinct phases, as recommended by the stakeholders and according to key assumptions that have been adopted to guide the pace of implementation for the proposed Scheme, in which participation will be voluntary at the outset.

These three phases are:

Phase 1: May to September 2019 – during this phase, the Scheme's governance arrangements will be put in place and mechanisms developed to promote the Scheme and support receipt of certification applications. This will be a brief but crucial and challenging period, likely to be undertaken without a dedicated administrative resource and with limited income to draw from. Key actions include:

- establishing a legally structured governance arrangement for the Scheme (Company Limited by Guarantee), guided by the draft Constitution that is included with this plan
- nomination of inaugural Board of Directors by the Scheme member organisations
- contracting for the design and development of a website for the Scheme promotion and online interactions with prospective certification applicants
- development of mechanisms to receive and transact applications for certification
- finalisation of positions on entry requirements, acceptable courses, competency assessment, fees, etc. as required.

Phase 2: October 2019 to June 2020 – during this phase, an administrative infrastructure will be put in place, staff will be recruited and the mechanisms developed in Phase 1 will be trialled so that design flaws can be identified and fixed prior to the formal launch of the Scheme on 1 July 2020. There is an expected income flow to commence during this period as a result of early entry arrangements to the Scheme so financial pressures will be less prescient but decisions will need to be made during this phase that will impact for some years. Key actions include:

- recruiting and employing a Scheme Registrar and appropriate administrative support
- promoting the Scheme to the workforce through a well-crafted communication strategy
- finalising the Scheme infrastructure in preparation for trialling the administrative and assessment mechanisms of the Scheme
- take applications (and discounted fees) from a sufficient number of ‘early adopter’ / ‘beta testers’ in order to properly trial the Scheme’s infrastructure
- Identify and solve any problems that may emerge during this testing phase.

Phase 3: July 2020 to October 2023 – this phase will encompass the first three years of the full functioning of the Certification Scheme. In some ways, it will be a period of consolidation, but at the same time it will include preparing for more rigorous certification requirements and laying the groundwork for future expansion – for example, in types of workforce, product development and relationships with key external stakeholders (including regulatory bodies, employers, governments). Key actions are likely to include:

- preparing tools and materials for more rigorous certification requirements
- consolidating relationships with non-member stakeholders but especially regulatory bodies
- developing relationships with other certifying bodies
- developing additional capacity for Scheme expansion
- evaluating the initial years of implementation and learnings in order to apply those lessons to the next cycle of recertification and planned expansion of the Scheme.

If the Scheme proves its worth to the profession itself and to employers, regulators and consumers - a stated aim of the Scheme’s operation, it is likely to follow in the footsteps of the majority of health professions (including the self-regulated professions) by becoming the best benchmark available in the health workforce market for assuring competent professional practice.

With the preparation of this Implementation Plan, which will remain a working document for further refinement by those who have already committed to taking this plan to fruition, a certification scheme for the medical laboratory scientific workforce is tangibly close and within the grasp of an eager profession.

Background to the Certification Scheme Project

Aim of the project

Initiated jointly by AIMS and AACB, and funded by the Australian Government Department of Health through the Quality Use of Pathology Program (QUPP), the aim of this project is to explore the development and structure of a national professional certification model for the medical laboratory scientist and technician workforce in Australia. Some means for assuring the quality of the pathology scientist workforce has been a long-held ambition for many in the profession. Within the overall objective of defining an agreed and sustainable certification model for the Australian medical scientist profession, the more specific objectives of this project are to:

1. provide stakeholders with a strong evidence base for assessing relevant models for professional certification with the aim of developing a professional certification model for the Australian scientific workforce (the Discussion Paper)
2. engage the relevant scientific professional organisations in effective collaboration (stakeholder consultations and two Stakeholder Workshops)
3. craft initial consensus on a possible way forward among all pathology laboratory stakeholders on a professional certification model that is objective, evidence-based and sustainable (this Position Paper)
4. identify and address any outstanding stakeholder reservations in relation to the acceptance of a certification model
5. provide a clear map to future action through an implementation plan (namely, this document).

Medical laboratory scientists are currently one of the few remaining Australian healthcare professions that do not have certification schemes to recognise professional skills.

Processes informing the Position Paper

Background research

With the assistance of the Project Coordination Group, the HCA team (Lee Ridoutt, Debbie Stanford and Carla Cowles) undertook a literature search and prepared a [Discussion Paper](#) (Stanford, et al., 2017) to support stakeholder consideration of the issues around a possible certification scheme for the medical laboratory science workforce. In addition, a series of interviews have been undertaken to explore the views and perspectives of selected stakeholder groups.

Key stakeholder workshops

After circulation of the Discussion Paper, a **full day workshop** was held in Sydney on 27 November 2017 facilitated by the HCA team and attended by participants nominated by a wide range of interested professional and employer organisations. The program included a mix of presentation of findings from the literature review, case studies and stakeholder interviews, large and small group discussions, and the use of an online polling methodology that was used to instantaneously gauge the ‘temperature’ of workshop participants on key issues. This methodology allowed for active engagement by all group members and for themes to be developed and adapted on the basis of input from all participants throughout the course of the day.

A **follow-up workshop** was convened by the HCA team on 9 February 2018 to continue discussions from the first workshop. The primary focus of the second workshop was to conclude the discussions

from the first workshop but to also provide stakeholders with a meaningful opportunity for further in-depth discussion with peers and to share and represent perspectives from across the medical science workforce sector.

Delphi Conferences

The first round of the Delphi Conference saw a draft Position Paper and a survey to guide responses to the Paper sent to 59 participants. The Delphi Conference method is a structured communication technique or method, originally developed as a systematic, interactive forecasting method which relies on a panel of experts (Rowe and Wright, 1999). The experts answer questionnaires in two or more rounds. After each round, a facilitator provides an anonymised summary of the experts' forecasts from the previous round as well as the reasons they provided for their judgments. Thus, experts are encouraged to revise their earlier answers in light of the replies of other members of their panel. It is hoped that during this process the range of the answers will decrease and the group will converge towards a consensus.

Responses to at least one “position” of the Paper (there were a total of nine positions) were received from 35 conference participants. The majority of respondents have a scientific professional association relationship while others identify more with employer or worker representative bodies or with NPAAC. Representation of broad stakeholder interests was achieved, although rural and union stakeholder perspectives did not feature highly in the first round and were therefore a focus in the next Delphi Conference round.

In Round 2 of the Delphi Conference, a total of 70 participants were administered the revised Position Paper and the survey to capture responses. Responses to at least one ‘position’ in the paper were received from 25 participants, with many indicating they had nothing to add to their first round comments. In all, 43 participants (61%) provided a response to at least one of the Delphi rounds.

The level of consensus achieved in Round 2 of the Delphi Conference was quite high (see Figure 2). The proportion of respondents completely agreeing with the final stated position ranged from a low of 60% to a high of 87%. When ‘completely’ agree and ‘mostly’ agree are combined, the consensus on individual positions then ranges from a low of 87% to 100%.

The small proportion of respondents not agreeing at all with positions was quite low - between 5 and 10% - and their held positions suggested consensus would not progress further with more Delphi rounds. Accordingly, the Delphi Conference process was concluded after two rounds. The Position Paper was refined and distributed to all participating organisations for wider discussion and consideration within their respective memberships (Stanford, et al, 2018)

A final workshop was held on 12 April 2019 to further refine some outstanding details of the proposed scheme. Invitees to this workshop were those medical laboratory science associations that had expressed interest in contributing to ongoing development and management of the scheme.

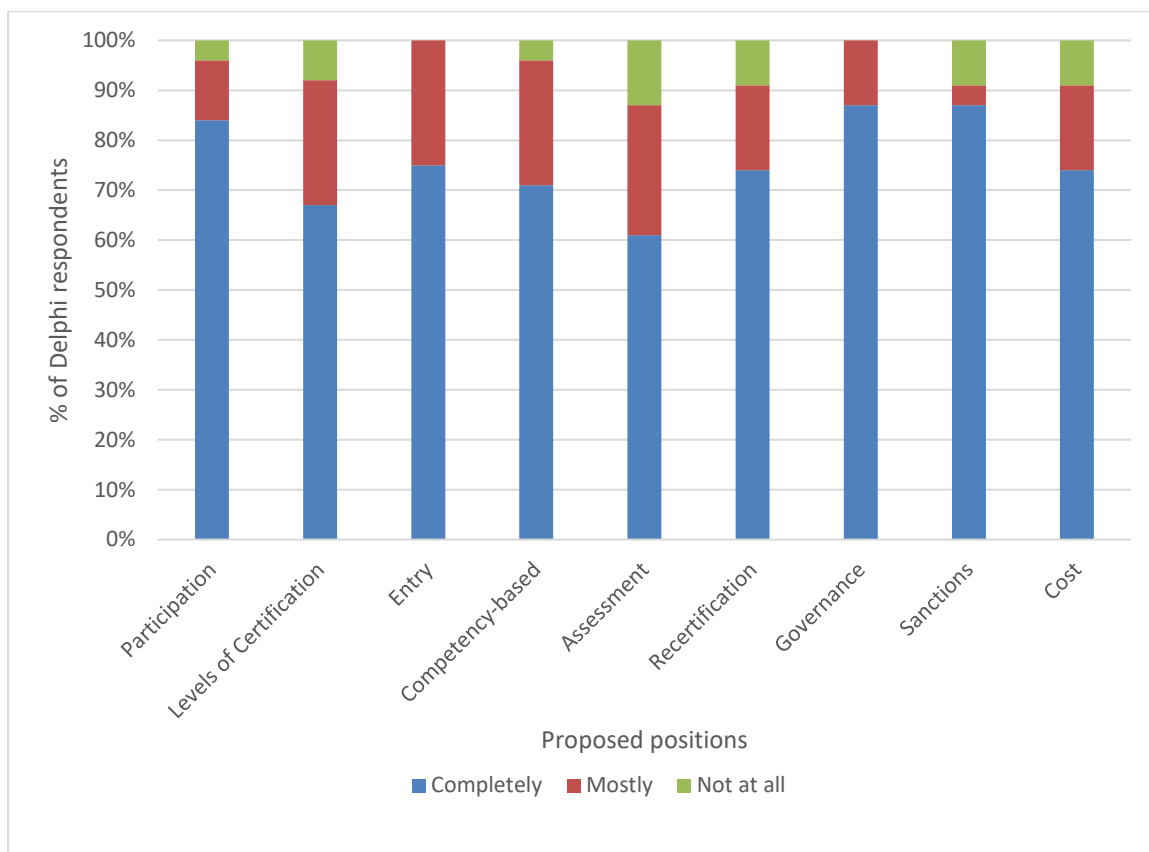


Figure 1: Level of consensus achieved in the Delphi Conference by proposed positions

Assumptions informing the implementation plan

In developing this implementation plan, a range of factors have been considered. These factors were revealed as at least potentially influential during the course of the scheme's development and the consultation and research processes undertaken to support that development. The following list of points collates some of the factors or assumptions that underlie the development of the current plan:

- ❖ The proposed scheme should utilise learnings, structures and processes from similar schemes where possible in order to achieve efficiency and minimise risk
- ❖ An Australian medical scientist certification scheme needs to be governed in a way that is inclusive of all scientific disciplines and the workforce groupings that are included in the scheme
- ❖ Achieving high enrolment numbers early on is critical to the success of the scheme so this needs to be a driving force for initial planning
- ❖ Rather than seeking a large initial establishment fund from potential organisational participants [shareholders], it may be easier for individual organisations to contribute in-kind contributions, volunteer effort or to fund specific initiatives (which they may also manage with oversight of the steering committee or other agreed governance mechanism) until Certification Scheme revenue can be generated.

- ❖ Current overall CPD participation is low so relatively few intending Scheme participants are likely to be able to meet the full proposed requirements by 1 July 2020 so some form of phasing will be a pragmatic necessity
- ❖ Many potential participants may never have had their competency assessed by their current or previous employers nor have a clear concept of how their current role aligns to the competency framework – a phased, capacity-building phase is therefore needed for the sector as a whole, despite competency assessment of being a current accreditation assessment requirement under the ISO 15189 component of the NPAAC standards framework
- ❖ Many employers will be wary of the potential impact on their managers and additional workload of the scheme being initiated, and so a phased approach to the scheme's introduction will assist employers too in this transition.

These assumptions, along with the final positions adopted by stakeholders at the 12th April 2019 workshop, have been used to develop the broad phases of the implementation plan and the more detailed steps within each phase. Details of the plan are provided in the following sections.

Phases of implementation and key activities

Overview of the Implementation Plan

A commencement date for the Certification Scheme was set by stakeholders at 1 July 2020. Between now (April 2019) and then two distinct phases of activity are planned, the first phase to set up the governing arrangements for the Scheme and prepare the mechanisms for promoting and managing the Scheme. The second phase will begin testing the mechanisms and identifying and eliminating any implementation problems prior to the full commencement of the Scheme in 2020.

Although there has been significant input from representatives of all the participating professional associations, the implementation plan will continue to need finessing by the governance group throughout the coming 14 months prior to the formal commencement of the scheme.

Phase 1: First 6 months from end of May to September 2019

a. Activities to be undertaken

- Company to manage the Certification Scheme legally established and accounts set up
- Meeting of company members to approve the constitution and elect the inaugural Board of Directors
- Board, advisory committees and working parties commence operation
- Web site development contracted and constructed including mechanisms for online applications for certification
- Web content maximised – including, for example, collated existing CPD access options
- Working parties establish database of accepted qualifications for Scheme entry
- Concerted promotion and marketing campaign to maximise enrolment
- Registrar and Administrative Officer positions advertised, recruited and filled by 1 September 2019

b. Who will do the work?

- Interim Board members (or their Nominated Representative/s)
- Other potential Member representatives for both workshops and working groups (self-funded)
- Volunteer working groups
- Donated association staff time for specific activities
- Outsourced specialist goods and services as required e.g. legal and financial advice for establishment of the company and creation of branding, website and relevant databases (to be funded from organisational donations/advances and early entry applicant fees).

c. How will it be paid for till September 2019?

- Member fees to set up the company
- Donation of office/meeting room space and utilities expenses
- Donation of additional staffing hours as needed
- Purchase of specific projects – each project paid for by a volunteer member organisation (or consortium) and acknowledged as an official contribution to the scheme
- Volunteer labour (e.g. working group contributions)
- Donation of travel/accommodation requirements for meeting/workshop attendance

d. Budget requirements - costs to be estimated taking into account in-kind contributions

- Finalise constitution and financial structures for the company
- Website design and creation
- Database/portal creation and initiation
- ISP hosting and IT support
- Organisation and facilitation of shareholder workshops
- Legal and financial advice for setting up company and associated fees and charges
- Create online access and downloadable logbook (editable PDF form)
- Board elections, establishment of committees and Standing Advisory Committee invitations
- Staff and volunteer position descriptions drafted

Phase 2: From October 2019 to 30 June 2020

a. Activities to be undertaken

- Recruit and enrol Scheme mechanism 'beta testers' - includes 'early adopters'
- Commence assessment of submitted information (volunteer assessors in the first instance).
- Identify Scheme mechanism problems and resolve
- Web updating and maintenance
- ISP, telecommunications, web hosting
- Accountant fees
- Additional staff to be employed over time as required, income allowing - includes casual staff to assist at peak times

b. Who will do the work?

- Registrar and Admin Officer – fulltime employees
- Volunteer labour (e.g. working group contributions)

c. How will it be paid for?

- Beta tester application fees (see details of this later in the Plan)
- Member enrolment fees from 1 September 2019.
- Donation of office/meeting room space and utilities expenses
- Company Member donation of additional staffing hours as needed

Phase 3 of the Implementation Plan commences when the Scheme officially goes live on the 1st July 2020. This phase will be for 3 years until the first batch of re-certifying certification participants commence and more rigorous certification and re-certification process are introduced. At the end of this Phase 3 an evaluation will be undertaken.

A draft timetable is provided with more details of the implementation process in the next few pages.

Draft Implementation Activity Plan

Area of activity	Who?	2019												2020											
		M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D		
Phase 1: May to September 2019																									
Initiation of implementation phase and formalise organisational structure																									
Proposed official certification scheme start date																									
Initiate implementation steering arrangements	Certification Project Coordination Group (PCG)																								
Set up initiation fund (cash and in-kind support)	PCG and intending Members																								
Engage legal/management consultancy advice on the establishment of the company structure for the new certification body, using the draft Constitution as a basis	PCG; outsourced advice																								
Commence process of establishing formal company governance	PCG																								
Once agreed, initiate necessary payments and registrations required to establish the company governance infrastructure	Interim management committee																								
Set up bank accounts and payment arrangements (in and out, including secure payments via website)	PCG; outsourced finance support																								
Initiate Member subscription payments to establish Inaugural Board of Directors	Intending Members; outsourced legal and finance advice																								
Board commences operation	Interim Board																								
Core executive committee (meets every month)	Interim executive committee; volunteer secretariat																								
Advisory group of other shareholders (meets every 3	Interim Board; Standing Advisory																								

Area of activity	Who?	2019												2020											
		M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D		
months - ? facilitated sessions)	Group; volunteer secretariat; ?outsourced facilitation																								
Beta-test the payment arrangements	Interim Board; Communication working group; ?outsourced technical support																								
Refining detail of scheme content and structure phase																									
Establish working group to work through the detail of how to assess Technical Officer qualifications and CPD activities - ? bi-monthly meetings	Volunteer Member working group and relevant invited stakeholders																								
Set up database for collecting info on formal qualifications	Qualifications working group; outsourced technical support																								
Set up database for recording of CPD and workbook data lodgement	CPD working group; outsourced technical support																								
Engage web designer to establish scheme website	Communication working group; outsourced service																								
Initiate secure e-data storage and ISP account contracts for web access and email contact	Interim executive committee; outsourced service																								
Beta version website goes live and is monitored	Outsourced service; communication working group																								
Web updating	Outsourced service; communication working group																								
Commence engagement with membership																									
Initiate and conduct work on collating best practice	Interim Board; Standing Advisory																								

Area of activity	Who?	2019												2020											
		M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D		
competency assessment tools and processes to support implementation of the certification scheme (scale of this work will depend on funding available - possible QUPP project activity)	Committee; outsourced facilitation and project work if funds available																								
Commence newsletter publication schedule and establish mailing list, using project mailing list and standard association communication channels	Communication working group																								
Develop marketing strategy for phased implementation	Outsourced service; communication working group																								
Bi-monthly newsletter updates	Communication working group																								
Phase 2: October 2019 to June 2020																									
Commence work on enrolling members phase																									
Invite participation of “beta-tester” registrants for assessment of qualifications, certificates of competence and CPD activity	Communication working group																								
Commence enrolment of beta-tester registrants and trouble-shoot any identified issues	Qualifications working group; CPD working group																								
Identify problems with processing applications and trouble shoot																									
Establish mailing list/wiki site for engagement with volunteer assessors and maintain regular contact	Communication working group																								
Staff recruitment phase																									
Establish core HR policies and reporting arrangements	Interim executive committee’ Interim Board																								
Recruit Registrar (at end of previous phase)	Interim Board																								
Recruit Administrative Officer	Interim Board; Registrar																								

Area of activity	Who?	2019												2020											
		M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D		
Commence recruitment of volunteer assessors	Assessor working group; communication working group																								
Hold workshop for volunteer assessors	Interim Board; Registrar; assessor working group																								
Phase 3: July 2020 to June 2023																									
Scheme commencement phase																									
Announce the commencement of the scheme as per marketing strategy	Interim Board; Communication working group																								
First post-beta (full certification) applications are received and logged	Registrar; Admin Officer; qualifications and CPD working group																								
Assessments commence using employer / supervisor provided tools	Chief Executive; other staff; qualifications and CPD working group; assessor working group																								
Company accounts are audited	Interim Board; Registrar; appointed auditor																								
Call Annual General Meeting and conduct process of election and appointment of company directors	Interim Board																								
Initiate evaluation of Scheme (2023)																									

Certification Scheme position details

The following section outlines each of the final positions on key Scheme elements achieved through the structured consultations. Some of the positions still require development of details by the new governance arrangement, so an indication of the known and emerging actions that may be required prior to the proposed official launch of the scheme on 1 July 2020 are provided.

