Recertification includes a number of tools used by the Board to monitor the ongoing competence of all practising medical imaging and radiation therapy practitioners. Continuing professional development (CPD) is a critical feature of the Board’s recertification programme.

Following a public consultation process in late 2016, this document sets out the Board’s requirements all medical imaging and radiation therapy practitioners must meet to be able to continue practising in New Zealand.
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5. Reflective Statements
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Introduction

This publication sets out the Medical Radiation Technologists Board’s (the Board) recertification programme for registered medical imaging and radiation therapy practitioners in New Zealand. The document has been developed in response to a 2016 Board review of its recertification requirements.

That review took cognisance of contemporary international best practice standards and guidelines within a statutory regulation framework. The recertification programme adopted by the Board aligns with that of other New Zealand health regulatory authorities as well as comparable overseas health regulators.

The 2016 review has seen a significant shift in the Board’s management and monitoring of CPD. In the past the Board had “approved” a number of providers who were responsible for the delivery, monitoring and review of their programmes. Each provider set its own CPD framework which, for the purpose of Board approval, was required to meet a set of broadly defined criteria.

From 2017 the Board will no longer “approve” CPD providers. Rather, it sets the CPD standards medical imaging and radiation therapy practitioners need to meet as one measure of demonstrating their ongoing competence for the purpose of recertification under the Act. That is, the Board’s relationship in respect of CPD is directly with individual practitioners rather than through a third-party provider.

The Board no longer has any requirement for CPD programme providers to audit the compliance of their programme participants. Auditing all medical imaging and radiation therapy practitioners in terms of their compliance with the Board’s CPD requirements is the responsibility of the Board. This means that previous arrangements whereby practitioners who had undergone an audit by their specific CPD provider within the previous three-year period were exempted from a Board audit, no longer applies.

All medical imaging and radiation therapy practitioners will be subject to a recertification audit undertaken by the Board, irrespective of whether they have recently been audited by the provider of the CPD programme in which they are enrolled. The Board will audit 20% of its registrants each year.

This shift in the CPD relationship between the Board and practitioners does not negate the value and contribution of CPD programme providers. Practitioners still have the option to manage their CPD through their current programme provider (or any other CPD programme provider of their choice). However, they will need to ensure that the CPD activities they undertake and the recording of those meet the Board’s requirements, as set out in this document.
Continuing Professional Development

As a registered health practitioner you are expected to maintain your competence in medical imaging and/or radiation therapy practice. You are responsible for keeping your knowledge up-to-date by undertaking relevant CPD.

Legislative Context of CPD

The Board’s recertification programme is established under section 41 of the Health Practitioners Competence Assurance Act 2003 (the Act).

“The principle purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions”

Section 3 (1)

CPD is a critical component of the Board’s recertification programme, and provides a mechanism for supporting your practice to develop throughout your career. Failure to maintain currency in your registered scope of practice places the public at risk of harm. CPD helps to ensure the public get the best possible medical imaging and radiation therapy services from practitioners who continue to be competent and fit to practise.

Definitions and Principles

CPD Defined

Continuing professional development is where you actively engage in a range of learning activities throughout your career to ensure you continue to practise safely, effectively, and legally within your evolving scope of practice

Adapted from the Health Professions Council United Kingdom
### Principles of CPD

<table>
<thead>
<tr>
<th>Continuity</th>
<th>You should always be looking for ways to improve your performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accountability</td>
<td>You are responsible for owning and managing your own CPD</td>
</tr>
<tr>
<td>Individual</td>
<td>CPD is driven by your learning needs and development as an individual practitioner</td>
</tr>
<tr>
<td>Evaluative</td>
<td>CPD should be evaluative rather than descriptive of what has taken place</td>
</tr>
<tr>
<td>Essential</td>
<td>CPD is an essential component of your professional life, it is never an optional extra</td>
</tr>
</tbody>
</table>

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1 The principles statements are based on CPD information provided by the Chartered Institute of Personnel and Development (United Kingdom)
## Recertification Requirements

