

Consultation document

Change to requirements for holding a practising certificate

Introduction

1. Te Poari Ringa Hangarau Iraruke | The Medical Radiation Technologist's Board (the Board) is responsible for protecting the health and safety of New Zealanders by ensuring practitioners registered in the profession of medical imaging and radiation therapy are competent and fit to practise.
2. The Board issues practising certificates as an assurance to the public that practitioners have met the requirements set in accordance with section 27 of the Health Practitioner's Competence Assurance Act 2003 – HPCAA (the Act) - [Current practising certificate policy](#).
3. In addition to this, some professions and jurisdictions specify a minimum number of hours of practice for practitioners to remain eligible to hold a practising certificate. The current requirements are detailed in the current Board policy on [clinical and non-clinical practice](#).
4. The Board has received feedback that the current policy and definition of practice may be acting as a barrier to the workforce and has reviewed the policy to ensure it is evidence-based and fit for purpose.
5. A review of the policy has occurred, and the Board wishes to seek feedback from practitioners, stakeholders, and the public about the proposed changes.

Proposal

6. The Board is proposing to align the requirements with those supported by research and ensure it is consistent with other jurisdictions. Proposed options for feedback are:
 - a) Update the definition of practice
 - b) Remove the term 'non-clinical' and broaden the definition of practice to capture those competent practitioners who are involved in the practice of medical imaging and radiation therapy in all ways.
 - c) Remove or reduce the number of hours of practise required to hold a practising certificate.
 - i. Remove the requirement for a set number of hours of practise OR
 - ii. Reduce the total number of hours of practise required to 450 with a minimum of 200 hours in each modality/scope

Current requirements

7. The current Board policy on [clinical and non-clinical practice](#) specifies that practitioners must complete at least 880 hours of practise over a three-year period. Of those hours, 360 must be direct patient contact. The remaining 520 hours may be a combination of:
 - Patient contact
 - Direct supervision of staff in clinical practice
 - Delivery of educational activities
 - Quality assurance directly related to the delivery of medical imaging/radiation therapy.
 - Research activities that inform medical imaging/radiation therapy practice.
8. For a practitioner that is registered and practising in multiple scopes of practice, they must complete at least 360 hours of clinical practice in each scope over the three-year period.

Definition of practice

9. Most professions (including the Board) have a definition of practice that includes activities that influence the delivery of care, such as education or management. The definition of practice used by the Board is

The practice of medical imaging and radiation therapy goes wider than clinical practice. These roles include teaching, research, and health management in hospitals, clinics, community and institutional contexts, whether paid or unpaid.

Non-clinical condition

10. Clinical practice is defined as any work undertaken by a medical imaging and/or radiation therapy practitioner that relates to the direct care of an individual. Non-clinical practice is any work undertaken by a medical imaging and/or radiation therapy practitioner that does not relate to the direct care of an individual.
11. The Board applies a non-clinical condition on the practising certificate of those who hold a practising certificate but who do not meet the direct patient contact requirement. Practitioners must apply separately for a non-clinical practising certificate.

Reasons for review

12. The Board regularly reviews its policies and procedures to ensure they are reflective of the practice of medical imaging and radiation therapy.
13. The review of this policy is occurring in conjunction with the scope of practice review currently underway.
14. The Board has received feedback that the current policy settings are inconsistent with other jurisdictions and may be acting as a barrier to those who wish to return to the workforce and/or hold multiple scopes. The current definition of practice and use of non-clinical conditions may be overly onerous and does not adequately reflect the influence that those working in teaching, management and other significant roles has on care provided to multiple patients and on the practice of other medical imaging and radiation therapy practitioners.
15. The evidence base for the current hourly requirement is unclear and the number of hours are misaligned with those professions and jurisdictions that do require them.
16. It is unclear how the current policy is applicable to evolving models of care, such as remote imaging.

Review process

17. The Board conducted research into the requirements of other jurisdictions in Aotearoa New Zealand and overseas to investigate the definition of practice and requirements for ongoing practice.
18. The Board also considered feedback and questions about the policy received from practitioners, stakeholders, and other sources.

Reasons for proposal

Legislative requirements

19. The HPCAA does not state a minimum number of hours of practice that are required to hold a practising certificate, but section 27(1)(d) requires that an application must be reviewed if the practitioner, 'has not held an annual practising certificate of a kind sought by the application within the three-years immediately preceding the date of the application'. The Board details these requirements in the current [return to practice policy](#).

Research findings

20. Research conducted by the Board showed that most professions and jurisdictions consider practise as wider than direct clinical practise. This is consistent with the Board's definition of practice in the current policy. Other responsible authorities include activities such as education research etc within their published definition of practice.
21. While some jurisdictions adopted a minimum hour requirement, this was not restricted to client contact only, and could include what the Board has described as both clinical and non-clinical practice.
22. Many professions also placed an emphasis on the continuing professional development of practitioners when considering suitability to hold a practising certificate.

