CAMLPR
Canadian Alliance of Medical Laboratory Professionals Regulators

ACORPLM
Alliance canadienne des organismes de réglementation des professionnels de laboratoire medical

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Field-of-Practice Registration for MLTs: Examining the Concerns and the Record

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Abstract

Field-of-practice registration for Medical Laboratory Technologists (MLTs) in Canada is a significant modernization of entry-to-practice regulation, introduced by the Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR) through its Flexible Pathways to Registration project, funded by Employment and Social Development Canada. Since its public launch in 2023, the initiative has generated concern among some practitioners, educators, and professional stakeholders whose concerns focus on perceived risks to patient safety, professional identity, workforce cohesion, educational readiness, and crisis adaptability. This article examines each of those concerns against the design, evidentiary foundation, and implementation record of the reform.

The article argues that many of the concerns in circulation rest on misperceptions about what the reform does and does not entail. The CAMLPR pathways process requires that all applicants, regardless of educational background, are assessed against the same entry-to-practice competency standards for their designated field or fields of practice. The Generalist pathway option for registration remains intact. A substantial set of competencies is common across all eight fields, establishing a shared professional foundation in specimen integrity, safety, quality assurance, professionalism, and critical value management that supports safe practice regardless of field of practice specialization. The reform does not weaken emergency response capacity; it expands the eligible pool of practitioners while preserving existing emergency authorization mechanisms and the Generalist and Core Lab registration bundles. Quality of entry is protected through a multi-stage process that includes a Prior Learning Assessment, bridging programs where needed, and psychometrically sound field-of-practice examinations with passing scores set by the Angoff method.

The article also addresses the governance and consultation process that generated the Flexible Pathways to registration, tracing a documented chronology of stakeholder engagement from January 2023 through the end of 2024, including national focus groups drawing eighty-nine participants from across Canada, a bilingual national survey, a Competency Development Advisory Committee with broad cross-sectoral membership, and a series of public announcements, and website resources. The perception of insufficient consultation is not supported by the documentary record. The article concludes that the appropriate response to the concerns that have been raised is rigorous implementation rather than reversal of a reform that is well-founded in evidence, public interest, and the realities of Canada's MLT workforce shortage.

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Introduction

The Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR), a voluntary alliance of all provincial regulatory bodies responsible for the registration and oversight of Medical Laboratory Technologists (MLTs) across Canada, has the responsibility to establish consistent entry-to-practice standards that protect the public. CAMLPR undertook the *Flexible Pathways to Registration* project in response to a shortage of MLTs in Canada. Factors identified by CAMLPR that contribute to shortages included an aging workforce approaching retirement, limited domestic capacity for the preparation of MLTs, low public visibility of the profession, and increased demand for diagnostic services driven by population aging and pandemic-related pressures. Employment and Social Development Canada (ESDC), which funded the project through its Sectoral Workforce Solutions Program, formally identified the shortage of MLTs as a workforce priority.

Since the inception of the *Flexible Pathways to Registration* project, CAMLPR has implemented a significant and complex suite of initiatives that include four interconnected public-facing initiatives. Under the direction of an independent, third-party consultant:

- Eight field-specific competency profiles were developed and authenticated through a multi-stage consultative process.
- Subject matter experts (SMEs) from across Canada drafted competency statements.
- A national survey of practitioners, educators, employers, and regulators authenticated these statements.
- A Competency Development Advisory Committee (CDAC), including MLT regulators, educators, employers, professional associations, and representatives from the Canadian Society for Medical Laboratory Science (CSMLS), reviewed the final profiles. and
- A separate employer survey specifically addressed the competencies required for rural and generalist settings, which informed the development of the Core Lab profiles in Clinical Chemistry, Hematology, and Transfusion Medicine.

In June 2025, CAMLPR assumed responsibility for Prior Learning Assessments (PLA) in participating jurisdictions, replacing the process previously administered by CSMLS. A PLA is required for applicants with international MLT education, non-traditional education backgrounds (e.g., BSc, MSc, PhD in a related field), or Canadian MLT applicants who completed their education and clinical practice more than 24 months prior to making their applications. The PLA determines whether an applicant's prior preparation is substantially equivalent to that of domestically prepared applicants and, if not, specifies what education or clinical experience is required before they are deemed eligible to proceed to the examination or examinations in the fields of practice they have been deemed to be eligible.