### An Overview of Mandatory Recertification Requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Requirement Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minimum of formally recorded CPD hours per triennium</td>
<td>60 hours</td>
</tr>
<tr>
<td>Minimum of formally recorded CPD hours in any one year</td>
<td>10 hours</td>
</tr>
<tr>
<td>Evidence of a minimum amount of substantive CPD activities in each triennium</td>
<td>35 hours</td>
</tr>
<tr>
<td>Declaration that you have completed a minimum number of clinical practice hours per triennium</td>
<td>880 hours</td>
</tr>
<tr>
<td>Maintain detailed and verifiable records for all CPD activities for a period of four years (for any one triennium)</td>
<td>Maintain detailed and verifiable records for all CPD activities for a period of four years (for any one triennium)</td>
</tr>
<tr>
<td>Provide supporting evidential documents confirming your engagement in CPD activities</td>
<td>Provide supporting evidential documents confirming your engagement in CPD activities</td>
</tr>
<tr>
<td>Confirmation of a peer performance review within the previous 12-month period</td>
<td>Confirmation of a peer performance review within the previous 12-month period</td>
</tr>
</tbody>
</table>

### CPD is Mandatory

CPD must be undertaken by all registered medical imaging and radiation therapy practitioners who are practising in New Zealand.

If you are registered and practising in more than one medical imaging/radiation therapy scope of practice you must undertake substantive CPD activities in each scope.

### Minimum CPD Hours

You must complete 60 hours of CPD activity over a three-year period – *triennium* – with a minimum of 10 hours in any one year.

At least 35 hours of CPD activities within a triennium must be directly relevant to your scope(s) of practice. These are classed as *Substantive CPD activities*.

These minimum CPD hours apply despite the tenure of your employment. That is, if you are practising as a medical imaging and/or radiation therapy practitioner on a fulltime, part-time or casual basis, you must meet the Board’s CPD requirements, including the minimum number of CPD hours.

### Pro-Rata Formula

If you have registered for the first time, or if you are returning to practice, in many cases you will commence CPD part-way through the term of a triennium. The Board has adopted a simple pro rata method for determining the number of CPD hours to be recorded for the APC period and for the triennium.

The pro rata CPD rate is:

- Five hours per three-month period
You may use this formula to determine the amount of CPD you are required to do for your first CPD year.

**Minimum Clinical Practice Hours**

When selected for a recertification audit you will need to declare that you have completed a minimum number of clinical practice hours over the previous 3-year period:

<table>
<thead>
<tr>
<th>Practising Status</th>
<th>Minimum Practice Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Single Scope of Practice</strong></td>
<td>Total of 880 hours over 3-years</td>
</tr>
<tr>
<td></td>
<td>- 360 of those hours must involve patient contact</td>
</tr>
<tr>
<td></td>
<td>- The remaining 520 hours may be a combination of</td>
</tr>
<tr>
<td></td>
<td>o Patient contact</td>
</tr>
<tr>
<td></td>
<td>o Direct supervision of staff in clinical practice</td>
</tr>
<tr>
<td></td>
<td>o Delivery of educational activities</td>
</tr>
<tr>
<td></td>
<td>o Quality assurance directly related to the delivery of</td>
</tr>
<tr>
<td></td>
<td>medical imaging/radiation therapy</td>
</tr>
<tr>
<td></td>
<td>o Research activities that inform medical imaging/radiation</td>
</tr>
<tr>
<td></td>
<td>therapy practice</td>
</tr>
<tr>
<td><strong>Dual Scope of Practice</strong></td>
<td>Total of 880 hours over 3-years</td>
</tr>
<tr>
<td></td>
<td>360 hours of patient contact in each scope of practice</td>
</tr>
<tr>
<td></td>
<td>- The remaining 160 hours may be a combination of</td>
</tr>
<tr>
<td></td>
<td>o Patient contact</td>
</tr>
<tr>
<td></td>
<td>o Direct supervision of staff in clinical practice</td>
</tr>
<tr>
<td></td>
<td>o Delivery of educational activities</td>
</tr>
<tr>
<td></td>
<td>o Quality assurance directly related to the delivery of</td>
</tr>
<tr>
<td></td>
<td>medical imaging/radiation therapy</td>
</tr>
<tr>
<td></td>
<td>o Research activities that inform medical imaging/radiation</td>
</tr>
<tr>
<td></td>
<td>therapy practice</td>
</tr>
</tbody>
</table>

If you have been issued with an APC that includes a condition of non-clinical practice, you will not need to meet the clinical practice hour minimums. You will however, be required to meet all of the other mandatory requirements of the Board’s recertification programme.

