New Zealand Medical Radiation Technologists Board
Te Poari Ringa Hangarau Iraruke

# *Position statement* - the provision of remote/virtual health care services and hybrid models of care



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| **Statement title** | Position statement: The Provision of Remote / Virtual Health Care Services, including Hybrid Models of Care |
| **Reference number** | XXX |
| **Scope** | This position statement applies to practitioners registered with Te Poari Ringa Hangarau Iraruke \| Medical Radiation Technologists Board (the Board). |

| **Associated documents** | **File name** |
|---|---|
| Competence standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand (2024) | https://www.mrtboard.org.nz/assets_mrtb/Uploads/2024-Sep-Competence-Standards.pdf |
| Code of ethics (2019) | 2019-Dec-Code-of-Ethical-Conduct-Policy.pdf |

| **Revision schedule** | | | |
|---|---|---|---|
| **Version number** | **Version date** | **Approved by** | **Next review** |
| One | DD MM 202X | Draft | |
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# Background

Te Poari Ringa Hangarau Iraruke | The Medical Radiation Technologists Board (the Board) is responsible for protecting the health and safety of New Zealanders by ensuring practitioners registered in the profession of radiation technology, which includes medical imaging and radiation therapy, are competent and fit to practise.

# Purpose and scope

The intent of this document is to clarify the Board's position on hybrid working models in the delivery of health care services. The scope of this document applies to practitioners who engage in remote service delivery across clinical, educational, and consultative roles. It includes the delivery of synchronous and asynchronous services: activities that occur either in real-time response or as part of an information exchange process. Medical imaging and radiation therapy practitioners providing remote or virtual care services to New Zealand-based patients are required to be registered and hold a current practising certificate with the Board. Services provided are to be consistent with the Competence standards for Medical Imaging and Radiation Therapy practitioners, the Code of Health and Disability Service Consumers rights, and applicable New Zealand legislation and guidance.

# Definitions

**Practice**: The Board defines practice as any role, whether paid or unpaid, in which the registered practitioner uses their professional knowledge and skills. 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 as defined in the Board's practising certificate policy).

**Virtual care**: Healthcare provided using digital technology, where participants may be separated by time and/or distance. It is a broad term for healthcare services delivered by practitioners to patients through digital communication channels such as video calls, phone consultations, online messaging, or similar methods. It can include telehealth (phone or video-enabled consultation), tele-education, teletherapy, and telemonitoring. It may also involve practitioners using technology remotely to deliver services to patients in different locations. Virtual care does not refer to the use of technology such as transcription tools or automated predictive applications used during face-to-face appointments.

**Hybrid health care**: The delivery of health services that merge in-person with remote practitioner involvement. This type of delivery integrates the use of interactive technology operated in person or remotely, with remote or in-person interaction with the patient. Hybrid health care services can include patient engagement, monitoring, operational use of imaging technology, image review, and/or communication. The provision of hybrid care relies on connected digital platforms and embedded healthcare teams.

# Guiding principles

These guiding principles underpin the Board's position and ensure remote or hybrid working models of care uphold the Board's competence standards in practice.

## Patient-centred care

Remote services will maintain the same standard of care, respect, and responsiveness as in-person interactions, within the limitations imposed by the hybrid modality[1]. People receiving care have the right to understand that the practitioner providing the service is located outside of the clinical environment.

## Equity of access

Hybrid models of care will work to reduce barriers, not create disparities - especially for rural, Māori, and underserved populations. The practitioner will work to ensure all patients are provided with equal opportunities to access, engage with, and complete healthcare services.

## Professional integrity

Practitioners providing telehealth services are expected to operate within their current scope of practice, the competence standards for practice and the Code of Ethical Conduct for practitioners, in Aotearoa New Zealand. Practitioners will ensure transparency, confidentiality, and accountability regardless of the mode of service delivery. They will align all audit and quality assurance arrangements with the method/s of health care service delivery.

## Cultural safety

Remote interactions will be culturally respectful and uphold obligations under Te Tiriti o Waitangi. Practitioners providing health care services into Aotearoa New Zealand from overseas must be registered within Aotearoa New Zealand, hold a current practising certificate and comply with all professional and cultural competence standards for practitioners.

