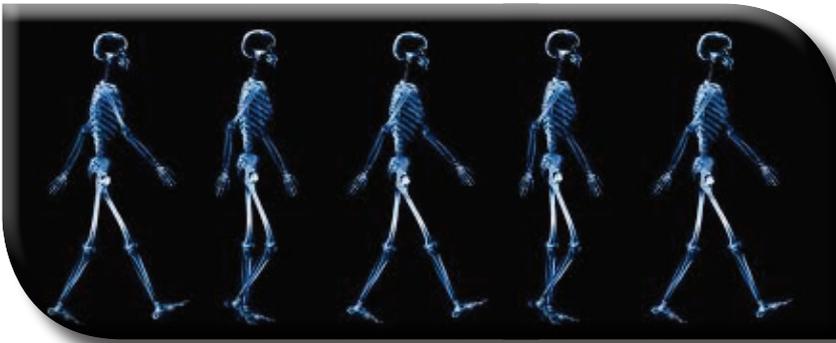




New Zealand  
Medical Radiation  
Technologists Board  
*Te Poari Ringa Hangarua Iraruke*



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NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD

# ANNUAL REPORT

1 APRIL 2013 - 31 MARCH 2014





# ANNUAL REPORT

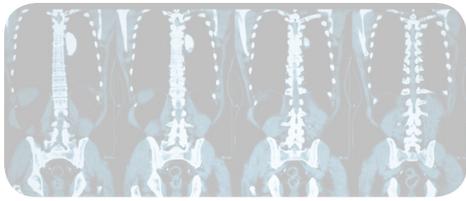
MEDICAL RADIATION TECHNOLOGISTS BOARD

1 APRIL 2013 - 31 MARCH 2014

Purpose and Mission	2
Board Functions	3
MRTB at a Glance	4
Corporate Governance and Linking with Stakeholders	5
Report From the Chair .....	6
Report From the CEO/Registrar .....	8
Board Members .....	12
Board Membership, Fees and Meetings .....	13
Board Committees .....	14
Organisational Framework .....	15
Managing Business Priorities .....	16
Linking with Stakeholders .....	19
Registrations, Annual Practising Certificates and Registration Examination Assessments	20
Scopes of Practice .....	21
Registration Statistics .....	22
Registration Examination Assessment .....	25
Annual Practising Certificates .....	26
Conditions on Practice .....	27
Accreditation, Education Providers and Continuing Professional Development	28
Accreditation and Education Providers .....	29
Continuing Professional Development	30
Practitioner Competence Audit .....	31
Competence, Health and Conduct	32
Competence and Fitness to Practise .....	33
Conduct .....	34
Financial Report	35

Throughout this report:

- MIT: Medical Imaging Technology; RT: Radiation Therapy; MRI: Magnetic Resonance Imaging;
- NMT: Nuclear Medicine Technology; Son: Sonography; T-Scopes: Include all Trainee scopes of Practice
- REA: Registration Examination Assessment
- the Health Practitioners Competence Assurance Act 2003 is referred to as the Act; *and*
- the Medical Radiation Technologists Board is referred to as the Board



## PURPOSE AND MISSION

The Medical Radiation Technologists Board (the Board) is one of sixteen New Zealand health regulatory authorities appointed by the Minister of Health under the Health Practitioners Competence Assurance Act 2003 (the Act). The Board is responsible for the administration of the Act in respect of the profession of medical radiation technology (encompassing the practices of medical imaging and radiation therapy).

The primary responsibility of the Board is to protect the health and safety of the New Zealand public by ensuring practitioners registered in the profession of medical imaging and radiation therapy are competent and fit to practise.

### VALUES:

- Consultation
- Fairness
- Consistency
- Honesty
- Approachability
- Impartiality
- Natural Justice

### VISION

Enable the implementation of the HPCA Act 2003 and so mitigate the risk to the public, the Board, and the profession within a social, ethical, and financially viable framework

### MISSION

To protect the health and safety of the New Zealand public, by ensuring practitioners are competent and fit to practise.

IN ACCORDANCE WITH SECTION 134 OF  
THE HEALTH PRACTITIONERS COMPETENCE  
ASSURANCE ACT 2003 THE NEW ZEALAND  
MEDICAL RADIATION TECHNOLOGISTS  
BOARD IS PLEASED TO PRESENT ITS REPORT  
FOR THE YEAR ENDING 31 MARCH 2014.

## BOARD FUNCTIONS



*IN ACCORDANCE WITH SECTION 118 OF THE HEALTH PRACTITIONERS COMPETENCE ASSURANCE ACT 2003, THE BOARD IS RESPONSIBLE FOR FULFILLING A NUMBER OF FUNCTIONS:*

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Prescribe the qualifications required for scopes of practice within the profession of medical radiation technology (medical imaging and radiation therapy), and for that purpose, to accredit and monitor educational institutions and degrees, courses of studies, or programmes.

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Authorise the registration of medical imaging and radiation therapy practitioners under the Act, and maintain registers.

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Consider applications for annual practising certificates.

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Review and promote the competence of medical imaging and radiation therapy practitioners.

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Recognise, accredit, and set programmes to ensure the on-going competence of medical imaging and radiation therapy practitioners.

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Receive and act on information from health practitioners, employers, and the Health and Disability Commissioner about the competence of medical imaging and radiation therapy practitioners.

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Notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a medical imaging or radiation therapy practitioner may pose a risk of harm to the public.

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Consider the cases of medical imaging and radiation therapy practitioners who may be unable to perform the functions required for the relevant scope of practice.

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Set the standards of clinical competence, cultural competence, and ethical conduct to be observed by medical imaging and radiation therapy practitioners.

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Liaise with other authorities appointed under the Act about matters of common interest.

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Promote education and training in the profession of medical radiation technology (medical imaging and radiation therapy).

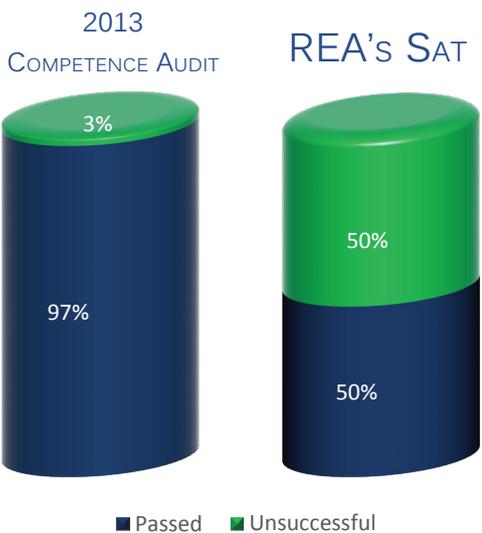
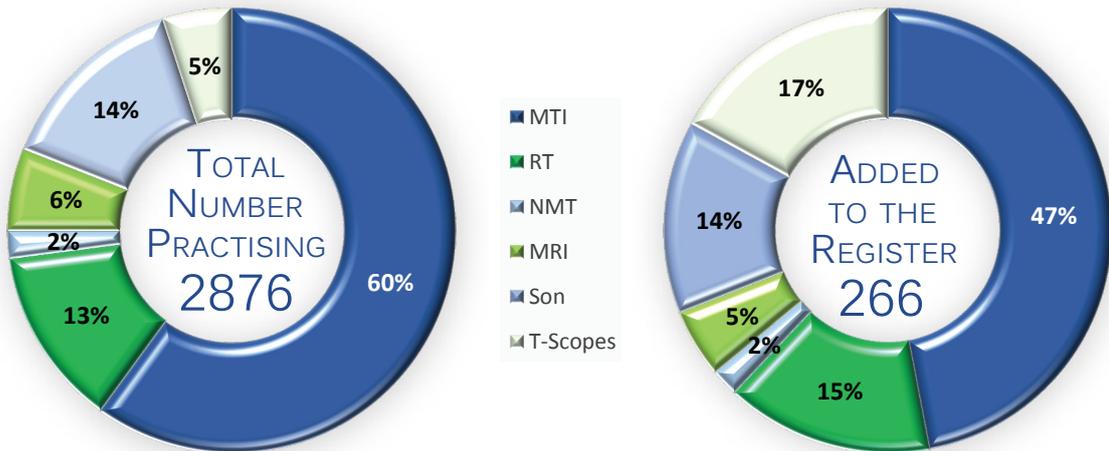
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Promote public awareness of the responsibilities of the Board.

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# KEY RESULTS

## MRTB AT A GLANCE (ALL FIGURES AS AT 31 MARCH 2014)



**NOTIFICATIONS RECEIVED  
2013-2014:**

**2 COMPETENCE**  
**1 HEALTH**  
**2 CONDUCT**



## CORPORATE GOVERNANCE AND LINKING WITH STAKEHOLDERS

*Back row:*

Left to right

Rosanne Hawarden, Sue McKenzie,  
Prue Lamerton, Angie Slocombe,  
Beryl Kelly, Megan Campbell

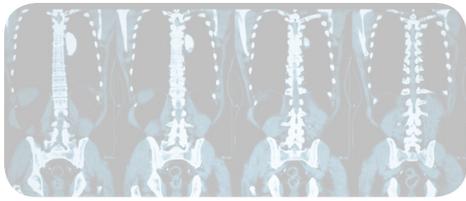
*Front row:*

Left to right

Jennifer de Ridder (Chair),  
Julia Metcalfe (Deputy Chair)

*Right Insert:*

Shelley Park, Julia Andrew



## REPORT FROM THE CHAIR



I am pleased to present the 2013/2014 report of the New Zealand Medical Radiation Technologists Board that regulates the profession of medical radiation technology. The profession of medical radiation technology is patient centred and encompasses

the practices of medical imaging and radiation therapy across the scopes of ultrasound, magnetic resonance, nuclear medicine, medical imaging and radiation therapy.