1. Accountability and governance

It is proposed that a new independent governing body be set up as a limited (by guarantee) liability company. The proposed name of the company is *the Australian Council for Certification of Medical Laboratory Scientific Workforce (ACCMLSW) Limited*. The initial 'owners' of the company are called 'members' and are those relevant professional associations that have consistently indicated support for the Scheme's development, are committed to supporting its establishment with financial or in-kind contributions, and are willing to contribute a member fee.

The proposed structure of the governing board of the company will be made up of up to nine directors, as follows:

- five core Directors made up of representatives from Member associations
- one Consumer Representative
- two to three additional Board members as nominated and invited by the core Board members.

Although it would be ideal to incorporate legal and financial expertise within the overarching board, these skills can otherwise be accessed via the establishment of a Standing Advisory Committee that includes this expertise. Likewise, a well-constituted and supported Standing Advisory Committee can also achieve access to critical advice from consumer representatives, employer groups, unions, quality standard setters (such as NPAAC and RTAC) and any other identified key stakeholders.

Members will elect the core Directors of the Board based on some level of proportional voting capacity (see overview of proposed governance structure on the next page). All Directors would be required to act independently of their nominating body in pursuing good governance of the scheme and to be appropriately trained to undertake their role as a Board Director according to the relevant legislative requirements of that role. It is proposed that all Directors (except perhaps the Consumer Representative) be able to demonstrate the achievement of a suitable recognised training course for company directors (or have warranted their willingness and capacity to fulfil that requirement within a specified time period).

The term of directorship is to be either two or three years and the turnover should be staggered to ensure retention of corporate memory. The new body would need to act as an independent body that is able to make decisions on the conflicting advice that may be received from its shareholders (namely, participating professional organisations whose members are likely to seek certification). After the initial start-up phase, the day-to-day management of the Scheme would be undertaken by paid staff operating under the broad guidance of the Board (as per the model in place for other health profession certification bodies), noting that it is likely there will be limited funding for staffing, at least in the initial phases of the scheme's establishment and operation.

Governance arrangements for Medical Laboratory Science Certification Scheme – Proposal

Governing Board of Directors

Five Directors – Member Representatives include one nominee from each Level 1 Member. Remainder appointed by vote by Members at an Annual General Meeting (except for Inaugural Board – Representatives must be eligible to meet certification requirements or be Honorary Certificants)

3-4 additional Directors (including one Consumer Representative) appointed by the Board to meet the planned requirements of Board activity – appointees must have requisite skills for relevant activities of the Board and not necessarily be eligible for certification

(Proposal: **Inaugural Board** to be made up of one willing and capable Representative from all Member organisations at time of incorporation, if participation is desired)

After inaugural term, Core Board Members elected by Member Representatives at an Annual General Meeting – staggered lengths of term to ensure continuity of governance (estimated number of Inaugural Member Representatives = 21)

Members: Membership is unlimited in number, provided applicant organisations meet membership requirements (ie formally constituted body, objects align with scheme), their application is approved by the Board and they pay the annual subscription relevant to documented number of actual or eligible scheme members. Initial membership may include but is not limited to:

- Australian Institute of Medical Scientists (AIMS)
- Australasian Association of Clinical Biochemists (AACB)
- Australian Society for Microbiology (ASM)
- Australian Society of Cytology (ASC)
- Fertility Society of Australia (FSA)
- Human Genetics Society of Australasia (HGSA)
- Australia and NZ Society of Blood Transfusion (ANZSBT)
- Australian Society of Clinical Immunology and Allergy (ASCIA)
- Australian Cytometry Society (ACS)
- Thrombosis and Haemostasis Society of Australia & NZ (THANZ)
- Histotechnology Society of NSW (HistoNSW)

Audit and Risk Committee

Certification Categories (Inaugural)

- Medical Laboratory Scientist
 - Medical Laboratory Technician
- (potential via Constitution By-Laws to add more categories overtime)

Certification Committees and/or Panel/s

(potential via Constitution By-Laws to add Discipline-Specific and/or Special Interest Panels overtime)

Standing Advisory Committee:

Member Representatives (or Alternative/s), employer representatives, standard- setting bodies, accreditation assessment bodies, consumer representatives, RCPA Faculty, other invited stakeholders as determined by the Board

Membership Grades (Levels determined by reach to current and potential certificants):

- Level 1** – professional organisations providing CPD activities to 1,000 + actual or eligible certification registrants (3 Member Representatives with AGM voting rights – annual organisational subscription of \$1,000)
- Level 2** – professional organisations providing CPD activities to 300-999 actual or eligible certification registrants (2 Member Representatives with AGM voting rights – annual organisational subscription of \$500)
- Level 3** – professional organisations providing CPD activities to less than 300 actual or eligible certification registrants (1 Member Representative with AGM voting rights – annual organisational subscription of \$200)

The Standing Advisory Committee will be made up of representatives from all participating associations (shareholders), employers, unions, consumers, and quality standard setters, as well as people with relevant legal and financial skills and experience as needed to supplement the board's collective expertise in those areas. In line with arrangements utilised by other health profession certification bodies, members of the Standing Advisory Committee would assist the governing board with a range of activities, including formal sub-committees that would be established as required to undertake both core and one-off activities.

In addition, advisory structures would be created and/or endorsed to reflect core discipline interests and to provide a source of content-specific advice to the board in relation to discipline-specific scopes of practice and associated assessment mechanisms. These advisory structures would in some cases require the cooperation of multiple associations focussed on the same or similar discipline.

Over time, it is anticipated that suitable certification may be made available to applicants from a range of disciplines (horizontal applicability of the scheme) and to practitioners from a range of competency and skill levels - for example, to phlebotomists, senior scientist¹ and clinical scientist (as per NPAAC definition for supervision of clinical aspects of the testing process) – i.e. vertical applicability of the scheme. The top level of certification would need to be able to exceed but must at a minimum fulfil the NPAAC requirements for supervision (clinical governance) of Category B laboratories.

The construction of the final governance arrangements will need to focus first and foremost on fair and independent governing practice for the new scheme so as to ensure that it is not unduly influenced by the interests of other organisational entities. However, it is likely that guidance to this body from stakeholder organisations will continue for some time to be drawn from organisations with existing access to larger numbers of actual or potential scheme participants. Therefore, it seems sensible that some allowance for stronger representation of that participant voice should be made, with flexibility built into the governance arrangements to acknowledge and reflect shifts in this influence base over time (e.g. to reflect an increasing workforce in an emerging technology and associated representation in the scheme). This has been reflected in the proposed governance arrangements in the form of three levels of Member participation in AGM voting rights and a confirmed Board representative for each organisation that has 1,000 or more potentially eligible scheme participants. It may also be worth considering that some allowance is made in the governance arrangements and operating costs of the scheme for the use of a facilitator for major discussions requiring agreement by the shareholders in order to reduce the risk of discussions getting “stuck” prematurely.

Action required:

- An Interim Board structure made up of representatives of the medical laboratory science professional associations who will become formal Members of the scheme will be needed to steer the implementation process
- Professional legal and accounting advice will be required to inform the establishment of an initial trust fund and subsequently the creation of the company structure and legal governance requirements. A draft Constitution has been prepared by HCA to support this finalisation process (**Appendix C**). A phased process of full implementation of the scheme that maximises participation in the scheme and allowing adjustments to be made along the way should be

¹ This level requires further discussion – see Levels of Certification section above.

agreed by Members and informed by the views of other interested stakeholders such as employers where relevant.

2. Participation requirement – voluntary in the first instance

Despite strong support for compulsory certification, stakeholders conceded that, in practice, individual participation will need to at least commence on a voluntary basis. The recent final report of the Accreditation Systems Review (COAG, 2018), which considered a range of issues in relation to assuring the quality of health professional service in Australia, confirmed the likelihood that there would be little expansion of additional health professions under the Australian Health Professions Regulatory Authority (AHPRA) registration scheme. Almost all (96%) of the Delphi conference participants indicated that they accepted this premise either completely or almost completely.

In terms of government policy, therefore, a medical scientist workforce certification scheme would need to be implemented (at least initially) on the basis of voluntary participation. This means that one of the key challenges that the proposed certification scheme faces is for it to attract as many participants as possible in order to make it viable. The key attractions for participation in the proposed scheme have been identified as:

For workers

- recognition of each workforce member's professional standing as part of Australia's health service workforce
- potentially competitive advantage in seeking promotional opportunities and in seeking to progress along a career path
- potential for greater workforce mobility as employers are better able to recognise overseas training (since individual's competence would be certified) and experience between jurisdictions in Australia is more readily accepted

For professional associations

- raising awareness of the role that this workforce plays in conducting the safe and reliable tests and procedures that support effective health care in Australia
- increasing the professional status of the medical science workforce, which might be particularly attractive to non-professional workforce categories
- increased membership especially if membership and certification can be linked

For regulatory authorities

- identifying the risks in the testing and procedural processes that each workforce group can assist in managing, in partnership with employers, through maintenance of relevant professional practice competence
- link workforce competence to NPAAC supervisor requirements / standards
- certification can eventually be incorporated into the NPAAC-led accreditation framework that underpins regulated access to pathology funding and then into the associated laboratory assessment regime, which is managed jointly by NATA (as the approved auditing body) and the RCPA.

For employers

- more clarity about what types of competence are required for safe practice at each level of workforce participation
- Assessment of employee competency has for many years been a requirement under the national accreditation standards framework and as part of the Reproductive Technology Accreditation Committee's Code of Practice (RTAC)² scheme requirements for scientific staff working in laboratories that undertake assisted reproductive scientific procedures. This means that an effective certification scheme for laboratory staff across a number of levels could provide to employers/the owners of laboratories evidence of worker competence.
- leverage some or all of the following investment that is already made by best practice laboratory owners and their employees to promote and assess competency:
 - quality systems
 - training records/competency assessments
 - availability and accessibility of continuing education and professional development
 - attendance at conferences/ meetings/ educational sessions
 - time required for completing portfolios/logbooks
 - IT support for logbooks/portfolios
 - involvement in stakeholder groups (membership fees/attendance at meetings/ teleconferences)
 - release of staff for roles as NATA or RTAC technical assessors
 - IT support for online learning and supervisor input into assessment requirements.
- there is a reportedly high degree of variation between pathology laboratories in terms of the process of assessment and documentation of individual worker competence and this would become evident with a certification scheme (to the possible advantage of best practice laboratories).

For consumers

- Raised awareness of the professional scientific workforce that contributes to pathology service provision
- Reassurance that appropriate professional standards have been set, are reinforced by continuous professional development, and are monitored to ensure that at least minimum standards are met.

Many respondents felt that partnership with employers will be critical because the laboratory context in which scientific staff members undertake their professional practice is significant and influential and that work is undertaken most often in a team-based setting. Although participation in the scheme will be voluntary initially, it may become increasingly valued by employers over time. In that case, in years to come, there may be informal or even formal encouragement from employers for individuals to participate in the scheme and those who have not joined the scheme may therefore come under some pressure to do so. It may also become an influencing factor in recruitment of staff i.e. perceived as a competitive advantage.

² <https://www.fertilitysociety.com.au/wp-content/uploads/2017-RTAC-ANZ-COP-FINAL-1.pdf>

Avenues for achieving structural support in favour of participation will continue to be explored. This will primarily take the form of aligning the scheme to employers' requirements in relation to the current NPAAC and RTAC accreditation standards relating to staff competency and other key quality and safety issues relevant to the contributions of the scientific profession, particularly relevant clauses of AS ISO 15189 and other relevant NPAAC Requirements noted earlier on page 8 of this paper.

Cost issues will be important in achieving a high level of voluntary participation in the scheme (see later section), but significant effort will also need to be invested in raising awareness of the scheme, highlighting the shared benefits with employers, and promoting worker participation. The benefits of the scheme as outlined above will need to be "sold" to all interested stakeholders but the scheme will be primarily focussed on assuring the individual practitioner's professional standing and their own responsibility for maintaining professional competence and ethical standards.

Action required:

- Continued engagement with all key stakeholder groups, including employers
- Collation and dissemination of the key benefits of the scheme
- Co-operation with relevant standards-setting and assessment bodies to take advantage of opportunities for alignment of the scheme with quality and safety initiatives
- Build collegiate relationships with similar certifying bodies to explore options for mutual support and collaboration, including in relation to accreditation and self-regulation of Australian health profession standards.

3. Levels of certification

Broad opinion, even from supporters of a number of vertical and horizontal levels of certification, seems to be that the original proposed certification model is too complex, and that complexity could present unreasonable risk to initial scheme implementation.

Stakeholders are in relative agreement that a certification scheme should include several vertical levels of the medical **scientist** workforce. While there is broad support also for inclusion of other levels of the medical science workforce in a certification scheme, there remains debate about the timing of the introduction of these workforce categories (at the commencement of the scheme or at a later stage). The exception appears to be for a technician level of certification.

There remains, though, a recognition that:

- a) lower levels of the medical science career path had potentially the most motivation for certification, and
- b) the less highly qualified and skilled laboratory workforce component is that segment most associated with medical laboratory risks that were most amenable to amelioration through maintenance of competence standards (e.g. safe transaction of patient and sample/specimen identification).

The **vertical levels** of certification proposed for the scheme (both initially and at later stages) are as laid out in Table 1 below. The proposed certification levels in this table are linked to levels of the

Australian Qualification Framework (AQF)³ which provides a stable structure to underpin the descriptions of role, skill, knowledge and responsibility for the scheme, one which places the medical science workforce on an equal platform with other workforces.

Table 1: Summary table of proposed levels of certification

Proposed certification level	Career pathway / Description	AQF Level*	Stage of introduction of level
A	Laboratory technician	Level 5 / 6	Scheme commencement
B1	Conditionally certified medical scientists with less than two years practical experience	Level 7	Scheme commencement
B2	Medical scientists capable of proficiently performing laboratory science processes independently (could be generalist or have attained greater depth of competence in one or more specialist discipline areas)	Level 7	Scheme commencement
C	Senior scientist / Senior discipline specialist	Level 8	Stage 1
D	Clinical scientist	Level 9	Stage 2

Brief notes on each of the proposed certification levels are provided below:

- A. **Technical officers** - Some stakeholders argue that this level of certification is important to provide technical officers with professional motivation, in particular in those areas of practice where qualifications are less common or less directly relevant to employment. The Scope of Practice / competency framework document covers the work of technical officers adequately.

There is agreement that tertiary-trained scientists being employed in technical officer roles should not be excluded from seeking certification as a medical scientist if they can demonstrate they can meet the competency required⁴.

Stakeholders have not supported the proposed concept of a ‘Technician’ certification level being divided into officer and senior officer levels but noted that, as the scheme evolves, it might attempt to recognise the competence of more senior roles in this level.

- B. **Medical scientist (B1/B2)** - would be the basic level of certification available to those who can demonstrate that they are competent to practise as an independent professional

³ <https://www.aqf.edu.au/>

⁴ The current project is not intended to endorse or promote any particular employer response in this situation but the proposed certification Scheme may offer clarity for both employers and employees to support better-targeted competency-based workplace assessment.

medical scientist. For inexperienced scientists (new graduates, possibly newly migrated scientists) certification would be based on qualifications and provided on a conditional basis till practical experience could be accumulated and competence demonstrated (see later section on 'Entry Requirements'). This conditional level of "provisional" or "entry-level" scientist certification would operate much like how overseas trained doctors in Area of Need positions around Australia obtain conditional registration.

Medical scientists work in many different workplace contexts where the job requirements can be quite specific. A degree of 'specialisation', though, does not necessarily imply greater competence – rather, it could just reflect a narrow skills set at the same level of competence. Further consideration is needed in relation to how competence across various scopes of practice and types of laboratory should be determined in order to meet employer requirements from the profession and assure public safety. The competency framework specifies generic competencies – i.e. those that are essential to underpin all forms of medical science work – but they will most likely need to be assessed in the context in which they are to be applied. In other words, the certification assessment process should be adaptable enough to be able to consider the core skills required by an individual's current workplace or workplace type (e.g. multidisciplinary or single discipline).

- C. Senior Scientist/Senior Discipline Specialist** – in addition to reflecting a greater level of experience and professional competence in core scientific skills, this level of certification is likely to be applicable to greater levels of specialisation in "horizontal"/discipline-specific competency development where workers can demonstrate autonomy, well-developed judgement, adaptability and responsibility and *be able to transmit knowledge, skills and ideas to others*. All of the specialist areas included in Figure 4 could potentially be identified as specific certified specialist areas but the determining factor would be the level of interest of the discipline-specific professional association and their willingness and capacity to fully support the content infrastructure needs of the scheme (competencies, assessment guidelines and tools, assessment support, etc.).

To support the assessment of competence, further work will be required on the competency framework to cover 'specialist' competencies and completion of this work (by the relevant professional association or a governance working party arrangement) will be a prerequisite for the inclusion of that discipline's recognition as a specialist area in the certification scheme. Many of the specialist professional associations and societies will already have established practice in place or developed some thinking around specialised skills and knowledge, and these could form a part of the basis of further development in this area of the scheme's potential operations. For example, the cytotechnologist testing and recognition process (which includes workplace supervision and a final examination) is fully operational and could potentially be adopted in its current form. Likewise, full AACB membership is only offered after completion of a minimum period of workplace experience in clinical biochemistry and passing an examination which is recognised as similar in standing to a Masters degree. Other disciplines have expressed interest in developing frameworks to support similar assessment regimes for competence in their fields. The need for ensuring some parity of skill and competence assurance provided by these discipline-specific assessment methods has been widely acknowledged during consultations.

An alternate approach would be to use the same competencies but, in order to obtain specialist certification, the scheme participant must demonstrate the required competencies **in the context** of the specialist workplace and work functions. This is a common way of acknowledging some level of specialisation within the vocational education and training (VET) sector.

