New Zealand Medical Radiation Technologists Board
Te Poari Ringa Hangarau Iraruke

Consultation information:

Draft gazette document – scope of practice

Issued: 12 November 2025
Submissions close: 11:59pm, 28 January 2026

Thank you for taking part in this consultation.

What you share helps shape the future of the profession.

This document includes:

- background
- process diagram
- proposed changes
- FAQs
- consultation survey questions.

Background

Under the Health Practitioners Competence Assurance Act 2003 (HPCA/the Act), Te Poari Ringa Hangarau Iraruke | the Medical Radiation Technologist Board (the Board) is required to describe the contents of the profession it regulates in terms of one or more scopes of practice (s11(a)) and to prescribe the qualifications required for scopes of practice within the profession (s12).

The scope of practice describes the activities and areas within which practitioners registered in the scope may work and the qualifications required for registration.

The Board has been reviewing the scopes of practice for the medical imaging and radiation therapy professionals. This is part of the regular review the Board engages in to ensure that standards set are fit for purpose and reflective of practice both now and into the future.

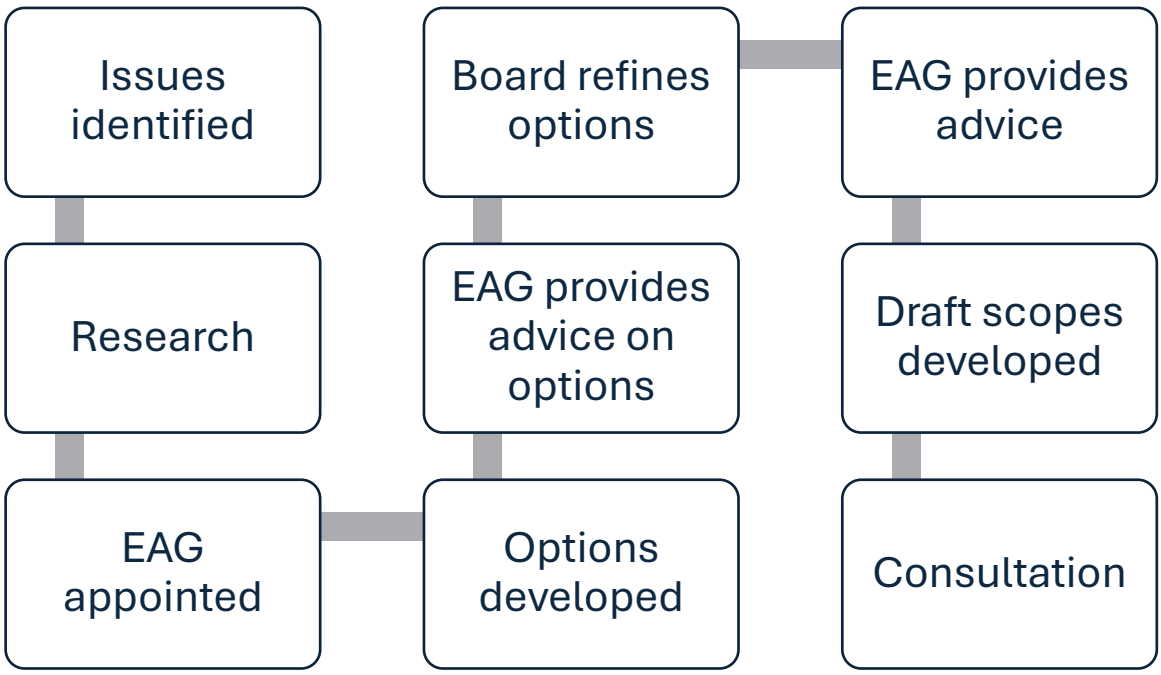
The primary concern of the Board in considering all options is the protection of the health and safety of the public by ensuring that all registered practitioners are competent to practice. Issues that have been considered by the Board as part of the scope structure include:

- The evolution of technology in medical imaging and radiation therapy including the role of artificial intelligence.
- The evolving roles and activities of practitioners.
- Ensuring that regulatory settings are not acting as an unwarranted barrier to service flexibility and change.
- Ensuring that the skills of practitioners are appropriately reflected on the register.
- Workforce shortages projected both now and into the future.

Review process

To support the Board in the review process, an expert advisory group (EAG) was appointed. The purpose of the EAG was to provide the Board with insights and recommendations about several proposed options to inform decision making.

The EAG consisted of members of each of the five scope modalities, and a lay person. The Board has also engaged with education providers, Te Manu Mātārae (Māori Practitioners Advisory Committee), the Ministry of Health, and other stakeholders as part of developing the proposed scope for consultation.