Key areas of activity for the Board in 2013/2014 have included:

- Gazetting of amended scopes of practice arising from consultation with the profession and other stakeholders. The purpose of these amendments is to ensure that the scopes accurately reflect contemporary practice and keep abreast of continually changing technology and workforce needs.
  - Revision of the standards for accreditation of education providers. These guidelines have drawn on the Board's previous accreditation framework and the accreditation standards and processes of other health regulatory authorities. It is envisaged that this approach will attain a degree of consistency in the accreditation standards and processes required of New Zealand providers of health professions-related education programmes. This was timely with the commencement of the accreditation of the University of Auckland as a new provider of medical radiation technology programmes. The Board is pleased to see that all scopes will have access to New Zealand based training programmes after a gap in provision for MRI, Ultrasound and Nuclear Medicine.
  - Continuing to build strong relationships with stakeholders. The Board recognises that strong partnerships are critical to effective regulation and it meets regularly with key health care organisations in both New Zealand and Australia. The Board has also developed a number of information guides and newsletters and has a strong presence at profession-specific conferences to engage with practitioners.
- Strengthening governance through professional development enabling a reduction in Board size from ten to nine members. This is consistent with the recommendation of the UK's Council for Healthcare Regulatory Excellence for board size and effectiveness.
  - Consolidating mechanisms to facilitate practitioners to work across scopes in a way that safeguards the services they provide in terms of both quality and access. This has included mechanisms to enable:
    - radiation therapists to transition into mammography
    - nuclear medicine technologists to undertake diagnostic CT after completion of additional education
    - medical imaging technologists performing ultrasound in the context of lithotripsy under Board stipulated conditions.
  - Increasing the utilisation of the supervision pathway to practice for overseas practitioners with non-equivalent qualifications but considerable relevant, and recent clinical practice. This requires a robust process and clear guidelines for those providing the clinical supervision within the New Zealand environment to maintain public safety.
  - Review of registration outcomes to ensure registration policies remain current and responsive to outcome trends and do not place unjustified barriers to overseas trained practitioners.



- Continuing to operate in a fully integrated shared secretariat that delivers effective regulation and has maintained a consistently low annual practising certificate fee of \$275 for the past eight years. While the detailed business case developed last year for a Shared Services Organisation was not universally supported by all 16 regulatory authorities (RA) and therefore did not proceed, the Board's co-location within ASB House with 8 RAs has been positive. This has seen a strengthening in relationships and starts the process, as defined by the Minister's wishes, for savings within the health system and opportunities for enhanced regulation by sharing best practice. This continues to be a resource intensive process with the challenge to balance progressing business-as-usual activities and the Board undertaking the required due diligence on the shared services project.

This year saw a change in Board membership with Shelley Park, one of our long standing Board members completing her term in March 2014. I would like to record my thanks for all the hard work and diligence that she has shown over her term particularly with regard to her stewardship role in accreditation. I look forward to the contribution of Angie Slocombe, our newest Board member, in the years ahead.

To deliver effective and efficient regulation the Board relies on the skill and support of many of its registered practitioners who carry out roles in assessing, reviewing, auditing, supervising and supporting colleagues. The Board values your expertise and your generosity of time and the contribution you make to the Board's role of improving the health and safety of New Zealanders.

I also wish to acknowledge our Chief Executive and Registrar Mary Doyle and the other members of the Medical Sciences Secretariat staff for all their good work and their valuable

input, dedication and commitment to meeting the demands of the Board, the public and the professions.

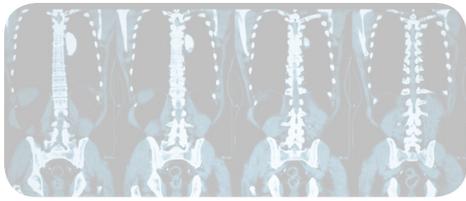
Finally I would like to thank all members of the Board for their support and contribution in their governance role to developing well considered policies and the rigorous debate of decisions. Each member plays a valuable role within the team and collectively they are committed to their roles on committees and advisory groups.

This commitment enables the Board to continue to meet its obligations under the Health Practitioners Competence Assurance Act 2003 to ensure the medical radiation technology profession provides safe services to the public of New Zealand.

Jennifer de Ridder

Chair

New Zealand Medical Radiation Technologists Board



## REPORT FROM THE CEO/REGISTRAR



During 2013-2014 the Medical Sciences Secretariat (MSS) staff team, in addition to managing its business-as-usual responsibilities, worked on both developing and “bedding down” a number of change management

projects.

Within the business-as-usual arena, the registrations team managed 659 new registration applications and the issue of 6908 practising certificates. Managing this volume of applications through a designated staff team of 2-FTE’s has been made possible through the online application processes MSS established on behalf of its two owner-regulatory authorities – the Medical Radiation Technologists Board (MRTB) and the Medical Sciences Council (MSC).

MSS staff also assisted the MRTB and the MSC with a review of both the currency and accuracy of their respective registers. Under section 144 of the Health Practitioners Competence Assurance Act 2003, a total of 1580 letters were sent to registrants who had not held a practising certificate for the previous 5-years. Further letters were sent 6-months later to those registrants from whom an initial response had not been received and subsequent to that a total of 1358 practitioners were approved by the respective RA to have their names removed from the relevant registers (594 – MRTB; 764 – MSC). A designated staff member also checked a total of 6908 register entries (both RA’s) in respect of the accuracy of the qualifications and issuing educational institution logged against each registrant. This exercise was particularly time-intensive as it had to be done on a manual basis. However recent enhancements to the functionality of the IT systems for both RA’s will enable this task to be managed more efficiently in the future.

Over the last few years there has been a steady increase in the number of notifications received

and in 2013-2014 the Professional Standards Coordinator, in consultation with the MRTB and the MSC, managed a total of 19 new notifications related to competence, conduct and health concerns in respect of individual practitioners.

MSS also assists both the MRTB and the MSC with their accreditation and monitoring frameworks for New Zealand education providers of qualification programmes each RA has prescribed for the purpose of registration in the respective scopes of practice defined within each of the professions. In 2013-2014 MSS staff assisted accreditation teams with reviews of the following qualification programmes:

The Bachelor of Applied Science (Medical Imaging Technology) at the Universal College of Learning (UCOL)

The Diploma in Applied Sciences (Anaesthetic Technology) and the Graduate Certificate in Applied Sciences (Anaesthetic Technology) at the Auckland University of Technology (AUT)

The Postgraduate Diploma in Health Sciences in Magnetic Resonance Imaging and the Postgraduate Diploma in Health Sciences in Ultrasound at the University of Auckland

Our first 12-months of co-location with six of our colleague RA’s was achieved in February 2013 and a number of operational synergies have already been gained. Noticeable financial savings have been achieved through the sharing and/or improvement of accommodation-related services and facilities (including lease, power, telephone, cleaning, maintenance and repairs). Another ASB-House collaboration initiative has seen six-RA’s join together to investigate the cost-benefits of migrating to the Medical Council’s IT system. A business case is scheduled for completion and presentation to the respective RA’s later in 2014.



Prior to the advent of the latter IT initiative MSS assisted the MRTB and the MSC to complete a number of improved functionalities in respect of their joint IT system. These resulted in the 2014-2015 practising certificate renewals process requiring significantly less manual interventions from the MSS staff team due to a marked reduction in the number of practitioner enquiries. These gains have allowed staff responsibilities to be re-directed to other areas such as improved monitoring, review and reporting processes in terms of registration and recertification activities.

By late 2013 the MSS staff team had supported both the MRTB and the MSC to move from a paper-based process to electronically managing their meeting documents. A benefit of this initiative has been the opportunity to re-direct some of the MSS staffing resources to a collaborative arrangement with other RA's.

In March 2014 MSS began a trial arrangement with the Occupational Therapy and Podiatrist Boards in respect of providing a MSS-employed staff member to provide the latter two Boards with general office administration services. The trial is due for a review late-April/early-May 2014 and if successful, it is anticipated MSS will set up a MOU arrangement with these RA's to continue to provide this administrative support service.

MSS staff have assisted both RA's with further strengthening of their Trans-Tasman relationships with relevant Australian bodies. For example, in my role as Registrar of the MRTB I am now engaged in ongoing dialogue with my counterpart of the Medical Radiation Practice Board of Australia. A significant outcome of these Trans-Tasman discussions is an inaugural joint meeting of both the New Zealand and Australian Boards which is scheduled for May 2014. In addition the MRTB has, in response to an invitation from the Australian Board, nominated two

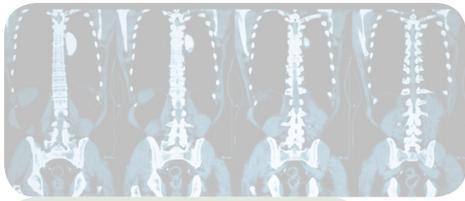
representatives (myself and a Board member) to join a National Examination Committee in the role of observers. That committee is charged with the development of a national exam framework to be used for registration purposes. In addition I have continued discussions with the Australian Institute of Medical Scientists on behalf of the MSC, and especially in respect of accreditation processes for New Zealand providers of the Bachelor of Medical Laboratory Science qualification programmes.

In 2013 MSS staff drafted a number of informational booklets for new registrants and it is expected these will be finalised and published in 2014. A number of other publications aimed at informing the professions and employers are also planned.

To ensure the ongoing capacity and capability of MSS in meeting its responsibilities to provide the MRTB and the MSC with business support services across both regulatory and corporate functions, I have worked with the MSS Directors to monitor and review the organisation's most critical resource – the staff team. In response to a business case, at the end of 2013 the MSS Directors gained endorsements from their respective Board/Council for an additional staffing resource. Appointment of a Deputy Registrar was agreed in March 2014 and the new incumbent is due to commence employment with MSS in April.