The inclusion of managerial classes within the 'specialist' certification category was not supported by a majority of stakeholders. While most accepted that management competencies should be developed and assessed, they argued that it was outside of the science domain, and therefore not suitable for certification (defining, developing, assessing) within a scientific workforce scheme.

D. **Clinical scientist** – The 'clinical scientist' definition from NPAAC refers to someone who has at least 5 years' relevant medical laboratory experience and who is responsible for supervising a laboratory and possesses one or more of the following qualifications by examination:

- (a) a Fellowship of the Australasian Association of Clinical Biochemists
 - (b) a Fellowship of the Australian Institute of Medical Scientists
 - (c) a Fellowship of the Australian Society for Microbiology (medical microbiology or clinical microbiology)
 - (d) a Fellowship of the Human Genetics Society of Australasia (biochemical genetics, cytogenetics or molecular genetics)
 - (e) a Fellowship of the Faculty of Science of the Royal College of Pathologists of Australasia
 - (f) a Fellowship of the Australian Society of Cytology
- or
- a Doctorate of Philosophy, [Australian Qualifications Framework](#) level 10⁵ or equivalent doctoral level degree, in a subject relevant to the scope of diagnostic testing of the laboratory they are supervising.

In Table 1 above, the possible vertical levels of Laboratory Assistant and Phlebotomist/Specimen Collector are not included in the list at the moment but may be included at a later date. A number of stakeholders thought that the certification process was, if anything, more appropriate to these categories of the scientific workforce, which (a) represent the face of medical science laboratories and (b) are known to be the source of the most common laboratory errors, than to other forms of scientific workforce. Their thinking was that both consumers and the workers themselves would benefit most from certification at these levels.

While the rest of the stakeholders (the majority) were not unsympathetic to these arguments, the over-riding consideration in the views expressed focussed on reducing complexity in the scheme start up. It is possible that the introduction of these workforce categories would become easier at a later stage once the scheme had demonstrated viability. However, no timeframe has been placed on this possibility.

Although the initial certification levels have been limited to the inclusion of just two groups - Scientists and Technical Officers - it is anticipated that the scheme could expand relatively quickly to incorporate a range of other workforce groups/levels over time. In order to support that process, it

⁵ <https://www.aqf.edu.au/aqf-second-edition-january-2013>

would be beneficial for scheme stakeholders to continue to collaborate to further define common and/or optimal career pathways in the medical laboratory workforce and delineation of boundaries/transitions between workforce groups. Stakeholders recognise that there can be significant variation of role delineation both within and between workforce groupings and that clarification of these issues will take some time in order to ensure that all contexts have been addressed.

Action required:

- Certifying body governance mechanisms to engage closely with all interested professional organisations (both scientist and technical officer-focussed) as the core elements of the scheme are finalised and refined in the initial phases of implementation.
- Discipline-specific professional groups to continue to monitor the capacity of the core framework to address high priority professional competencies.

4. Entry requirements

Entry requirement overview

Different certification scheme entry requirements are proposed for different certification levels:

- For a scientist, a relevant degree in Science or Applied Science (AQF Level 7 or above) would need to be achieved (and documentary evidence provided, e.g. an academic transcript of subjects successfully completed), in line with the definition of Scientist that is well established in the NPAAC accreditation framework and Medicare legislative framework. An appropriate level qualification (or above) would be one that the certifying body deems to be sufficiently relevant to support commencement of supervised practice in a laboratory. A list of acceptable courses would be created through a working group of the Certification Scheme governance arrangement and attempt to provide some level of filter but not exclude course options that already appear to be accepted by employers.
- For a technical officer, documentary evidence of completing a relevant VET sector course (or equal or higher relevant qualification, such as a science degree that would meet the requirements for entry as a scientist, or suitable evidence of achievement of competence as deemed acceptable by the their employer and documented to meet the scheme's requirements as published in the scheme's rules from time to time) would need to be provided (i.e. AQF Levels 5 or above). A list of relevant qualifications would be created by a working group of the governance arrangement.

These qualifications would allow access to “conditional” certified status, which would allow them to practice as part of the relevant sector of the laboratory workforce.

In addition to evidence of a relevant qualification as outlined above, for full certification applicants would need to have the equivalent of 2 years' recent full-time experience in an Australian (or equivalent) laboratory that supports medical service provision and to have met the competency assessment requirements established for the certification scheme.

The two year period may be shortened to account for documented competency-based training (relevant to the level of certification applied for) that has occurred during the course of training or

while undertaking other workplace roles, such as a technical officer position, or some recognition for part of that period. The extent of time reduction might vary according to the evidence of previous workplace practice able to be demonstrated, with stakeholders expressing views on appropriate exemptions ranging between nil (for entry level scientists), 12 weeks, one year and the whole two years (for experienced technical officers transitioning to scientist roles). The position provided here is that at least 12 months supervised practice is required before a candidate can attempt to be fully certified.

In addition to evidence of an appropriate level of training, other evidence to support entry to full certification might include commitment to a Code of Conduct.

The proposed initial “grandfathering” entry process for existing Scientists and Technical Officers outlined in the Participation Position will provide to the scheme a comprehensive indication of the qualifications that are currently accepted by employers and this information will be analysed over time to establish common core study components for associated roles. This information will be used to guide assessment of entry for later scheme entrants, with the core principle being that formal qualifications need to include sufficient core knowledge content that is aligned with competent professional practice in that individual’s current role. Over time, competency assessment results will allow review of potential difficulties with specific courses if patterns begin to emerge.

Certification Requirements – Proposed Phases

Phase 2 and 3: Trial phase and initial full implementation – October 2019 to June 2023

1. For a Medical Laboratory Scientist, evidence of a relevant qualification in Science or Applied Science (AQF Level 7 or above) and for a Medical Laboratory Technician, evidence of completing a relevant VET sector qualification or equivalent*⁶ (or equal or higher relevant qualification, such as a science degree that would meet the requirements for entry as a scientist - i.e. AQF Levels 5 or above)
2. Evidence of minimum 2 years’ relevant recent experience
3. Willingness to agree to Code of Conduct/Ethics
4. Trial simple assessment of competencies in partnership with employers – survey data collected to assess opportunities for process improvement (see **Appendix A**)
5. CPD Certificate from an accredited CPD provider or an outline of CPD activities undertaken in the previous 2 years; survey commentary sought from all applicants on enablers, barriers and perceived needs for CPD and competency development/maintenance.

Data collected for evaluation of the Scheme’s operation and framework.

Subsequent Implementation Phase: Introduction of more rigorous assessment requirements – July 2023 to 30 June 2026 (and beyond)

1. For new applicants, Medical Laboratory Scientists will require evidence of a relevant qualification in Science or Applied Science (AQF Level 7 or above) and Medical Laboratory Technician, will evidence of completing a relevant VET sector qualification or equivalent* (or equal or higher relevant qualification, such as a science degree that would meet the (may already be on expanding list of approved degrees)
2. Evidence of minimum 2 years’ relevant recent experience
3. Willingness to agree to Code of Conduct/Ethics

⁶ As assessed by the relevant Scheme committee, panel and/or Board

4. Assessment of core competencies in partnership with employers – assessments reviewed by the Certification Panel - 5% auditing certification and re-certification applications
5. CPD Certificate from an accredited CPD provider covering the previous 3 years; further survey data collected from all applicants on enablers, barriers and perceived unmet needs in relation to competency development.
6. Complaints, investigation and appeal process is in place – only warnings issued where necessary.

Final Implementation Phase: Full Scheme entry requirements implementation phase – From July 2026 onwards

1. For new applicants, Medical Laboratory Scientists will require evidence of a relevant qualification in Science or Applied Science (AQF Level 7 or above) and Medical Laboratory Technician, will evidence of completing a relevant VET sector qualification or equivalent* (or equal or higher relevant qualification, such as a science degree that would meet the (may already be on expanding list of approved degrees)
2. Evidence of minimum 2 years' relevant recent experience
3. Willingness to agree to Code of Conduct/Ethics
4. Assessment of core competencies in partnership with employers – assessments reviewed by the Certification Panel of 10% of certification and re-certification applications
5. CPD Certificate from an accredited CPD provider covering the previous 3 years
6. Complaints, investigations and appeal process operational and sanctions applied where necessary.

Action required:

- Working group be delegated to finalise a Code of Conduct – relevant examples such as the following:

IBMS – <https://www.ibms.org/my-ibms/code-of-conduct/>

AIMS – <https://www.aims.org.au/membershipinformation/code-of-conduct/code-of-conduct>

NZ - <file:///Users/administrator/Downloads/Code%20of%20Ethics%202012.pdf>

NASRHP – [relevant excerpt for potential members on the model content of Codes of Conduct/Ethics included at Appendix B.](#)

- Database to be established for collation and analysis of qualifications submitted for conditional and full certification
- Working group to be established to review Technical Officer qualifications and relevant experience submitted by first round of certification applicants, including requests for early admission to full registration as a scientist.

5. Competency-based certification

The competency framework

The existing framework has proven repeatedly to be appropriate for the task of supporting a range of workforce related functions. Originally created to support the design and possible accreditation of courses to develop different medical scientific workforces, it provides a capacity to also support a certification scheme and a broad range of other human resource development and management functions.

For the purpose of underpinning a certification scheme, it is accepted that some further refinement of the CBS framework may be required over time, including:

- addition of some competencies to reflect continually evolving medical laboratory practice
- modification of existing competencies (especially terminology) to ensure appropriate inclusion of all scientific disciplines to appropriately be included in the certification scheme.

Ownership of the competency framework

There was some debate within the Delphi Conference population as to who should be the ultimate 'owner' of the CBS framework. Some (17%) felt the PAC should remain the main custodian and continue to be responsible for its maintenance but most others felt this was not a sustainable responsibility for PAC under its current rather informal structure. Some others (another 17%) did not support the role being given to PAC but still felt the final development and sustaining of the CBS framework should be undertaken independent of any scheme governing structure. Most Delphi Conference respondents though (56%) thought that the certification scheme's governing structure should be the ultimate custodian of the framework but in the meantime PAC should continue to be the venue for discussions about it as well as any decisions about modifications of the framework. How the certification scheme governing body would manage this task would be up to them, and might involve delegating to a third party, delegating to the professional associations or making modifications with help from outside experts. Most stakeholders have indicated in a range of ways that they would be disappointed if the professional associations were not involved in the ongoing shaping of the CBS framework, at least in framing competencies specific to their respective disciplines, and the proposed accountability and governance structures (see later section) for the scheme has taken those views into consideration.

High risk competency focus

A slight majority of stakeholders believe that the focus of competence assessment should be upon the competencies that address the known **high-risk** areas of laboratory practice as an initial focus of the proposed certification scheme. This focus on potentially high-risk areas of professional practice combines the professional interests of the scientific workforce, the responsibilities of laboratory owners and the safety and quality interests of consumers. In theory this approach also involves less work, since the focus of developing assessment tools can be on selected competencies rather than all that might be appropriate to performance of a particular work role.

A focus on high risk competences, at least initially, is likely to make the biggest difference for assuring the public (and employers) that a certification scheme can be a useful contribution to achieving safe and effective testing. The high-risk competencies could be identified by an expert group possibly informed by analysis of incident monitoring data from the longstanding Key Incident Monitoring & Management System (KIMMS) external quality assurance program to provide an evidence base. The use of KIMMS data in competency assessment was favoured by a majority of Delphi Conference participants.

In the light of the Certification Project's discussions and in collaboration with the PAC (plus invited others, such as FSA, THANZ, and ACS), the current CBS framework has been endorsed as largely fit for purpose for the time being. The framework will be subject to review by the certifying body and its participating stakeholders as the competency assessment process associated with the scheme develops.

Action required:

- The current CBS framework and content to be further reviewed as required during the course of the proposed QUPP-funded competency assessment initiative if that application is successful and/or over time as the needs of the certification scheme's competency assessment requirements are defined.

6. Methods of competency assessment

Given the range of views expressed and some strong opposition to elements that were well accepted by others, the following suite of somewhat revised options was developed for consideration over time:

A. Online learning and testing modules (focussed on all elements of the competency framework)

- The Certifying body (and/or approved third party provider/s) will need to offer module-based online learning and testing options which certification applicants will need to successfully navigate. Applicants will complete at least an agreed number of modules over the course of the conditional period of practice across an agreed number of competencies from the framework (focus may or may not be required on generally agreed "high risk" competencies). Progress from one module to the next will require successful completion of an online test that draws randomly on a bank of questions. The certifying body will be responsible for developing and/or approving the bank of suitable modules and test questions, potentially informed by analysis of relevant KIMMS data⁷

B. Portfolio of evidence of professional development, which would include –

1. A relatively simple **logbook** which aims to raise awareness of the CBS framework at an early career point but is designed to support straightforward checklists (that are simple for staff and employers to use for agreeing on successful completion of activities) and logging of other competency-related activity not covered by the checklists⁸. Completion of the logbook would require a certification applicant to cover a full range of competence areas, not just those associated with a current job or role.
2. **Evidence of other professional development activities** undertaken during the conditional practice period⁹.

⁷ This element of the assessment would be designed to test applicants' core scientific knowledge and its application to a laboratory setting, with a focus on core competencies for professional practice.

⁸ This element of the assessment would be to demonstrate the applicant's familiarity with and competence in laboratory practice, as endorsed by a laboratory manager or supervisor. The certifying body may wish to specify and publish key reporting elements and checklists as minimum standards for submission and this may include discipline-specific competencies as relevant to the worker and their current position. This core format could also be augmented as required by the employer to reflect specific workplace requirements. By default, the logbook format would act as a simple self-assessment tool for progress toward competence by both staff and employers.

⁹ This element of the assessment would operate (at least initially) like existing CPD programs – participants would select from and complete a range of CPD activity options to support their professional development during their conditional practice period and then compile a record of that activity for inclusion in their portfolio of evidence. Over time, and

It is clear that further work is required in order to support the implementation of effective competency assessment processes that are comparable between individuals and workplaces and that guidance in this area would be welcomed by professionals, employers and accreditation assessors. This work would benefit from the continuing involvement of stakeholder representatives and their nominating bodies in order to ensure that the sector benefits broadly from the development and/or promotion of efficient but effective competency assessment methods, which could in turn be adopted and/or recognised by the certification scheme. A range of options should be canvassed, including various online options and face-to-face methods, ensuring that professionals working in rural areas are not disadvantaged. Where existing competency assessment arrangements can be incorporated and recognised, those options should be explored as well.

In addition, the potential to align the certification arrangements with competency assessment of individual workers as part of the laboratory accreditation assessment arrangements should continue to be explored, for the benefit of both workers and employers, potentially for the efficiency of the certification scheme, and to promote the anticipated benefit of the proposed certification scheme in supporting the competence of the medical science workforce.

This work should be prioritised in the initial three year period of the certification scheme and prior to the first round of recertification when the first substantive application of competency assessment requirements will be initiated. It is anticipated that the focus on competency assessment will increase in emphasis over the course of the scheme's progression.

Action required:

- Working group to be established to guide the proposed competency assessment development project (including employer representatives)
- Database to be established for collation and analysis of CPD information – working group to be established and expertise of existing CPD administrators to be leveraged
- Ongoing review and environment scanning of existing CPD options that can be undertaken by scheme participants and applicants and findings analysed for gaps and unmet needs.
- Working group to be established to consider and reflect upon the competency-related data that is submitted by the “Beta tester” and Early adopter” scheme entrants and to feed that analysis into further refinement as required for the maturing scheme.

7. Recertification and maintenance of certification

The proposed position is a certification frequency cycle of 3 years. In line with recertification systems employed by various certification schemes nationally and internationally, it is proposed that a points-based system is adopted for the proposed scheme. That is, scheme participants will need to undertake relevant activities in order to accumulate sufficient points within every re-certification period.

The following rules would apply to the certification/recertification process:

- Certification would be time limited for three years and recertification would automatically be required when the certification period expires.

perhaps with guidance from the certifying body, CPD activity providers should be encouraged to become increasingly transparent with regard to their activities' relevance to building professional skills relevant to the competency framework.

- If an individual seeks certification within two years after certification has expired, they may seek re-certification either through a full certification process or by writing to the board and providing evidence for sufficient CPD points having been accumulated for the previous three years as required for re-certification.
- If an individual's certification has lapsed and not been renewed within five years or more of the initial certification (or last date of re-certification), they will be required to undertake full certification and pay the full fee for certification.

How does the points-based system work

Based on the points-based system of the comparable programs described, it is proposed that individuals seeking recertification (or maintaining their certification) should accrue a minimum amount of points over the three-year period. Once the scheme is established, it will be necessary for the governing board to determine the total points to be accrued and the value or points to be assigned for each type of CPD evidence, but a suggested approach is provided below.

A range of evidence types are proposed according to the following four categories of evidence:

1. Workplace
2. Professional service
3. Post graduate studies and professional development
4. Publications and presentations.

The types of evidence for each category are listed in Table 2 below. While there was some diversity of views expressed in the Delphi Conference about how evidence requirements should be weighted, they have been used to guide values in the Table. Each type of evidence has been assigned a value from between five to 30; individuals would need to accrue a total of 100 points over a three year period (the final values would need to be determined by the governing board).

Table 2: Types and categories of evidence for recertification

Category	Activity	Points
Workplace	Supervisor assessment	10
	Undertake QA research project	20
	Formal mentoring within the workplace (employer-recognised)	10
	RCPA QAP results (or results from other recognised external QA schemes e.g. "we have EQASRM and FertAid in the fertility industry")	10
Professional service	Membership of committees/professional societies/stakeholder groups	20
	Attendance at conferences/meetings/educational sessions/journal clubs etc.	5
	Registration/participation as a NATA peer technical assessor	15

Category	Activity	Points
Professional development training activities	Participation in training webinars/lunchtime or post work workshops / courses (2 hours or less)	5
	Attendance at structured CPD workshops/courses (at least 1 day)	10
Post graduate studies	Postgraduate certificate (relevant to the profession)	30
	Completion of discipline specific course conducted by relevant professional body or institute	30
	Postgraduate diploma (relevant to the profession)	50
	Fellowship or PhD (NPAAC definition)	30
Publications and presentations	Editing a book	10
	Authoring a chapter in a book	15
	Author a book	25
	Authoring a journal article (peer-reviewed)	20
	Authoring a journal article	15
	Presentations at meetings/workplace/professional societies	5
	Conference presentations	10

Underpinning rules for evidence requirements

The system of recertification should be underpinned by similar rules as utilised by the Australian VET sector for determining appropriate evidence – that is, that evidence should be valid, sufficient, current and authentic.¹⁰ The parameters for these rules would need to be defined, for example:

- valid – what type of evidence would be acceptable to assess ongoing quality and competence?
- sufficient – how much evidence would an individual need to provide? How will quality be defined? What type of evidence would be deemed relevant?
- current – for what period of time would an individual's evidence be valid?
- authentic – what will constitute authentic evidence and how will this be assessed (e.g. through a random auditing process)?