**CPD for Practitioners who Practise Part-Time**

If you work part-time, you must still complete the mandatory CPD requirements. Competence does not equate to the hours you work but to the standard of practice you perform. Practitioners working only a few hours a week must be as equally competent during the hours they practise as their colleagues who work 40-hours a week.

**CPD for Practitioners Not Currently Practising**

If you do not hold a current practising certificate you are not required to meet the Board’s mandatory CPD requirements. That said, if you are planning to return to practice, the Board recommends you maintain some degree of CPD activity during your non-practising period.

If you return to practice after having more than 3-years away from the profession, any relevant CPD activities you have undertaken while away from practice will be assessed as part of your APC application. You will need to ensure you are able to provide the supporting evidence for any CPD undertaken while you were not practising.
When you return to practise meeting the mandatory CPD requirements may be calculated on a pro rata basis.

**CPD Cycle**
The Board has fixed the trienniums to align with the annual practising certificate renewal date of 31\textsuperscript{st} March. The next three trienniums are:
- 1\textsuperscript{st} April 2017 to 31\textsuperscript{st} March 2020
- 1\textsuperscript{st} April 2020 to 31\textsuperscript{st} March 2023
- 1\textsuperscript{st} April 2023 to 31\textsuperscript{st} March 2026

**CPD Activities**
CPD activities must be relevant to your scope of practice. The Board has adopted a two-tiered approach for classifying CPD activities:
- Substantive CPD activities; and
- General CPD activities

You are expected to undertake a variety of CPD activity types which, where possible, include those involving interaction with peers. Sharing and discussing issues and professional experiences with colleagues provides valuable clinical and professional learning opportunities.

Reflection is a critical component of CPD. Reflecting on your practice creates greater awareness and insight into factors than can improve patient experiences and/or outcomes. It allows you to critically evaluate your own professional experiences.

It is expected that CPD activities will incorporate a degree of reflection whereby you analyse experiences so as to learn from them, and record that learning.

**CPD Records**
You must maintain detailed and verifiable records for all CPD activities undertaken. The Board may require you to submit your CPD records at any point in time.

You must retain your evidentiary record of CPD activities (and reflection) for all of the current triennium plus one additional year, that is, a minimum of four years for any one triennium.

Records of CPD activity should include both the details of the activity and reflection on the learning gained from the CPD activity.
### Recording Your CPD Activities

<table>
<thead>
<tr>
<th>Date, time and location of the activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity details – e.g. journal article, seminar, lecture, workshop</td>
</tr>
<tr>
<td>Source, reference or provider – e.g. journal name, provider name</td>
</tr>
<tr>
<td>Number of hours for the particular activity (exclusive of breaks) and the type of activity hours – i.e. substantive or general</td>
</tr>
<tr>
<td>Evidence of participation – e.g. attendance certificate, copy of enrolment or sign-in sheet</td>
</tr>
</tbody>
</table>

### Reflection

**Reflective practice** happens when you explore an experience you have had to identify what happened, and what your role in this experience was – including your behaviour and thinking, and related emotions. This allows you to identify changes to your approach for similar future events. If reflective practice is performed comprehensively and honestly, it will lead to improved performance.

Source: La Trobe University at [www.latrobe.libguides.com](http://www.latrobe.libguides.com)

### Recertification Audits

Meeting the Board’s recertification programme requirements is mandated under the Health Practitioners Competence Assurance Act 2003 (section 41). The Board undertakes annual audits to monitor practitioners’ compliance with meeting those requirements.

When applying to renew your annual practising certificate you must make a statutory declaration that you have met the Board’s mandatory recertification requirements.

The Board aims to audit up to 20% of its registrants each year. This means that within a five-year period you can expect to be called for a recertification audit.

It is imperative that you maintain your CPD records in a timely manner, ensuring their completion and accuracy in meeting the required standards.

### Exemptions

The Board accepts that there may be specific, but limited situations where it is appropriate for a practitioner to be exempted from the Board’s recertification programme requirements, for a specified period of time. If you believe that extenuating circumstances exist you must apply to the Board for an exemption. The Board determines exemptions on a case-by-case basis. Please note that as a rule of thumb part-time employment is not considered to constitute an extenuating circumstance.
**Parental Leave**

The ability to take parental leave is encapsulated in New Zealand legislation and the Board accepts it is in the public interest to allow for flexibility in respect of practitioners who are on parental leave.

