

## POLICY P.1.4

### Accreditation and Monitoring of New Zealand Providers of Prescribed Qualification Programmes

The accreditation/monitoring process for New Zealand education providers of qualification programmes prescribed by the Board consists of four parts.

#### 1. Submission of Course Documentation

- 1.1 Full course documentation is required from the education provider to enable the Board to benchmark this information against its competencies for registration and other prescribed New Zealand qualification programmes.
- 1.2 Course documentation is to be provided to the Board in digital format and is considered to be a *“living”* document that will be maintained by the Board and edited as changes are made over time.
- 1.3 When subsequent changes are made to the curriculum and to documentation held on file with the Board, the education provider is required to forward these changes to the Board as well as to the Board’s Advisory Group representative to ensure the documentation remains current.
- 1.4 A full set of current course documentation must be submitted initially and be in sufficient detail to allow the Board to determine whether its criteria have been met.
- 1.5 Course documentation should include:
  - 1.5.1 A clear statement of the aims and objectives of the programme.
  - 1.5.2 A brief description of the structure of the programme including duration, balance of compulsory and elective components, allocation of time between theory and practical components and methods of assessment.
  - 1.5.3 A brief course outline for each course including objectives, content and recommended reading and resource lists, type and number of assessments.
  - 1.5.4 For each course, including the clinical component, a sample of each type of assessment (theory papers, description of practical assessments, assignment topics, etc.).
  - 1.5.5 A copy of the programme regulations.
  - 1.5.6 A copy of the information supplied to enrolling students.

- 1.5.7 A list of the teaching, technical and administrative staff, with qualifications, teaching and other relevant experience.
- 1.5.8 A description of the constitution and operation of the academic staff and course committees.
- 1.5.9 A statement of staff-student ratios.
- 1.5.10 A statement of the rationale and practice of assessment.
- 1.5.11 A description of the moderation processes and external participation in such moderation.
- 1.5.12 A statement of resources, including buildings, facilities and equipment.
- 1.5.13 Documentation of research activities.
- 1.6 Upon receipt of full course documentation the Board will appoint appropriate personnel, including education and industry specialists, to measure the course information against a set of Board-approved assessment criteria.
- 1.7 The education provider is required to forward the 5-yearly NZQA/CUAP report to the Board and the Board's Advisory Group representative. [Refer to Section Five: Forms and Templates. FT.1.5.0 for a Job Description – Board Representatives of Advisory Committees/Boards of Studies.](#) The Board will undertake further investigation on any areas of concern or omission.
- 1.8 The Board may request additional or supplementary documentation from an education provider at any time should there be areas of concern or clarification required.
- 1.9 Criteria used to assess course documentation are provided in [Section Five: Forms and Templates. FT.1.5.1. Assessment Criteria – Accreditation/Monitoring of Prescribed Qualification Programmes](#)

## **2. Annual Report**

- 2.1 The education provider must send an annual report to the Board in time for its meeting in March of each year.
- 2.2 An annual report template is provided in [Section Five: Forms and Templates. FT.1.5.2. Education Provider Annual Report Template.](#)
- 2.3 Education providers supply additional reports or advise the Board Advisory Group representative of any significant changes to the annual report.