CAMLPR developed examinations for each of the eight fields of practice. These have been administered through a secure online platform with live proctoring. Each exam assesses theoretical and applied knowledge. Passing scores were set using the Angoff standard-setting method. The exams are designed to consistently and fairly evaluate competency in each field of practice.

For applicants with knowledge or skill gaps identified through the PLA process, CAMLPR partnered with the Michener Institute of Education to develop and deliver field-specific bridging programs including in-person laboratory practice. Tuition fees are capped at $3,000 per course. CAMLPR also developed a Self-

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Administered Readiness Assessment (SARA) to help applicants gauge their readiness before writing the exams, and an online Professional Practice Module about ethics, regulation, patient care, and workplace culture, the completion of which is a prerequisite to registration.

The reforms CAMLPR made are intended to address critical workforce shortages by streamlining and broadening entry points into the profession; reducing unnecessary barriers to registration for internationally educated MLTs and qualified individuals from non-traditional education backgrounds; modernizing registration to better align professional registration with the realities of contemporary laboratory practice, where specialization is increasingly the norm; strengthening public protection through competency-based assessments; and improving transparency and efficiency in the registration process through a centralized portal, plain-language resources, and consistent national standards.

Since announcing the *Flexible Pathways to Registration* initiative, CAMLPR and its member regulators have invested substantially in stakeholder communication, developing plain-language articles, bilingual online resources, explanatory videos, a centralized applicant portal, and direct engagement with educators, employers, practitioners, and professional associations. Despite these efforts, people have drawn inferences about the reform that do not accurately reflect its design, intent, or safeguards.

This is, in many respects, understandable. The changes CAMLPR introduced are significant. They include a new model for entry-to-practice assessment, eight field-specific competency profiles, new pathways for internationally educated and non-traditionally educated applicants, and assumption of the responsibility for prior learning assessment. Reforms of this scale inevitably generate uncertainty, and uncertainty creates fertile ground for misinterpretation.

Inaccurate perceptions carry real consequences. They can undermine confidence in the profession, discourage qualified individuals from pursuing registration, create unwarranted anxiety among students and early-career MLTs, and generate resistance to changes that are well-founded and carefully constructed. It is therefore important to examine the specific concerns that have been raised, assess their accuracy against the available evidence, and offer a clear picture of what the reform does and does not entail. Here we consider:

- The process for developing and implementing the Flexible Pathways to registration
- Public communication
- The nature of consultations
- Professional identity
- Workforce division
- Patient safety
- Workforce adaptability
- Workforce planning
- Implementation of changes in MLT education
- Opening the workforce

On Governance: Was the Process Really That Unusual?

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One of the concerns expressed about the *Flexible Pathways* initiative is that it was introduced suddenly and without adequate consultation; that CAMLPR acted unilaterally and "blindsided" the profession. A closer look at the full record of how the reform was developed and communicated tells a different story.

The *Flexible Pathways* project was initiated in January 2023 with a formal project initiation meeting that mapped existing registration pathways across all Canadian jurisdictions, identified systemic bottlenecks, and established the logical sequencing of the work to follow. This internal launch preceded any public announcement and was the foundation for everything that followed. Between 2023 and 2025, CAMLPR engaged a wide range of stakeholders in the development process, including clinical practitioners, educators, employers, regulatory bodies, professional associations, and CSMLS representatives. Subject matter experts from across the country participated in competency validation, exam development, curriculum scoping, and feasibility consultations. A national survey was conducted in both English and French to authenticate the field-of-practice competency profiles. A Competency Development Advisory Committee whose membership explicitly included educators, employers, regulators, professional associations, and internationally educated practitioners reviewed and refined the competency frameworks at multiple stages.

A Chronology of Public Communication

The public record of communication is substantive. On April 13, 2023, CAMLPR issued a national press release co-signed by two federal cabinet ministers announcing the Flexible Pathways project and stating explicitly that CAMLPR would be "investigating the use of multiple pathways for entry to practice for both internationally and domestically prepared applicants" and would be "developing entry-to-practice competencies to ensure they reflect current laboratory workplace requirements." It is fair to acknowledge that this announcement did not make fully clear that the new competency profiles would ultimately apply to all new registrants, including those completing traditional Canadian programs. The announcement was publicly accessible and bilingual.