As another business year has come to a close I would like to take this opportunity to thank both the MSS staff team and the Board of Directors for their continued commitment to working together to achieve the many business priorities we successfully completed during

Mary Doyle



## BOARD MEMBERS



### *JENNIFER DE RIDDER*

Jennifer de Ridder was appointed to the Board in 2005 and in 2013-2014 continued as the Board's Chair. She also convened the Board's Finance, Audit and Risk Committee, and served on all of the Board's standing committees. Jennifer also served on the Medical Sciences Secretariat Board of Directors. She is currently the Team Leader of Radiation Therapists at CCDHB's Wellington Blood and Cancer Centre and is a guest lecturer for the University of Otago's Bachelor of Radiation Therapy study programme. Jennifer has a keen interest in risk management and is committed to working diligently to safeguard the public who rely on the services provided by the medical imaging and radiation therapy profession.

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### *JULIA METCALFE*

Julia Metcalfe was appointed to the Board in 2006 and in 2013-2014 continued as the Deputy Chair of the Board. A registered Sonographer, Julia is currently employed as a clinical tutor, supporting trainee sonographers at Auckland District Health Board. Julia is a member of various professional bodies in the field of ultrasound and is a practical examiner for the Australasian Society of Ultrasound in Medicine (ASUM). During 2013-2014 Julia was a member of the Board's Registrations and Recertification Committee, the Finance Audit and Risk Committee, and the Education Committee. Julia also served on the Medical Sciences Secretariat Board of Directors.

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### *JULIA ANDREW*

Julia Andrew was appointed to the Board in 2010, and is currently Radiographic Manager for the Radiology Group Milford on the North Shore in Auckland. She has worked there for some time both as a manager and clinically in the areas of general radiography, mammography and CT. Julia has an interest in quality assurance systems and has been a technical expert in the areas of medical imaging, mammography and CT for International Accreditation New Zealand (IANZ). During 2013-2014 Julia served on the Board's Registrations and Recertification Committee, the Education Committee and the Professional Standards Committee.

## BOARD MEMBERS



### *BERYL KELLY*

Beryl Kelly was appointed to the Board in May 2011. Beryl has some 28-years' experience in radiography. She is Charge Medical Radiation Technologist at Counties Manukau District Health Board, and has an on-going commitment to ensure medical imaging practitioners are competent, safe in their practise and continually review their knowledge to embrace the ever-changing technologies in diagnostic imaging. Beryl sits as a clinical manager on the advisory committee of all three New Zealand academic institutions who provide undergraduate training in medical imaging. In 2013-2014 Beryl convened the Board's Registrations and Recertification Committee and served on the Communications and IT Committee.

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### *PRUE LAMERTON*

Prue Lamerton was re-appointed to the Board in 2010, having been a Board member previously. Prue is a registered and practising Nuclear Medicine Technologist and is currently Team Leader for Nuclear Medicine at Hawkes Bay Memorial Hospital. Prior to this appointment Prue worked for many years with Pacific Radiology and was instrumental in the setup of the first PET/CT department in New Zealand. She has been actively involved with the Australian and New Zealand Society of Nuclear Medicine (ANZSNM) at both national and international levels for a number of years, having just completed her six-year term as the New Zealand technologist representative for ANZSNM. In 2013-2014 Prue convened the Board's Professional Standards Committee and was a member of the Education Committee, and the Registrations and Recertification Committee.

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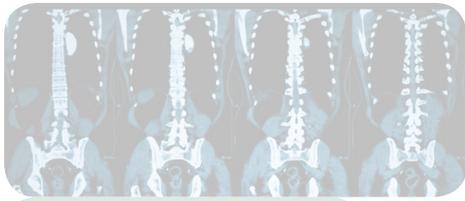
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### *MEGAN CAMPBELL*

Megan Campbell was appointed to the Board in 2010 as a lay member. Megan has qualifications in Arts, Policy and Commerce. She has worked in policy and communications roles for a number of central government organisations, within Parliament, and most recently she was Operations Manager in a high profile not-for-profit organisation. Megan has extensive governance experience and serves on a number of school, community and whanau boards. During 2013-2014 Megan was a member of the Board's Finance Audit and Risk Committee, and the Communications and IT Committee.





## BOARD MEMBERS



### *SUE MCKENZIE*

Sue McKenzie was appointed to the Board as a lay member in 2010. Sue has a background as a senior academic lecturer in the tertiary education sector and as a consultant in the areas of business entrepreneurship and development, strategic planning, marketing, project management and professional peer development. Over the last twenty years Sue has had board and governance experience in the voluntary sector and on a number of advisory boards and committees at local and national level. In 2013-2014 Sue was a member of the Board's Professional Standards Committee and the Education Committee.

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### *SHELLEY PARK*

Shelley Park was appointed to the Board in 2006. Registered in the dual scopes of Medical Imaging Technologist and Magnetic Resonance Imaging Technologist. Shelley is a Senior MRI Technologist at the University of Auckland where she undertakes a variety of clinical and research work. Shelley has held a number of clinical tutor and charge medical radiation technologist positions both in New Zealand and overseas. She is a MRI Technical Advisor to IANZ. In 2013-2014 Shelley convened the Board's Education Committee and was a member of the Registrations and Recertification Committee. Shelley's term on the Board finished in March 2014.

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### *ROSANNE HAWARDEN*

Rosanne Hawarden was appointed as a lay member to the Board in 2010. She has a background in nursing and midwifery, human resources, and information technology. Rosanne is a director of a company representing a large international software house. She holds a Master's degree in Psychology and in 2010-2011 completed a doctorate in Business and Administration focusing on board diversity. Rosanne is a member of a number of professional bodies including Chartered Secretaries New Zealand. In 2013-2014 Rosanne convened the Board's Communications and IT Committee and was a member of the Finance, Audit and Risk Committee.

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### *ANGIE SLOCOMBE*

Angie Slocombe was appointed to the Board in March 2014. Angie is currently the MRI Unit Charge Technologist at Capital and Coast District Health Board. She has worked there since 2005 after relocating from the United Kingdom. Angie is keen to promote staff training and development within MRI and is a MRI technical expert for International Accreditation New Zealand (IANZ). As a result of having a keen interest in research, Angie has been published in internationally recognised scientific journals for her assistance in cancer research.

# BOARD MEMBERSHIP, FEES AND MEETINGS

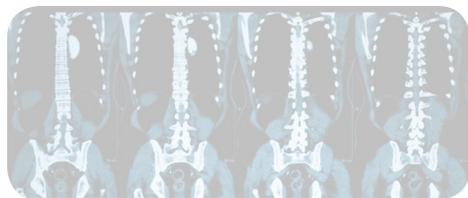


## BOARD FEES

<i>POSITION</i>	<i>FEEES</i>
Chairperson	\$25,000 annual honorarium
Board Members	<i>From 01<sup>st</sup> Apr 2013 to 19<sup>th</sup> Nov 2013</i>
	\$440 day / \$60 hour
	<i>From 20<sup>th</sup> Nov 2013 to 31<sup>st</sup> Mar 2014</i>
	\$600 day / \$75 hour

## BOARD MEETINGS

<i>BOARD MEMBERS</i>	<i>19<sup>TH</sup>-20<sup>TH</sup> JUN 2013</i>	<i>19<sup>TH</sup> SEPT 2013</i>	<i>21<sup>ST</sup> NOV 2013</i>	<i>4<sup>TH</sup> FEB 2014</i>	<i>26<sup>TH</sup>-27<sup>TH</sup> MAR 2014</i>
Jennifer de Ridder	✓	✓	✓	✓	✓
Julia Metcalfe	✓	✓	✓	✓	✓
Julia Andrew	✓	✓	✓	✓	✓
Megan Campbell	✓	✓	✓	x	x
Rosanne Hawarden	✓	✓	✓	✓	✓
Beryl Kelly	✓	✓	✓	✓	✓
Prue Lamerton	✓	✓	✓	✓	✓
Sue Mckenzie	✓	✓	✓	✓	✓
Shelley Park	✓	✓	✓	✓	<i>Term Completed</i>
Angie Slocombe	<i>Term commenced March 2014</i>				✓



## BOARD COMMITTEES

The Board has a number of standing committees who have delegated authority to oversee many of the on-going functions of the Board as well as progressing specific business improvement initiatives as set out in the Board's Strategic Directions 2013 - 2016 document.