Making a submission

The Board is asking for feedback from practitioners working in medical imaging and radiation therapy, the public, and other interested groups.

The consultation period will run from 12 Nov 2025 to 11.59pm, 28 January 2026. You can provide a response using our survey https://www.surveymonkey.com/r/HVLSZNH or via email to mrtconsultations@medsci.co.nz with the subject line: **MRTB SOP consultation.**

Next steps

The Board will carefully review all the feedback provided before making any decisions about the proposed changes. Once any changes have been made these will be published on the Board's website and New Zealand Gazette. Practitioners will be advised of the outcome.

Summary of proposed changes

The Board is proposing the following high-level changes to the scopes of practice and prescribed qualifications.

1. Removal of the three trainee scopes.
2. Review of scope wording.
3. Use of endorsements to recognise additional education
4. Addition of potential undergraduate education pathways for
    - Magnetic Resonance Imaging (MRI) Technologist
    - Sonographer (Son)
    - Nuclear Medicine Technologist (NMT).
5. Alignment of qualifications.

Further details about each of the proposed changes and what they would mean is available in this document.

1. Removal of the trainee scopes

As part of its regular review the Board is considering the costs and benefits of the trainee scopes and whether the trainee scopes are required to protect the public.

Most professions regulated under the Act do not regulate students while they are in programmes of education and instead register practitioners in the appropriate scope once they have completed the required qualification.

The trainee scopes have been in place for many years and are well understood by the profession. The Board is consulting on the proposal to remove the trainee scopes for the following reasons:

- Most practitioners in the trainee scopes are already registered with the Board in another scope (eg MIT) and are already required to act within the Board's competence and ethical standards. Those who are not registered with the Board are often registered with another profession where similar requirements apply.

- Practitioners in a trainee scope have oversight from their education provider. Education providers must meet the Board's accreditation standards, which include the requirement that public safety is protected, and that students receive appropriate supervision and oversight during their education programme. This includes having registered health practitioners with a current annual practising certificate supervising trainees during clinical placements and when a trainee is engaging in patient care.

- The trainee scopes do not have separate competence standards. This means if a concern was raised it would be difficult, if not impossible, to assess whether a trainee meets the standard of competence reasonably to be expected of a practitioner within the trainee scope of practice and for the Board to take any action about this. The development of competence standards would be challenging as trainees within the scope vary from those entering their programme of education with little knowledge, to those who are nearing completion.

- Conduct or health issues that arise during a practitioner's education may be more appropriately addressed by the education provider and/or the employer. If the conduct is sufficiently serious to result in an investigation (or an order by the education institute) this would need to be disclosed to the Board under s16(f) or (i) of the Act when applying for registration in that scope of practice.

- The trainee scopes of practice currently do not define any specific tasks or activities which could be regarded as a description of practising the profession; rather, the trainee scopes simply refer to being enrolled in an approved training programme.

It is unclear what the benefit to the public is in regulating trainees when they are subject to the requirements of a Board-approved education provider, there are no competence standards against which to measure practitioners, and regulation as a trainee does not add anything to the Board's powers for investigation of ethical issues which may also be investigated by the education provider and/or employer.

If the proposal for removal of the trainee scopes goes ahead, the Board would develop a transition plan to ensure that those registered in the scope would be managed appropriately and the responsibilities of each party are defined.

2. Review of scope wording

The Board has retained the five-scope modality-based structure. This structure has been in place for many years and is well understood and embedded in Aotearoa New Zealand. To reflect current practice and to ensure consistency and clarity of the scopes the Board has proposed some wording updates.

Practice areas

Within each of the scopes there are similar requirements for patient care, patient safety and clinical skill. These are listed separately in the current scope and competence standards. It is proposed that the updated scope groups these as required for all scopes as patient care, patient safety and clinical skill is fundamental for all. Image evaluation is proposed to be included as a practice area for all scopes.

Extension of the exam

A proposal to include "extension of the clinical exam" where appropriate has been added to apply to all scopes. This is to reflect the role of the practitioner in meeting patients' needs and acting on unexpected findings. Practitioners extending an exam must work within their workplace policies and procedures.

Electronic recording

It is proposed to remove the reference to recording the examination "electronically" as examinations should be recorded in the most appropriate way - with the majority of this being electronic.

Delivery of care

Recognition of the role of medical imaging and radiation therapists in delivering care that is responsive to patient needs, including their cultural needs, and in contributing to equitable outcomes for all patients receiving services.

Scope specific changes

Medical Imaging Technologist (MIT)

- Addition of fluoroscopy as part of the scope of practitioners for those who are competent with this technology.