In spring 2023, subject matter experts from across Canada were engaged to draft and authenticate competency statements for each field of practice. In summer 2023, the Competency Development Advisory Committee convened to provide advice about the draft profiles. In late August 2023, formal invitations were issued by provincial regulators to their members, identified stakeholder contacts, and deputy ministers for Health, Advanced Education, Labour, and Immigration across participating jurisdictions as well as to Fairness Commissioners. Focus groups were held via Zoom over five days from September 8 to 15, 2023, organized by stakeholder type, including government representatives, MLT educators, clinical MLTs, employers, non-governmental and settlement agencies, and non-traditionally educated laboratory professionals. Eighty-nine stakeholders attended, representing every participating province from British Columbia to Newfoundland and Labrador as well as participants from outside Canada. Attendees included educators from institutions such as the British Columbia Institute of Technology, Northern Alberta Institute of Technology, Nova Scotia Community College, Red River College Polytechnic, and the University of Alberta; employers from LifeLabs, Shared Health Manitoba, Island Health, Northern Health, Fraser Health, and the Saskatchewan Health Authority; and government representatives from the ministries of health, advanced education, labour, immigration, and fairness officers from multiple provinces.

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In fall 2023, a national bilingual online survey of practitioners, educators, employers, and government representatives validated the draft competency profiles. In winter 2023–2024, an employer survey focused on Core Lab (Clinical Chemistry, Hematology, and Transfusion Medicine/ Science) and rural settings informed the final configuration of the competency bundle. On August 13, 2024, CAMLPR issued a national bilingual press release announcing the competency profiles and setting out implementation timelines for all applicant categories. On September 5, 2024, CAMLPR and the Michener Institute jointly announced the development of field-specific bridging programs for IEMLTs and non-traditional applicants, with tuition capped at $3,000 per course. A redesigned website was launched in September 2024, with FAQs beginning to appear in October 2024. On November 28, 2024, CAMLPR publicly announced the fee structure for the new registration process.

Consultation in Context

It is worth noting that "meaningful consultation" is a phrase that means different things to different people. For some, it means being informed before a decision is made public. For others, it means having an opportunity to shape the decision. For others, claiming lack of consultation provides the power to veto changes they oppose. No regulatory reform in any health profession in any jurisdiction has ever satisfied all three interpretations simultaneously for all affected parties. When the medical, legal, and nursing professions have modernized their entry-to-practice frameworks, similar concerns about inadequate consultation were raised by some segment of those affected. The fact that some stakeholders felt excluded does not, by itself, mean that the process was exclusionary.

Regulatory reform also rarely arrives at a time that feels convenient to everyone. Educators will always need more lead time. Students will always prefer certainty before they commit to a program or an exam. Employers will always want more operational clarity before they adjust their hiring practices. These are legitimate and foreseeable tensions inherent to any significant policy change, not evidence that the reform was mismanaged. CAMLPR developed a phased implementation timeline precisely to allow different groups time to adjust. The new exam pathway applied first to international and non-traditional applicants beginning November 1, 2025, and to Canadian-educated applicants from March 1, 2026.

The perception of being blindsided, while real and worth taking seriously, appears to reflect in part the absence of pre-existing formal channels through which frontline MLTs routinely engage with regulatory policy development. That is a structural problem worth addressing, but it is a problem with the profession's architecture, not evidence of bad faith on CAMLPR's part. The record documents nearly two years of iterative, multi-channel, bilingual public communication, from a national press release co-signed by federal cabinet ministers, through multi-stakeholder focus groups drawing participants from every province to a national survey, expert authentication, a partnership announcement, a website relaunch, a published fee structure, and an examination schedule and blueprint.

On Professional Identity: Flexibility Isn't the Same as Dilution

The concern that field-specific registration will erode the MLT professional identity is perhaps the most emotionally charged of all the concerns expressed raised and among the most important to examine carefully because it rests on an assumption that does not withstand scrutiny. That inaccurate assumption

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is that a profession's identity derives from tasking a common pathway to registration rather than from the rigour of the competency standards that apply to the pathway pursued.

Other regulated health professions in Canada have long accommodated differentiated scopes of practice within a single professional title - medicine and nursing being the most familiar examples - without concluding that specialization undermines professional coherence. The structures of those professions differ from MLT practice in important respects, and direct comparison has its limits. What the examples illustrate, however, is that scope differentiation and professional identity are not inherently in tension, provided that the competency framework that underpins registration is credible and consistently enforced.