### 3. Monitoring Clinical Assessment

- 3.1 All education providers must ensure that the method of assessing clinical competence of students is included in the course documentation provided to the Board.
- 3.2 For all undergraduate programmes the Board will, once every 5 years, observe 20% of graduating students undertaking the education provider's clinical competence assessment. A minimum of 5 students will be observed at a minimum of 2 clinical sites. The clinical sites will be selected by the Board in consultation with the education provider.
- 3.3 For postgraduate programmes the Board will, once every 5 years, observe a number of graduating students undertaking the education provider's clinical competence assessment. The number of students and the sites will be decided by the Board after consultation with the education provider and will be dependent on the total number of graduating students.
- 3.4 Clinical assessment observations will be conducted by two Board-appointed observers, one of whom must be registered in the relevant scope of practice.
- 3.5 Clinical assessment observers do not take part in the clinical competence assessment – they are present to observe the process only.
- 3.6 The education provider must supply the Board-appointed observers with the results of the clinical assessments observed including any associated paperwork.
- 3.7 The clinical competence assessment observation focuses on the process within which the assessment is undertaken rather than the performance of the individual student.
- 3.8 The education provider will receive prior notification from the Board of intention to conduct clinical competence assessment observations including the names of students to be observed, the clinical sites, and the timetable for the clinical assessments.
- 3.9 Observations of clinical assessments are scheduled to take place prior to a site visit to the education provider.
- 3.10 The clinical assessment observers will complete a report which is forwarded to the Board's Education Committee.
- 3.11 The Board also conducts a survey of managers of radiology and oncology centres to seek feedback on the clinical competence of new graduates they have employed.
- 3.12 The survey is sent out to all radiology/oncology centres. [See Section Five: Forms and Templates. FT.1.5.3. Survey: Competence of New Graduates.](#)

- 3.13 The Board may request further observation visits from an education provider at any time should there be areas of concern or clarification required.

#### **4. On-Site Monitoring Visit**

- 4.1 The Board conducts a one-day on-site visit once every 5 years with the education provider. During this visit a monitoring team comprised of two Board-appointed assessors, meet with staff and students, including an inspection of laboratories, library and IT facilities.
- 4.2 The monitoring team includes an education expert and an experienced medical radiation technologist who practices in the scope of practice of the qualification programme being monitored.
- 4.3 The monitoring team prepares for the on-site visit by reviewing programme documentation held at the Board office, examining annual reports from the education provider, reports from the Board's Advisory Group member, reports of clinical assessment observation and moderator reports (both internal and external) from the education provider. The team identifies any changes or concerns that will require investigation during the on-site visit.
- 4.4 The assessment criteria used for the on-site monitoring visit is provided in [Section Five: Forms and Templates. FT.1.5.1. Assessment Criteria – Accreditation/Monitoring of Prescribed Qualification Programmes.](#)
- 4.5 A typical programme for the on-site monitoring visit includes:
- 4.5.1 A brief initial meeting with senior staff and management to discuss the purpose and programme of the visit, and to review quality management policy, general support and resource issues. Any concerns arising from the monitoring team's review of course documentation is raised at this meeting.
  - 4.5.2 A tour of the facilities including the library, student facilities, classrooms, laboratories and IT facilities.
  - 4.5.3 A meeting with students currently on the programme, preferably a representative of each year. Lecturers/tutors should not be present.
  - 4.5.4 A meeting with newly graduated medical radiation technologists from the previous cohort (if they are available).
  - 4.5.5 A meeting with lecturers/tutors (both academic and clinical) to assess the programme and discuss structure, learning outcomes, assessment procedures, and resources.
  - 4.5.6 Detailed curriculum discussions may be arranged with specific staff members if required.

- 4.5.7 A brief meeting with the programme committee and/or advisory committee if possible.
- 4.5.8 An exit meeting with senior staff and management to discuss findings and to allow feedback.

**Document Reference: FT.1.5.0**

## **Job Description – Board Representative of Advisory Committees/Boards of Studies**

The Advisory Committee/Board of Studies Member would preferably be a member of the Medical Radiation Technologists Board (the Board), but if a suitable person is not available from the Board, a designated representative meeting the Board's criteria may be appointed by the Board. The Member would preferably be a registered medical radiation technologist.

Duties of the Advisory Committee/Board of Studies Member:

- Must be familiar with the registration requirements and competency documents for the relevant modality.
- Represent the Board at invited meetings of education providers and subsequently report formally to the Registrar and Education Committee for presentation to the Board.
- Attend the education provider's Advisory Committee/Board of Studies meetings throughout the year and subsequently report formally to the Registrar and Education Committee for presentation to the Board.
- Monitor programme delivery and development of the programme.
- Liaise closely with the education provider on curriculum changes and advise the Education Committee and the Board of these changes.
- Discuss with the education provider any issues that may arise from the education provider's annual report to the Board.
- Monitor and report back to the Board on the standard of programme delivery.
- Identify and report any issues or concerns to the Education Committee as soon as possible to enable clarification from the education provider.
- Must be available for Board teleconference meetings at the request of the Chair.