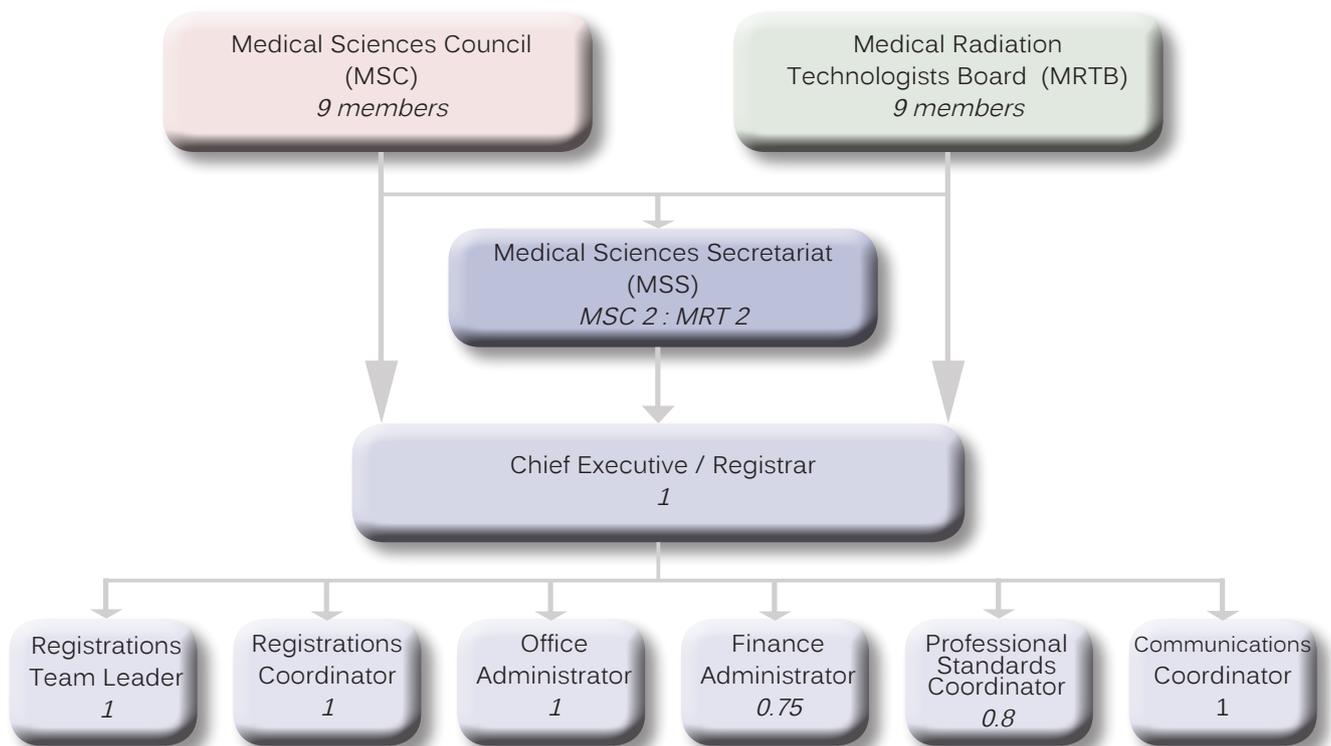
<i>COMMITTEE</i>	<i>MEMBERSHIP</i>	<i>FUNCTION</i>
<i>FINANCE, AUDIT AND RISK</i>	<b>CONVENER</b> Jennifer de Ridder	<ul style="list-style-type: none"> <li>Review and monitor the Boards financial performance to ensure alignment with strategic priorities</li> <li>Liaise with the CEO on financial and administration issues</li> <li>Develop and review relevant policies</li> </ul>
	<b>MEMBERS</b> Julia Metcalfe Megan Campbell Rosanne Hawarden Mary Doyle	
<i>REGISTRATIONS AND RECERTIFICATION</i>	<b>CONVENER</b> Beryl Kelly (Audit)	<ul style="list-style-type: none"> <li>Approve all registration applications outside of staff delegations</li> <li>Monitor reviews of scopes of practice for purpose of registration</li> <li>Monitor annual competence audit of 10% of registrants</li> <li>Monitor CPD programmes</li> <li>Review all failed REA</li> <li>Monitor appointment and on-going training of REA assessors</li> <li>Regular review of REA framework</li> <li>Develop and review relevant policies</li> </ul>
	<b>MEMBERS</b> Julia Metcalfe (REA) Julia Andrew (REA) Prue Lamerton Shelley Park Jennifer de Ridder	
<i>EDUCATION</i>	<b>CONVENER</b> Shelley Park	<ul style="list-style-type: none"> <li>Represent the Board at relevant education forums</li> <li>Monitor the accreditation process of prescribed qualification programmes</li> <li>Monitor the assessment of overseas qualifications</li> <li>Develop and review relevant policies</li> </ul>
	<b>MEMBERS</b> Jennifer de Ridder (UoO) Julia Metcalfe (CPIT) Prue Lamerton (UCOL) Julia Andrew (Unitec) Sue McKenzie	
<i>COMMUNICATIONS AND IT</i>	<b>CONVENER</b> Rosanne Hawarden	<ul style="list-style-type: none"> <li>Provide advice and support to the CEO regarding the Boards IT requirements</li> <li>Advise the Board on matters relating to IT support systems</li> <li>Develop and review relevant policies</li> <li>Monitor the Board's communication strategy</li> </ul>
	<b>MEMBERS</b> Jennifer de Ridder Megan Campbell Beryl Kelly	
<i>PROFESSIONAL STANDARDS</i>	<b>CONVENER</b> Prue Lamerton	<ul style="list-style-type: none"> <li>Monitor notifications and actions in regard to competence, health, and conduct</li> <li>Develop and review relevant policies</li> </ul>
	<b>MEMBERS</b> Sue McKenzie Jennifer de Ridder Julia Andrew	

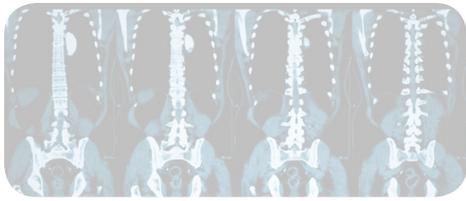
## ORGANISATIONAL FRAMEWORK



The Board members are appointed by the Minister of Health for up to a three-year term, and are eligible to apply for re-appointment to serve a maximum of three consecutive three-year-terms (nine-years). Within the framework of the Act the first term of office for Board members began in September 2003.

The Board works very closely with another health regulatory authority, the Medical Sciences Council (MSC) with whom they set up a jointly-owned company, Medical Sciences Secretariat (MSS). MSS provides both regulatory authorities with business support services across all regulatory and corporate functions. This partnership arrangement has allowed the Board and the Council to contain costs and achieve operational synergies including consistency in the formulation and delivery of health regulation policy.





## *MANAGING BUSINESS PRIORITIES*

The Medical Radiation Technologists Board *Strategic Directions 2013-2016* document sets out the strategic goals and activities the Board plans to undertake during that three-year period. The document is a critical planning tool that sets a foundation upon which the Board fulfils its responsibilities under the Health Practitioners Competence Assurance Act (2003) in respect of the profession of medical radiation technology (encompassing the practices of medical imaging and radiation therapy). The document is reviewed and built upon each successive year.

A copy of the Board's most current Strategic Directions document can be downloaded from its website at [www.mrtboard.org.nz](http://www.mrtboard.org.nz)

### *ACCREDITATION STANDARDS*

The Board commenced a review of its standards for the accreditation and monitoring of the qualifications provided by New Zealand educational institutions and that the Board has prescribed for the purpose of registration under the Health Practitioners Competence Assurance Act 2003 (the Act).

Accreditation of qualification programmes pertaining to health professions is not unique to the practice of medical imaging and radiation therapy. All sixteen health regulatory authorities (RA's) in New Zealand have adopted models of accreditation in alignment with registration of health practitioners under the Act. Additionally many of these accreditation frameworks have been developed in collaboration with relevant Australian accreditation bodies and joint Trans-Tasman standards and procedures have been adopted for a number of health profession related education programmes.

Subsequently the Board's proposed accreditation framework sent out for consultation drew on both its previous accreditation framework as well as the accreditation standards and processes of other health regulatory authorities.

A consultation process with various New Zealand educational institutions was in progress at the end of March 2014. The Board is working towards to having a finalised set of accreditation and monitoring standards for each of the New Zealand qualifications prescribed for the purpose of registration under the Act by the second quarter of its 2014-2015 business year.

### *IT DEVELOPMENT*

In 2013 the Board undertook a joint IT quality improvement project with its colleague regulatory authority, the Medical Sciences Council. This project focused on making a number of improvements to the online application processes for practising certificates. As a consequence of these improvements the renewal of practising certificates for the 2014-2015 practice year was relatively trouble-free. A significant reduction in the number of practitioner queries (in comparison to previous years) saw a correlated reduction in the amount of staff time required for the management of queries. This has allowed for the CEO/Registrar to re-direct staff time to other registration and recertification-related activities.



### *SHARED SERVICES ORGANISATION*

In its 2013 annual report the Board reported on the work it had been doing with the other fifteen RA's to develop an agreed shared secretariat structure. That initiative resulted in a non-consensus amongst all of the sixteen RA's to progress with a proposed shared services model.

In response to a subsequent request from the Director General of Health, the Board has been working with other RA's to investigate options for sharing of some back-of-office functions. We are currently engaged in a joint initiative with five other RA's looking at the cost-benefits of migrating to a shared IT system with the Medical Council. A business case is expected to be finalised later in 2014.

The decision to co-locate Medical Sciences Secretariat (the not-for-profit company the Board jointly owns with the Medical Sciences Council) in 2013 has achieved some noticeable synergies within the first twelve months of eight RA's sharing office facilities and associated accommodation related services. Not only has the Board gained some noticeable savings in its accommodation-related expenditure, there has also been a noticeable increase in the sharing of regulatory information across all of the RA's who are now co-located within the same office premises.

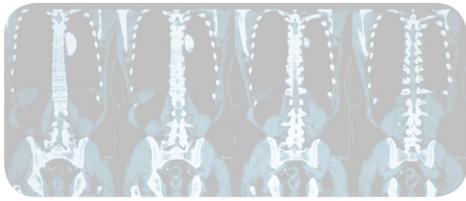
### *NUCLEAR MEDICINE*

The Board is very encouraged by initiatives undertaken by a New Zealand university to provide a programme of study specifically for the practice of nuclear medicine. In 2013 the University of Auckland informed the Board of its intention to develop a Postgraduate Diploma in Health Sciences in Medical Imaging (Nuclear Medicine). This will be the first "home-grown" qualification in nuclear medicine. Since the inception of the Nuclear Medicine Technologist scope of practice the Board has had to look to Australian education providers to source appropriate nuclear medicine study programmes.

The University of Auckland's nuclear medicine programme is scheduled to commence in the latter part of 2014 and the Board is in communication with the University in respect of arranging an accreditation assessment of that programme.