What makes registration meaningful to employers, to the public, to interprofessional colleagues, and to practitioners themselves is the quality and rigour of the competency framework behind it. The CAMLPR fields-of-practice competency profiles were not assembled hastily or arbitrarily. They were developed through a multi-year, multi-stage process involving subject matter experts from across the country, a national bilingual survey of practitioners and educators, and a Competency Development Advisory Committee whose membership spanned regulators, employers, educators, professional associations, and internationally educated practitioners. Passing scores were established using the Angoff standard-setting method, the same approach used in medical and nursing licensing examinations. An MLT who registers after going through the new pathway has met a defensible, evidence-informed standard.

The generalist model has genuine value, and nothing in the Flexible Pathways framework eliminates it. Canadian MLT programs continue to prepare generalists. Graduates of those programs continue to be eligible for registration across all fields. A Core Lab profile that combines Clinical Chemistry, Hematology, and Transfusion Medicine was specifically developed to reflect the competencies required in rural and generalist settings and was informed by a dedicated employer survey on that very question. The reform does not abolish the generalist pathway; it adds to it. Treating the addition of new pathways as an attack on the existing one confuses breadth of access with weakness of standard.

There is also a practical dimension to this question that deserves attention. Prior to the *Flexible Pathways* initiative, Canadian employers seeking to hire internationally educated MLTs faced a structural impediment. An applicant who had extensive expertise in, say, clinical microbiology or histology but lacked documented training in one or two other fields was ineligible for registration even when those fields were entirely irrelevant to the position being filled. Highly qualified specialists were either turned away or forced to undertake lengthy and expensive educational processes. The result was not a stronger profession, it was a narrower one, and a workforce shortage that a singular entry-to-practice model was actively making worse. Field-of-practice registration addresses this directly, allowing employers to access the talent they need while ensuring that every registrant, regardless of background, has been assessed against the education, clinical practice, and competencies required for their specific scope of practice.

Professional identity is not fragile. It does not shatter when the door has more than one entrance. It is built and sustained by the shared commitment of practitioners to competent, ethical, patient-centered practice. The *Flexible Pathways* initiative reinforces that commitment. It does not undermine it.

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A legitimate operational question underlies the concern about title-dilution, and it deserves a direct answer: if individuals can register in one or two fields of practice rather than all five, will they still be called "MLT" without any qualification, leaving employers and the public unable to distinguish the scope of one registrant's competency from another's? The answer is no. Each registrant's certificate of registration will designate the specific fields of practice in which the registrant has been assessed and in which the registrant is qualified to work. Registration is not a generic credential that obscures the basis on which it was granted. Registration is a field-specific authorization that makes an individual's scope of practice transparent. An employer reviewing a certificate of registration will know precisely in which fields the registrant has qualified and can make hiring and assignment decisions accordingly. The generalist pathway, where a registrant qualifies in clinical chemistry, hematology, transfusion medicine, clinical microbiology, and histology continues to produce registrants whose certificates reflect that full scope. Nothing about that changes.

This approach is consistent with how other regulated health professions manage multi-pathway credentialing. A nurse's registration may indicate specialty certification. A physician's license specifies their area of practice. The existence of scope designations does not diminish the title, it makes the title more meaningful by connecting it directly to a verified, field-specific competency standard. For employers, particularly those hiring for specialized laboratory roles, a registration that clearly designates fields of practice is a more precise and useful instrument than one that does not distinguish among fields and was issued years ago to individuals have not worked in in those fields for a long time.

The MLT title continues to mean what it has always meant; namely that the holder has been assessed against a recognized competency standard and has met the requirements for registration in their designated field or fields of practice. What changes is not the integrity of that assurance, but its specificity.

A concern closely related to professional identity is whether the reform will weaken the profession's standing with the public and with interprofessional colleagues such as physicians, pathologists, nurses, and other healthcare professionals who rely on the MLT title as a signal of competency and trustworthiness. The worry, stated plainly, is that if the title comes to be associated with variable scope, ordering physicians and clinical colleagues may begin to question whether a given MLT has the breadth of knowledge their role requires.

This concern is addressed directly by field-specific registration. The certificate of registration designates precisely the field or fields in which a registrant has been assessed and qualified. An interprofessional colleague or ordering physician who needs to know what a particular MLT is authorized to do can determine that from the face of the registration. There is no ambiguity concealed behind a generic title like MLT. In this respect, field-specific designation makes the MLT title more informative to interprofessional colleagues, not less. It connects the title to a specific, verified, and publicly accountable scope of practice rather than leaving colleagues to infer competency from a credential that does not distinguish among fields.

