New Zealand
Medical Radiation
Technologists Board
Te Poari Ringa Hangarau Iraruke

Consultation outcome

September 2026

Position statement on the provision of remote/virtual healthcare services and hybrid models of care

The Board has been considering its position about the provision of remote/virtual healthcare services and hybrid models of care and has consulted on the development of a position statement to support practitioners who are working, or considering working, in a remote/virtual or hybrid environments. The statement outlines the Board's expectations of practitioners in these settings and aligns with the Competence Standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand (2024).

The development of new imaging technology offers alternate methods of service delivery to provide more accessible care to patients. This includes the integration of remote technologies with conventional onsite imaging and radiation therapy practices. This technology potentially enables the provision of services to underserved and remote communities and contributes to equitable health outcomes.

Remote or hybrid imaging and radiation therapy services also present new areas of risk that must be managed by practitioners to ensure that safe and effective services are provided.

Changes in the ways that imaging and radiation services are provided is occurring at a rapid pace in New Zealand and around the world. In publishing this statement, the Board is mindful that its position will require regular review to ensure that those in New Zealand can benefit from the technological advantages while continuing to receive safe services.

To develop this statement the Board met with practitioner and stakeholder groups and undertook a public consultation process.

The Board thanks all those who took the time to make a submission about the statement and has carefully reviewed all the feedback received. The Board has updated the standard in response to the feedback and discussions with other stakeholders.

The updated standard and the Board's reasoning is available in section A of this document. A summary of the feedback received in the consultation is provided in section B.

Section A: Updated standard and outcome

The updated standard is available for download from the Board's website. The Board's response to specific issues raised is detailed below.

Registration requirements

Submissions requesting clarity about the Board's position on who can provide imaging and radiation therapy services either remotely or in person.

It is the Board's position that all practitioners who are providing imaging and radiation therapy services to those in New Zealand must be registered in the appropriate scope and hold a current practising certificate regardless of where they are located. This is to ensure that all services provided are of the standard expected in Aotearoa New Zealand. While this is the Board's position, it should be noted that the Board's extra-territorial authority to enforce the requirements for non-registered practitioners located outside New Zealand is limited.

Scope specific requirements

Respondents requested further scope-specific guidance, particularly relating to safety.

A section to clarify scope-specific requirements has been added to the statement. This has been developed to align with New Zealand and international standards for the use of radiation and other imaging technologies.

Safety

A number of practitioners raised concerns about the safety of those involved when acquiring an image and requested that the statement needed to be clearer about this. An additional section about safety has been added to the statement to clarify that safety remains a priority for all those involved.

MRI practitioners were particularly concerned about any potential undermining of the current MRI scope and qualification. In Aotearoa New Zealand, registered and practising MRI technologists are qualified to perform MRI imaging safely and provide the high-quality images necessary for accurate diagnosis and effective treatment. The Board statement retains the expectation that MRI technologists are responsible for the outcome of the MRI examination and that an MRI safety-trained practitioner must remain with the person receiving the imaging at all times.

MRI safety endorsement for MIT practitioners

To support the safe delivery of remote or hybrid MRI services the Board is developing an endorsement proposal for suitable MIT registered practitioners to receive MRI safety education to support remote MRI technologists. MIT practitioners already receive basic MRI safety training as part of their education programme and are subject to the Board's requirements for safe and ethical practice. The proposed endorsement would build on this knowledge and enable MIT practitioners who have completed MRI safety education to support a remote MRI Technologist. A consultation about the development of the endorsement and potential education programme will be released by the Board in due course.

Education requirements

The statement supports rather than replaces the Competence Standards for Medical Imaging and Radiation Therapy (2024), Code of Ethics (2018) and Cultural Competence policy (2019). Remote and hybrid models of care may alter the method or process of delivering care but the underlying requirements for safe and effective care remain unchanged.

As a registered health professional, practitioners who are operating in remote or hybrid environments must ensure that they are practising within the limits of their own professional expertise and competencies, and within their relevant scope of practice (Refer Competence Standards for Medical Imaging and Radiation Therapy (2024) 1.2.5, 1.3.4).

Interest management

Respondents raised concerns about Board members having a conflict of interest in the development of the statement.