Practitioners on parental leave may be granted an exemption from the Board’s mandatory CPD requirements for a period of 12-months. The Board is confident that the length of this exemption period will not, in the normal course of events, materially affect a practitioner’s ability to practise safely on their return to practice.
CPD Activities
As a registered medical imaging/radiation therapy practitioner it is your responsibility to assess potential activities for suitability and relevance and to determine whether your learning needs will be addressed by undertaking those activities.

While CPD activities are determined by each individual practitioner the Board strongly recommends you do that within the context of a personal/professional development plan.

Substantive CPD Activities
Substantive CPD activities are those activities that have significant intellectual or practical content primarily directed to your scope of practice (or expansion of practice). An activity can be meaningful or significantly connected to medical imaging/radiation therapy practice irrespective of the method or medium used.

These activities must comprise at least 35 hours of your CPD activities over the relevant triennium.

General CPD Activities
General CPD activities are those activities that relate to learning in the healthcare environment. It is important to ensure that activities in this category are relevant to healthcare.

You may contribute up to 25 hours of general CPD activities over the relevant triennium.
### Examples of CPD Activities
Examples of substantive and general CPD activities include, but are not limited to:

<table>
<thead>
<tr>
<th>Substantive CPD Activities</th>
<th>General CPD Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participating in postgraduate studies relevant to practice needs or scope of practice</td>
<td>Private study – reading and reflecting on books and journals related to healthcare</td>
</tr>
<tr>
<td>Accredited training or vocational courses with recognised skills or knowledge – e.g. Basic Life Support; IV cannulation, etc.</td>
<td>Attendance at compulsory employer training sessions that address safety</td>
</tr>
<tr>
<td>Work-based learning contracts or other assessed activities</td>
<td>Attendance at in-services, case presentations or reviews that are not specific to medical imaging/radiation therapy practice</td>
</tr>
<tr>
<td>Conferences, forums, workshops and seminars</td>
<td>Attending meetings and participating in the work of a committee or similar, related to the work of a medical imaging/radiation therapy practitioner</td>
</tr>
<tr>
<td>Undertaking research and presentation of work or case studies. This needs to be substantive, referenced, and evidence-based</td>
<td>Membership of, and attending meetings of, a committee or similar, within an organisation with an identifiable healthcare function</td>
</tr>
<tr>
<td>Researching, preparing or editing an article published in a relevant professional publication or an article in a related healthcare publication</td>
<td>Examining and reflecting on evidence-based resources (systematic review, evidence-based guidelines, etc.) and implementing changes in practice. This activity must also include written documentation of the findings and reflection</td>
</tr>
<tr>
<td>Authoring a book chapter</td>
<td>Online learning about an identifiable healthcare function involving discussion, chat rooms, etc.</td>
</tr>
<tr>
<td>Making health related presentations of new or substantially reviewed material – e.g. poster presentations, lectures, seminars, workshops</td>
<td>Providing general supervision or mentoring to supervised practitioners. This is supervision of staff where the supervision is a usual responsibility of the work role. To count as CPD the details of this activity must be documented</td>
</tr>
<tr>
<td>Presenting in service or training to health professionals or carers</td>
<td>Internet research (without further application)</td>
</tr>
<tr>
<td>Attendance at in-services, case presentations or reviews specific to medical imaging/radiation therapy practice</td>
<td>Managing or administering a CPD programme for 10 or more people</td>
</tr>
<tr>
<td>Participation in journal clubs</td>
<td>Time spent reflecting upon and recording learning from CPD activities</td>
</tr>
<tr>
<td>Developing evidence-based practice resources – e.g. completing systematic reviews, developing evidence-based guidelines</td>
<td></td>
</tr>
<tr>
<td>Distance education or online learning that includes an examination, assessment or certificate evidencing learning outcomes</td>
<td></td>
</tr>
<tr>
<td>Programme accreditation activities – e.g. accreditation teams, evaluation of accreditation reports</td>
<td></td>
</tr>
<tr>
<td>Activities to improve quality or reduce risk in practice, involving evaluation and reporting</td>
<td></td>
</tr>
<tr>
<td>Participating in a clinical audit or similar review activity</td>
<td></td>
</tr>
<tr>
<td>Formal supervision of students or practitioners under supervision</td>
<td></td>
</tr>
<tr>
<td>Private study – e.g. reading books and journals with a clear relationship to developmental goals and scope of practice</td>
<td></td>
</tr>
<tr>
<td>Reflection on practice – conscious analysis of a professional issue or experience either individually or with colleagues. Evidence must include details of the identified issue, analysis of the issue from different perspectives, describing how changes to practice could improve patient experiences or outcomes</td>
<td></td>
</tr>
<tr>
<td>Attending applications training specific to medical imaging/radiation therapy practice</td>
<td></td>
</tr>
<tr>
<td>Attendance at compulsory employer training sessions and/or other learning opportunities that address cultural aspects of professional practice</td>
<td></td>
</tr>
</tbody>
</table>
A Guide to Maintaining Your CPD Records