The deeper guarantor of professional reputation with the public, with interprofessional colleagues, and with the healthcare system is the rigour of the competency framework and the examination process behind the registration, not the uniformity of the pathway through which it was obtained. A profession's

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standing is built on the consistent quality of its practitioners' work and the trustworthiness of its regulatory oversight. The CAMLPR competency profiles and examinations are designed to ensure that quality and trustworthiness are maintained regardless of how or where a registrant was educated. That is what protects the profession's reputation over time.

On Workforce Division: Two Tiers Aren't a Foregone Conclusion

The concern that field-of-practice registration will produce a two-tiered workforce with generalists bearing heavier workloads and less desirable shifts while field-specific registrants enjoy more favourable conditions is understandable, but it misidentifies where the risk lies. Shift assignments, workload distribution, role design, and scheduling are determined by employers through local policies, job classifications, and collective agreements. They are not features of the registration framework itself, and they are not within CAMLPR's authority to prescribe or guarantee.

This distinction matters. What registration scope designates is what a practitioner is authorized to do, the field or fields in which they have demonstrated competency against an established standard. How an employer organizes or assigns work, how a collective agreement classifies positions, or how a manager builds a schedule is not a result of CAMLPR's registration platform. If a two-tiered dynamic were to emerge in a given workplace, it would reflect decisions made by employers, not a consequence built into the structure of field-of-practice registration. The appropriate forum for addressing concerns about equitable workload distribution and scheduling fairness is the employment relationship through such mechanisms as collective bargaining, HR policy, and labour relations processes not the registration framework. Indeed, field-of-practice registration clarifies task boundaries, and can advance how terms and conditions of employment are set.

A related but distinct concern is that field-of-practice registration will erode the shared professional culture and team cohesion that makes MLT workplaces function well. Cohesion is the sense of mutual recognition and common purpose that comes from having trained together, been assessed against the same standard, and sharing a common professional identity. This concern deserves acknowledgment, but it too misidentifies where cohesion comes from. Professional cohesion is built on working together, with shared values, shared competency foundations, and shared professional standards, not on uniformity of entry pathway. The CAMLPR competency profiles establish exactly that shared foundation, a common set of competencies in specimen collection, safety, quality assurance, professionalism, reporting, and evaluation that every registrant must demonstrate regardless of the field or fields in which they have qualified. Every MLT working in a Canadian laboratory under the new framework will have met those common standards. That is the professional common ground on which mutual recognition and collegial trust are built.

Workplace culture, the day-to-day experience of belonging, morale, and team cohesion, is shaped by leadership, management practice, professional engagement, and the norms of individual workplaces. What CAMLPR and the regulatory bodies can do, and have done, is ensure that the professional foundation underlying that culture, the competency standards that define what it means to be an MLT, is rigorous, clearly articulated, and common to all registrants. Building a strong culture on that foundation is, as it has always been, a matter of professional community and workplace leadership.

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On Patient Safety: That's What Competency Profiles Are For

Patient safety is the purpose of the competency profiles. The move to field specific registration is paired with current, explicit competency profiles so that every registrant is assessed against clearly defined expectations tied to safe practice in that field. Rather than relying on broad assumptions about general preparation, the profiles specify what a registrant must know and be able to do, and they provide a consistent basis for assessment, supervision expectations where relevant, and ongoing quality assurance. In other words, the profiles are the mechanism that makes field specific registration defensible from a safety standpoint because they establish the safety standard and make it visible and verifiable.

A more specific concern about patient safety is whether field-specific registrants will have the cross-field knowledge essential to safe laboratory work, knowledge that does not respect bench boundaries: specimen integrity, pre-analytical variables, critical value recognition, quality assurance, and the interfaces between disciplines such as hematology and transfusion medicine. This is a legitimate question, and the competency profiles provide a direct and substantive answer.

Readers who examine the CAMLPR Fields-of-Practice Competency Profiles will find that a substantial number of core competencies are explicitly designated as common across all fields of practice. This means that every registrant, regardless of the field or fields in which they qualify, must demonstrate them. These common competencies span all eight of the framework's competency groupings and address precisely the cross-cutting knowledge that safe laboratory practice requires. In the area of Specimen Collection, for example, all registrants must be able to assess specimen integrity, detect discrepancies in procurement or documentation, verify patient identity, and prioritize specimens according to stability and urgency. These are competencies that are foundational to safe pre-analytical practice regardless of what happens at the bench. In Evaluation and Interpretation, for example, all registrants must be able to identify unexpected or implausible results by assessing factors including specimen integrity, reference values, method limitations, critical values, and patient delta checks. In Reporting and Communication, all registrants must follow established protocols for critical results reporting and documentation and must communicate all breaches in quality and safety to supervisors.