All Board members maintain a register of interests where there may be a conflict or perception of conflict of interest in any Board discussion. A Board member declared an interest in the development of the remote imaging statement which was managed by the member not taking part in any of the decision-making for the statement.

Summary of changes

A summary of changes made to the statement is listed in the table below, along with the rationale for making the change.

Section in the statement	Consulted statement	Updated statement	Rationale
4	-	Regulatory requirements section	To provide clarity about Board expectations for registration and practising status of those providing services.
5	...People receiving care have the right to know that the practitioner providing the service is located outside of the clinical environment ...	...People receiving care have the right to know in advance that the practitioner providing the service is located outside of the clinical environment ...	Insert clarification about when information should be provided.
6	-	Safety remains a priority for services provided in a remote or hybrid manner. Services should not be provided where remote or hybrid operation would compromise the safety, diagnostic quality, informed consent or	Insert explicit safety section.

		practitioner control of the service. Services must be provided in accordance with the Radiation Safety Act 2016 and other relevant national and local safety requirements. Additional consideration must be given where the administration of contrast is involved to ensure competent staff are available for this to be performed safely.	
9	-	Services must be delivered in accordance with the Board's cultural competence policy (2018) and code of ethical conduct (2019). Consideration will be given how data sovereignty may be maintained by ensuring data is collected, managed, accessed, and used in ways that upholds control, governance, and decision-making in culturally appropriate ways.	Insert reference to the Board's current cultural competence policy and code of conduct. Include reference to data sovereignty as part of providing culturally safe care.
10	Data security and sovereignty	Data security	Update heading to better reflect paragraph content.
13	"virtual and hybrid care" "Patients"	"remote and hybrid care" "users of healthcare services"	Update in wording for consistency across the document.
15	Implications for practice	Considerations for practice	Update heading to better reflect paragraph content.
15	-	… Practitioners who are involved in remote or hybrid imaging must ensure that they have the required education and competence to perform the role safely and effectively.	Addition to clarify that practitioners performing these roles much have the appropriate education and competence.
16	-	Practitioners operating in a remote or hybrid environment are expected	Addition to reflect that remote or hybrid care staffing and service

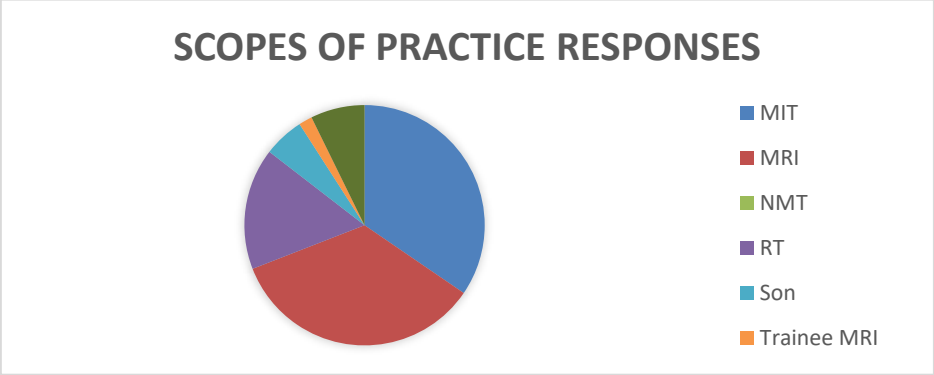
		to provide the same level of service as those providing in-person care. This includes adhering to staffing provision requirements for safe practice.	provisions are still in place.
17	-	Remote and/or hybrid practice is supported by the Board for all modalities and includes appropriate pre- and post-procedure activities such as pre-screening, planning, analysis and completion of documentation. The Board's position on imaging and treatment delivery for each scope is summarised below.	Addition of information and table to detail the expectations for each of the regulated scopes.

Section B: Consultation feedback

Individual responses

Responses were received from 42 individuals. All but four of these responses were received from registered medical radiation technology practitioners. This represents a total of 1% of the workforce.