A Board representative on an education provider's Advisory Committee/Board of Studies cannot act independently of the Board.

Document Reference: FT.1.5.1

### Assessment Criteria – Accreditation/Monitoring of Prescribed Qualification Programmes

CRITERIA	ASSESSOR COMMENT
<b>1. STAFFING</b>	
<p>Programme is directed and administered by a person of recognised stature in the field of medical radiation technology</p>	
<p>Fulltime academic staffing is adequate in number, and appropriately qualified for the objectives of the course to be met</p>	
<p>Clinical staffing is adequate in number, and appropriately qualified with current annual practising certificates in the relevant scope of practice for the objectives of the course to be met</p>	
<p>Policies and procedures governing the appointment of staff are fair and consistent with the provision of the qualification</p>	

<b>1. STAFFING cont'd</b>	
<p>Academic staff have relevant experience in the disciplines of medical radiation technology, routine radiation testing, any relevant specialist imaging modalities and an understanding of modern radiological technologies</p>	
<p>Academic staff have significant and verifiable experience and expertise in teaching and research</p>	
<p>Adequate numbers of appropriately qualified support staff for the teaching of the course</p>	
<p>Ongoing programme of staff appraisal and development</p>	

<b>2. COURSE CONTENT</b>													
<p>Content is to be benchmarked against current approved NZ education programmes. Variations in course content are to be noted and on overall evaluation statement made</p>													
<p>Course content is assessed for the level at which the programme is delivered as per NZ qualifications framework (NZQF) <a href="http://www.nzqa.govt.nz">www.nzqa.govt.nz</a></p> <table style="width: 100%; border: none;"> <tr> <td style="padding-right: 20px;">Levels 1-4</td> <td>Certificates</td> </tr> <tr> <td>Levels 5-6</td> <td>Diplomas</td> </tr> <tr> <td>Level 7</td> <td>Bachelor Degrees, Graduate Diploma</td> </tr> <tr> <td>Level 8</td> <td>Postgraduate Diplomas/Certificates Bachelor Degrees with Honours</td> </tr> <tr> <td>Level 9</td> <td>Masters</td> </tr> <tr> <td>Level 10</td> <td>Doctorates</td> </tr> </table>	Levels 1-4	Certificates	Levels 5-6	Diplomas	Level 7	Bachelor Degrees, Graduate Diploma	Level 8	Postgraduate Diplomas/Certificates Bachelor Degrees with Honours	Level 9	Masters	Level 10	Doctorates	
Levels 1-4	Certificates												
Levels 5-6	Diplomas												
Level 7	Bachelor Degrees, Graduate Diploma												
Level 8	Postgraduate Diplomas/Certificates Bachelor Degrees with Honours												
Level 9	Masters												
Level 10	Doctorates												

<b>3. TRAINING PROGRAMME</b>	
Training programme provides appropriate range of medical radiation technology experiences including practical work under realistic conditions	
The quality of the components based outside the educational institution is evaluated on an ongoing basis	
The institution has an internal review procedure	
The undergraduate programme has a minimum duration of three years fulltime academic study	
The postgraduate programme has a minimum duration of two years part-time academic study	
Admission regulations provide appropriate credit for prior learning and mechanisms for cross-crediting	

<b>4. ASSESSMENT</b>	
<p>General assessment policies provide fair and regular feedback on progress to students and fair reporting on final achievement</p>	
<p>Ongoing assessment opportunities are provided to enable the student to make good on initial failure</p>	
<p>The appeals procedures are consistent and fair</p>	

<b>5. RESEARCH</b>	
<p>Adequate facilities for staff/student research to be undertaken are provided</p>	
<p>The programme provides an appropriate foundation for further study and research</p>	
<p>Evidence of fundamental and/or applied research activities carried out by the staff of the department</p>	