Mandatory Requirements
You must maintain a continuous, up-to-date and ongoing record of your CPD activities.

Your CPD records need to show that you can demonstrate reflection, improvement and positive impact on your practice as a registered medical imaging or radiation therapy practitioner.

CPD Logbook
As long as your CPD record meets the Board’s recertification requirements, it is your decision as to the format of your CPD record. A CPD logbook template that meets the Board’s requirements has been provided in the appendix of the guidelines for your information and/or use. The CPD logbook template can also be downloaded from the Board’s website at www.mrtboard.org.nz

Professional Development Planning
The Board recommends you utilise a systematic professional development process to manage your CPD.

The following model\(^2\) offers a framework for the planning, implementation, and recording of your CPD activities:

\(^2\) Reference Source: Guidelines for your continuing professional development (CPD). Institute for Learning at www.ifl.ac.uk

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A word of caution – your learning and development will not always follow these steps neatly and in sequence. It is quite appropriate that you address a particular stage of this process when you see it as relevant and timely to your own developmental journey. But at the outset, particularly if you are not experienced at planning CPD, a systematic approach can help.

**Contextual Analysis**
You will need to begin reflecting on the relationship between the competencies\(^3\) for your particular scope of practice and the development of your professional practice. Think about the context in which you work, what the key priorities are for keeping up-to-date in your practice, and in approaches to working as a member of healthcare team.

**Needs and Goals Analysis**
Analyse your priority areas using appropriate forms of evidence such as feedback from colleagues, patients, supervisors, etc.; impact evaluation; and peer reviews/performance appraisals. Also undertake a critical self-assessment of your needs and goals for the coming year to address identified areas for development.

**Professional Development Plan**
Using your needs and goals analysis, identify professional development activities that you think will address your needs. Think carefully about the type of activity as well as the focus or topics that are most likely to be effective for you.

Create a professional development plan that articulates:
- Why you want to engage in each activity
- When you expect to achieve each activity
- What you expect to gain from the activity
- How you will measure if the activity has been successful for you

**CPD Log and Supporting Evidence**
Carry out the activities identified in your plan, keep an account of the activities you complete with dates and the time spent, as well as your reflections on progress and the difference the activities are making for you, your colleagues and/or patients.

**Reflection on Practice and Impact Analysis**
Reflecting on the impact each of your CPD activities has had on your professional practice and on your colleagues and patients is a critical aspect of your CPD. Critical reflection helps you to review and set your ongoing CPD goals.

Reflection requires you to question the ‘givens’, assumptions, and sometimes uncertainties of an action. Critical thinking requires you to problem solve and work towards a solution.

When planning or evaluating your CPD, you should think about the possible or actual outcomes from different perspectives including your own, your colleagues, your patients, and from a theoretical viewpoint. For added rigour, reflect on the outcomes of a CPD activity with a colleague or group of colleagues and ask them to provide constructive critical feedback.

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\(^3\) Refer to the Board’s Competencies for Medical Imaging and Radiation Therapy Practitioners

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CPD Impact Evaluation Model
You can use the following model⁴ to critically reflect on the impact of what you have done. This involves deciding what you want to achieve at the outset of your professional development activity and then measuring how far you have done that.

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⁴ Reference Source: Guidelines for your continuing professional development (CPD). Institute for Learning at www.ifl.ac.uk
Recertification Audit

An annual recertification audit enables the Board to measure compliance and thereby assuring the public and the Minister of Health that medical imaging and radiation therapy practitioners are engaging in appropriate CPD that supports their ongoing competence to practise.