Scope of practice	Number of responses	Percentage of workforce
Medical Imaging Technologist (MIT)	19	0.8%
Magnetic Resonance Imaging Technologist (MRIT)	20	4.4%
Nuclear Medicine Technologist (NMT)	0	0%
Radiation Therapist (RT)	9	1.8%
Sonographer (Son)	3	0.3%



In addition, we received responses from nine organisations:

- New Zealand Society of Medical Imaging and Radiation Therapy Incorporated (NZSMIRT)
- RHCNZ Medical Imaging Group
- Royal Australian and New Zealand College of Radiologists (RANZCR)
- Hutt Hospital Radiology
- The Australasian Sonographers Association (ASA)
- Australia and New Zealand Society of Nuclear Medicine (ANZSNM)
- Proceed Diagnostics Limited
- Apex union
- Medical Radiation Practice Board of Australia (MRPBA)

Notes for the analysis

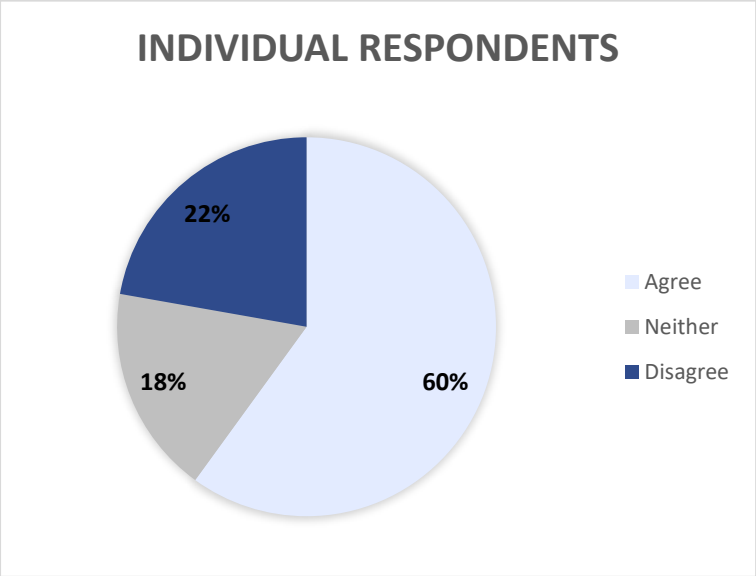
Percentages are calculated compared to the number of people who responded to the question with not all respondents answering all questions. Analysis was also performed by scope to identify any differences.

Responses

Question 1: Do you agree with the definitions used in the statement?

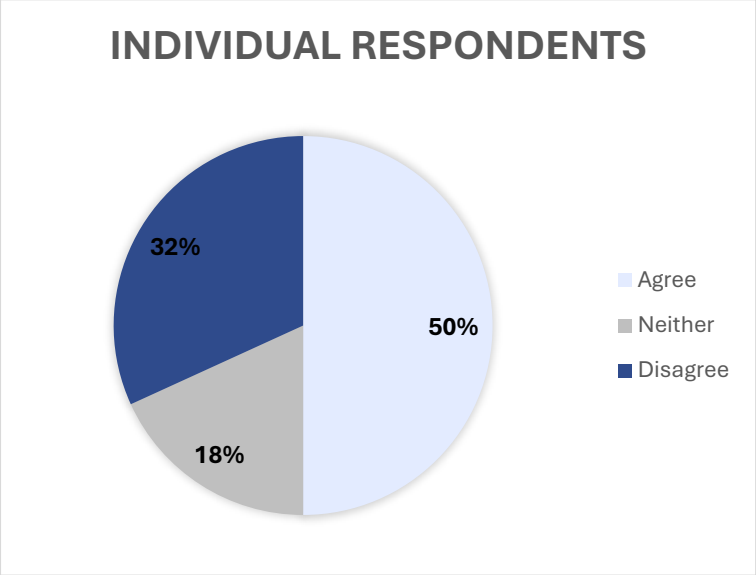
The majority of respondents agreed with the definitions used in the statement and felt that they were clear and accurate. Those who disagreed with the draft definitions recommended that they should be scope specific and specify the clinical tasks. A definition of who can act as an assistant was also requested.

There were differences in agreement between the scopes. While the majority of Radiation Therapists and Sonographers agreed, 47% of those registered in the MIT scope and 32% of those registered in the MRI scope agreed. Some 21% of those registered in the MIT, and 32% of those registered in the MRI scope, disagreed with the definitions with the remainer indicating they neither agreed nor disagreed with the definitions.



The majority of organisational responses supported the draft definitions.

Question 2: Do you agree with the guiding principles of the statement?



