New Zealand
Medical Radiation
Technologists Board
Te Poari Ringa Hangarau Iraruke

Consultation outcome summary

Practising certificate policy

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).

3. The Board recently reviewed its policy for issuing practising certificates to ensure that it protects the public while not providing unnecessary barriers to practice. The proposed changes were put out for consultation.

4. Consultation occurred in several areas:

    a. An updated definition of practice
    b. The number of hours of recent practice required to hold a practising certificate
    c. The use of non-clinical conditions on practice.

Outcome

5. Following review of the feedback received, the Board has updated the practising certificate policy to reflect the updated definition of practice which includes all aspects of practice directly relating to the provision of care by practitioners and removes the clinical and non-clinical distinction. The Board has also decided to reduce the hours of practice requirement to 450 hours to align with other jurisdictions and professions.

6. The updated policy has been published on the Board's website in the resources section.

Consultation results

7. There was a total of 119 respondents to the practising certificates policy consultation which ran from 22 May 2025 – 2 July 2025. This included 114 individuals (approximately 3% of the workforce) and five organisations.

Respondents by scope of practice[1]:

MIT	79
MRIT	13
NMT	6
RT	14
Son	14
T-Scope	2

8. Organisations who responded are:

- Australasian Sonographers Association (ASA)
- Australian and New Zealand Society of Nuclear Medicine (ANZSNM)
- APEX union
- New Zealand Society of Medical Imaging and Radiation Therapy (NZSMIRT)
- The Royal Australian and New Zealand College of Radiologists (RANZCR)

9. Most respondents (93%) supported the updated definition of practice developed by the Board.

10. Feedback was divided about the removal of the clinical hour requirements with 51% in favour of removal, and 48% in favour of retention. Those who supported removal of the hours noted that the number of clinical hours does not necessarily equate to competency, and that many practitioners with clinical and technical competence may be working in non-clinical roles. Those who supported retention of the hours were of the opinion that direct patient interaction is essential for maintaining competence and staying up to date with rapidly evolving practice changes. It was also believed that a minimum hour benchmark should be retained to ensure competence across the full scope of practice for a clinical profession.

11. Most respondents (72%) did support a reduction in the number of "practice" hours required to hold a practising certificate. Reasons for supporting the change included alignment with other jurisdictions and professions and supporting the retention of practitioners who are returning to work or working part time. Respondents also reiterated that a fixed number of hours does not necessarily indicate a practitioner's competence. For those who did not support the reduction they noted that the current hourly requirement was, in their opinion, not overly onerous and easily met by most practitioners, and a reduction in hours may lead to adverse outcomes for the public.

12. The majority (68%) of respondents also supported the removal of the non-clinical definition. Reasons giving for support to remove included recognition that non-clinical roles such as management, research, and teaching are valuable contributions to patient care and safety and that removing the definition will reduce barriers to practising in the profession, allowing for a more flexible workforce. It also reflects the current state of the profession. Those who did not support the change were of the opinion that

[1] As practitioners can be registered in more than one scope of practice, the total by scope does not equal the number of individuals responding.

clinical practice requires highly specialised technical and diagnostic skills that may not be maintained through non-clinical practice, and that those working in non-clinical roles may be not being keeping up with the latest advances in technology.

13. Based on this feedback the Board has elected to adopt the updated definition of practice and reduce the hours of practice requirement to 450 hours to align with other jurisdictions and professions.

Response to issues raised

14. Practitioners raised several concerns about the proposed changes. Responses to these are provided below:

Practitioners who are working non-clinically do not have the required competence standards to practice clinically.

15. Those who currently hold a non-clinical practising certificate have already met the required competence standards. They are required to undertake professional development and are subject to audit in the same way as all other practitioners. Provided they meet the updated requirements they may apply for a practising certificate without the non-clinical condition during the 2026-2027 renewal period.

What about practitioners who do not meet the required hours?

16. Practitioners who are returning to practice after a breakaway of more than three years are subject to elevated scrutiny to ensure they are fit and competent to practise under the MRTB's Return to Practice Policy. Practitioners who have been out of practice for less than three years are required to meet the requirements of the practising certificate policy and ensure that they are providing services in accordance with the MRTB competence standards (2024), and the Code of Health and Disability Services Consumers Rights.

Direct patient interaction is essential for maintaining competence across the full scope of practice.

17. The Board recognises that many practitioners work in areas that have significant influence in the care of patients, despite not directly providing care. These may include practitioners working in the areas of clinical management, teaching or quality where decisions they make directly relate to the provision of effective and safe care to patients. As with any change in role, practitioners returning to clinical practice after this type of role are required to ensure that they have the necessary technical and clinical competence to provide services.

How many practitioners currently have a non-clinical condition?

18. There are currently 35 practitioners with a practising certificate who have a non-clinical condition.

19. ***Note:*** *A small number of people made submissions about their personal circumstances or issues that were unrelated to the consultation. These have been addressed using the appropriate process.*