Safety is a core competency. The Safety competency grouping is common across all eight fields in its entirety, covering personal protective equipment, hand hygiene, Transportation of Dangerous Goods protocols, sharps and biohazard handling, spill containment, incident reporting, infection control, and the identification of bioterrorism agents and biosafety-level-3 pathogens. Professionalism and Quality Assurance also contain common competencies that every registrant must demonstrate, including patient confidentiality, cultural humility, interprofessional collaboration, quality control monitoring, management of non-compliances, and adherence to document control procedures.

The competency profiles do not create a framework in which field-specific registrants are permitted to be ignorant of the foundational knowledge that holds laboratory practice together. They establish a common floor of safety-critical, cross-cutting competencies that every MLT must meet, on top of which field-specific knowledge is built. The breadth and rigour of the common competency set should provide meaningful reassurance to those who have worried that narrower credentials will produce practitioners who are unsafe outside the confines of a single bench.

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On Crisis Adaptability: Narrower Credentials Do Not Mean a Brittle Workforce

Perhaps the most rhetorically powerful concern raised about field-of-practice registration is that it will produce a workforce less capable of responding to surges, pandemics, and healthcare crises. In other words, that a laboratory staffed by specialists rather than generalists will be rigid when flexibility is most urgently needed. This concern deserves a direct response, because it invokes a genuine public interest. It also rests on several assumptions that do not hold up when examined against the structure of the new framework.

The first false assumption is that field-specific registrants lack the foundational cross-cutting competencies needed to function safely beyond their designated field of practice. As the preceding section establishes, this is not accurate. The CAMLPR competency profiles designate a substantial set of competencies as common across all eight fields of practice, covering specimen collection and integrity, pre-analytical assessment, critical value recognition, quality control, safety protocols, and interprofessional communication. An MLT registered in Clinical Microbiology and an MLT registered in Hematology share a common competency floor that is extensive. The overlap of core competencies across fields of practice is not incidental, it was deliberately designed into the framework. The profiles explicitly acknowledge that they "establish a common foundation of skills applicable across different contexts while acknowledging variations in practice environments." This common foundation is precisely what enables cross-deployment in surge conditions.

The second assumption is that field-of-practice registration eliminates the generalist MLT. As mentioned earlier, it does not. The five-field generalist bundle (Clinical Chemistry, Hematology, Transfusion Medicine Science, Clinical Microbiology, and Histology) remains as a registration pathway, and Canadian MLT programs will continue to prepare generalists. Employers who require generalist flexibility, including those operating rural and remote laboratories, can continue to hire generalist-registered MLTs. The Core Lab bundle (Clinical Chemistry, Hematology, and Transfusion Medicine Science) was developed specifically with rural and generalist settings in mind, based on a dedicated employer survey. Far from weakening crisis-response capacity, the Core Lab profile gives employers and regulators a tool for deploying practitioners in the settings where multi-field flexibility is most operationally critical. What is different in the CAMLPR platform is that, for both generalist and core registrants, employers can be certain that the applicant has successfully completed all of the requisite fields of practice.

The third assumption is that during a declared emergency, employment law and professional regulation operate exactly as they do in normal times. In practice, Canadian provincial emergency management legislation and health profession statutes routinely include provisions that expand scopes of practice, authorize cross-training deployments, and suspend or modify registration requirements when a public health emergency is declared. As was evident during the COVID-19 pandemic, these mechanisms were activated across jurisdictions to redeploy health workers, including laboratory personnel, to where they were needed most regardless of their formal registration scope. Nothing in the CAMLPR framework removes or weakens those emergency authorization mechanisms. In most jurisdictions, provincial emergency management legislation and health profession statutes include provision that employers may redeploy staff to tasks within their demonstrated competency even where those tasks fall outside their registered field provided there is appropriate supervision and authorization.