<b>6. VALIDATION</b>	
<p>A functioning advisory (or similar) committee with professional representation is in place</p>	
<p>Internal and external moderation of course assessments include teaching peers and industry and professional groups</p>	
<p>Student's opinions of the value of teaching, gained from regular evaluation, are considered</p>	
<p>Access is provided to up-to-date equipment as used in the modern setting</p>	

<b>6. VALIDATION</b>	
Adequate teaching areas with appropriate facilities are available (lecture theatres, laboratories, computer rooms)	
Sufficient lecture theatres and tutorial rooms are available for the number of students involved	
Adequate library facilities are available with access to current and relevant journals and appropriate texts. It is recognised that some access may be provided by the internet	
Areas for independent study and skills practice are provided for students. Adequate and appropriate guidance, counselling and support systems are available to students	
Student facilities and support services are of an acceptable standard	
Adequate quiet study areas other than the library	

Document Reference: FT.1.5.2

## EDUCATION PROVIDER ANNUAL REPORT

### TITLE PAGE

- Name of education provider
- Faculty or School
- Programme Name
- Period report covers
- Name and position of report provider

### COMMITTEES

- Programme Committee
  - Membership
  - Responsibilities of operation
  - Dates
- Advisory Committee
  - Membership
  - Responsibilities of operation
  - Dates

### STAFFING (Academic and Clinical)

- Full list of staff as at date of report
  - Responsibilities
  - Qualifications
  - Research activities
  - Continuing professional development

### MODERATION

- Subjects moderated
  - Internal
  - External (if applicable)

## **STUDENTS**

- Report on numbers enrolled in each year

## **FULL LIST OF ENROLLED STUDENTS**

- Activities
- Awards

## **CURRICULUM**

- Audits
- Changes from last report

## **OTHER EDUCATION PROVIDERS**

- Relationships

## **CLINICAL PROVIDERS**

- List of sites
- No of students at each site by cohort

## **GENERAL COMMENTS**

**Please send both electronic and hard copy of your report to:**

**Medical Radiation Technologists Board  
PO Box 11-905  
WELLINGTON 6142**

**E-Mail: [claire.lovewell@medsci.co.nz](mailto:claire.lovewell@medsci.co.nz)**

**Tel: +64 4 801 6250  
Fax: +64 4 381 0270**

**Due date – end of February**

**Reference Document FT.1.5.3**

**Education Provider:**

**Programme:**

**Clinical Site:**

**Name and Position Held of person completing this form:**

If your clinical site has employed new graduates from \_\_\_\_\_  
this year \_\_\_\_\_ please give your opinion of their clinical competence.

In particular, areas to be improved upon or areas that exceed expected minimum  
standards:

Please comment specifically on the following:

- Ability to perform clinically unsupervised

- Ability to manage after-hours work

- Academic knowledge base – is this at the level you would expect of a newly qualified MRT?

- Clinical knowledge base – is this at the level you would expect of a newly qualified MRT?

As a guide it may be beneficial to refer to the core competency topics as used by the Medical Radiation Technologists Board:

- **Preparation**
  - Assessment of request form
  - Assessment of previous imaging
  - Equipment preparation
  - Room preparation
- **Communication/patient care**
  - Greeting and identification of patient
  - Introduction of self
  - Appropriate assessment of patient with respect to examination requested
  - Explanation and instructions to patient are clear and able to be understood
  - Informed consent when appropriate
  - Attendance to patients physical and emotional needs

- Communication with staff and patient caregivers/family
- Aftercare and farewell of patient
  
- **Image Acquisition**
  - Positioning
  - Correct use of equipment
  - Exposure factors
  - Department protocols adhered to
  - Radiation Protection
  - Film identification
  - Processing equipment
  
- **Image Evaluation**
  - Film assessment for image quality, technique, anatomy and obvious abnormalities
  - Understanding of exposure factors
  - Assessment of need for further requirements
  
- **Management**
  - Documentation completed accurately and legibly
  - Assistance requested when appropriate
  - Effective time management