Radiation Therapist (RT)

- Update the prescriber Radiation Oncologist to 'appropriate authorised practitioner' to reflect all those who may prescribe radiation.

Nuclear Medicine Technologist (NMT)

- Inclusion of diagnostic CT in the scope to reflect that competence is included in the current accredited qualification pathway. Those who do not have the required level of education will have a restriction on their scope stating this.
- The scope is also reworded to reflect current practice, including involvement in theranostics.

Sonographer (Son)

- Recognition of the role ultrasound practitioners have in diagnostic interpretation.

- Rewording of the description to reflect current practice and ultrasound-specific competencies.
- Inclusion of the titles that an appropriately qualified sonographer may use in the workplace

Magnetic Resonance Imaging Technologist (MRIT)

- Rewording of the description to reflect current practice and MRI-specific competencies.

3. Use of endorsements

The Board currently uses conditions for a variety of purposes to protect the public. These vary from restrictions (such as having to work under supervision) to enabling (such as recognition of additional education and skills). The Board has received legal opinion and advice that its use of enabling conditions is not technically correct as conditions are for restricting practice, not enabling it. Further, the use of enabling conditions is inconsistent with the use by other responsible authorities which could lead to confusion about what the presence of a condition means. The Board has been exploring alternative methods of ensuring additional skills that a practitioner has is clear to employers and the public and consulted recently on the use of endorsements to achieve this for the PET-CT programme with the proposal receiving support from those who submitted.

Endorsements

An endorsement may be placed on the practising certificate of a practitioner who has completed a course of formal education approved by the Board. This provides an assurance that the practitioner has the required qualifications and competence to carry out functions safely. The Board has recently approved this as a mechanism for suitably qualified practitioners undertaking the PET-CT programme.

The Board proposes that the use of endorsements could be extended to recognise current and future education programmes that allow practitioners to work in specific areas outside their current scope. The Board currently maintains a list of these which could be added to in the future as suitable pathways are identified and developed. Practitioners who complete the qualification will be endorsed to practise in the appropriate area.

If the proposal is approved the Board will review and update those practitioners who currently have an enabling condition to ensure clarity and consistency.

4. Addition of potential undergraduate pathways for Magnetic Resonance Technologist, Sonography and Nuclear Medicine Technologist scopes

In Aotearoa New Zealand, the Medical Imaging Technology and Radiation Therapy modalities are delivered as separate undergraduate pathways while Sonography (SON), Magnetic Resonance Imaging (MRI) and Nuclear Medicine Technology (NMT) are delivered as postgraduate qualifications. The method of delivery is reflected in the qualifications for registration where Son, MRI and NMT are listed as postgraduate qualifications.

In contrast, many international jurisdictions have programmes of education for some or all the modalities as an undergraduate programme with specialisation occurring as the programme progresses. The Board currently may register international applicants with these qualifications where they meet the requirements of the Registration policy (available on the Board's website).

As part of futureproofing the scopes of practice, the Board has proposed that appropriate undergraduate qualification/s could be recognised for registration were such a programme to be developed in Aotearoa New Zealand. Any undergraduate pathway would be accredited to the same standard as the existing qualification to ensure that graduates were fit and competent to practise and that the current competence standards are maintained.

Regardless of the outcome of the consultation, the existing pathways for registration following the completion of the current postgraduate programmes will be retained.

5. Qualifications alignment

It is proposed that the qualification pathways for registration be updated to ensure alignment and clarity about the pathways.

Each scope would have three proposed pathways:

1. Pathways to allow recognition of the accredited qualification. For NMT, Sonography and MRI scopes this includes the existing postgraduate pathway and the proposed undergraduate pathway.
2. Pathways to allow recognition of an (international) qualification equivalent to the accredited qualification.
3. Pathways to allow recognition of an (international) qualification that is relevant to the accredited qualification which would include passing an exam set by the Board.

While it is proposed that the pathway description is updated, the current accredited qualifications for registration listed on the Boards website will be retained. The current registration pathway for MIT, RT and NMT under the Trans-Tasman Mutual Recognition Agreement 1997 (TTMRA) will also remain.

It is proposed that the term 'relevant experience' in the current qualification pathways is updated to 'competence' to reflect that the practitioner must meet the Aotearoa New Zealand competence standards for practice. Practitioners who have graduated from an accredited programme are deemed to meet this standard on graduation. Applicants for registration with non-accredited qualifications are required to demonstrate their competence to be registered. The Board is reviewing the methods used for non-accredited applicants to demonstrate their competence.