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It also bears noting that the concern about pandemic adaptability cuts both ways. The COVID-19 experience also demonstrated the value of specialized laboratory expertise in molecular diagnostics, clinical microbiology, and immunoassay that generalist training alone could not reliably supply. A credentialing framework that creates clear pathways for specialists to enter and be recognized in the workforce strengthens surge capacity for high-complexity, field-specific work, not just broad-based deployment. The goal of a resilient laboratory workforce is not uniformity of registration; it is a well-calibrated mix of generalists and specialists who share a competency foundation that makes cross-deployment possible when circumstances demand it. The CAMLPR framework is organized to produce exactly that.

On Program Quality and Rapid Registration: Standards Apply Regardless of Where Education Occurred

A related concern is that field-of-practice registration could create an opening for Canadian education providers to develop short, single-field programs with limited clinical preparation, exploiting the new registration structure to produce registrants who are inadequately prepared for safe entry-level practice. This is a legitimate question about how the domestic education market might respond to the reform, and it deserves a direct answer.

The answer lies in accreditation. To be eligible for registration through the standard pathway, Canadian-educated applicants must have graduated from a medical laboratory science or technology education program accredited by HSO EQual. EQual accreditation requires programs to demonstrate that their curriculum, clinical preparation, and learning outcomes meet the standards required for entry-level practice in the relevant fields. A single-field program developed by a new or existing provider would need to meet that bar before its graduates would be eligible to proceed to registration. CAMLPR member organizations do not register graduates of unaccredited programs through the standard pathway; they register graduates of EQual-accredited programs and applicants who have successfully completed a Prior Learning Assessment (PLA).

For applicants who do not hold credentials from an accredited program, including internationally educated MLTs and those with non-traditional educational backgrounds, the PLA evaluates whether prior education and experience are substantially equivalent to Canadian standards. Where gaps are identified, applicants are directed to bridging programs, such as those available through the Michener Institute, before they may proceed to examination. The PLA therefore functions as a quality check that prevents inadequately prepared applicants from attempting the examination.

The broader point is this: completion of any program, short or otherwise, is not sufficient on its own to obtain registration. Every applicant, regardless of educational background or pathway, must pass the same CAMLPR Fields-of-Practice Examinations, assessed against the same validated competency standards, with passing scores established through the Angoff method. The examination is the common quality threshold that all registrants must cross. The combination of EQual accreditation for domestic programs, the PLA for non-traditional and internationally educated applicants, and a common high-stakes examination limits the market value of inadequate preparation.

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If the reform prompts existing Canadian MLT programs to redesign their curricula to align with the new field-of-practice competency profiles, that is a welcome development, not a risk. Programs that revise their offerings on the basis of the CAMLPR competency frameworks and maintain EQual accreditation will be well-positioned to prepare graduates for the new registration pathway.

On Educational Disruption: Real Concerns, but Not Insurmountable

Educational disruption is a legitimate concern, particularly given the timelines many programs face to revise curricula, adjust clinical placements, and prepare faculty to teach and assess against new requirements. Curriculum development in post-secondary institutions can be slow by design, given governance processes, approval cycles, and the need to coordinate across departments and placement partners. It is therefore reasonable for educators to flag feasibility and timing as operational risks, and those constraints should not be minimized.

What the record does show, however, is that educators were engaged early in the process rather than being consulted after decisions had already been made. Educators were invited to participate on the Competency Development Advisory Committee that reviewed and refined the competency profiles at multiple stages. Focus groups held in September 2023 included educators from institutions across the country, including the British Columbia Institute of Technology, the Northern Alberta Institute of Technology, Nova Scotia Community College, Red River College Polytechnic, and the University of Alberta. Their inclusion ensured that the people who design and deliver programs had a voice in shaping what the expected outcomes would be.

The phased implementation timeline was itself a deliberate accommodation of the time institutions needed to adapt. The new exam pathway applied first to internationally educated and non-traditional applicants beginning November 1, 2025, with Canadian-educated applicants following on March 1, 2026, providing programs with time for curriculum alignment. In recognition of institutional timelines, key materials were also made available to support curriculum mapping, including the competency profiles, DACUM scope and sequence documents, side-by-side comparisons of the new competencies with the previous ones, and examination blueprints. Making these tools available was intended to reduce uncertainty about what was changing and what was staying the same, and to allow programs to begin gap analysis work without waiting for final implementation.