### *ACCREDITATION OF MRI AND ULTRASOUND PROGRAMMES*

In 2014 the Board accredited the University of Auckland in respect of two new programmes in MRI and ultrasound. The Postgraduate Diploma in Health Sciences in MRI and the Postgraduate Diploma in Health Sciences in Ultrasound have now been accredited by the Board for the purpose of registration as a MRI Technologist or a Sonographer in New Zealand.



### *SCOPES OF PRACTICE REVIEW*

During 2013-2014 the Board continued with its review of the scopes of practice defined for the profession of medical radiation technology (encompassing medical imaging and radiation therapy). Following a public consultation process in 2012 and after seeking legal advice the Board published a set of revised definitions of the practice of medical radiation technology and for each of the scopes of practice within that profession.

Respondents to the 2012 consultation raised a number of other issues in respect of the practices of medical imaging and radiation therapy. During 2013-2014 the Board built on this initial work and conducted a number of discussion forums with industry representatives (including employers, professional bodies, and educators). Those forums have been invaluable in assisting the Board with framing a subsequent consultation document that is currently in development and will be sent out for public consultation later in 2014.

### *CARDIAC SONOGRAPHERS*

A preliminary framework to develop a set of competencies and standards applicable to various groups of practitioners working in the area of cardiac sonography (including cardiac sonographers, cardiac technicians, and cardiac technologists) was agreed between the Medical Radiation Technologists Board and representatives from the Clinical Physiologists Registration Board (CPRB). Cardiac ultrasound is used by a number of practitioners, many of whom (including cardiac technicians and cardiac technologists) are not registered under the Act but are registered within a self-regulatory framework through the CPRB. Unfortunately competing business priorities impacted on MSS' ability to allocate resources to this project in 2013. Progress of this initiative has been given a high priority within the Board's 2014-2015 business year.

## *LINKING WITH STAKEHOLDERS*



### COMMUNICATIONS

The Board's primary media for maintaining links with stakeholders is through its website, newsletters, and emails. Feedback on the Board's revised website has been very positive and the Board undertakes regular updates of the informational content to ensure accuracy and currency.

The Board maintains ongoing communications with New Zealand education providers of qualification programmes prescribed by the Board for the purposes of registration. Board representatives sit on the Board of Studies/ Programme Advisory Committees at each of the five accredited New Zealand education institutions.

The Board has also developed a number of information booklets and has a strong presence at profession specific conferences to engage with practitioners.

### HRANZ

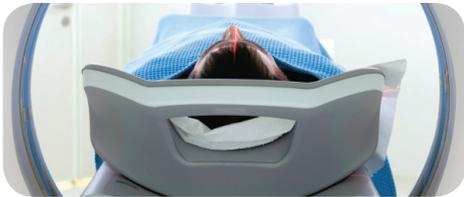
HRANZ provides a forum for the 16 RA's to meet and discuss items of common interest. Discussions on options for a shared secretariat and the organisation for the inaugural regulatory conference were major items on the agenda in 2013-2014.



# REGISTRATIONS, ANNUAL PRACTISING CERTIFICATES AND REGISTRATION EXAMINATION ASSESSMENTS

*ALL PRACTITIONERS APPLYING FOR REGISTRATION MUST DEMONSTRATE THEY MEET THE BOARD'S COMPETENCIES AND FITNESS TO PRACTISE STANDARDS.*

*WHEN AN ANNUAL PRACTISING CERTIFICATE IS ISSUED, THE BOARD IS DECLARING TO THE NEW ZEALAND PUBLIC THAT THE PRACTITIONER IS COMPETENT AND FIT TO PRACTISE.*

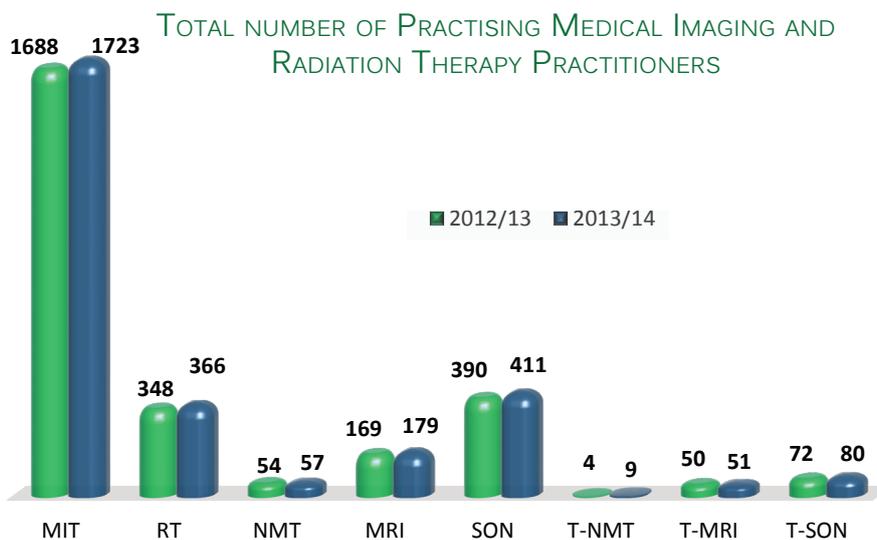


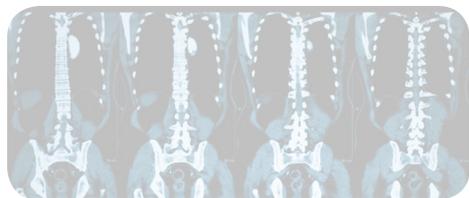
## SCOPES OF PRACTICE

The Board has defined eight scopes of practice for registration in the profession of medical radiation technology (medical imaging and radiation therapy):

- Medical Imaging Technologist
- Radiation Therapist
- Nuclear Medicine Technologist
- Magnetic Resonance Imaging Technologist
- Sonographer
- Trainee Nuclear Medicine Technologist
- Trainee Magnetic Resonance Imaging Technologist
- Trainee Sonographer

*MEDICAL RADIATION TECHNOLOGY IS A PATIENT CENTRED PROFESSION THAT ENCOMPASSES THE PRACTICES OF MEDICAL IMAGING AND RADIATION THERAPY. MEDICAL IMAGING PRACTITIONERS USE DIFFERENT TECHNOLOGIES TO CREATE IMAGES OF THE HUMAN BODY FOR DIAGNOSIS AND THE STAGING AND MANAGEMENT OF DISEASE. RADIATION THERAPY PRACTITIONERS USE TECHNOLOGY TO CREATE AND EVALUATE IMAGES AND DATA RELATED TO THE LOCALISATION, PLANNING AND DELIVERY OF RADIATION TREATMENTS.*





## REGISTRATION STATISTICS

Between 1 April 2013 and 31 March 2014 the Board received 339 applications from persons wanting to be registered in one of the eight scopes of practice. 266 (78%) of these applications were approved and 23 (7%) declined due to the applicants not meeting the entry level registration requirements.

Of the remaining applications, 19 (6%) applicants were offered an opportunity to sit a Registration Examination Assessment as an alternative pathway to gaining registration. 28 (8%) applications were still being processed as at 31 March 2014 and the remaining 3 (1%) applicants had withdrawn their application.

A PRIMARY FUNCTION OF THE MEDICAL RADIATION TECHNOLOGISTS BOARD IS THE REGISTRATION OF PRACTITIONERS. IN MEETING ITS ROLE TO PROTECT PUBLIC SAFETY, THE BOARD HAS DEVELOPED MECHANISMS TO ENSURE REGISTERED PRACTITIONERS MEET REQUIRED STANDARDS FOR SAFE AND COMPETENT PRACTISE.

### REGISTRATION APPLICATIONS RECEIVED

SCOPE OF PRACTICE	APPROVED	DECLINED	OFFERED REA	IN PROGRESS	WITHDRAWN	TOTAL
Medical Imaging Technologist	126	13	9	16	2	166
Radiation Therapist	40	-	-	3	-	43
Nuclear Medicine Technologist	4	1	2	-	-	7
Sonographer	37	4	4	6	-	51
Magnetic Resonance Imaging Technologist	13	5	4	2	1	25
Trainee Sonographer	21	-	-	-	-	21
Trainee Nuclear Medicine Technologist	5	-	-	-	-	5
Trainee Magnetic Resonance Imaging Technologist	20	-	-	1	-	21
<b>TOTAL</b>	<b>266</b>	<b>23</b>	<b>19</b>	<b>28</b>	<b>3</b>	<b>339</b>

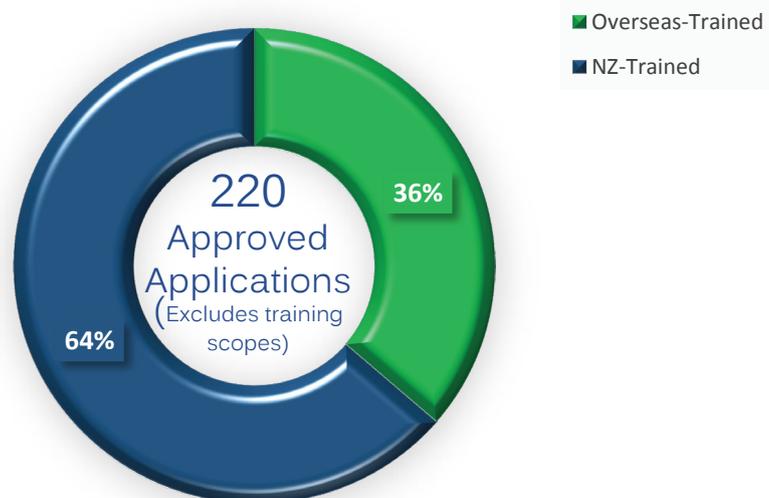
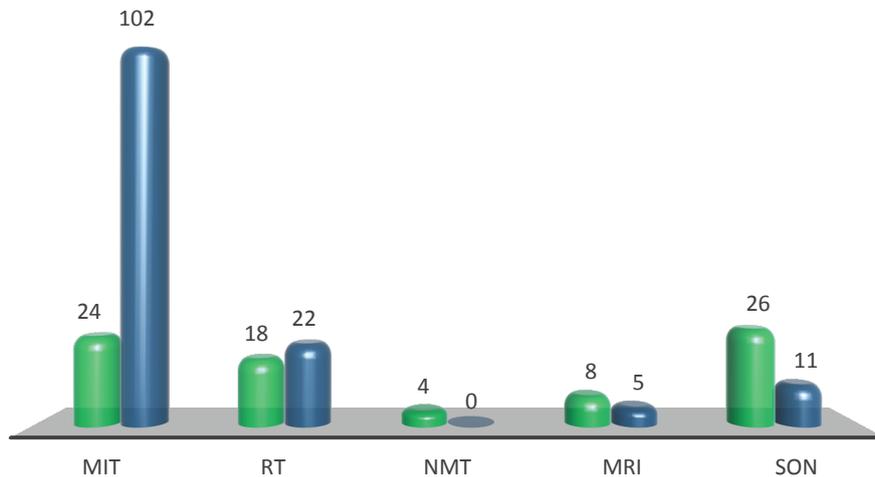