Selection of Practitioners for Audit

Each year the Board selects 20% of all medical imaging and radiation therapy practitioners currently practising (that is, they hold an Annual Practising Certificate), to participate in a recertification audit.

You will be notified of your selection approximately 2-months prior to your recertification records having to be submitted to the Board.

Practitioners may also be called for an audit in a number of other circumstances, including practitioners who (but not limited to):

- Were deferred from a previous audit
- Recently returned to practice after being away from the profession for more than 3-years
- Were previously selected for an audit but did not respond or participate, and now wish to practise in New Zealand
- Were directed by the Board to participate in the audit subsequent to a competence review or a disciplinary hearing

Audit Timelines

<table>
<thead>
<tr>
<th>Timeline</th>
<th>Audit Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 weeks prior to audit</td>
<td>Board selects practitioners for audit and checks individuals have not been selected for audit within the previous 3-years</td>
</tr>
<tr>
<td>8 – 9 weeks prior to audit</td>
<td>You will receive written notification of your selection for audit (including an audit declaration form)</td>
</tr>
<tr>
<td>4 -5 weeks prior to audit</td>
<td>The Board confirms its appointment of personnel who will conduct the audits</td>
</tr>
<tr>
<td>2-weeks prior to audit</td>
<td>Follow-up communique sent to practitioners who are yet to provide their audit documents</td>
</tr>
<tr>
<td>Audit</td>
<td>Audits are undertaken by experienced practitioners and Board staff who have received training in auditing practice in accordance with the Board’s pre-determined audit evaluation criteria</td>
</tr>
<tr>
<td>2-weeks after the audit</td>
<td>Practitioners who did not meet the audit requirements are notified in writing and advised of what they need to do to achieve a ‘pass’ status</td>
</tr>
<tr>
<td>4-weeks after the audit</td>
<td>Practitioners who successfully passed the audit requirements are notified</td>
</tr>
</tbody>
</table>
**Meeting Recertification Audit Requirements**

When you are selected for an audit you will need to forward all of your CPD records for the 3-years prior the audit date. Your notification letter will specify the dates that your records need to include.

You will be provided with a recertification audit declaration form that requires you to complete:

1. A signed declaration; and
2. A summary of your employment history; and
3. Confirmation of a peer review/performance appraisal within the previous 12-months

In addition you will need to provide:

4. A log book listing your formally recorded CPD activities; and
5. Reflective statements; and

These last three requirements can be presented in a format of your choice, as long as the information provided is legible and logical.

1. **Recertification Declaration**
   Your recertification declaration provides the Board with an assurance that the CPD information you have supplied is a true and accurate record.

2. **Employment History**
   Having an overview of your employment history enables the auditor to align your logged activities with your professional role as well as to track your practice hours over the last 3-years.

   You do not have to provide a full CV, rather a brief description of your key responsibilities in your current and previous roles over the relevant triennium is sufficient.

3. **Confirmation of a Peer Review**
   You are required to sign a declaration that you have undergone a peer review/performance appraisal within the previous 12-months.

4. **Log Book**
   Your log book must be legible (preferably word processed). How you format your log book is up to you. However, the Board has developed a sample log book recording template that includes an overview of the critical information required in respect of recording a CPD activity. Please feel free to use this as presented in the appendix section, and/or adapt it for your personal use.
5. Reflective Statements
You must provide a minimum of six reflective statements. Two of these must be related to ethical practice, and another two to your scope of medical imaging/radiation therapy practice. One reflective statement must relate to culturally appropriate practice. The remaining reflective statement can relate to any of these elements of practice.

While there are a number of approaches to articulating reflective statements and a range of situations to reflect on, as a minimum you must include the three following critical elements/questions:

1. What did you do?
2. What did you learn?
3. How did the activity impact on your practice?

6. Supporting Documentation
You must provide a sample of documents that provides evidence against a selection of your logged CPD activities.

You are required to provide at least ten documents as evidence.

At least six of these evidential documents must be related to substantive CPD activities.

You must provide at least one evidential document for each of the three years of the triennium.

Do not send originals of your supporting documents, only photocopies.

Photocopies of your supporting documents do not need to be certified.

However you must ensure you have dated and included your name on each supporting document.