The processes for recertification and maintenance of certification will need to develop over time. Despite some associations currently offering or endorsing participation in CPD schemes, information collected during the course of the Certification Project to date has revealed that the current rate of

¹⁰ Australian Skills Quality Authority, *Appendix 2—Standards for Registered Training Organisations (RTOs) 2015*, accessed online 16 April 2018 at <https://www.asqa.gov.au/standards/appendices2/appendix-2>.

externally documented CPD is very low by workforce percentage and existing schemes do not generally offer content that clearly links to competency development and/or maintenance. It is likely there is other information currently held by professionals and employers that could be drawn upon and that the two initial workforce groups (and particularly the Technical Officers) and their employers could benefit from the development and availability of a range of additional, cost-effective CPD options.

Although membership of a professional association will not be a requirement of participation in the proposed certification scheme, such membership is likely to assist individuals in meeting and documenting their CPD participation. This will particularly be the case if existing CPD administration schemes progress to more competency-focussed content over time, as has been the experience of other certification scheme providers in overseas jurisdictions and/or other health professions.

Part time requirements, leave arrangements and special consideration

The following draft policy positions have been prepared during the course of the certification project and will require further reflection and consideration by a delegated working group or committee of the Interim Board.

Part time and casual workers

Individuals working part time or casual are required to accrue 100 Continuing Professional Development (CPD) points over three years to maintain certification through the Scheme. As a certified Scientist or Technical Officer, completion of CPD is a requirement of certification, regardless of the number of hours worked each week.

Full-time equivalent is 38 hours per week. The maximum number of hours that can be counted per week is 38 hours. Part-time is 18 hours or less per week. This can be completed on a part-time basis as agreed with the Board.

Leave arrangements

Individuals on approved leave from the Scheme (such as due to parental leave, sick leave or study leave) will still be required to accrue 100 CPD points (or 20 hours average per year of CPD learning), regardless of circumstances, if they want to maintain certification. This can be completed over an extended period of time, as agreed with the Board.

Recency of practice

Applying for recertification

Recency of practice means that a Medical Laboratory Scientist or Technician has maintained an adequate connection with, and recent practice in, the profession since obtaining certification.

To be eligible for recertification, you must have carried out a minimum of:

- 450 hours of practice during the three-year period immediately prior to the start of the recertification period, or
- 150 hours in the previous year.

Returning to practice¹¹

If you have two or more years working experience as a certified Medical Laboratory Scientist or Technician and are returning to practice, you are required to meet the following requirements for recertification:

- if you have had non-practising certification, or have not been certified, for up to and including 12 months:
 - there are no additional requirements that have to be met.
- if you have had non-practising certification, or have not been certified, for between 12 months and up to and including 36 months:
 - at a minimum, before re-commencing practice, you must complete the equivalent of one year's continuing professional development (CPD) activities to be eligible for recertification.
- if you have had non-practising certification, or have not been certified, for more than 36 months:
 - you are required to provide a plan for professional development to the Board for consideration for recertification.

Special circumstances

All certified individuals are required to meet the CPD requirements. However, individuals may request a temporary waiver, reduced CPD requirement or an extension of time to complete CPD requirements if they are experiencing exceptional personal or professional circumstances.

A written request must be submitted to the Scheme for consideration by the Committee. Professional or personal exceptional circumstances include, but are not limited to: prolonged illness, family obligations and circumstances, financial or other hardship, and career transition. An extension of time shall not relieve the individual of the responsibility for completion of the CPD requirements.

Action required:

- Working group to be established to finalise initial proposed points and activity framework, using existing known CPD patterns of activity as a resource for assessing potential feasibility
- Establish a database to enable collation and analysis of first round CPD activity reporting and survey data on CPD cost and accessibility as well as demand for specific types of CPD for both scientists and technical officers
- Working group to finalise the part-time and leave policies outlined above, potentially as part of the beta testing phase.

¹¹ Taken from Medical Board 'Recency of practice' standard.

9. Sanctions

Given that compulsory participation is not a feasible option for the proposed certification scheme at this point in time, the primary purpose of sanctions will be to protect the credibility of the scheme in order to ensure all stakeholders (including end users) can be assured that certified members are appropriately competent.

The following set of assumptions should inform the proposed sanctions:

- certification will demonstrably lead to reducing risks to the health of the public
- there may undoubtedly be individuals who will attempt to become (or remain) certified through dishonest means (e.g. they may not be capable of gaining and/or keeping certification and will attempt to falsify documents or requirements)
- certification will apply to those in current employment (but could be voluntarily suspended if the person temporarily leaves the workforce)
- sanctions such as permanent removal are likely to be extremely rare events – nevertheless, they need to be defined and agreed.

Types of sanctions

Protecting the integrity of the scheme involves primarily only ensuring that certified workers are competent, i.e. performing their work to the standards of their level of certification.

Sanctions could be applied at three levels:

1. certification not granted (upon initial certification or recertification application)
2. temporary suspension of certification
3. permanent removal of certification.

A process for the removal of certification from an individual would need to be implemented. This would be to manage incidents where an individual has practised in a negligent manner occasioning patient harm or who may be deemed unsuitable for certification as per the requirements.

Sanctions would be applied and managed through one of the following instances:

- a. random audit as part of the initial certification and recertification processes – this could be an audit of competency assessments of between 5% and 10% of scheme members
- b. notification of misconduct – the Certification Board becomes aware of an incident of proven misconduct¹² of a certified member (e.g. through a Healthcare Complaints Commission) therefore the Board would be obliged to recognise and act upon the charge¹³
- c. permanent removal from the certification scheme would require unanimous agreement by the Certification Board
- d. appeals process – a member may appeal a sanction and apply for recertification, unless permanent removal has been applied.

¹² Where that misconduct violated competence requirements of the competency framework.

¹³ Note: it was proposed that it would not be the responsibility of the Certification Board to conduct additional investigations.

There was strong agreement from the Delphi Conference process that permanent removal could have a significant impact on an individual's future employability; therefore, it would be applied for serious breaches only, with temporary loss being the most likely sanction to be applied. A robust appeals process will be critical for the scheme yet, ultimately, the impact and ramifications of the sanction will be dependent on the credibility and acceptance of the scheme by individuals and employers. 87% of Delphi conference participants supported the proposition that employers should only be informed if an individual's certification was removed on the basis of a proven or highly likely serious quality issue or suspicion of a criminal offence. There was little support for publication of certification removal details in any form.

The most appropriate governance structure for applying sanctions would be the governing board of the scheme as they have overarching responsibility for the scheme and will make the final decision in regard to a sanction. To ensure transparency and integrity it may be useful to form a panel or small group could be formed, as necessary, to review the case and provide recommendation to the board. The arrangements for sanctions will continue to need reflection and debate as the final detail of the certification scheme is elaborated over the course of the preparation phase.

Action required:

- The structures for how sanctions should be managed should be considered and included as part of finalising the governing body's Constitution and Bylaws
- Finalising the detail of sanctions to be applied should be a priority development activity once the scheme is operational
- Full application of the scheme's sanction process is anticipated to occur from the second round of recertification which is scheduled to commence in July 2026.

10. Cost of participation

Cost of entry to the scheme

The cost of entry¹⁴ to the proposed certification scheme should be kept relatively low in order to maximise the proportion of the potential workforce who would be prepared to enrol in the scheme. But the cost level does not need to be at a "bargain basement" level because it is anticipated that the inherent value of the scheme will be promoted within the profession and is likely to be widely recognised. A tax-deductible annual fee of between \$300 per annum was the mean point of fee levels suggested by stakeholders. This is broadly consistent but at the lower end of the fee scales of comparable certification schemes.

The proposed certification scheme will only be sustainable if sufficient income can be generated to support the required workload of administering the scheme. The agreed objective is to establish a cost structure that would allow the scheme to stand alone but workshop participants acknowledged that there are many unknown factors at this early stage of the scheme's development. A fee structure should be formulated in consideration of the following factors:

- simple and transparent system

¹⁴ **Note:** Discussion around entry and recertification fees assumes that these are costs that will be borne by individual workers to support their personal taxable income earning activities. On this basis, the cost of certification fees would become a tax-deductible work-related expense ("membership of a professional organisation").

- senior and/or clinical scientists, if included in future as proposed, may require a more sophisticated assessment regime and this may suggest a slightly higher fee level (e.g. \$400 per annum initially, tax deductible).

Based on these considerations, the following fee structure was agreed for the proposed initial Scheme applicants from 1 July 2020 when the Scheme is due for its official full launch.

Certification level	Initial certification fee	Recertification fee (3 yearly)
Scientists	\$350	\$300
Technical Officers	\$300	\$250

Cost of re-certification

The process of re-certification would not require re-assessment of entry qualifications but stakeholder discussions have determined that the overall process for recertification assessment would be relatively similar. Additional infrastructure would not be required, but the costs and resources that would be required for the re-certification process would include general administrative (e.g. communication with members, management of databases, etc.) and the costs associated with the assessment and auditing activities. Even if the scheme can attract voluntary assistance with those activities, funding would be required to support travel and meeting costs. For these reasons, a cost for recertification has been proposed that is similar to that of the initial certification process.

Estimated financial viability of the scheme

The above proposed payment schedule can be used to form an estimate of the initial Certification Scheme income. Based on a 2011 study of the workforce in Australian medical pathology laboratories (Ridoutt et al., 2011) and a 2010 survey of the workforce (Urbis, 2010), it is estimated there are at least 7000 medical scientists and 3000 technical officers currently employed in the medical scientific workforce. Assuming an initial participation uptake rate for the Scheme of 30% to be achieved by the end of the first 3 years (the most popular estimate of the Workshop participants), a crude income estimate for the Scheme by 2023 could be calculated as follows:

Scientists	7,000	x	\$350 x 0.3	=	\$735,000
Technical Officers	3,000	x	\$300 x 0.3	=	\$270,000
Estimated initial total scheme income (3 year cycle)					= \$1,005,000

Based on a rate of just under half of the initial cost of entry into the scheme, income from ongoing participation in the scheme, or re-certification, could be similarly calculated as follows:

Scientists	7,000	x	\$300 x 0.3	=	\$630,000
Technical Officers	3,000	x	\$250 x 0.3	=	\$225,000
Estimated ongoing total scheme income(3 year cycle)					= \$855,000

Thus, in the first three years of operation given the proposed cost of certification and assumptions about uptake, the revenue would be approximately \$1.005 million, giving an annual budget of approximately \$335,000.

In order to underline its independence, the most desirable outcome would be for the scheme to become viable as a stand-alone entity within a short period of time. In the absence of any other

form of available financial support and during the establishment period, initial subsidisation by professional associations and societies might need to be sought to ensure initial uptake and financial viability of the scheme. This subsidisation could take the form of “seeding” money to support the establishment of governance and operational structures of the agreed scheme. Those providing ‘seed’ funds would become shareholders in the certification governance arrangement (see Governance Section).

However, if needed, further support for the scheme might be achieved through partnership with stakeholder organisations via a combination of:

1. An ongoing annual fee proportional to the number members; associations pay a fixed portion of their fees to the scheme on an annual basis (not a preferred option – the key aim is to establish a certification scheme that will be self-supporting financially)
2. In-kind support from associations in one or more of the following ways:
 - Administrative, IT, payroll and Human Resource functions
 - Infrastructure support such as low-cost office spaces, meeting rooms,
 - Marketing and advertising of the scheme through association communication channels, conferences and workshops
 - Volunteer assessors and auditors
 - Board representation
 - Academic input and support e.g. support to define competency requirements and guidelines.

The cost of participation in the scheme has been set at a low level (including certification fees being paid each 3 year period) compared to the rates of annual fees paid by the majority of other health professions (and professional groups more broadly). The modest proposed entry and recertification fees for both scientists and TOs (\$350 for initial entry and \$300 for recertification each 3 years) reflect a recognition that scheme participants may also be paying for one or more other professional memberships, some of which include the cost of a CPD monitoring system. Recertification fees are similar to initial certification fees because the anticipated assessment processes will be similar and therefore require a similar amount of effort on the part of the certifying body for both professional groups. However, the reportedly current low level of CPD options taken up by TOs and small number of relevant professional groups suggests that it may be appropriate for the certifying body to focus on building up a suite of suitable CPD activities that can be easily and cheaply accessed by TOs throughout Australia.

Proposed fees and modelled income to 1 July 2026

Entry Phases	Scientists	Technicians	Enrolment period	Period of coverage
Beta testers*	\$200	\$150	1 Sept 2019 – 12 January 2020	From enrolment to 30 June 2023
CPD scheme-enrolled	\$165	\$115		
Donations				
Early entry*	\$250	\$200	13 January 2020 – 30 June 2020	From enrolment to 30 June 2023
CPD scheme-enrolled	\$215	\$165		
Donations				

Entry Phases	Scientists	Technicians	Enrolment period	Period of coverage
1 Jul 2020 onwards*	\$350	\$300	1 July 2020 – 30 June 2023	Rolling – from date of enrolment to 3 year anniversary of enrolment
CPD scheme-enrolled	\$315	\$265		
Recertification	\$250	\$200	From 1 July 2023 - three years of rolling re-certifications	From enrolment to 30 June 2023
New enrolments*	\$350	\$300	From 1 July 2023 to 30 June 2026	Three years from date of certification

Action required:

- Final fees and discounts to be confirmed by the Interim Board.

Communication Strategy

Stakeholder Interest and Influence Analysis

At the outset of the project, a stakeholder analysis was undertaken in conjunction with the Project Coordination Group in order to guide a range of communication activities over the course of the project. The aim of that activity was to research current positions of key stakeholders in relation to issues relevant to certification of the medical laboratory science workforce and to identify their expectations, perceived benefits of certification, and acceptable parameters for certification in terms of funding, costs, coverage, etc. The list of relevant organisations that were identified as a result of this process is outlined in the box below.

AACB	Australasian Association of Clinical Biochemists
ACS	Australian Cytometry Society
ACSQHC	Australian Commission of Safety & Quality in Healthcare
AHPRA	Australian Health Practitioner Regulation Agency
AIMS	Australian Institute of Medical Scientists
ANZSBT	ANZ Society for Blood Transfusion
ASC	Australian Society of Cytology
ASCIA	Australasian Society of Clinical Immunology & Allergies
ASM	Australian Society for Microbiology
FSA	Fertility Society of Australia
HGSA	Human Genetics Society of Australasia
HistoNSW	Histology Society of NSW
NASRHP	National Association of Self Regulating Health Professions
NATA	National Association of Testing Authorities
NPAAC	National Pathology Accreditation Advisory Council
PAC	Pathology Associations Council
PA	Pathology Australia (private sector peak)
PPA	Public Pathology Australia (public sector peak)
RCPA	Royal College of Pathologists of Australasia
THANZ	Thrombosis & Haemostasis Society of ANZ

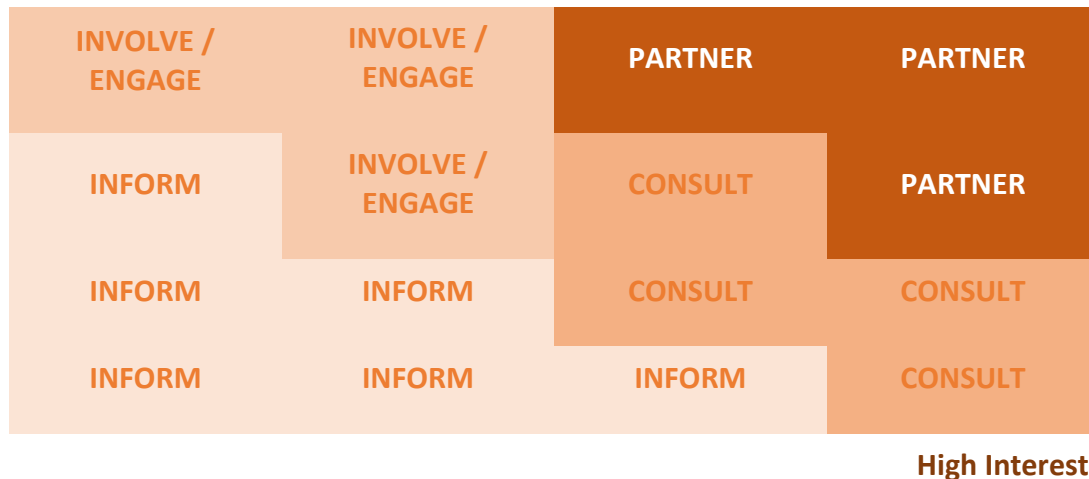
Level of Influence

	Unions (particularly for technician workforce)	PAC NPAAC Dept of Health	AIMS AACB
	NASRHP	Employers (PA & PPA) NATA RCPA (Faculty of Science)	ASM ASC ASCIA HGSA ANZSBT THANZ FSA ACS HistoNSW
	ACSQHC AHPRA	RCPA	State and territory health authorities
			Consumers (Consumers Health Forum)

Level of interest

High Influence

Influence/Interest Analytical Tool



In particular, this analysis was useful in terms of ensuring that the right people and organisations were included in all aspects of the project's development. The core group that was identified as having a high level of both interest and influence (i.e. "partner" status according to the profiling outlined in the schematic below) was kept actively involved in the project's development in a range of ways that would enable their views to be clearly heard and considered.

The next two layers of stakeholder interest and influence ("Consult" and "Involve/Engage") reflected the group of stakeholders with known or potential interest and influence who were either kept informed over the course of the project and/or actively involved in the phases of work where their input was important because of the potential impact of the Scheme on their responsibilities and/or interests. The views of these stakeholders were actively considered by the Project Coordination Group as part of working with HCA to ensure that the Scheme would be workable when it is initiated and that all realistic risks have been considered and mitigated during the development phase and the proposed implementation phase.

Although there has been no specific contact with the "Inform" category of stakeholders (ASCSQHC and APHRA), the project development has taken into account published information on relevant aspects of each of these organisations' strategic agenda and specific initiatives. For example, information published by ACSQHC on identification and management of risk in health care was considered in the course of project discussions about the extent to which risk factors should be a guiding influence on the shape of the proposed Scheme. And the national review of health profession accreditation systems that occurred concurrently with the certification project has informed stakeholders about the emerging directions in relation to separation of course accreditation from certification/registration of individual health professionals and assured the Project Coordination Group that a focus on individual certification alone reflects current strategic directions in this policy area.

Communication activities to date

In addition to the publication of the project's Discussion Paper, Position Paper (draft and revised draft forms) and impending publication of this Implementation Plan on the HCA website and the websites of most of the participating stakeholder organisations, a series of newsletters have been prepared for use by professional associations when communicating with their membership about the emerging proposed Scheme. A mailing list of over 200 contacts has also been collated by HCA over the course of the project.