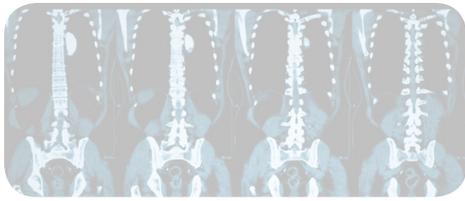
## APPROVED APPLICATIONS PER SCOPE OF PRACTICE BY COUNTRY-TRAINED

(EXCLUDING TRAINING SCOPES OF PRACTICE)

In 2013-2014, New Zealand-trained applications exceeded overseas-trained applications by 38%. In comparison in 2012-2013, New Zealand-trained applications exceeded overseas-trained applications by 16%.

The majority of registration applicants for the Medical Imaging Technologist and Radiation Therapist scopes of practice were New Zealand-trained. However the converse was true for Sonographers where 62% of approved registrations were for overseas-trained applicants. All four Nuclear Medicine Technologist applicants were overseas-trained, (due to there being no nuclear medicine specific qualifications within New Zealand).





## REGISTRATION APPLICATIONS RECEIVED (EXCLUDES TRAINING SCOPES)

<i>COUNTRY</i>	<i>MIT</i>	<i>RT</i>	<i>NMT</i>	<i>MRI</i>	<i>SON</i>	<i>TOTAL</i>
<b>APPROVED APPLICATIONS</b>						
Australia	3	2	2	4	10	21
Canada			1		10	11
Fiji	1					1
India		1				1
Ireland		7		1		8
Malta	1					1
New Zealand	102	22		5	11	140
Philippines	1					1
South Africa	3	2			2	7
United Kingdom	15	6	1	3	3	28
United States of America					1	1
<b>TOTAL</b>	<b>126</b>	<b>40</b>	<b>4</b>	<b>13</b>	<b>37</b>	<b>220</b>
<b>DECLINED APPLICATIONS</b>						
Canada				1		1
Fiji	1					1
Ghana	1					1
India	3					3
Jordan	2			1		3
Pakistan	2					2
Philippines	2			2	2	6
United States of America	2		1	1	2	6
<b>TOTAL</b>	<b>13</b>		<b>1</b>	<b>5</b>	<b>4</b>	<b>23</b>
<b>OFFERED REA AS ALTERNATIVE PATHWAY TO REGISTRATION</b>						
Australia	2			2	1	5
Canada	1			1		2
India			2			2
Pakistan	1					1
Philippines	1					1
South Africa					1	1
United Kingdom	3				1	4
United States of America	1			1	1	3
<b>TOTAL</b>	<b>9</b>		<b>2</b>	<b>4</b>	<b>4</b>	<b>19</b>



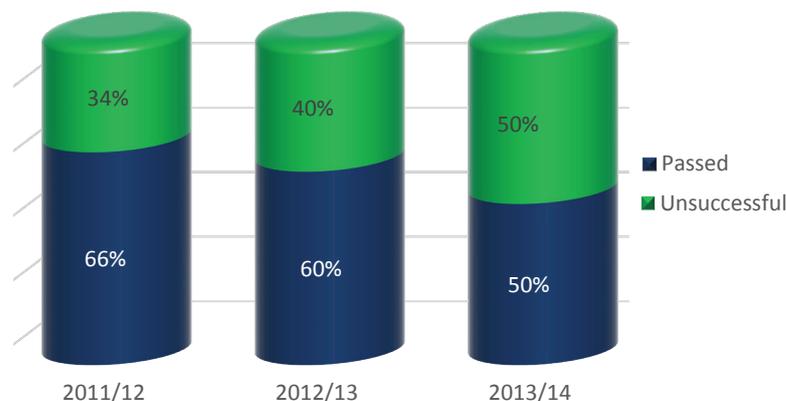
## REGISTRATION EXAMINATION ASSESSMENT

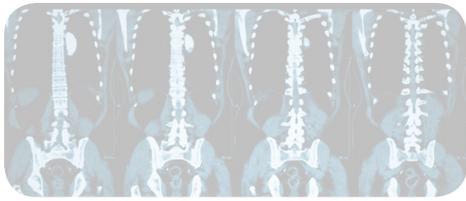
The Board recognises that while some overseas-trained applicants may not have a qualification deemed as equivalent to the New Zealand prescribed qualification, they do have significant clinical experience in the relevant scope of practice in an overseas setting. A registration examination assessment (REA) may be offered to these applicants as a means of gaining New Zealand registration.

In 2013-2014 six applicants took up the offer to sit a REA. Of these, three passed the REA and were subsequently granted New Zealand registration. The remaining three applicants were unsuccessful with their REA.

	<i>MIT</i>	<i>RT</i>	<i>NMT</i>	<i>MRI</i>	<i>SON</i>	<i>TOTAL</i>
REA Offered	9	-	2	5	4	<i>19</i>
REA Sat	2	-	1	3	-	<i>6</i>
REA Passed	1	-	1	1	-	<i>3</i>
REA Unsuccessful	1	-	-	2	-	<i>3</i>

Although a REA may be offered as a pathway to registration, an applicant may not act on that offer. In 2013-2014 nineteen REA's were offered, however only six REA's were completed. It is of note that a REA can be sat up to two-years after being offered. Therefore REA's sat in 2013-2014 were not necessarily offered in the same period. The Board undertakes a review of the outcome of REA's and supervision pathways to registration to identify trends that inform registration policies to ensure they remain current and do not place unjustified barriers to overseas trained practitioners.





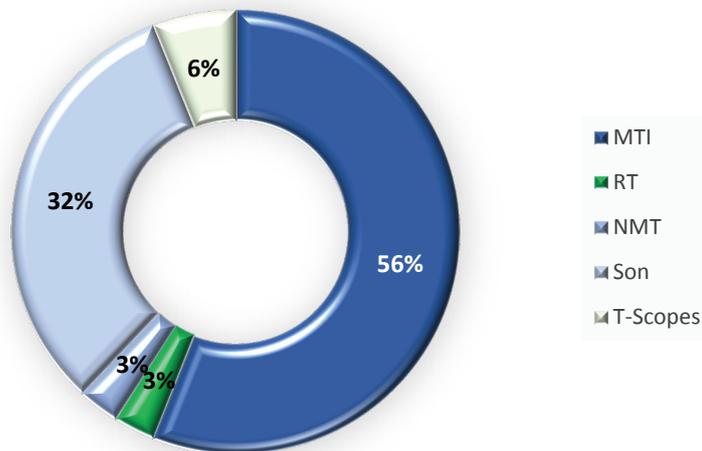
## ANNUAL PRACTISING CERTIFICATES

In 2013-2014 the Board issued a total of 2876 annual practising certificate. Of those, 239 practitioners were issued an annual practising certificate in more than one scope of practice (including training scopes).

	<i>MIT</i>	<i>RT</i>	<i>NMT</i>	<i>MRI</i>	<i>SON</i>	<i>T-NMT</i>	<i>T-MRI</i>	<i>T-SON</i>	<i>TOTAL</i>
APC's issued	1723	366	57	179	411	9	51	80	<i>2876</i>
APC's with conditions	57	3	3	-	32	-	-	6	<i>101</i>

### APC's ISSUED WITH CONDITIONS

(PER SCOPE OF PRACTICE)



## CONDITIONS ON PRACTICE



<i>SCOPE</i>	<i>CONDITION</i>	<i>NUMBER</i>
<i>MEDICAL IMAGING TECHNOLOGIST</i>	Must practise within CT only	5
	Must practise within Mammography only	43
	Must practise within Mammography and Lithotripsy only	1
	Nominated site and supervisor as approved by the Board	4
	Must practise under supervision for three months and provide a logbook	1
	Specific conditions pertaining to competence reviews	3
<i>TOTAL</i>		<i>57</i>
<i>RADIATION THERAPIST</i>	Practise excludes Dosimetry	1
	May practise within Mammography under supervision	1
	Must practise under supervision in planning and dosimetry for three months and provide a logbook	1
<i>TOTAL</i>		<i>3</i>
<i>NUCLEAR MEDICINE TECHNOLOGIST</i>	May operate PET/CT scans and Diagnostic CT independently	2
	Must practise under supervision for twelve months and provide a logbook after six and twelve months.	1
<i>TOTAL</i>		<i>3</i>
<i>SONOGRAPHER</i>	Must practise within Cardiac Ultrasound only	13
	Must practise within Obstetrics Ultrasound only	3
	Must practise within Vascular Ultrasound only	13
	Must practise under supervision for 450 hours and provide a logbook	2
	Must practise under supervision for three months and provide a logbook	1
<i>TOTAL</i>		<i>32</i>



## ACCREDITATION, EDUCATION PROVIDERS AND CONTINUING PROFESSIONAL DEVELOPMENT

## *ACCREDITATION AND EDUCATION PROVIDERS*



The Board has accredited five New Zealand education providers who offer qualifications that have been prescribed by the Board for the purpose of registration in the profession of medical radiation technology, (encompassing the practices of medical imaging and radiation therapy).