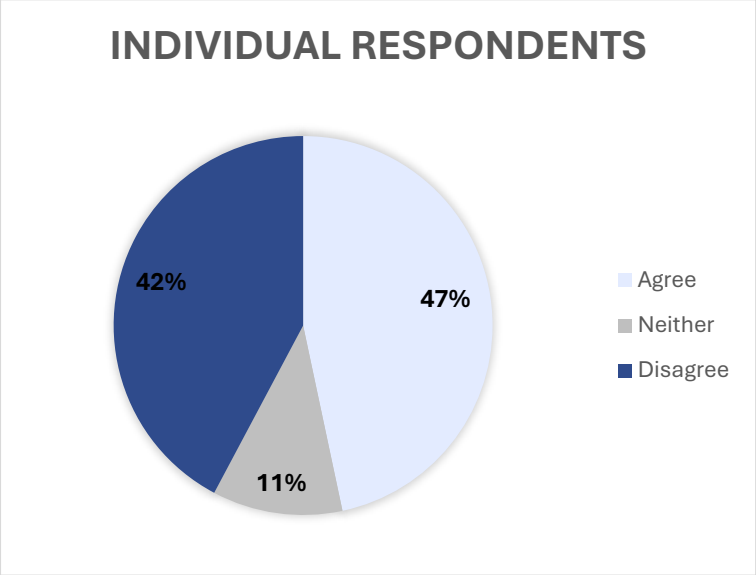
Those who supported the guiding principles (50%) commented that they provided a framework for development of services. Those who neither agreed nor disagreed with the guiding principles commented that they were not specific enough for each scope and were not explicit enough about ensuring the safety of the procedure, especially for MRI procedures.

Responses differed across the scopes with the majority of Sonography (100%) and radiation therapy (89%) respondents supporting the guiding principles. Those registered in the MRI scope had 22% agree and 50% disagree with the principles, while those registered in the MIT scope had 42% agree and 37% disagree.

Most organisational responses supported the guiding principles as a useful starting point, but some requested further detail in specific areas. These related to:

- Including patient safety as a specific principle
- Ensuring appropriate informed consent and alternative options were available and understood
- Ensuring responsibilities are appropriately assigned
- Considering impacts on cultural safety
- Considering impacts on relational care
- Clarifying who can act as an assistant
- Digital management of sensitive patient information
- Individual evaluation of clinical appropriateness of remote imaging
- Minimum number of staff
- Acknowledging the limitations of remote practice
- Considering the requirements for supervision.

Question 3: Do you agree with the Board's position on remote and hybrid models of imaging?



Responses were overall divided about the Board's position on remote and hybrid imaging. The majority of radiation therapist (89%) and sonographer (100%) responses were in agreement, while the majority of the MIT (56%) and MRI (68%) disagreed with the Board's position.

Those who supported the position were optimistic about the ability of the technology to enhance the availability of imaging services and improve health equity but felt that it needed to be carefully implemented to ensure safe and effective services are provided. Those who disagreed with the Board's draft position gave a variety of reasons which included concerns about public safety, limitations on the ability to provide personalised and culturally appropriate care, and the fact that the current system of care had an excellent safety record. Respondents were concerned that remote and hybrid imaging was being developed to compensate for inadequate staffing levels and long-term workforce development and would be used as replacement for comprehensive on-site services. Some respondents requested that the Board set minimum requirements for staffing due to the technology potentially allowing multiple scans to occur at once.

Many of the respondents specifically referred to MRI and the safety risks involved. Many were concerned that a trained assistant would not have the knowledge to ensure the safety of all concerned. Some felt that remote scanning should never be allowed to occur and viewed it as an 'attack on the profession' while others could see potential benefits if implemented safely.

Assistant role

Many respondents commented on the role of the assistant, and who would be appropriate to perform that role. Respondents noted that the assistant would require education and raised concerns about how this would be achieved and managed. Some respondents did suggest that there may a role for MIT practitioners to upskill and support other modalities in order to provide safe remote or hybrid care, particularly for MRI imaging.

Additional feedback themes

The Board also considered feedback on a number of other themes:

Conflict of interest management

Some respondents questioned how conflicts of interest were managed by the Board.

Role clarity

Some responses indicated confusion between the role of the regulator and professional associations or unions and requested specific step-by-step guidance for each modality or care model.