Key proposed communication activities:

The following activities have been discussed by the Project Coordination Group and will be more formally defined and agreed by the Interim Board (and/or coordination group that takes forward the initial phase of establishing the interim governance arrangements for the Scheme):

- Communique to be prepared for circulation by all associations and willing supporting organisations, such as unions, the RCPA, employers and employer groups
- Mailing list registration (using HCA project mailing list as a starting point)
- Regular newsletter updates to be circulated (timetable proposed in the implementation timetable) to keep stakeholders informed of the Scheme's progress
- Graphic design work to include banner advertisement for use in web design, conference pages etc
- Early establishment of the Scheme website as the prime site for communication with stakeholders about progress with the Scheme's implementation (one comprehensive quote has been secured from a suitably experienced provider for reference/consideration by the Interim Board)
- Face to face meetings organised by the steering group/Board members with NPAAC, NATA, employer peak groups, major employers, NASRHP, Consumers Health Forum and other relevant stakeholder organisations over the course of 2019.

Evaluation approach

Evaluation thinking

The purpose of almost any evaluation, formative or summative, can be simply summarised in terms of one or more of four possibilities, which Suchman (1967)^[1] categorises by way of:

- **Intention.** This asks the question, “*what are you trying to do?*” and “*is it appropriate?*”
- **Effort.** The measurement of effort answers the questions “*What did you do?*” and “*How well did you do it?*” This is the essence of a formative evaluation, and while it is not always the case that a well implemented intervention will deliver its intended objectives or outcomes, the reverse is generally a rule - that a poorly implemented intervention will rarely deliver intended outcomes.
- **Effect.** To measure effect is a more powerful evaluation purpose, which asks the question “*Did the Initiative work?*” There are two aspects to this question¹⁵, the first of which asks the above question in the simple way “*Were things better or worse after the project was initiated?*” The second aspect asks the more difficult question, “*If things got better, was the program responsible?*” Only the first aspect of the ‘effect’ question is possible to be answered in an evaluation of the Certification Scheme.
- **Efficiency.** This asks the question, “*Is there a better way to obtain the same results?*” or, “*Was the least cost combination of resources chosen to yield the desired objective or outcome?*”

Proposed approach

Since this evaluation framework is able to commence at the outset of the Scheme, there is an opportunity to establish a Minimum Data Set (MDS) that will support evaluation effort over the course of the first cycle of certification and re-certification (namely, from 1 September 2019 to 1 September 2023) and hopefully beyond.

The MDS will be made up of data that can inform agreed Performance Indicators (PIs) for successful operation of the Scheme, PIs relevant to specific aspects of the Scheme’s implementation and apparent impact.

HCA proposes that the PIs would be set by the Board of Directors. However, to assist that process a draft set of possible PIs for different evaluation purposes has been provided in the matrix outlined on the next few pages. The data requirements in order to measure achievement of the draft PIs is also provided.

^[1] Suchman, E.A. (1967) *Evaluation Research*. New York, Russell Sage Foundation

¹⁵ Austin, M.J. Cox, G. Gottlieb, N. Hawkins, J. Kruzich, M. and Rauch, R. (1982) *Evaluating Your Agency Programs*. Beverly Hills, Sage

Draft Evaluation Outline

Evaluation purpose	Evaluation research questions	Possible performance indicators	Data requirements
Intention	<ul style="list-style-type: none"> Was the Scheme set up in a way that was likely to deliver on the Scheme's original intentions? Have the Scheme's Object's provided useful guidance to the implementation and operation of the Scheme? Was the original intention and plan for implementation well targeted? 	<ul style="list-style-type: none"> Level of compliance with the program logic Relevance of intentions should the policy and regulatory circumstances be changed Company members and stakeholders remain satisfied with 'objects' over time 	<ul style="list-style-type: none"> Regular situation analysis of policy and regulatory context by Board Document analysis Annual survey of stakeholders
Effort	<ul style="list-style-type: none"> How often did the Board meet and was Director attendance satisfactory? Were committees and working groups set up and managed according to the Constitution and By Laws of the Company? Were appropriate records kept of Board and other governance arrangement meetings and agreed actions followed up? Did the Scheme manage to recruit the expected number of participants in each category of worker? Was the Scheme's marketing directed to the right audiences? Did the Board build and maintain the effective relationships with key stakeholders such as NPAAC, NATA and employers? 	<ul style="list-style-type: none"> Compliance of governance arrangements with the Constitution Financial records comply with ASIC requirements and Board needs 80% attendance at all Company governance arrangement meetings Projected application numbers satisfied across all certification categories Budgeted marketing expenditure occurred according to plan Quality of relationships established with all industry policy makers and regulators 	<ul style="list-style-type: none"> Minutes of governance meetings Database of Director and other committee / working party member attendance Financial records Annual and other reports Annual survey of stakeholders The Register

Evaluation purpose	Evaluation research questions	Possible performance indicators	Data requirements
	<ul style="list-style-type: none"> Was the effort made by the Board, its Members and its employees productive and consistent with the Objects of the Company? 		
Effect	<ul style="list-style-type: none"> Is the Scheme prompting a higher level of CPD participation in the workforce? Is competency assessment being undertaken in more rigorous and predictable ways? Do participants believe that Certification has a positive effect on their profession? Do employers believe that Certification has a positive effect on their productivity and safety/risk management? Do accreditation assessment agencies perceive any impact of Certification on worker competence and/or the overall competence of the Medical Scientific workforce? Has the competence of the workforce increased? 	<ul style="list-style-type: none"> 30% increase in persons certified under accredited CPD schemes Uptake of Scheme's assessment tools in 30% of employers by July 2023 Overseas registration / certification schemes purchase assessment tools 50% of participants in the Scheme believe they personally or the profession is better off as a result of the Scheme by 2023 30% of employers with involvement with the Scheme believe risk has been reduced and productivity improved Testing agencies believe there has been an improvement in workforce competence Workforce population competence, as measured through approved assessment tools, has increased by 10% by 2023 and 25% by 2026 	<ul style="list-style-type: none"> Accredited CPD Scheme data Assessment tool sales data Survey of Scheme participants Survey of employers and regulatory agencies Sample of competence assessment outcomes collected and analysed
Efficiency	<ul style="list-style-type: none"> How much money was raised by the Scheme's operation in subscriptions, fees, donations, and/or 	<ul style="list-style-type: none"> 80% agreement of actual revenue with projections 	<ul style="list-style-type: none"> Financial records Budget and annual reports

Evaluation purpose	Evaluation research questions	Possible performance indicators	Data requirements
	<p>sales?</p> <ul style="list-style-type: none"> • How much was spent and on what? • Was this expenditure a suitable investment of Scheme income? • Are there any changes in patterns of income and expenditure that should be considered and why? 	<ul style="list-style-type: none"> • 90% agreement of expenditure with projected budget • Scheme is financially viable • Per Certification Scheme participant cost is maintained at or below initial fee levels • 10% revenue obtained by 2026 from sources other than fees 	<ul style="list-style-type: none"> • Profit and Loss statements

Timeframe for evaluation activity

The evaluation questions as proposed above in draft form should be reviewed, revised and confirmed by the Board in the early stages of its operation and agreement reached on what data should be collected routinely to support evaluation analysis against each question. This data should be collected in a way that allows easy access and regular review by the Board (e.g. on a 6 monthly basis, allowing 8 rounds of internal review and adjustment over the course of the proposed initial evaluation period – 2020 to 2023).

After the evaluation period (i.e. from early 2023), an independent evaluator should be contracted to review the data that has been collected during the evaluation period. In addition, it is proposed that the evaluator should conduct interviews with Board Directors (current and past), Members, Scheme participants, and key Scheme stakeholders to reflect on the intent, effort, effect and efficiency of the Scheme's operation over that period and to explore any changes that may be seen as helpful to the Scheme's operation and its impact.

Appendix A: Assessment of competence and experience

To be completed by the applicant's nominated supervisor

Nominated supervisor: Day to day oversight of the practitioners work may be under a number of different staff. The nominated supervisor is responsible for regular reviews of the practitioner's work. This is a measure of the applicant's competence and must be completed in an objective, honest and professional manner. The supervisor must also be deemed to be competent to carry out this assessment.

This assessment is for _____ (name of applicant) and is for the position of scientist/technician (please circle).

My name _____

My position title _____

Email address _____

I verify that the applicant has worked in a laboratory that meets NPAAC accreditation and/or RTAC licensing requirements for: _____ (length of time in years/months)

I attest that the applicant meets the following competencies for technicians and scientists:
Ensures that samples are collected, prepared and analysed appropriately
Correlate results of investigations using knowledge of method(s) including analytical principles and clinical information
Reports test results appropriate to role
Participates in maintenance of documentation, equipment, resources and stock
Maintains and promotes safe working practices
Participates in continuing professional development
Communicates effectively with colleagues, health workers and clients
Participates in education and training of laboratory personnel where appropriate
I attest that the applicant meets the following competencies for scientists:
Interprets, reports and issues valid laboratory results
Provides advice on test results, principles and limitations
Responsible for scientific practice and judgement including test selection, development and use of laboratory investigations
Participates in education and training of health workers and others
Contributes to advancement of knowledge and improvement of laboratory practice

DECLARATION

I confirm that the above information is true to the best of my knowledge.

Signed

Date

Appendix B: NASRHP Guidance on Code of Ethics (excerpt from the Membership Standards guidance document)

The following guidance for NASRHP members on the drafting of such documents may be helpful for that task:

A Code of Ethics/Practice and/or Professional Conduct seeks to assist and support practitioners to deliver appropriate, effective services within an ethical framework. Practitioners have a professional responsibility to be familiar with their Code of Ethics/Practice and/or Professional Conduct. A Code of Ethics/Practice expresses the minimum enforceable values and responsibilities which are integral to, and characterise, the particular allied health profession. It is intended to assist all practitioners, collectively and individually, to act in ethically accountable ways in the pursuit of the profession's aims.

One of the key purposes of a Code of Ethics/Practice and/or Professional Conduct is to hold practitioners accountable for their ethical practice and act as a basis for investigation and adjudication of formal complaints from the public and other practitioners about unethical conduct.

Scope of application

To become a NASRHP Professional Body, a Code of Ethics/Practice and/or Professional Conduct must be in place. Requirements of the standard Mandatory compliance with the Code Compliance with the Code of Ethics/Practice and/or Professional Conduct set by the NASRHP Professional Body must be a mandatory component of maintaining certification for practitioners and a component of demonstrating Fitness to Practice (if a Fitness to Practice policy is in place).

Features of the Code

The following features must be incorporated into the Code of Ethics/Practice and/or Professional Conduct:

- Essential definitions to support public navigation
- An interpretation statement (describing the purpose of the code and where it sits within self regulation)
- Description of the attitudes and expectations of a practitioner with limited reference to practice techniques and technical expectations
- Reference Scope of Practice
- The principles must be assessable and linked to the Complaints process
- There must be a defined review period with a robust review process
- Requirement to comply with Federal and State Laws and regulations.

Declaration requirements

The NASRHP Professional Body must require its certified practitioners to provide a declaration of understanding and compliance with the Code of Ethics/Practice and/or Professional Conduct at the time of initial certification or recertification.

Clarity of language and terms

NASRHP Professional Bodies are encouraged to use Plain English in their Code of Ethics/Practice and/or Professional Conduct, understanding that this is a document available for wide, public consumption. A Guidance document or other appropriate Page 13 of 32 consumer information must be available to support public understanding of the Code of Ethics and/or Professional Conduct, which may be in document or web page format.

Appendix C: Draft Constitution and Bylaws

(Logo)

Constitution

The Australian Council for Certification of Medical Laboratory Scientific Workforce (ACCMLSW) Limited

**ACN xxx
Not-For-Profit Company Limited by Guarantee
May 2019**

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CONSTITUTION OF The Australian Council for Certification of Medical Laboratory Scientific Workforce

ACN xxx

Corporations Act 2001

A Company Limited by Guarantee

Date: of Adoption 30 May 2019

PRELIMINARY

1. Name and type of company

- 1.1. The name of the company is The Australian Council for Certification of Medical Laboratory Scientific Workforce (referred to as the Council in this Constitution).
- 1.2. The Council is a not-for-profit public company limited by guarantee.
- 1.3. The liability of Members is limited to the guarantee amount in **clause 1.4** (see winding up clause)

2. Powers

- 2.1. The Council has all the powers of an individual and a body corporate but does not have the power to issue shares.
- 2.2. The powers of the Council are ancillary to and exercisable only in pursuit of the Council's Objects as set out in **rule 2**.

3. Definitions & Interpretation

- 3.1. In this Constitution, unless the context requires another meaning:

'ACCMLSW' means The Australian Council for Certification of Medical Laboratory Scientific Workforce (or its successor body).

'Annual General Meeting' means the annual general meeting of Members.

'Auditor' means the auditor for the time being of the Company.

'Board' means the board of Directors for the time being of the Company comprised as required by **Rule 22.2**.

'By Laws' means regulations made by the Board for the administration and management of the Australian Council for Certification of the Medical Scientific Workforce's affairs

'Certificant' means a member of the Australian Medical Laboratory Scientific Workforce who has been certified by The Australian Council for Certification of Medical Laboratory Scientific Workforce), and whose name is entered in the Register of the Certified Australian Medical Laboratory Scientific Workforce.

'Chair' means the chairperson of the Board.

‘Chief Executive Officer’ means the Chief Executive Officer appointed by the Board whose title shall be determined by the Board from time to time.

‘Consumer Representative’ means a person who is not a Qualified Medical Laboratory Scientific Workforce and who can contribute consumer perspectives in health care, including the quality use of medical laboratory testing and procedures.

‘Company’ means The Australian Council for Certification of Medical Laboratory Scientific Workforce, whatever its name may be at the relevant time.

‘Company Secretary’ means the secretary of the Company appointed in accordance with the Corporations Act (or any of them if more than one).

‘Constitution’ means this constitution as amended from time to time and a reference to a particular **‘Rule’** of this Constitution has a corresponding meaning.

‘Corporations Act’ means the *Corporations Act 2001* (Cth) or any statutory amendment modification or re-enactment for the time being in force.

‘Deputy Chair’ means the Director (if any) elected as deputy chairperson of the Board.

‘Director’ means a person holding office as a director of the Company in accordance with the Corporations Act, and where appropriate includes an Alternate Director.

‘Financial Year’ means the year commencing on 1 July in a given year or commencing on such other date determined by resolution of the Members in General Meeting.

‘Founding members’ means the 10 or more medical science professional organisations deemed as Members of the Council from the time of incorporation.

‘General Meeting’ means a meeting of Members to consider any motion brought before, or any business of, the Company.

‘Governmental Agency’ means any government or any governmental, semi-governmental, administrative, fiscal or judicial body, department, commission, authority, tribunal, agency or entity.

‘Medical Laboratory Scientific Workforce’ means those persons who collectively hold qualifications that would enable them to work as a Qualified Medical Laboratory Scientist or Technician at a level relevant to their qualification.

‘Meeting of Members’ means an Annual General Meeting or any other General Meeting held in accordance with the Corporations Act .

‘Meeting of Directors’ means a meeting of the Board held in accordance with the Corporations Act or this Constitution.

‘Member’ means a member of the Company being any one or more of the professional associations who has had been accepted by the Board, paid the relevant annual subscription and referred to in the By Laws that support this Constitution.

‘Member’s Representative’ means a nominee of a Member who has been endorsed by that Member to vote on behalf of its constituents.

‘National Law’ means the *Health Practitioner Regulation National Law* as enacted in each participating jurisdiction in Australia, and any associated regulations, as amended from time to time.

‘Qualified Medical Scientific Worker’ means a person who holds qualifications that would enable them to work as a Medical Laboratory Scientific Workforce at a level relevant to their qualification.

‘Register of Members’ means the register of Members of the Company as required under the Corporations Act.

‘Register of the Certified Australian Medical Laboratory Scientific Workforce’ means the register in which the names and details of certified Medical Scientific Workers are recorded.

‘Seal’ means the common seal of the Company (if any).

‘Special Resolution’ means a resolution passed in General Meeting by 75% of the Members who, being entitled to vote, vote in person or by proxy or in any other manner authorised by the Constitution or the Corporations Act.

4. Exclusion of Replaceable Rules

The replaceable rules contained in the Corporations Act do not apply to the Company.

5. Purpose

- 5.1. The Company is an independent organisation established to assess and recognise competence of eligible members of the Medical Laboratory Scientific Workforce in Australia.

6. Objects

- 6.1. The Council is a member-based association of qualified professionals that has the objective of advancing the understanding and delivery of services and the establishment and implementation of professional standards for those using their scientific knowledge in medical fields for the benefit and protection of the community.
- 6.2. Consistent with its purpose, the Council will achieve this objective by promoting the highest standards of professional competence in medical laboratory science, and its application in medicine, through all and any one or more of the following objects:
- 6.3. To provide a comprehensive competency-based individual certification service, in line with relevant national medical laboratory accreditation standards, assuring industry and regulatory authorities that the services provided by certified participants are safe and minimise risk, including:
 - i. Defining classes of certification, and competency assessment requirements for each class of certification;
 - ii. Certifying candidates who meet the certification requirements; and
 - iii. Taking appropriate steps to ensure continuing competence of the Council- Certified Medical Laboratory Scientific Workforce, including (but not limited to) keeping them informed on important matters that may affect them, such as performance monitoring, continued professional development and monitoring of professional conduct.
- 6.4. To promote and maintain the Council’s professional and ethical standards of practice.

- 6.5. To develop, review and maintain a list of relevant qualifications suitable to achieve initial entry to Medical Laboratory Scientific Workforce certification.
- 6.6. To develop and maintain competency frameworks to underpin the assessment requirements for a Medical Laboratory Scientific Workforce certification scheme.
- 6.7. To develop and promote risk-based assessment tools and guidelines to be used by employers and supervisors of the Medical Laboratory Scientific Workforce to assess and recognise competence.
- 6.8. To advise and make recommendations to relevant regulatory agencies and assessment bodies relating to the certification of the Medical Scientific Workforce.
- 6.9. To promote the career pathway for the workforce by defining the competencies required for progression
- 6.10. To provide information, guidance and advice to Governmental Agencies, employers and other relevant organisations relating to law and policy regarding competency requirements for the certification of the Medical Scientific Workforce.
- 6.11. To establish and maintain relationships with organisations having objects and functions in whole or in part similar to the objects and functions of the Company.
- 6.12. To act on the reasonable direction of Members of the ACCMLSW consistent with the objects and purpose of the Company.

7. Application of Income and Property

- 7.1. Subject to **Rule 7.2**, the profit, income and property of the Company shall be applied solely towards the promotion of the Objects and no portion of that profit, income and property shall be paid or transferred directly or indirectly by way of dividend, bonus or otherwise by way of profit to the Members (past or present) or to any person claiming through any of them or by way of Directors' fees to Board members.
- 7.2. Nothing contained in **Rule 7.1** shall prevent:
 - 7.2.1. The payment in good faith of remuneration to any officers, servants or employees of the Company or to any Member, Director, or other person in return for any services actually rendered to the Company that are approved by the Board or reimbursement of out-of-pocket expenses.
 - 7.2.2. The repayment of money advanced by any Member to or for the purposes of the Company.
 - 7.2.3. The payment of interest at a rate not exceeding the rate for the time being charged on overdraft accounts exceeding \$100,000.00 by the Company's bankers on money lent to the Company by any Member for the purposes of the Company.
 - 7.2.4. The payment of reasonable and proper rent for premises leased or otherwise made available to the Company by any Member.