Student anxiety is understandable and should also be taken seriously. Anxiety typically increases when pathways, expectations, and assessment signal change, and can intensify when information is incomplete or inconsistent. That said, anxiety is typically a reflection of uncertainty about change rather than proof that the processes or outcomes are wrong. The appropriate response is clear transition rules and consistent messaging about what will be required of each cohort, both of which CAMLPR has provided, rather than reversing a reform that is otherwise well-founded. Uncertainty diminishes as implementation progresses and as students, educators, and employers gain direct experience with the new framework.

On Supervisory and Workforce Planning: Adjustment, Not Crisis

Supervisory and workforce planning pressures should be treated as an adjustment challenge, not a crisis. Any new registration model requires employers, regulators, and educators to adapt. That is normal for

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changes in scope definitions, entry routes, and assessment expectations. It is not unique to this reform, and it does not imply that the model is unworkable.

Concerns about rural and remote laboratories are serious, because these sites often operate with smaller teams, thinner supervisory capacity, and limited recruitment pipelines. Field-of-practice registration expands the pool of practitioners who are eligible for registration in specific fields, including fields where vacancies are concentrated. Whether that expanded pool translates into improved service delivery in rural and remote settings depends on factors such as recruitment pipelines, compensation structures, housing availability, and geographic incentives that are the responsibility of employers, health authorities, and governments. These are outside the mandates of CAMLPR or the regulatory member bodies. What the reform does make possible is that a qualified practitioner who might previously have been ineligible for registration due to gaps in fields irrelevant to a particular position can now be assessed and registered for the work for which they have been prepared. Whether that potential is realized in underserved areas will depend on the complementary workforce planning measures that employers and governments establish. The appropriate response to these concerns is to strengthen workforce planning and staffing policy rather than to block the reform itself. If rural sites need specific supports, for example specialized recruitment, retention incentives, mentorship, and supervision ratios that reflect local realities, those are policy and management issues that can be addressed directly and monitored over time.

Claims that the reform will trigger widespread departures should be treated cautiously. At this stage, predictions of mass exit are, at best, speculative. They may reflect understandable anxiety about change, but there is no evidence that is occurring. The better approach is to track indicators such as registration renewals, vacancy rates, overtime hours, and recruitment success, and to adjust workforce planning measures based on observed data rather than assumptions.

Tracking indicators is the right approach, but those indicators should be interpreted considering what has already happened in the applicant pipeline. Metrics such as registration renewals, vacancy rates, overtime hours, and recruitment outcomes can show whether the transition is creating stress points that require management action. Applications from internationally educated and non-traditionally educated individuals has been substantial, consistent with the workforce goals governments have been pursuing.

The Bigger Picture

The bigger picture is that the traditional generalist model worked well in many ways, but it also created a threshold that screened out people who could have contributed to the workforce. In practice, internationally trained MLTs and individuals changing careers with relevant science education often faced an all or nothing entry requirement. The result was that capable applicants were delayed, diverted into other work, or discouraged from entering the profession at all. Governments have been investing in foreign credential recognition and related supports because regulated professions can lose needed personnel when pathways include barriers that impede the success of qualified applicants.

Field specific registration is a better fit when shortages are concentrated in particular fields of practice. If the system is short in one area, insisting that every entrant meet the full generalist standard before

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contributing is inefficient. A field specific model allows entry tied to defined competencies and assessments for the work that is needed, rather than treating participation as an all or nothing proposition. CAMLPR's Flexible Pathways approach, including field of practice competencies and assessments, was designed to enable entry from diverse educational routes while still being explicit about what safe practice requires.

Defending the status quo is not a neutral position. It carries real costs. It limits access for qualified newcomers and career changers. It narrows the supply pipeline when workforce gaps are widely recognized. It also raises equity concerns about equal access to the profession because barriers in credential recognition and entry processes tend to fall most heavily on internationally educated applicants and others outside traditional pathways. The choice is therefore not between change and no change. It is between managing change thoughtfully or continuing with a model that is known to constrain access and workforce supply.

Conclusion

The concerns expressed about the Flexible Pathways initiative are understandable. Significant regulatory reform generates uncertainty, and uncertainty generates anxiety and resistance. But concern is not the same as evidence of harm, and the record of consultation, of competency development, of assessment design, and of phased implementation does not support the conclusion that this reform was hasty, ill-considered, or detrimental to the profession it governs. The MLT workforce shortage is real, the barriers that the previous system imposed on qualified practitioners were real, and the public interest in a registration framework that is rigorous, transparent, and accessible is real.