Registration pathways

Qualification	Accredited undergraduate	Accredited postgraduate	Non-accredited: substantially equivalent qualification	Non- accredited: relevant qualification + exam pass
MIT	✓	N/A	✓	✓
RT	✓	N/A	✓	✓
NMT	*Proposed*	✓	✓	✓
Son	*Proposed*	✓	✓	✓
MRI	*Proposed*	✓	✓	✓

Figure 1: Summary of proposed qualification pathways for registration

Frequently Asked Questions

Why is the Board replacing enabling conditions?
The Board has received legal advice that enabling conditions are not technically correct as conditions are for restricting practice, not enabling it.

I am an NMT with an enabling condition allowing me to perform diagnostic CT. What happens if the change is approved?
The enabling condition will be removed as diagnostic CT will be within the scope of practice. Those who are unable to perform diagnostic CT will have this noted as a restricting condition on their scope of practice.

Why is Mammography not a separate scope?
Mammography is considered part of the MIT scope. Practitioners working in mammography must ensure they have the required knowledge and competence to do so.

Why is it called Medical Radiation Technology when not all scopes use radiation?
The profession is named in the Health Practitioner's Competence Assurance Act as Medical Radiation Technology. The Board has requested a name change so that this more accurately reflect the scopes and modalities includes. As this will require a legislative change, the timing of this sits with the Ministry of Health and Government.

Does removal of the trainee scopes mean there are no longer training positions?
Training positions are not provided by the Board but are provided by employers and education providers and the Board has no jurisdiction over these positions.

What will happen to students enrolled in the current Aotearoa New Zealand education programmes?
All accredited programmes will continue to be recognised by the Board for registration and current students will continue as normal.

Consultation (survey) questions

1. Your name
2. Which scope(s) of practice are you registered in?
3. Are you completing this survey as an individual or on behalf of an organisation? If you are completing the survey on behalf of an organisation, please name the organisation.

Trainee scopes

4. Do you agree with the proposal to remove trainee scopes for Sonographers? (Agree/ disagree/ neither agree nor disagree)
   Why or why not?
5. Do you agree with the proposal to remove trainee scopes for Magnetic Resonance imaging practitioners? (Agree/ disagree/ neither agree nor disagree)
   Why or why not?
6. Do you agree with the proposal to remove trainee scopes for Nuclear medicine practitioners? (Agree/ disagree/ neither agree nor disagree)
   Why or why not?

Endorsements

7. Do you agree with the use of endorsements to show to the public which practitioners have qualifications and skills? (Agree/ disagree/ neither agree nor disagree)
   Who or why not?

Scope of practice

These questions relate to the draft gazette notice that has been provided as part of the consultation process.

Medical imaging technologist

8. Do you agree with the proposed 'introduction and 'profession of medical radiation technology' sections for the medical imaging technologist scope? (Agree/ disagree/ neither agree nor disagree)
   What additions or changes do you think should be made to these sections?
9. Do you agree with the proposed updated scope for Medical Imaging technologists? (Agree/ disagree/ neither agree nor disagree)
   What additions or changes do you think should be made to this scope?
10. Do you agree with the proposed qualification pathways for Medical Imaging technologists? (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to the qualifications?
    (free text box)

Radiation therapist

11. Do you agree with the proposed 'introduction and 'profession of medical radiation technology' sections for the radiation therapist scope? (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to these sections?
12. Do you agree with the proposed updated scope for radiation therapists? (Agree/ disagree/ neither agree nor disagree)

What additions or changes do you think should be made to this scope?

13. Do you agree with the proposed qualification pathways for radiation therapists? (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to the qualifications? (free text box)

Nuclear Medicine technologist

14. Do you agree with the proposed 'introduction and 'profession of medical radiation technology' sections for the nuclear medicine technologist scope? (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to these sections?
15. Do you agree with the proposed updated scope for nuclear medicine technologists? (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to this scope?
16. Do you agree with the proposed qualification pathways for nuclear medicine technologists? (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to the qualifications? (free text box)

Sonographer

17. Do you agree with the proposed 'introduction and 'profession of medical radiation technology' sections for the sonographer scope? (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to these sections?
18. Do you agree with the proposed updated scope for sonographers? (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to this scope?
19. Do you agree with the proposed qualification pathways for sonographers? (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to the qualifications? (free text box)

Magnetic Resonance Imaging

20. Do you agree with the proposed 'introduction and 'profession of medical radiation technology' sections for the magnetic resonance imaging technologist scope? (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to these sections?
21. Do you agree with the proposed updated scope for magnetic resonance imaging technologists? (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to this scope?
22. Do you agree with the proposed qualification pathways for magnetic resonance imaging technologists (Agree/ disagree/ neither agree nor disagree)
    What additions or changes do you think should be made to the qualifications? (free text box)

23. Is there anything that is not clear that you require further information about?