8. Liability of Members

The liability of the Members is limited.

9. Contribution of Members on Winding Up

Every organisation which is or has been a Member undertakes to contribute to the assets of the Company in the event of the Company being wound up while they are a Member, or within one year of ceasing to be a Member, such amount as may be required not exceeding fifty dollars (\$50.00), for the payment of the debts and liabilities of the Company contracted whilst the Member or past

Member as the case may be was a Member, and the costs charges and expenses of winding up and for the adjustment of the rights of the contributors amongst themselves.

10. Distribution of Property on Winding Up

Where on the winding up of the Company or dissolution of the Company there is a surplus of assets after satisfying all the Company's liabilities and expenses, the surplus will not be paid or distributed to the Members but will be given or transferred to another institution or company having similar objects to those described in **Rule 6**, and which is an institution or body that prohibits the distribution of income, profit or assets to its members to an extent at least as great as is imposed on the Company at or before the time of winding up or dissolution. Such institution or company will be determined by the Members on or before the time of such winding up or dissolution, or failing such determination by application to such court as may have or acquire jurisdiction in the matter.

MEMBERSHIP

11. Eligibility, Application and Admission

Members

- 11.1. Any properly constituted and incorporated organisational entity whose Objects support the professional development of Qualified Medical Scientists and/or Technicians and are considered by the Board to be aligned with the objects of the Company may apply to be a Member provided that all of the following apply:
 - 11.1.1. Any application for membership is made in the manner prescribed by the Board from time to time and accompanied by the consent of the applicant and a nomination in writing signed by an approved representative on behalf of the proposed Member.
 - 11.1.2. The person agrees in writing to provide a guarantee to defray such liabilities and expenses of the Company upon its winding up or dissolution to comply with **Rule 9**.
 - 11.1.3. The Member agrees to be bound by this Constitution and remain a Member unless removed by notice in accordance with the Constitution.
- 11.2. Within thirty (30) calendar days of receipt of an application the Company Secretary will notify the applicant in writing that: a) the applicant has been approved for membership of the Company and will request the applicant to forward the first year's membership fees, if online or monthly periodic payment has not already been arranged; or b) the applicant has not been approved for membership stating the reasons for refusal and the right to appeal that decision.
- 11.3. On receipt of the payment of the required membership fees, the Company Secretary will enter the applicant's name, address and the date of entry in the register of members to be kept by the membership officer and from that date the applicant becomes a member of the Company.
- 11.4. An annual subscription fee will be charged or levied upon Members or nominees for Membership according to the Level of Membership linked to the number of each organisation's potential eligible certificants, as listed from time to time in the Company By Laws.
- 11.5. Annual subscriptions shall be due and payable as determined by the Board.
- 11.6. If a member admitted to membership fails to pay to the Company the subscription payable within two months after the date upon which such subscription is payable, such organisation shall cease to be a member, as the case may be, but may be reinstated by the Board in its absolute discretion and upon such terms and conditions as it may see fit.

- 11.7. Upon an organisation ceasing to be a member, they shall cease to be entitled to or have any interest in any of the property or assets of the Company but shall still be liable to pay to the Company all amounts owing to it at the date of their cessation. Any such amounts may be recovered by the Company in any court of competent jurisdiction as a debt due and owing to the Company.

12. Member Representatives

- 12.1. Any natural person committed to the objects of the Company and who has been nominated by a Member may be a Member's Representative provided that all of the following apply:
- 12.1.1. Any application for membership is made in the manner prescribed by the Board from time to time and accompanied by the consent of the applicant and a nomination in writing signed by (or on behalf of) a Member.
 - 12.1.2. The person agrees in writing to provide a guarantee to defray such liabilities and expenses of the Company upon its winding up or dissolution to comply with **Rule 9**.
 - 12.1.3. The Member's Representative agrees to be bound by this Constitution and remain a Member's Representative unless removed by notice from the nominating Member or otherwise in accordance with the Constitution.
 - 12.1.4. Each Member's Representative is eligible to be a Medical Scientific Worker.
 - 12.1.5. The nominating Member has not already nominated such number of Members as the nominating Sponsor is entitled to nominate pursuant to **Rule 12.2** who are not intended to be replaced by the applicant.
 - 12.1.6. The number of Member's Representatives entitled to be nominated by the nominating Member is linked to the Level of that Member, as follows:
 - 12.1.7. Level 1 Member (1,000 or more eligible Medical Laboratory Scientific Workforce members) – can nominate three Member Representatives eligible to vote at General Meetings
 - 12.1.8. Level 2 Member (300-999 eligible Medical Laboratory Scientific Workforce members) – can nominate two Member Representatives eligible to vote at General Meetings
 - 12.1.9. Level 3 Member (less than 300 eligible Medical Laboratory Scientific Workforce members) – can nominate one Member Representative eligible to vote at General Meetings
- 12.2. The Board may not decline any nomination for a Member Representative that meets the requirements of **Rule 12.1** but must decline any nomination if the nominating Member has already nominated the full number of Member Representatives they are entitled to nominate and it is not intended that the nominee will take the place of an existing Member's Representative nominated by that Member.
- 12.3. Where an individual ceases to be a Member Nominee pursuant to **Rule 15**, the nominating Member is required to:
- 12.3.1. Nominate a person in place of that representative, in accordance with these Rules, within sixty (60) days of giving or receiving notice (as the case may be) related to such cessation; or
 - 12.3.2. Give notice to the Company Secretary that it waives its entitlement to make such a nomination on that occasion.

13. Register of Members

- 13.1. The Company Secretary must maintain a Register at the registered office.

- 13.2. When an applicant has been accepted for membership the Company Secretary must cause the Member's name to be entered in the Register and must send to the Member written notice of the acceptance.
- 13.3. The address of a Member in the Register will be the business address of the Member for the purpose of service of any notices to Members and shall include the physical address as well as the nominated email address.
- 13.4. The Register shall set out the status of each Member and shall contain such further particulars as the Board may at any time prescribe.
- 13.5. The rights of any Member will not be transferable.

14. Cessation of Membership

- 14.1. Membership of the Company will cease upon any one or more of the following:
 - 14.1.1. The Company Secretary receiving from the Member organisation, a letter giving notice of in accordance with **Rule 14.2**.
 - 14.1.2. The Member's Representative/s being absent without due cause or leave from three successive General Meetings or meetings of the Board or any committee thereof, of which that Member's Representative is a member, and the Board considers, in its discretion, that the Member should forfeit their membership of the Company.
- 14.2. Any Member organisation that wishes to resign shall give the Company Secretary one month's notice in writing of the Member's intention to resign and the resignation will take effect at the end of such period.
- 14.3. A Member whose membership of the Company ceases pursuant to **Rule 14.1** will be liable for all moneys due by that Member to the Company in addition to any sum not exceeding fifty dollars (\$50.00) for which the Member is liable under this Constitution.
- 14.4. A Member whose membership ceases pursuant to **Rule 14.1** must not make any claim, monetary or otherwise, on the Company, its funds or property, except if they are a genuine creditor of the Company.
- 14.5. Any organisation that for any reason ceases to be a Member must no longer represent themselves in any manner as being a Member).
- 14.6. Any organisation that for any reason ceases to be a Member immediately loses all voting and other rights and entitlements enjoyed by Members generally.

15. Cessation of Member Representation

- 15.1. Appointment as a Member Representative to the Company will cease upon any one or more of the following:
 - 15.1.1. The Company Secretary receiving from the Member, a letter giving notice of the removal of the relevant Member Representative.
 - 15.1.2. The death of the Member Representative.
 - 15.1.3. The Member Representative becoming of unsound mind or is liable to be dealt with in any way under the law relating to mental health and the Board considers, in its discretion, that the Member Representative should have their appointment cancelled.
 - 15.1.4. The Member Representative being absent without leave from three successive General Meetings or meetings of the Board or any committee thereof, of which that Member Representative is a member, and the Board considers, in its discretion, that the Member Representative should have their appointment cancelled.

- 15.1.5. The Member Representative ceased to hold office as a Director under any provisions of these Rules or otherwise in accordance with law (in which instance the Company Secretary shall ensure the nominating Member is given prompt notice).
- 15.2. Any Member Representative who wishes to resign shall give the Company Secretary and the relevant Member organisation one month's notice in writing of the Member Representative's intention to resign and the resignation will take effect at the end of such period.
- 15.3. Any person who for any reason ceases to be a Member Representative must no longer represent themselves in any manner as being a Member Representative (except to the extent that they may remain noted as a Member Representative on the Register of Members of the Company until replaced by a new Member Representative).
- 15.4. Any person who for any reason ceases to be a Member Representative immediately loses all voting and other rights and entitlements enjoyed by Member Representatives generally.

16. Certified Medical Scientific Workers

- 16.1. Are applicants who in each certifying period have completed the required additional continuing professional development and/or other specific assessment requirements as determined by the Board from time to time and been included on the Register of the Australian Certified Medical Laboratory Scientific Workforce and as specified in the By-Laws of this Constitution.

17. Disciplining Certificants

- 17.1. Disciplinary action may be taken against a Certificant who, in the opinion of the Board has:
- a. become a Certificant as a result of false representation;
 - b. wilfully refused or neglected to comply with the provisions of this Constitution or the by-laws; or
 - c. engaged in conduct that is contrary to accepted ethical standards of the profession or that brings the profession or the Council into disrepute.
- 17.2. The Board may establish or delegate to a disciplinary committee that will have the power to:
- a. investigate any complaints or disciplinary matters about a Certificant;
 - b. determine the outcomes of any investigation or disciplinary hearing; and
 - c. recommend to the Board what penalties to impose, if any, against a Certificant.
- 17.3. The Board may determine the procedures and rules relating to the disciplining of Certificants and any appeals process. Any such procedures and rules must be followed by the disciplinary committee in exercising the power under **clause 17.2**.
- 17.4. Procedural fairness must be applied to any procedures and rules relating to the disciplining of Certificants and any appeals process. This includes ensuring that the Certificant:
- a. is informed of the grounds upon which the disciplinary action is proposed to be taken; and
 - b. has been given an opportunity to be heard in relation to the matter.
- 17.5. The penalties that may be recommended by the disciplinary committee and imposed by the Board include, but are not limited to:
- a. suspension of the Certification for a specified period; or
 - b. expulsion of the Individual from the Register.

- 17.6. If the Board suspends the certification, expels a Certificant or imposes some other penalty against a Certificant, the Certificant must be notified in writing. The Certificant has 14 days from the time of receipt of such notice to lodge an appeal to the Council.
 - 17.7. Any penalties imposed by the Board do not take effect until the expiration of the 14 days in clause 13.6 where the Certificant does not lodge an appeal. If the Certificant lodges an appeal in accordance with clause 17.6, then the penalty does not apply until the Board affirms the penalty under clause 17.8.
 - 17.8. The appeal under clause 17.6 will be reviewed and considered by the Board at the next Board meeting (if reasonably practical) or the following Board meeting after the Council receives the notice of appeal. The Board may decide to affirm or revoke the penalty/penalties.
- 16.9. The Board's decision in clause 16.8 is final.

MEETINGS OF MEMBERS

18. Annual General Meeting

- 18.1. Subject to the Corporations Act, a General Meeting must be held at least once in every calendar year and within the period of five (5) months after the end of the financial year at such time and place as may be determined by the Directors. This General Meeting will be called the 'Annual General Meeting' and all other meetings of the Company will be called General Meetings.
- 18.2. The business of the Annual General Meeting may include any of the following, even if not referred to on the notice of meeting:
 - 18.2.1. The consideration of the Annual Financial Report, Directors' Report and Auditors' Report or any other statement of income and expenditure and the balance sheet of the Company and report of the Board for the past year.
 - 18.2.2. The appointment of Directors.
 - 18.2.3. The appointment of the auditor.
 - 18.2.4. The fixing of the auditor's remuneration.
- 18.3. The business of the Annual General Meeting may also include the consideration of any other business the Board or any Member using the procedure set out in Rule 18.4 brings before the Annual General Meeting and any other business which may be lawfully transacted at the Annual General Meeting.
- 18.4. Any Member intending to bring any motion or business before an Annual General Meeting which does not relate to the ordinary business of the Company must give written notice of that Member's intention to the Board not less than 28 days before the day of the meeting.
- 18.5. No motion or business other than the motion or business brought before the Annual General Meeting by the Board will come before the Annual General Meeting unless the proper notice of the motion or business by the Member pursuant to Rule 18.4 has been given.

19. Convening General Meetings

- 19.1. A quorum of Directors whenever they think fit may convene a General Meeting.
- 19.2. The Directors must convene a General Meeting on the request of Members with at least 5% of the votes that may be cast at a General Meeting, in accordance with section 249D of the Corporations Act and if such General Meeting is not convened within 21 days, then the

Members with at least half of the votes of those making the request can convene such General Meeting in accordance with section 249E of the Corporations Act.

- 19.3. Any General Meeting convened by Members, will be held at the location determined by the Member acting reasonably.

20. Notice of General Meetings

- 20.1. A notice of meeting of the Company's Members must specify all of the following:
- 20.1.1. The place, the day and the time of the meeting (and, if the meeting is to be held in two or more places, the technology that will be used to facilitate this).
 - 20.1.2. The general nature of the business to be transacted at the meeting.
 - 20.1.3. Such other information as is required by section 249L of the Corporations Act.
 - 20.1.4. The Company may hold a meeting of its Members at two or more venues using any technology that gives the Members as a whole a reasonable opportunity to participate.
- 20.2. Subject to the provisions of the Corporations Act relating to agreements for shorter notice, at least 21 days' notice must be given of a meeting of the Company's Members.
- 20.3. Subject to **Rule 11.6**, notice of every meeting of the Company's Members must be given in the manner authorised by **Rule 43** to all of the following:
- 20.3.1. Every Member Representative and every Director
 - 20.3.2. The auditor for the time being of the Company.
- 20.4. No person other than those specified in **Rule 20.3** is entitled to receive notices of meetings of the Members.

21. Chairperson of General Meetings

- 21.1. Subject to **Rules 15.2** and **15.3** the Chair must preside as chairperson at every General Meeting.
- 21.2. If there is no Chair or the Chair is not present within fifteen (15) minutes after the time appointed for the holding of the meeting or is unwilling to act for all or part of the meeting, the Deputy Chair must be the chairperson of the General Meeting.
- 21.3. If there is no Deputy Chair or the Deputy Chair is not present or is present but is unwilling to act for all or part of the meeting, the Members present must elect one of their Members to be chairperson of the meeting (or part of it).

22. Quorum for General Meetings

- 22.1. No business must be transacted at any meeting of the Company's Members unless a quorum of Member Representatives is present at the time when the meeting proceeds to business.
- 22.2. A quorum of Member Representatives for a General Meeting is five (5) Representatives, from a minimum of 3 Member organisations.
- 22.3. For the purpose of determining whether a quorum is present, a person attending as a proxy, will be deemed to be a Member Representative.

23. Adjournment of General Meetings

- 23.1. If a quorum is not present within one hour from the time appointed for the General Meeting:

- 23.1.1. Where the General Meeting was convened upon the request of Members - the General Meeting will be dissolved.
- 23.1.2. In any other case:
 - 23.1.2.1. The General Meeting will stand adjourned to such day, and at such time and place, as the Directors determine or, if no determination is made by the Directors, to the same day in the next week at the same time and place.
 - 23.1.2.2. If at the adjourned General Meeting a quorum is not present within one hour from the time appointed for the adjourned General Meeting, then the General Meeting will be dissolved.
- 23.2. If at a General Meeting the whole of the business before the General Meeting is not completed the chairperson of the General Meeting may with the consent of the General Meeting adjourn it to any other time and place.
- 23.3. The chairperson must adjourn a General Meeting from time to time and from place to place if the Members present with a majority of votes that may be cast at that meeting agree or direct the chairperson to do so. No business must be transacted at any adjourned meeting other than the business left unfinished at the General Meeting from which the adjournment took place.
- 23.4. When a General Meeting is adjourned for thirty (30) days or more, notice of the adjourned General Meeting must be given as in the case of an original General Meeting.
- 23.5. Except as provided by **Rule 23.4**, it is not necessary to give any notice of an adjournment or of the business to be transacted at an adjourned meeting.

24. Disclosure of Member's Interests

- 25. A Member or Member Representative who has a material personal interest in a matter that relates to the affairs of the Company being considered at a General Meeting, must give the other Members notice of the interest unless one or more of the following apply:
 - 25.1.1. The interest arises because the Member is a member of the Company and the interest is held in common with the other Members.
 - 25.1.2. The interest arises merely because the Member is a guarantor or has given an indemnity or security for all or part of a loan (or proposed loan) to the Company or has a right of subrogation under such guarantee or indemnity.
 - 25.1.3. The Members are aware of the nature and extent of the interest and its relationship to the affairs of the Company.
 - 25.1.4. The Member has already given notice of the nature and extent of the interest and its relationship to the affairs of the Company and the composition of the Members and the nature or extent of the interest have not changed since such notice was given.

26. Voting at General Meetings

- 26.1. At any General Meeting, a resolution put to the vote of the meeting will be decided on a show of hands unless, before a vote is taken or before or immediately after the declaration of the result of the show of hands, a poll is demanded by the chairperson of the General Meeting or at least two of the Members present in person or by proxy.
- 26.2. Unless a poll is so demanded, a declaration by the chairperson that a resolution has on a show of hands been carried, or carried unanimously, or by a particular majority, or lost, and an entry to that effect in the record containing the minutes of the proceedings of the Company, is

conclusive evidence of the fact without further proof of the number or proportion of the votes recorded in favour of or against the resolution.

- 26.3. The demand for a poll may be withdrawn.
- 26.4. If a poll is duly demanded, it must be taken in such a manner (including by way of postal vote) as the chairperson directs and, unless the meeting is adjourned, the result of the poll will be deemed to be the resolution of the meeting at which the poll was demanded.
- 26.5. A poll demanded on the election of a chairperson or on a question of adjournment must be taken immediately.
- 26.6. The demand for a poll shall not prevent the continuance of a General Meeting for the transaction of any business other than the question on which a poll has been demanded.
- 26.7. In the case of an equality of votes, whether on a show of hands or on a poll, the chairperson of General Meeting at which the show of hands takes place or at which the poll is demanded will have a casting vote in addition to any vote the chairperson may have in his or her capacity as a Member.
- 26.8. Subject to any rights or restrictions for the time being attached to any Member:
 - 26.8.1. At meetings of the Company's Members or classes of Members, each Member who is entitled to vote may vote in person or by proxy or attorney or representative.
 - 26.8.2. On a show of hands every person present who is a Member or a proxy or representative of a Member has one vote, and on a poll every person who is a Member present in person or by proxy or attorney or representative has one vote.
- 26.9. If a membership is held jointly and more than one such joint Member votes, only the vote of the Member whose name appears first in the Register counts.
- 26.10. A Member is not entitled to vote at a General Meeting unless all sums payable at that time by him or her in respect of the Company have been paid.
- 26.11. Objections
 - 26.11.1. An objection may be raised to the qualification of a voter only at the meeting or adjourned meeting at which the vote objected is given or tendered.
 - 26.11.2. Any such objection must be referred to the chairperson, whose decision is final.
 - 26.11.3. A vote not disallowed pursuant to such an objection is valid for all purposes.