## Data security and sovereignty

Practitioners will ensure they are informed of how the information they handle is collected, stored, and communicated. They will work to ensure the patient is informed about how their information is used and managed. Practitioners will ensure the protection of personal information in accordance with the Privacy Act (2020) and Health Information Privacy Code (2020), working to maintain the protections in place for the care and security of information when transferred.

## Evidence-informed practice

Hybrid models will be supported by research and best practice guidelines. In alignment with the guiding principles in this statement, practitioners will consider information collected within their practice to inform clinical studies and service development. They will work collaboratively to translate knowledge into practice and contribute evidence for improved health outcomes.

[1] Medical Council of New Zealand, 2023

## Collaborative practice

Remote work will facilitate, not hinder, collaboration and communication. Practitioners will work with other health providers to effectively provide hybrid services, enabling models of practice that make the most of their skillset and ensure improved health outcomes. Practitioners providing imaging services to patients located outside of Aotearoa New Zealand should ensure they meet the standards required by the country where the patient is located.

# Position of the Board

The Board supports the use of hybrid models of care by practitioners in principle where they adhere to these guiding principles, relevant legislation and professional standards. Virtual and hybrid care has become an integral part of health care in the Aotearoa New Zealand health system. The Board endorses the use of virtual and hybrid care where:

- It increases access to and choice of health care services for patients.
- It creates the opportunity to provide better care to patients in a more timely manner, enabling faster diagnosis, treatment and/or monitoring.
- It enables the provision of services to those in geographically isolated locations and facilitates efficient, faster information transfer.

Despite advances in access and availability of imaging services, emerging research on the development of technology and imaging indicates a growing trend of increasing services, thereby creating further dependence on a skilled workforce. The Board's position regards virtual and hybrid models of care as enablers of skill optimisation and as one method of addressing the increasing demand for services and embraces the advances in technological development available to Aotearoa New Zealand.

# Implications for practice

When using remote or hybrid models of care, practitioners must ensure they are practising within the Board's competence standards, policies and workplace guidance.

# Further information and references

Office of the Privacy Commissioner. (2020a). *Health Information Privacy Code*.

New Zealand Government. (2020b). *Privacy Act 2020* (31).

New Zealand Medical Radiation Technologists Board. (2018). *Cultural Competence Policy (2018)*. New Zealand Medical Radiation Technologists Board.

New Zealand Medical Radiation Technologists Board. (2019). *Code of Ethical Conduct for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand*.

New Zealand Medical Radiation Technologists Board. (2024). *Competence Standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand*.

RANZCR: RANZCR Position Statement on International Clinical Teleradiology

HCPC: HCPC UK - High level principles for good practice in remote consultations and prescribing

AHPRA: Information for practitioners who provide virtual care

Telehealth Forum and Resource Centre: https://www.telehealth.org.nz/health-provider/what-is-telehealth/

## Resource evidence

Lindsay D, Bates N, Callander E, et al. Evaluating the quality and safety of the Breast Screen remote radiology assessment model of service delivery in Australia. *Journal of Telemedicine and Telecare*. 2020;29(3):203-210. doi:10.1177/1357633X20975653

Adams, S. J., Burbridge, B., Chatterson, L., Babyn, P., & Mendez, I. (2022). A telerobotic ultrasound clinic model of ultrasound service delivery to improve access to imaging in rural and remote communities. Journal of the American College of Radiology, 19(1), 162-171. https://doi.org/10.1016/j.jacr.2021.07.023

Davidson M, Kielar A, Tonseth RP, Seland K, Harvie S, Hanneman K. The Landscape of Rural and Remote Radiology in Canada: Opportunities and Challenges. *Canadian Association of Radiologists Journal*. 2023;75(2):304-312. doi:10.1177/08465371231197953

Greenhalgh, T., Rosen, R., Shaw, S. E., Byng, R., Faulkner, S., Finlay, T., ... & Wood, G. W. (2021). Planning and evaluating remote consultation services: a new conceptual framework incorporating complexity and practical ethics. *Frontiers in digital health*, *3*, 726095. https://doi.org/10.3389/fdgth.2021.726095