NOTE: The minimum number of reflective statements and supporting documents may be calculated as a pro rata depending on the year of the triennium you are audited. Please refer to the Audit Documents Summary on page 20.
The Way Forward – Moving from the Old to the New

The Board’s revised recertification requirements come into effect from 1st April 2017.

The Board’s first recertification audit under these revised requirements will take place later in 2018 (probably around August or September).

In the interim an annual audit of practitioners’ compliance with the Board’s recertification requirements up to the end of March 2017 will be undertaken in August 2017.
### Audit Documents Summary

<table>
<thead>
<tr>
<th>Audit Date</th>
<th>Practitioners</th>
<th>CPD Records Date Range</th>
<th>Content of CPD Records</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interim Audit</strong> August 2017</td>
<td>Practising for full 3-years</td>
<td>1st April 2014 – 31st March 2017</td>
<td>CPD information can be provided in the format required by your CPD provider as up to and including 30th April 2017</td>
</tr>
<tr>
<td></td>
<td>New graduates</td>
<td>1st Jan 2017 – 31st March 2017</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Practising for under 3-years – e.g. recently registered/returned to practice</td>
<td>Include CPD records from when you commenced practising within the period 1st April 2014 – 31st March 2017</td>
<td></td>
</tr>
<tr>
<td><strong>Triennium 1 August 2018</strong></td>
<td>All practitioners</td>
<td>1st April 2017 – 31st March 2018</td>
<td>CPD information must meet the revised recertification requirements. Minimum of 2 reflective statements and 3 supporting documents Pro-rata formula to be applied for up to 1-year of CPD activities</td>
</tr>
<tr>
<td><strong>August 2019</strong></td>
<td>All practitioners</td>
<td>1st April 2017 – 31st March 2019</td>
<td>CPD information must meet the revised recertification requirements. Minimum of 4 reflective statements and 6 supporting documents Pro-rata formula to be applied for up to 2-years of CPD activities</td>
</tr>
<tr>
<td><strong>August 2020</strong></td>
<td>All practitioners</td>
<td>1st April 2017 – 31st March 2020</td>
<td>CPD information must meet the revised recertification requirements. Must provide total minimum of 6 reflective statements and 10 supporting documents CPD relates to the full 3-year triennium. Pro-rata formula can be applied when practitioner has been practising for less than 3-years</td>
</tr>
<tr>
<td><strong>Triennium 2 August 2021</strong></td>
<td>All practitioners</td>
<td>1st April 2020 – 31st March 2021</td>
<td>CPD information must meet the revised recertification requirements. Minimum of 2 reflective statements and 3 supporting documents Pro-rata formula to be applied for up to 1-year of CPD activities</td>
</tr>
<tr>
<td><strong>August 2022</strong></td>
<td>All practitioners</td>
<td>1st April 2020 – 31st March 2022</td>
<td>CPD information must meet the revised recertification requirements. Minimum of 4 reflective statements and 6 supporting documents Pro-rata formula to be applied for up to 2-years of CPD activities</td>
</tr>
<tr>
<td><strong>August 2023</strong></td>
<td>All practitioners</td>
<td>1st April 2020 – 31st March 2023</td>
<td>CPD information must meet the revised recertification requirements. Must provide total minimum of 6 reflective statements and 10 supporting documents CPD relates to the full 3-year triennium. Pro-rata formula can be applied when practitioner has been practising for less than 3-years</td>
</tr>
</tbody>
</table>
Frequently Asked Questions

I work as a casual and on average only work about 1 or 2 days in a month. Do I have to do CPD?

Yes. CPD is a mandatory requirement under section 41 of the Health Practitioners Competence Assurance Act 2003 and applies to all medical imaging and radiation therapy practitioners working in New Zealand, irrespective of your hours of work.

Is the amount of CPD I’m required to do reduced in line with my reduced work hours?

No. The minimum amount of CPD hours in any one triennium is the same for all practitioners. That is, there is no reduction in the amount of CPD hours required of you if you are working in a part-time and/or casual capacity.

I am practising in two scopes of practice. Is there a minimum percentage of the total 35 hours of substantive CPD for each of these scopes?

No. It is your responsibility as a health practitioner registered under the Health Practitioners Competence Assurance Act 2003 to ensure you manage your CPD so as to benefit your ongoing practice in any and all scopes of practice in which you are practising.