<i>EDUCATION PROVIDER</i>	<i>QUALIFICATION PROGRAMME</i>	<i>SCOPE OF PRACTICE</i>
UNITEC Institute of Technology	Bachelor of Health Science (Medical Imaging)	Medical Imaging Technologist
University of Otago (UoO)	Bachelor of Radiation Therapy	Radiation Therapist
Universal College of Learning (UCOL)	Bachelor of Applied Science (Medical Imaging Technology)	Medical Imaging Technologist
University of Auckland	Post Graduate Diploma in Health Sciences in Magnetic Resonance Imaging	Magnetic Resonance Imaging Technologist
	Post Graduate Diploma in Health Sciences in Ultrasound	Sonographer
Christchurch Polytechnic Institute of Technology (CPIT)	Bachelor of Medical Imaging	Medical Imaging Technologist

Each education provider is subject to an on-going accreditation/monitoring process to ensure qualification programmes produce graduates capable of meeting the standards for the purpose of registration.

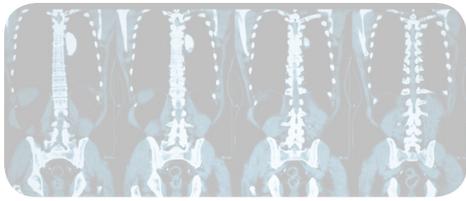
The accreditation/monitoring process encompasses five distinct components:

1. Review of course documentation
2. Annual reports from the education provider
3. Observation of clinical competencies assessments
4. An on-site visit
5. Employer surveys

### *NEW QUALIFICATIONS FOR MRI AND ULTRASOUND*

In 2013 the University of Auckland advised the Board of their intention to develop postgraduate diploma programmes of study in MRI and ultrasound and in 2014 the Board appointed a team to undertake an assessment of those programmes for the purpose of accrediting those under Section 12 of the Health Practitioners Competence Assurance Act 2003. The Board is pleased to advise that both the Postgraduate Diploma in Health Sciences in MRI and the Postgraduate Diploma in Health Sciences in Ultrasound have now been accredited as qualification programmes that lead to registration as a MRI Technologist or a Sonographer in New Zealand.

The University of Auckland also advised the Board in 2014 that they are developing a programme of study in nuclear medicine and have provided preliminary information on the framework for that. The Board is continuing to liaise with the University and expects that an accreditation assessment of this nuclear medicine programme will be undertaken in 2015.



## CONTINUING PROFESSIONAL DEVELOPMENT

All medical imaging and radiation therapy practitioners applying to renew their annual practising certificate must be enrolled and engaged in at least one of the continuing professional development (CPD) programmes approved by the Board. The Board has approved eight CPD programmes which are provided by both New Zealand and overseas organisations.

<i>PROVIDER</i>	<i>PROGRAMME</i>	<i>SCOPE OF PRACTICE</i>
New Zealand Institute of Medical Radiation technology (NZIMRT)	Continuing Professional Development Programme	All
Australia and New Zealand Society of Nuclear Medicine (ANZSNM)	Continuing Professional Development Programme	Nuclear Medicine Technologist
Australasian Society for Ultrasound in Medicine (ASUM)	MOSSIP Continuing Professional Development Programme	Sonographer
American Society of Radiologic Technologists (ASRT)	Continuing Education Programme	All
Christchurch Radiology Group	Continuing Professional Development Programme	All
Australian Institute of Radiography (AIR)	Continuing Professional Development Programme	All
Australian Sonographers Association (ASA)	Continuing Professional Development Programme	Sonographer
Australian Sonographer Accreditation registry (ASAR)	Continuing Professional Development Programme	Sonographer

Continuing professional development should be:

- Continuous - professionals should always be looking for ways to improve performance
- The responsibility of the individual to own and manage
- Driven by the learning needs and development of the individual
- Evaluative rather than descriptive of what has taken place
- An essential component of professional life, never an optional extra

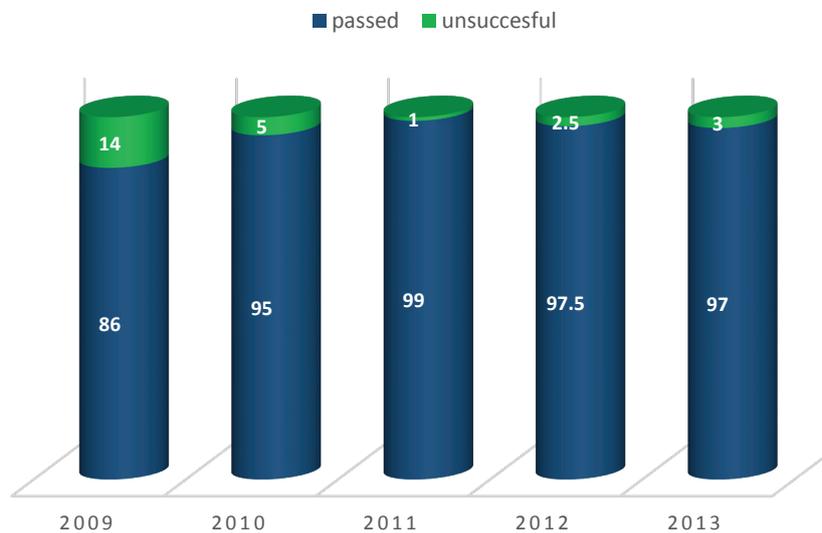
Chartered Institute of Personnel and Development  
(United Kingdom)

## PRACTITIONER COMPETENCE AUDIT



Each year the Board undertakes an audit of practitioners' competence and fitness to practise. The audit involves a selection of 10% of practitioners in each of the gazetted scopes of practice who hold a current practising certificate. The following results for the 5-year period from 2009 to 2013 inclusive demonstrates practitioners are actively engaging in on-going learning and professional development.

	2009	2010	2011	2012	2013
Called for audit	220	223	227	257	264
Audited	176 80%	220 99%	215 95%	240 93%	237 90%
Passed	152 86%	210 95%	212 99%	234 97.5%	230 97%
Unsuccessful	24 14%	10 5%	3 1%	6 2.5%	7 3%





# COMPETENCE, HEALTH AND CONDUCT

*THE MEDICAL RADIATION TECHNOLOGISTS BOARD RECEIVES AND INVESTIGATES NOTIFICATIONS ABOUT THE COMPETENCE, HEALTH AND CONDUCT OF REGISTERED PRACTITIONERS.*

## COMPETENCE AND FITNESS TO PRACTISE



### COMPETENCE

One of the Board's functions is to act on information received from the public, health practitioners, employers and the Health and Disability Commissioner relating to the competence of health practitioners.

A competence review is not disciplinary in nature; rather it is designed to assess a practitioner's competence in a collegial manner. Competence reviews focus on supporting the practitioner by putting in place appropriate training, education and safeguards to assist them to improve their standard of practice. Competence reviews undertaken by the Board are based on principles of natural justice, support and education.

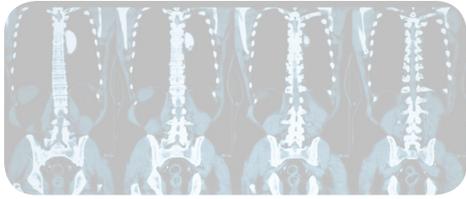
Two new competence-related notifications were received in 2013-2014 and both were still active at 31 March 2013.

<i>NUMBER</i>	<i>HPCAA REFERENCE</i>	<i>REFERRED BY</i>	<i>OUTCOME</i>
1	s34	Employer	On-going
1	s34	Other health practitioner	On-going

### HEALTH

in 2013 the Board received one new notification pertaining to a mental health condition, and another health notification was carried over from 2012-2013. The latter practitioner left New Zealand before the Board could conclude its investigation.

<i>NUMBER</i>	<i>HPCAA REFERENCE</i>	<i>REFERRED BY</i>	<i>OUTCOME</i>
1	45	Employer	On-going



## CONDUCT

### CONDUCT

Two Professional Conduct Committee investigations were undertaken in 2013. One of those related to a criminal conviction, and the other was for serious misconduct. Both of these investigations were still in progress as at 31 March 2014.

<i>NUMBER</i>	<i>HPCAA REFERENCE</i>	<i>REFERRED BY</i>	<i>OUTCOME</i>
1	s67	Employer	On-going
1	s68	Employer	On-going

### HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL

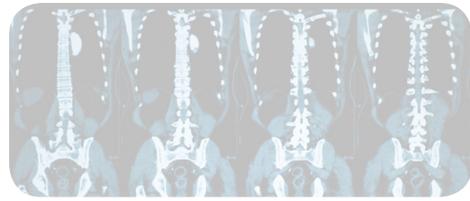
There were no referrals to the Health Practitioners Disciplinary Tribunal in respect of practitioners regulated by the Medical Radiation Technologists Board in 2013-2014



# FINANCIAL REPORT

*For the year ended 31 March 2014*

*AS A STATUTORY BODY, THE MEDICAL RADIATION TECHNOLOGISTS BOARD ANNUALLY REPORTS ITS PERFORMANCE TO THE MINISTER OF HEALTH, PARLIAMENT, STAKEHOLDERS AND TO THE PUBLIC OF NEW ZEALAND.*



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**INDEPENDENT AUDITOR'S REPORT  
TO THE READERS OF  
MEDICAL RADIATION TECHNOLOGISTS BOARD'S  
FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 MARCH 2014**

The Auditor-General is the auditor of the Medical Radiation Technologists Board (the Board). The Auditor-General has appointed me, Robert Elms, using the staff and resources of Staples Rodway Wellington, to carry out the audit of the financial statements of the Board on her behalf.