27. Proxies

- 27.1. A Member who is entitled to attend and cast a vote at a meeting of the Company's Members may appoint a person (whether or not a Member) as the Member's proxy to attend and vote for the Member at the meeting.
- 27.2. Instruments appointing proxies
 - 27.2.1. An instrument appointing a proxy must be in writing under the hand of the appointer or of their attorney duly authorised in writing or, if the appointer is a corporation, either under seal or executed in accordance with the Corporations Act or under the hand of an officer or attorney duly authorised.
 - 27.2.2. An instrument appointing a proxy may specify the manner in which the proxy is to vote in respect of a particular resolution and, where an instrument of proxy so provides, the proxy is not entitled to vote in the resolution except as specified in the instrument.
 - 27.2.3. An instrument appointing a proxy will be deemed to confer authority to demand or join in demanding a poll.
- 27.3. An instrument appointing a proxy must be in the following form or in a form that is as similar to the following form as the circumstances allow:

The Australian Council for Certification of Medical Laboratory Scientific Workforce ACN ###

I/We being a Member/Members of the abovenamed Company appoint of or, in his/her absence, of as my/our proxy to vote for me/us on my/our behalf at the meeting of the Company's members of the Company to be held on the day of, 20.. and at any adjournment of that meeting.

This form is to be used * in favour of / * against the resolution

SIGNED this day of, 20..

* Strike out whichever is not desired # To be inserted if desired

- 27.4. An instrument appointing a proxy must not be treated as valid unless the instrument, and the power of attorney or other authority (if any) under which the instrument is signed or a certified copy of that power or authority, is or are deposited not less than forty-eight (48) hours before the time for holding the meeting or adjourned meeting at which the person named in the instrument proposes to vote, or, in the case of a poll, not less than twenty-four (24) hours before the time appointed for the taking of the poll, at the registered office of the Company or at such other place in Australia as is specified for that purpose in the notice convening the meeting.
- 27.5. A vote given in accordance with the terms of an instrument of proxy or of a power of attorney is valid notwithstanding the previous death or unsoundness of mind of the principal, or the revocation of the instrument (or of the authority under which the instrument was executed) or of the power, if no intimation in writing of the death, unsoundness or mind or revocation has been received by the Company at its registered office before the commencement of the meeting or adjourned meeting at which the instrument is used or the power is exercised.

28. Resolution in Writing for General Meetings

- 28.1. A resolution in writing signed by all Members shall be as valid and effectual as if it had been passed at a General Meeting of the Company duly convened and held. Any such resolution may consist of several documents (including facsimile or electronic copies) in like form, each signed by one or more Members.
- 28.2. **Rule 28.1** does not apply to a resolution to remove from office a Director or an Auditor.

DIRECTORS

29. Appointment and Removal of Directors

- 29.1. The number of the Directors must be not less than five (5) or more than nine (9).
- 29.2. The Board of Directors will, to the extent that an eligible person is available in the relevant category and consents to act, consist of:
- 29.2.1. One person who is registered pursuant to **clause 12.2** as a nominated representative of each Level 1 Member of the Company (provided that the Company has received written consent to act signed by the proposed Director prior to his or her appointment).
 - 29.2.2. Up to three persons who are registered pursuant to **clause 12.2** as nominated representatives of each Level 2, or 3 Members of the Company (provided that the

Company has received written consent to act signed by the proposed Director prior to his or her appointment) and who have received the highest number of votes from Member representatives present at the AGM (or voting by proxy according to the procedures set out in **clause 27**)

- 29.2.3. One person who is a community representative nominated and appointed by the Board (provided that the Company has received written consent to act signed by the proposed Director).
- 29.2.4. Up to a maximum of three additional persons nominated and appointed by the Board (provided that the Company has received written consent to act signed by the proposed Director) for the purpose of ensuring it has suitable qualifications, skills and experience to discharge its functions from time to time (“independent director(s)”).
- 29.3. The Company may from time to time by resolution passed at a General Meeting fix the number of Directors or increase or reduce the number of Directors (but so that the number shall be not less than five (5)) and may also determine in what rotation (if any) the increased or reduced number is to go out of office.
- 29.4. A Director must have the suitable qualifications, skills and experience to discharge the function of a Director to meet the requirements of the Constitution as determined by the Board from time to time.
- 29.5. If the office of a Director becomes vacant, the continuing Directors may continue to act unless the number falls below the minimum number. In that case, the continuing Directors may act only in one or more of the following circumstances:
 - 29.5.1. To appoint Directors up to the minimum number.
 - 29.5.2. To call a General Meeting.
 - 29.5.3. In emergencies.
- 29.6. The Company may from time to time by resolution passed at a General Meeting remove any Director.
- 29.7. In addition to the circumstances in which the office of a Director becomes vacant by virtue of the Corporations Act, the office of a Director becomes vacant in any one or more of the following circumstances where:
 - 29.7.1. The Director becomes of unsound mind or becomes a person whose person or estate is liable to be dealt with in any way under the law relating to mental health.
 - 29.7.2. The Director resigns his or her office by notice in writing to the Company.
 - 29.7.3. The Director is absent without leave from three (3) consecutive meetings of the Board.
 - 29.7.4. The Director without the consent of the Company in General Meeting holds any other office of profit under the Company.
 - 29.7.5. The Director is directly or indirectly interested in any contract or proposed contract with the Company and fails to declare the nature of his interest as required by **Rule 22.7.6** In regard to a Director holding office pursuant to **Rule 22.2.1**, his or her membership ceases pursuant to **Rule 11**.

30. Schedule of transitional arrangements Board

- 30.1. At the adoption of this Constitution, one nominated Member Representative from each Member organisation shall be deemed to be Elected Directors and their term will continue until the 2020 Inaugural Annual General Meeting, unless this period ceases earlier pursuant to **Rule xxx** of this Constitution. All individuals who serve as Member Representatives during this period, if eligible, may stand for re-election as an Elected Director at the inaugural election.

- 30.2 After the Inaugural Annual General Meeting and appointment of Directors according to the requirements of **Rule 29**, these transitional arrangements shall no longer apply.

31. Defects in Appointment of Directors

- 31.1 All acts done by any meeting of the Directors or of a committee of Directors or by any person acting as a Director, notwithstanding that it is afterwards discovered that there was some defect in the appointment of a person to be a Director or to be a member of the committee, or to act as a Director, or that a person so appointed was disqualified, are as valid as if the person had been duly appointed and was qualified to be a Director or to be a member of the committee.

32. Rotation of Directors

- 32.1. The following transitional arrangements shall apply only to those Directors who hold appointment at the time this Rule comes into force after the Inaugural Annual General Meeting. The other provisions of this Rule will otherwise apply to those Directors as the context allows or required.
- 32.1.1. Immediately following the coming into force of this Rule, the appointments of all existing Directors shall be confirmed, however the initial term of office of each respective director following such confirmation shall be determined by lot, such that (with the following assuming the maximum possible number of Directors are confirmed, otherwise to be read in context of the numbers confirmed in each category):
- 32.1.1.1. Of the directors appointed pursuant to Rules **29.2.1** and **29.2.2**, one shall serve an initial term of one (1) year, two shall serve an initial term of two (2) years, and two shall serve an initial term of three (3) years;
- 32.1.1.2. Of the directors appointed pursuant to **Rule 29.2.4**, one shall serve an initial term of one (1) year, two shall serve an initial term of two (2) years, and one shall serve an initial term of three (3) years.
- 32.1.2. Directors confirmed pursuant to Rule 24.1.1 will be eligible to hold office and re-appointed for a further one (1) term of three (3) years and not longer, unless **Rule 24.6 or Rule 24.9** applies.
- 32.2. The term of office for Directors who initially come into office (following the coming into force of this Rule, and therefore to whom **Rule 24.1** does not apply) whether by virtue of being a Member of the Company or appointed pursuant to **Rules 22.2.2 & 22.2.3**, shall be three (3) years, and eligibility for re-appointment shall be in accordance with the following provisions of this Rule.
- 32.3. No Director shall be eligible for re-appointment for more than a further two (2) terms continuously beyond their initial term of appointment, unless **Rule 24.6 or Rule 24.9** applies.
- 32.4. Directors holding office by virtue of **Rule 22.2.1** shall be eligible for re-appointment at the Annual General Meeting at the end of their term, subject to the other provisions of this Rule. Such Director shall provide a written consent to the Company to be re-appointed prior to the relevant Annual General Meeting and must be re-appointed by resolution passed at that Annual General Meeting.
- 32.5. Directors holding office by virtue of **Rules 22.2.2 & 22.2.3** shall be eligible for re-appointment by the Board at its first meeting following the Annual General Meeting at the end of their term, subject to the other provisions of this Rule. Such Director shall provide a written consent

to the Company to be re-appointed prior to the relevant Board Meeting and must be re-appointed by resolution of the Board at that meeting.

- 32.6. Notwithstanding other provisions of this **Rule 24**, if at any General Meeting at which an election of Directors ought to take place, the places of the retiring Directors are not filled up, the retiring Directors, or such of them as have not had their places filled up, will (if willing to act) continue in office until the next General Meeting, and the same will apply until their places are filled up, unless and except insofar as it is determined at such General Meeting to reduce the number of Directors.
- 32.7. Subject to the provisions of the Corporations Act, the Company in General Meeting may at any time by ordinary resolution remove any appointed or elected Director before the expiration of such Director's period of office and, if so desired (or required by these Rules), elect another qualified person in such Director's stead. The person so elected must hold office during such time only as the Director in whose place such Director is elected would have held office if such Director had not been removed.
- 32.8. A Director retiring pursuant to this **Rule 24** will retain office until the dissolution or adjournment of the meeting at which such Director's successor is appointed. A Director holding office pursuant to **Rule 22.2.1** shall, upon ceasing to hold office pursuant to this Rule, also cease to be a member pursuant to **Rule 11**.
- 32.9. Nothing in this Rule prevents a person, who is a former Director of the Company, from being at some future point again appointed a Director, so long as that person did not hold office immediately before the most recent proposed appointment and is otherwise eligible for appointment pursuant to this Constitution and in accordance with law.

33. Remuneration of Directors

- 34. The Directors must not be paid by way of remuneration for their services other than in the following circumstances:
 - 34.1.1. Payment of fees and reimbursement of out-of-pocket expenses incurred in carrying out the duties of a Director in accordance with specific provisions resolved by the Board.
 - 34.1.2. Payment for any service rendered to the Company in a professional or technical capacity will be made where the provision of that service has the approval of the Board and the amount payable is approved by a resolution of the Board and is on reasonable commercial terms.
 - 34.1.3. Payment as an employee of the Company will be made where the terms of employment have been approved by resolution of the Board.

35. Powers and Duties of Directors

- 35.1. Subject to the Corporations Act and to any other provision of this Constitution, the business of the Company will be managed by the Directors, who may pay all expenses incurred.
- 35.2. Without limiting the generality of **Rule 26.1**, the Board may exercise all such powers and do all such acts and things as the Board is by this Constitution, the Act or otherwise authorised to exercise and do and are not by this Constitution or by the Act directed or required to be exercised or done by the Company in General Meeting.
- 35.3. In addition, the Board shall have all the powers and authorities expressly conferred on the Board by this Constitution and by any resolution of the Company in General Meeting.

- 35.4. The Directors may, by power of attorney, appoint any person or persons (either by name or by reference to position or office held) to be the attorney or attorneys of the Company for such purposes, with such powers, authorities and discretions (being powers, authorities and discretions vested in or exercisable by the Directors), for such period and subject to such conditions as they think fit.
- 35.5. Any such power of attorney may contain such provisions for the protection and convenience of persons dealing with the attorney as the Directors think fit and may also authorise the attorney to delegate all or any of the powers, authorities and discretions vested in him or her.
- 35.6. All cheques, promissory notes, banker's drafts, bills of exchange and other negotiable instruments, and all receipts for money paid to the Company, must be signed, drawn, accepted, endorsed or executed, as the case may be, in such manner as the Directors determine.

DIRECTORS' MEETINGS

36. Purpose and Place of Directors' Meetings

The Board of Directors may meet together for the dispatch of business and adjourn and otherwise regulate its meetings as it thinks fit. The Board may meet for the transaction of business at such times or places as it from time to time determines.

37. Convening Directors' Meetings

The Board may at any time, and a Company Secretary must on the requisition of a Director, convene a meeting of the Directors.

38. Quorum for Directors' Meetings

At a meeting of the Directors, the number of Directors whose presence is necessary to constitute a quorum is one half of the number of Directors holding office (rounded up to the next whole number) plus one, provided that, subject to **Rule 35.4**, each such person is a Director entitled under the law to vote on a motion that may be moved at that meeting.

39. Chair and the Deputy Chair

The Directors shall elect by secret ballot a Chair and a Deputy Chair. The Chair and Deputy Chair shall hold office until their current term as Director expires. Any Chair or Deputy Chair may be reappointed to that office for a second consecutive term (but not a third consecutive term).

40. Voting at Directors' Meetings

- 40.1. Subject to this Constitution, questions arising at a meeting of Directors will be decided by a majority of votes of Directors present and voting and any such decision will for all purposes be deemed a decision of the Directors.
- 40.2. In a case of an equality of votes, the Chair will have a casting vote in addition to any deliberative vote the Chair may have in the capacity as a Director.

41. Committees and Delegation of Powers

- 41.1. The Board may delegate any of their powers (except this power of delegation) to a committee or committees consisting of such number of Directors and non-Directors as they think fit provided that at least one Director is a member of any committee formed.
- 41.2. The committees may include any considered appropriate for the good governance of the Company. The terms of reference of each committee will be determined by the Board.
- 41.3. A committee to which any powers have been so delegated must exercise the powers delegated in accordance with any directions of and within any limits set by the Board, and a power so exercised will be deemed to have been exercised by the Directors.
- 41.4. The members of such a committee may elect one of their number as chairperson of their meetings.
- 41.5. Where such a meeting is held and a chairperson has not been elected or the person so elected is not present within ten (10) minutes after the time appointed for the holding of the meeting or is unwilling to act for all or part of the meeting, the members present must elect one of their number to be Chairperson of the meeting or part of it.
- 41.6. A committee may meet and adjourn as it thinks proper.
- 41.7. Questions arising at a meeting of a committee must be determined by a majority of votes of the members present and voting.
- 41.8. In the case of an equality of votes, the chairperson will have a casting vote in addition to any deliberative vote the chairperson may have in his or her capacity as a committee member.
- 41.9. The Board may from time to time by resolution invite representatives of any corporation, association, organisation, group, university or any branch, Department of Government (either Federal, State or Municipal) or any other person to attend a general meeting. Any such representative or person so invited shall have the right to attend that general meeting and, with the consent of the Chair of the Board, may take part in all discussions but shall not be entitled to vote.

42. Electronic Meetings of Directors

- 42.1. Without limiting the generality of **Rule 27**, a meeting of Directors may be called or held using any technology consented to by all the Directors. A consent of a Director for the purposes of this Rule may be a standing one. A Director may only withdraw his or her consent within a reasonable time before the meeting of Directors.
- 42.2. For the purposes of this Constitution, the contemporaneous linking together by an instantaneous communication device of a number of Directors not less than the quorum will be deemed to constitute a meeting of the Directors, and all the provisions of this Constitution as to meetings of the Directors will apply to any such meeting held by an instantaneous communication device so long as the following conditions are met:
 - 42.2.1. All the Directors for the time being entitled to receive notice of the meeting of Directors (including any alternate for any Director) will be entitled to notice of a meeting held by an instantaneous communication device and to be linked by an instantaneous communication device for the purpose of such meeting. Notice of any such meeting must be given on the instantaneous communication device or in any other manner permitted by this Constitution, and
 - 42.2.2. Each of the Directors taking part in the meeting by an instantaneous communication device must be able to hear each of the other Directors taking part at the commencement of the meeting.

- 42.3. A Director may not leave a meeting held by an instantaneous communication device by disconnecting his instantaneous communication device unless he or she has previously expressly notified the chairperson of the meeting of his or her intention to leave the meeting, and a Director will be conclusively presumed to have been present and to have formed part of the quorum at all times during such a meeting until such notified time of his or her leaving the meeting.
- 42.4. A minute of the proceedings at meetings held by an instantaneous communication device will be sufficient evidence of such proceedings and of the observance of all necessary formalities if certified as a correct minute by the chairperson of the meeting.
- 42.5. For the purpose of this Rule 'instantaneous communication device' includes telephone, television or any other audio or visual device that permits instantaneous communication.

43. Circulating Resolutions

- 43.1. If all the Directors entitled to vote on a resolution have signed a document containing a statement that they favour of a resolution of the Directors in terms set out in the document, a resolution in those terms will be deemed to have been passed at a meeting of the Directors held on the day on which the document was signed and at the time at which the document was last signed by a Director or, if the Directors have signed the document on different days, on the day on which, and at the time at which, the document was last signed by a Director.
- 43.2. For the purposes of **Rule 34.1**, two or more separate documents (including facsimile or electronic copies) containing statements in identical terms, each of which is signed by one or more Directors, will together be deemed to constitute one document containing a statement in those terms signed by those Directors on the respective days on which they signed the separate documents.

44. Directors' Conflict of Interest

- 45. Subject to this Constitution (including in particular **Rule 25**) and the Corporations Act:
 - 45.1.1. A Director will not be disqualified by that person's office from contracting with the Company or from being employed or acting in any capacity professionally or otherwise by or on behalf of the Company.
 - 45.1.2. No contract made by a Director with the Company and no contract or arrangement entered into by or on behalf of the Company with any company or partnership of or in which any Director is any way interested and no contract or arrangement entered into by or on behalf of the Company in which any Director is in any way interested will be liable to be impeached affected or avoided solely by reason of the Director holding office as such or solely by reason of the fiduciary relationship with the Company or by reason of the Director being a party to such contract or arrangement or otherwise interested in it.
 - 45.1.3. No Director so contracting or being so interested will be liable to account to the Company for any profit realized by any such contract or arrangement by reason only of such person holding his office or of the fiduciary relationship created or by reason of his interest but such Director is bound to declare the nature of this interest in any such contract or arrangement at any meeting at which the contract or arrangement is decided on if the interest then exists or, in any such case, at the first such meeting after the acquisition of the interest. Such declaration shall be recorded in the minutes of the meeting at which the declaration is made, as well as in a register maintained

by the Company Secretary for the purpose, but failure to record the declaration will not in any way affect the validity of such contract or arrangement.

45.1.4. A Director may be counted in the quorum at any meeting at which any matter in which such Director is so interested but may not vote in respect of any contract or arrangement in which such interest exists.