An audit of your CPD records would consider if you have provided evidence of how your CPD activities have impacted on your practice for each of the relevant scopes.

I am enrolled in a CPD programme that counts CPD activities in terms of credits or points. Can I just use those same points or credits when recording my CPD in my logbook records?

No. While you can choose to continue to record your CPD activities in terms of credits/points as used by your CPD provider, you must also translate the credits/points for each CPD activity into hours.

This is very important, as when you are called for a Board audit of your CPD records you will need to be able to demonstrate that you met the required number of minimum of hours for the relevant triennium (as set out earlier in this document).
I want to stay with my current CPD provider, but do the changes to the Board’s requirements mean I will have to leave that CPD programme?

No. It is your decision as to how best manage your CPD. For some practitioners this may be achieved by continuing to be enrolled in a formal CPD programme whereas for others that may be achieved through the individual practitioner managing their own CPD portfolio. Another option could be for practitioners to achieve their CPD goals through a combination of enrolment in a formal CPD programme and an individually-managed CPD portfolio option. As long as you are meeting the Board’s CPD standards, it is your decision as to how you will achieve that.

I have been practising medical imaging/radiation therapy for many years. Why should I have to do CPD?

As a registered health practitioner you have an obligation to demonstrate that you remain competent and fit to practise so as to protect the health and safety of the public. Lifelong learning has long been recognised as a critical element in being able to demonstrate that. While having extensive work experience may well be a contributor, it cannot be considered as the sole evidence of continuing competence.

Under my present CPD programme I am only required to complete 30 CPD credits (hours) over 2-years. Why is the Board now requiring me to complete 60 CPD hours over 3-years. This increase of 15 hours over a 3-year period seems very unfair

The Board has looked at the amount of CPD required of other health professionals, both within New Zealand and overseas, and considers 60 hours over a triennium to be a reasonable requirement. In practical terms this represents an increase of 5 hours in any one year, and the Board considers this to be neither unreasonable nor unachievable.

I work in a smaller regional practice and it can be difficult to access CPD activities.
I end up having to do CPD in my own time and that’s hard when I have to balance that with working and my personal life.

As with many other professional groups, there is a worldwide expectation registered health professionals will actively engage in CPD. Ongoing and lifelong learning is the hallmark of a professional and serves to not only better protect the health and safety of the public it also provides a structured framework for you to improve your practice and can be a positive influencer in terms of your career aspirations.

Balancing a number of arenas in one’s life is typical for the majority of people in today’s busy world and is not restricted to those who have chosen to work in the area of health service delivery. When revising its recertification programme requirements, the Board has endeavoured to provide a broad range of examples that can count as CPD activities. The Board is confident this will assist practitioners with being able to access sufficient and appropriate CPD activities, as will the fact that as a minimum, an individual only has to complete 60 hours of CPD over a 3-year period. On average this equates to less than 2-hours per calendar month. The Board does not consider this to be onerous.

Will the proposed changes incur any additional costs to me from the Board?

No. The Board will continue to undertake an annual audit of selected practitioners’ CPD records, and as is the case now, this is done at no additional cost to practitioners.
Appendix

A Sample CPD Logbook Template
The logbook template can be used to record your CPD activities to meet the Board’s requirements.

All your CPD, including that not directly related to your goals, should be recorded.

A minimum of 10 hours of CPD is required each year.

<table>
<thead>
<tr>
<th>Details of CPD Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date and Time of CPD Activity</td>
</tr>
<tr>
<td>Location of Activity (if applicable)</td>
</tr>
<tr>
<td>Type of CPD Activity</td>
</tr>
<tr>
<td>Time (hours) Taken for Activity</td>
</tr>
<tr>
<td>Source or Reference and/or Provider Details; or</td>
</tr>
<tr>
<td>Name of Facilitator/Speaker (if applicable)</td>
</tr>
<tr>
<td>Attachments (e.g. attendance certificate, copy of enrolment, sign-in sheet)</td>
</tr>
</tbody>
</table>

Reflection on CPD Activity

Summary of Learning: What have you learnt? How has the CPD contributed to your body of knowledge and skills?

Outcomes: How can/have you applied this learning to your work and integrate the knowledge and findings into your practice?

Further Learning: What further learning could you undertake?