Definition of practice

23. The Board has reviewed the current definition of practice and has refined this to be more explicit about the varied roles that practitioners may hold.
24. The proposed definition is:

The Board defines practice as any role, whether paid or unpaid, in which the registered practitioner uses their skills and knowledge. Practice is not restricted to the provision of direct clinical care and may occur in hospitals, clinics, community and/or institutional contexts. Practice includes using professional knowledge when working in teaching, research, health management or any other role that impacts on the safe and effective delivery of medical imaging and radiation therapy services.

Hours of practice requirement

25. The requirement for 880 hours of practice every three-years is higher than other jurisdictions such as Australia (450 hours/ three-years) and professions (see table 1). There is little published evidence about the number of hours of practice required for a practitioner to remain competent, with expert advice, experience and feedback from key stakeholders often used to develop requirements

26. The Board is proposing to either remove the minimum hour requirement or to align the minimum hour requirement with that used by the Medical Radiation Practice Board in Australia (450 hours over three-years (approximately three-months full time practice)).
27. If the 450 hour requirement is retained, a corresponding reduction in the number of hours required for those with multiple scopes is proposed to be at least 200 of the 450 hours to be in each scope.

Direct clinical contact requirement

28. Most professions consider practise to include any activities within the scope of practice with no distinction between that involving individual client contact and other activities which influence the delivery of medical imaging and radiation therapy services at a wider level.
29. This is consistent with the current and proposed definition of practice proposed by the Board which includes management, teaching, and other activities that often have a significant impact on the delivery of care - both now and into the future.
30. With advancing technology, the role of practitioners in providing care is likely to evolve, with the potential for practitioners to use their professional knowledge and skills in ways that are not consistent with the current non-clinical definition (e.g., quality assurance).
31. The Board is proposing to remove the current 360 direct clinical contact current hour requirement.

Risk management

32. The Board has considered the risks of the proposals above and considers that these may be mitigated by other existing requirements. These include the current Competence Standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand, the Code of Ethical Conduct and the Code of Health and Disability Services Consumers' Rights.
33. Practitioners have a professional responsibility under the [Competence standards for medical imaging and radiation technology](#) to practise within the limits of their own professional expertise (1.2.5). The [Code of Health and Disability Services](#)

[Consumers' Rights](#) also entitles patients to services provided of an appropriate standard (Right 4).

34. The Board expects that practitioners, returning to practice after a short break away, have the appropriate level of competence and skill to provide the service. This may involve an induction process, additional education and/or supervision to familiarise the practitioner with workplace specific requirements in the same way as is expected of any practitioner moving between workplaces, machines, or modalities.
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Table 1: Review of requirements in other jurisdictions

Profession/Jurisdiction	Recertification requirements	Is there a direct mention of clinical (patient) contact?	Is there an hour requirement for continuing practise?
Medical Council of New Zealand	<ul style="list-style-type: none"> Recertification and professional development Medical Council 	No. Medical Council definition of practice includes reference to education, research and other activities	No
Physiotherapy Board of New Zealand	<ul style="list-style-type: none"> Recertification- Programme- Guidelines.pdf 	No mention of specific hour requirements	No, additional requirements after three-years away from practice.
Nursing Council of New Zealand	<ul style="list-style-type: none"> Annual Practising Certificates Recertification audits Continuing Competence 	<p>Yes. Nursing Council definition of practise includes “using their nursing knowledge in a direct relationship with clients”</p> <p>A practising certificates should be held where the role impacts on public safety.</p>	Minimum 450 hours over the previous three-years.
Pharmacy Council of New Zealand	<ul style="list-style-type: none"> Minimum 450 Hours Practice Recertification Policy Competence standards - 	No	Minimum 450 hours over the previous three-years.

	Pharmacy Council NZ - Public Site		
Medical Radiation Practice Board (AHPRA) Australia	<ul style="list-style-type: none"> • Medical Radiation Practice Board of Australia - Recency of Practice 	No	Minimum 450 hours over the previous three-years in each division of registration
Health & Care Professions Council (HCPC) UK	<ul style="list-style-type: none"> • Returning-to-practice.pdf 	No	More than two-years out of practise, then additional requirements apply. No minimum hours.
Radiographers Registration Board Ireland	<ul style="list-style-type: none"> • Rrb-code-of-professional-conduct-and-ethics-for-radiographers-and-radiation-therapists.pdf • Return to Practice - Coru 	Yes, however no mention of specific hours/activities.	More than two-years out of practise then additional requirements apply. No minimum hours.