45.1.5. A Director who is interested in any contract or arrangement as stated in this Rule notwithstanding such interest may attest the affixing of the Seal of the Company to any document evidencing or otherwise connected with such contract or arrangement.

46. Chief Executive Officer

46.1. The Board may appoint a person to act as the Chief Executive Officer subject to the terms and conditions of employment determined by the Board for such period as the Board thinks fit and the Board may appoint such person or one of the Directors to act as Company Secretary as required by the Act.

46.2. Subject to the terms of any agreement entered with the Chief Executive Officer, the Board may revoke such appointment.

46.3. The Chief Executive Officer will perform the duties designated from time to time by the Board upon such terms as the Board thinks fit.

46.4. The Chief Executive Officer shall arrange an audit at least annually, at any additional times directed by the Board, of all books, documents and financial statements of the Company and shall ensure that all books and financial records show a true and correct record of financial transactions of the Company.

Powers of the Chief Executive Officer

46.5. The Board shall confer upon the Chief Executive Officer the powers required for the Chief Executive Officer to manage the affairs of the Company (including signing cheques and transacting internet banking) with such restrictions as the Board shall think fit.

46.6. Any powers conferred upon the Chief Executive Officer may be concurrent with or be to the exclusion of the powers of the Board.

46.7. The Board may at any time withdraw or vary any of the powers so conferred on the Chief Executive Officer.

46.8. The powers and duties from time to time conferred upon the Chief Executive Officer must be recorded in writing and a copy of the written record of the powers of the Chief Executive Officer from time to time in force must be provided to each Member.

ADMINISTRATION

47. Minutes

47.1. The Directors will cause minutes of all of the following:

47.1.1. All proceedings and resolutions of meetings of the Members.

47.1.2. All proceedings and resolutions of meetings of the Directors, including meetings of a committee of Directors.

47.1.3. Resolutions passed by Members without a meeting.

47.1.4. Resolutions passed by Directors without a meeting.

- 47.2. The Directors will cause all such minutes to be duly entered into the books kept for that purpose in accordance with the Corporations Act.
- 47.3. A minute recorded and signed in accordance with the Corporations Act is evidence of the proceeding, resolution or declaration to which it relates, unless the contrary is proved.
- 47.4. Books containing the minutes of the Members and resolutions passed by Members without a meeting will be open for inspection by any Member free of charge.

48. Accounts

- 48.1. The Directors must cause to be kept proper books of accounts in which will be kept true and complete accounts of the affairs and transactions of the Company. Proper books will not be deemed to be kept unless the books give a true and fair view of the state of the Company's affairs and explain its transactions.
- 48.2. The accounts must be held at the registered office or any other place as the Directors think fit.
- 48.3. The accounts must always be open to inspection by the Directors.
- 48.4. The Directors must arrange for the Income/Expenditure Statement and Balance Sheet (including every attachment) accompanied by a copy of the Auditor's Report, as required by the Corporations Act to be made out and laid before the Annual General Meeting.

49. Audit

- 49.1. A registered company auditor must be appointed.
- 49.2. The remuneration of the auditor must be fixed and the auditor's duties regulated in accordance with the Corporations Act.

50. Inspection of Records

Subject to the Corporations Act, the Directors must determine whether and to what extent, and at what time and places and under what conditions, the accounting records and other documents of the Company or any of them will be open to the inspection of members other than Directors, and a member other than a Director does not have the right to inspect any document of the Company except as provided by law or authorised by the Directors or by the Company in meeting of the Company's members.

51. Funds

- 51.1. All monies received on account of the Company shall be promptly paid into the bank account or accounts of the Company opened by the Board.
- 51.2. Subject to any resolution to the contrary of a General Meeting that does not contravene any other limitations contained in this Constitution, the funds of the Company will be utilised in pursuance and furtherance of the Objects set out in this Constitution in such manner as the Board determines.
- 51.3. All electronic banking, cheques, bills of exchange, promissory notes and other negotiable instruments may be transacted, signed, accepted, drawn, made or indorsed on behalf of the Company in such manner and by such persons (whether Directors or officers of the Company or not) as the Directors determine but not otherwise.

52. Execution of Documents

- 52.1. The Company may have a Seal, known as the common seal, on which its name, its Australian Company Number and the words 'Common Seal' are engraved.
- 52.2. If the Company has a seal the Directors must provide for the safe custody of the Seal.
- 52.3. The Seal must be used only by the authority of the Directors, or of a committee of the Directors authorised by the Directors to authorise the use of the Seal.
- 52.4. The Company may execute a document by affixing the Seal to the document where the fixing of the Seal is witnessed by any of the following:
 - 52.4.1. Two Directors.
 - 52.4.2. One Director and one Company Secretary.
 - 52.4.3. One Director and another person appointed by the Directors for that purpose.
- 52.5. The Company may execute a document without using the Seal if the document is signed by any of the following:
 - 52.5.1. An individual, including the Chief Executive Officer or any other officer, acting with the Company's express or implied authority and on behalf of the Company under the power given by Section 126 of the Corporations Act.
 - 52.5.2. Two Directors.
 - 52.5.3. One Director and one Company Secretary.
 - 52.5.4. One Director and another person appointed by the Directors for that purpose.
- 52.6. A facsimile signature may not be affixed to a document unless the auditors, internal auditors or bankers of the Company have reported to the Board in writing that the document may be sealed in that manner.

53. By Laws

The Board has power to make by-laws concerning matters which the Board believes suitable for including in such by-laws.

54. Alteration of Constitution

The Company may only alter this Constitution by special resolution passed at a general meeting of the members.

55. Notices

- 55.1. A notice may be given by the Company to any Member or Certificant in any of the following ways:
 - 55.1.1. By serving it on the Member or Certificant personally.
 - 55.1.2. By sending it by post to the Member or Certificant at the address, including an email address, as shown in the register of Members or Certificants or the address supplied by the Member or Certificant to the Company for the giving of notices to the Member or Certificant.
 - 55.1.3. By sending it by facsimile to the facsimile address supplied by the Member to the Company for the giving of notices to the Member.
- 55.2. Members shall for the purposes of these Rules provide to the Company Secretary, and keep updated, details of their address, facsimile number, and email address for the giving of notices.

- 55.3. Where a notice is sent by post, service of the notice will be deemed to be effective by properly addressing, prepaying and posting a letter containing the notice, and to have been effected, in the case of a notice of a Member, on the day after the date of its posting, and, in any other case, at the time at which the letter would be delivered in the ordinary course of post.
- 55.4. Where a notice is sent by facsimile, service of the notice will be deemed to be effected on receipt by the Company of a transmission report confirming successful transmission.
- 55.5. Where a notice is sent by email, service of the notice will be deemed to be effected twenty-four (24) hours after the transmission of the email unless the person transmitting the email is notified at any time that the email was undelivered or undeliverable.
- 55.6. A notice may be given by the Company to joint Members by giving notice to the joint Member first named in the register of Members.

56. Officers' Indemnities and Insurance

- 56.1. To the extent permitted by the Corporations Act:
 - 56.1.1. The Company indemnifies every person who is or has been an Officer of the Company or of a wholly-owned subsidiary of the Company against any liability for costs and expenses incurred by that person as an Officer of the Company or a wholly-owned subsidiary of the Company in defending any proceedings in which judgment is given in that person's favour, or in which the person is acquitted, or in connection with an application in relation to any proceedings in which the Court grants relief to the person under the law.
 - 56.1.2. The Company indemnifies every person who is or has been an Officer of the Company or of a wholly-owned subsidiary of the Company against any liability incurred by that person as an Officer of the Company or of a wholly-owned subsidiary of the Company, to another person (other than the Company or a related body corporate of the Company) unless the liability arises out of conduct involving a lack of good faith.
 - 56.1.3. The Company may pay, or agree to pay, a premium in respect of a contract insuring a person who is or has been an Officer of the Company or of a subsidiary of the Company against a liability:
 - 56.1.4. Incurred by the person in his or her capacity as an Officer of the Company or a subsidiary of the Company or in the course of acting in connection with the affairs of the Company or a subsidiary of the Company or otherwise arising out of the Officer's holding such office provided that the liability does not arise out of conduct involving a wilful breach of duty in relation to the Company or a subsidiary of the Company or a contravention of Sections 182 and 183 of the Corporations Act.
 - 56.1.5. For costs and expenses incurred by that person in defending proceedings, whatever their outcome.
- 56.2. In this **Rule 46**:
 - 56.2.1. The term 'proceedings' means any proceedings, whether civil or criminal, being proceedings in which it is alleged that the person has done or omitted to do some act, matter or thing in his or her capacity as Officer, or in the course of acting in connection with the affairs of the Company or a wholly-owned subsidiary for the purposes of Rule 46.1 or subsidiary of the Company for the purposes of Rule 46.2, or otherwise arising out of the Officer's holding such office (including proceedings alleging that he or she was guilty of negligence, default, breach of trust or breach of

- duty in relation to the Company or a wholly-owned subsidiary (in **Rule 46.1**) or subsidiary (in **Rule 46.2**) of the Company, and
- 56.2.2. The term 'Officer' has the meaning given to that term in Section 9 of the Corporations Act.

57. Winding Up

- 57.1. Subject to **Rule 8**, the Company may be dissolved by a special resolution of Members at a meeting of the Company Members.
- 57.2. Every Member undertakes to contribute to the assets of the Company in the event of the Company being wound up while he or she is a member, or within one year of ceasing to be a member, such amount as may be required not exceeding fifty dollars (\$50.00), for the payment of the debts and liabilities of the Company contracted whilst the member or past member (as the case may be) was a Member, and for the costs, charges and expenses of winding up, and for the adjustment of the rights of the contributors amongst themselves.

By Laws *(example clauses adapted from ACPSEM and AASW ByLaws)*

Introduction

1. All ACCMLSW Bylaws are subject to the Constitution of the Australian Council for Certification of Medical Laboratory Scientific Workforce (hereinafter called the Council) and made under the authority of **clause 29.2** of the Constitution, and form part of the governance documents of the Council.

Delegations

2. Unless otherwise specified by law, the Constitution or within this document, any powers and authorities in the bylaws may be delegated by the Board.
3. A reference to the Board in this document includes any person or body with the delegated powers of the Board, unless these bylaws explicitly say otherwise.

The Professions

4. A reference in bylaws to "the professions" or an equivalent phrase shall be construed as a reference to any of the professions practised by actual or eligible Certificants of ACCMLSW which meet the criteria set out in the Constitution and whose professional interests are represented by ACCMLSW in the opinion of the Board.
5. Members of the professions include practising professionals (whether current ACCMLSW members or not) who work in laboratories where, in the opinion of the Board, the work relates to the delivery of medical services to patients directly or indirectly and professional standards should be applied by the practising professional.
6. The professions currently represented by the ACCMLSW include:
- a. Medical Laboratory Scientists
 - b. Medical Laboratory Technicians
 - c. Other professions as approved by the Board and notified to Members.

The ACCMLSW Bylaws

7. The ACCMLSW Board has approved the following bylaws (examples):

- a. Bylaws relating to governance procedures
- b. Bylaws relating to certification levels and application procedures
- c. Bylaws relating to investigation of complaints
- d. Bylaws for other purposes as required

M1. These bylaws are to be read in conjunction with the ACCMLSW Standing Committees' Establishment, Delegations and Guidelines approved by the Board, especially in relation to the establishment, delegations and guidelines for the ACCMLSW Membership Committee.

M2. These bylaws are to be read in conjunction with the ACCMLSW Delegations Policy and with any delegations issued in accordance with that policy.

Applications for certification

M3. The Council will not accept applications from applicants for certification categories other than as indicated in these bylaws, without the express approval of the Board.

M4. Applications for election or transfer to certification categories shall be made using online or hard copy applications as provided by the Council. Applications may be accepted in other formats where required to assist applicants with disabilities or who are incapable of completing the prescribed applications.

M5. All applications will require the applicant to commit to adhering to the ACCMLSW Code of Ethics/Code of Conduct.

M6. The Council may publish guidelines for the assistance of potential candidates.

M7. Applications for admission to certification categories shall be considered as determined by the Board.

M8. At the discretion of Board, a nominal fee may be required with each application for admission or transfer to any grade of certification. If the application is successful the application fee shall be credited to the applicant in part payment of the certification fee due. If the application is unsuccessful the application fee shall be forfeited to the Council unless the Board decides otherwise.

Verification of qualifications for membership applications

M9. Where admission to membership is dependent upon evidence of a qualification, the candidate shall provide verification of any degree by:

- a. providing the name of an ACCMLSW member who has sighted the original or certified copies of qualifications and qualification transcripts and is prepared to verify them by email or by signature on a hard copy form
- b. providing certified copies of qualifications and transcripts, which must be provided either:
 - i. in paper format delivered to the Council Office, being an original of the certified copy and not a further copy, or
 - ii. through an online certification system acceptable to and accessible by the Council, without further cost to the Council.

M10. Where certified copies of qualifications and transcripts have been received by the Council, candidates do not need to supply further certified copies of the same documents for other

membership or Council applications, including for re-certification, unless specifically requested to do so.

Decisions on Applications

M30. After an examination of the application of a candidate for certification or transfer to a category of certification, the Board may:

- a. admit the applicant to the class for which certification was applied for
- b. request the applicant to accept a lower grade:
- c. defer the matter for further consideration or provision of information
- d. advise the applicant of further admission requirements which must be met according to the provisions of the Constitution and the Bylaws.

Admission to Certification

M31. No admission or transfer of certification class shall become effective until the subscription payable on such admission or transfer has been paid and until an obligation in the form agreed by Board has been signed by the applicant and received by the Council. This provision applies irrespective of any recording of status on any register, database or other membership record.

M32. The Board may reinstate or re-admit to membership any person whose certification has terminated provided that:

- a. the Board is satisfied the person is worthy of such reinstatement or re-admission; and
- b. the person pays such amounts in respect of entrance fees or arrears of fees and subscriptions as the Council may determine.

M33. In the case of a reinstatement or re-admission, the class of certification shall be the class to which the person formerly belonged.

M34. A person whose membership has previously been terminated must submit an application for re-admission in the form of the equivalent application for admission, unless:

- a. The termination was by reason of resignation or that the member was unfinancial; and
- b. The termination occurred less than 12 months prior to the request for reinstatement.

Membership titles and abbreviated titles

57.3. Certificants may:

- a) use the letters:
 - a. "Cert" before "MLS" To signify that she or he has achieved "Certified" ("Cert") status as a "Medical Laboratory Scientist"
 - b. "Cert" before "MLT" To signify that she or he has achieved "Certified" ("Cert") status as a "Medical Laboratory Technician".
- b) register to use the Trade Mark relevant to their certification type, in conjunction with the Trade Mark User Guidelines and Licensing Agreement (wording as per AASW model).

Delegations

Approval of Certification

M48. The Board may approve or reject the approval of any certification, whether or not it has been accepted or rejected by the Certification Committee or the Chief Executive Officer (CEO).

M50. The Certification Committee is delegated the authority to approve admissions at any level of class, and holds all other delegations required to exercise its functions.

M51. The CEO delegations are outlined in the following table (where sub-delegation is allowed, the CEO may delegate to any staff member): (example taken from the ACPSEM ByLaws)

(refers to a table that specifies which actions are delegated to the CEO and what action is required)

Standing committees

M52. The following standing committees have been approved by the Board:

M52.1 Audit and Risk Committee

M52.2 Advisory Committee.

M53. The Standing Advisory Committee will include nominated representatives from organisations that have a tangible interest in the successful operation of the CCAMLS certification scheme and can provide useful input and advice on the structure and operation of the scheme. This might include representatives from all Council Members, relevant non-Member professional associations, employer peak bodies, regulatory agencies, assessment bodies and consumer peak organisations. Composition of the Advisory Committee membership shall be determined by the Board from time to time.

Example of what could be done for Clinical Scientists with in the Scheme, according to an example from the Aust Association of Social Workers advanced practice members:

for possible future reference

‘Australian College of Social Work’ means a structure established for members who have completed training and have experience in a particular specialist field, and undertake a program of continuing professional development, with a specialist focus as outlined in the By Laws.

I: Australian College of Social Work (AASW)

The structure and activities of the College exist as a program of the AASW and are thus part of the governance structures and policies of the Association. College members are subject to the Constitution, By Laws, professional standards and other governing activities to maintain their membership.

Objectives of the Australian College of Social Work (the “College”)

1. The Objectives of the Australian College of Social Work shall be to: a) Provide recognition for advanced professional practice in social work ;
- b) Promote standards and excellence in specific fields of social work practice;
- c) Grow the body of knowledge and lead the development of specialised areas of practice;
- d) Provide professional support and growth services to all members of the AASW;
- e) Develop and promulgate advanced practice knowledge.

Strategies and Terms of Reference of the ACSW

2. In accordance with the terms of reference, strategies for the management of the Australian College of Social Work shall: a) Promote the objectives and benefits of College membership to Members of the AASW;
- b) Recommend standards for entry and assessment to the College;
- c) Develop mechanisms that recognise AASW member’s advanced practice that falls outside formal educational programs;
- d) Consult with all significant stakeholders on matters of relevance to the College as it represents the interests of the AASW programs.

Activities of the College

- 3.** In conjunction with other AASW key committees, the Australian College of Social Work is expected to:
- a) Manage the resources of the College in conjunction with the CEO and in accord within AASW strategic objectives and goals, and the College Terms of Reference;
 - b) Facilitate regular and effective communication within the College and broader membership about advanced practice and knowledge;
 - c) Develop and implement a range of professional development activities for its members;
 - d) Contribute to National AASW activities.

Membership of the Australian College of Social Work

4. Membership of the College will be either to the class of Member or Fellow, with entitlement to use post-nominals as identified in these Bylaws.

Eligibility as Member, MACSW

- 5.** Eligibility for member status requires:
- a) Five (5) years post qualified experience in professional social work practice;
 - b) Accredited member of AASW;
 - c) A relevant post qualifying degree or diploma; or
 - d) The provision of an ACSW portfolio demonstrating advanced practice.

The Divisions of the College

- 9.** All Divisions of the College shall be directed to the advancement of the Social Work profession prior to any specialisation.
- 10.** The Board of the AASW may establish Divisions of the College where there are sufficient Members or Fellows with a common interest in a field of advanced social work practice.
- 11.** The establishment and dissolution of Divisions will be decided by the Board.
- 12.** The quorum for a Division shall be 10% or 25 members whichever is greater. The Board shall be able to vary this quorum as may be required.
- 13.** The Board may appoint Division Convenors upon nomination by the National President. If a Convenor is not available for any period of time, the responsibilities will be held by the CEO.
- 14.** The role and responsibilities of the Convenors will be decided by the Board in consultation with the College Steering Committee and the CEO.
- 15.** Members and Fellows may be members of more than one Division where their expertise and achievements meets the standards of that additional Division.
- 16.** There will be an additional multi-division fee for each additional Division membership held by a Member or Fellow of the College.
- 17.** Divisions will be reviewed triennially in accordance with the Constitution.