We have audited the financial statements of the Board on pages 38 to 43 that comprise the statement of financial position as at 31 March 2014, the statement of financial performance and statement of movements in equity for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

**Opinion**

In our opinion the financial statements of the Board on pages 38 to 43:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's:
  - financial position as at 31 March 2014; and
  - financial performance for the year ended on that date.

Our audit was completed on 28 August 2014. This is the date at which our opinion is expressed.

The basis of our opinion is explained below. In addition, we outline the responsibilities of the Board and our responsibilities, and we explain our independence.

**Basis of opinion**

We carried out our audit in accordance with the Auditor-General's Auditing Standards, which incorporate the International Standards on Auditing (New Zealand). Those standards require that we comply with ethical requirements and plan and carry out our audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Material misstatements are differences or omissions of amounts and disclosures that, in our judgement, are likely to influence readers' overall understanding of the financial statements. If we had found material misstatements that were not corrected, we would have referred to them in our opinion.

An audit involves carrying out procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the financial statements whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the preparation of the Board's financial statements that fairly reflect the matters to which they relate. We consider internal control in order to design audit procedures that are appropriate in the circumstances but not for the purpose of expressing an opinion on the effectiveness of the Board's internal control.



An audit also involves evaluating:

- the appropriateness of accounting policies used and whether they have been consistently applied;
- the reasonableness of the significant accounting estimates and judgements made by the Board;
- the adequacy of all disclosures in the financial statements; and
- the overall presentation of the financial statements.

We did not examine every transaction, nor do we guarantee complete accuracy of the financial statements. Also we did not evaluate the security and controls over the electronic publication of the financial statements.

We have obtained all the information and explanations we have required and we believe we have obtained sufficient and appropriate audit evidence to provide a basis for our audit opinion.

#### **Responsibilities of the Board**

The Board is responsible for preparing financial statements that:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's financial position and financial performance.

The Board is also responsible for such internal control as it determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error. The Board is also responsible for the publication of the financial statements, whether in printed or electronic form.

The Board's responsibilities arise from the Health Practitioners Competence Assurance Act 2003.

#### **Responsibilities of the Auditor**

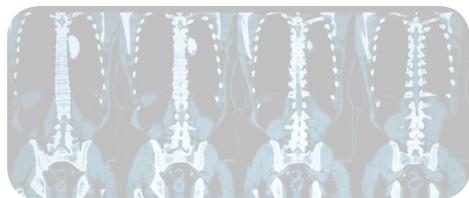
We are responsible for expressing an independent opinion on the financial statements and reporting that opinion to you based on our audit. Our responsibility arises from section 15 of the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

#### **Independence**

When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the External Reporting Board.

Other than the audit, we have no relationship with or interests in the Board.

Robert Elms  
Staples Rodway Wellington  
On behalf of the Auditor-General  
Wellington, New Zealand



MEDICAL RADIATION TECHNOLOGISTS BOARD

## Statement of Financial Performance

*For the Year ended 31 March 2014*

	Notes	2014	2014	2013
		\$	\$	\$
<b>Income</b>				
Registration Fees - Non NZ		42,611		31,056
Registration Fees - NZ		45,895		52,178
APC's		607,585		588,449
Examination Fees		9,565		10,434
Interest Received		43,609		38,769
Sundry Income		13,066		7,238
<b>Total Income</b>			<b>762,331</b>	<b>728,124</b>
<b>Less Expenses</b>				
Audit Fees		5,317		5,317
Archiving		1,470		1,269
Bank Charges		11,742		11,241
Board Member Fees & Expenses		105,292		95,737
Catering		3,409		3,744
Chartered Accountancy Fees		3,581		3,418
Conference Expenses		5,134		391
Examiners Fees		45,851		35,484
General Expenses		2,084		314
IT		2,027		7,687
Legal Expenses		34,456		11,644
Postage		1,754		175
Printing, Stamps & Stationery		2,913		1,893
Professional Fees		25,863		10,946
Publications		-		50
MSS Service Charges		340,043		330,210
Telephone, Tolls & Internet		3,402		4,610
Training & Workshops		6,468		-
Travel - National		75,317		65,389
<b>Total Expenses</b>			<b>676,123</b>	<b>589,519</b>
<b>Net Surplus/(Deficit) For The Year</b>			<b>86,208</b>	<b>138,605</b>

The attached NOTES form part of these Financial Statements.



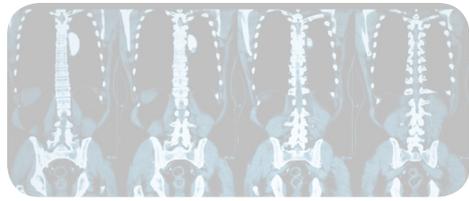
MEDICAL RADIATION TECHNOLOGISTS BOARD

## Statement of Movements in Equity

*For the Year ended 31 March 2014*

	Note	2014	2013
		\$	\$
Opening Equity		968,923	830,319
Net Profit (Loss)	86,208		138,605
Total Recognised Revenues & Expenses		86,208	138,605
Equity at End of the Year		1,055,131	968,923

The attached NOTES form part of these Financial Statements.



MEDICAL RADIATION TECHNOLOGISTS BOARD

Statement of Financial Position

As at 31 March 2014

	Note	2014	2013
		\$	\$
<b>Equity</b>			
Retained Earnings	4	1,055,131	968,923
<b>Total Equity</b>		<b>1,055,131</b>	<b>968,923</b>
Represented by;			
<b>Current Assets</b>			
Westpac Bank - Government Trading		354,774	41,727
Westpac Bank - Cash Management		203,549	1,054,104
Accounts Receivable		31,461	20,433
Accrued Income		20,477	9,289
Westpac Bank Term Deposits		1,100,000	431,620
Medical Sciences Secretariat Limited		-	49,043
<b>Total Current Assets</b>		<b>1,710,261</b>	<b>1,606,216</b>
<b>Non-Current Assets</b>			
Investments in MSS		50	50
<b>Total Assets</b>		<b>1,710,311</b>	<b>1,606,266</b>
<b>Current Liabilities</b>			
Accounts Payable		16,425	17,776
GST Due for Payment		65,666	67,590
Medical Sciences Secretariat Limited		6,351	-
Income in Advance		566,738	551,977
<b>Total Current Liabilities</b>		<b>655,180</b>	<b>637,343</b>
<b>Net Assets/ (Liabilities)</b>		<b>1,055,131</b>	<b>968,923</b>

For and on behalf of the Board;

Chairperson  Date 28/08/2014

Registrar  Date 28/08/2014

The attached NOTES form part of these Financial Statements.



MEDICAL RADIATION TECHNOLOGISTS BOARD

## Notes to the Financial Statements

*For the Year ended 31 March 2014*

### 1. Statement of Accounting Policies

#### Reporting Entity

The Board is constituted under the Health Practitioners Competence Assurance Act 2003.

These Financial Statements have been prepared in accordance with the Financial Reporting Act 1993.

#### General Accounting Policies

These financial statements have been prepared in accordance with Generally Accepted Accounting Practice in New Zealand and on the basis of historical cost. Reliance is placed on the fact that the business is a going concern.

#### Specific Accounting Policies

The following specific accounting policies which materially affect the measurement of financial performance and financial position have been applied:

**Income Tax:** The Board has been granted Charitable Status under the Charities Act 2005 and is exempt from Income Tax.

**Investments are valued at cost.** Investment Income is recognised on an accrual basis where appropriate.

**Goods and Services Tax:** The financial statements have been prepared on an exclusive basis with the exception of Accounts Receivable and Accounts Payable which include GST.

**Annual Practising Certificate Income:** Annual Practising Certificate Income is recorded only upon receipt. Receipts for Annual Practising Certificates issued for the future years are shown as Income Received in Advance.

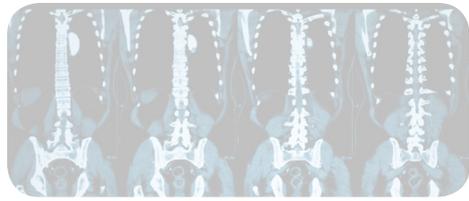
**Differential Reporting:** The entity qualifies for differential reporting as it is not publicly accountable and is not large. The entity has taken advantage of all applicable differential reporting exemptions.

#### Changes in Accounting Policies

All accounting policies are unchanged and have been consistently applied.

#### Uncertainty about the Delivery of Office Functions in Future

In February 2011, Health Workforce New Zealand (HWNZ), on behalf of the Minister of Health, issued a consultation document proposing a single shared secretariat and office function for all 16 health regulatory authorities (RAs). As at 31 March 2014, this proposal is no longer under consideration with any uncertainty disclosed in previous years being removed.



MEDICAL RADIATION TECHNOLOGISTS BOARD

## Notes to the Financial Statements

*For the Year ended 31 March 2014*

### 2. Related Parties

In accordance with SSAP 22 para 5.1(a) and para 5.1(b), the following disclosures are made:

During the year Medical Radiation Technologists Board purchased secretariat services on normal trading terms from Medical Sciences Secretariat Limited. Members of the Board of Medical Radiation Technologists Board are directors of Medical Sciences Secretariat Limited. Medical Radiation Technologists Board owns 50% of the share capital of Medical Sciences Secretariat Limited. Medical Sciences Council New Zealand owns the remaining 50% of the share capital of Medical Sciences Secretariat Limited.

### 3. Financial Management Agreement

Medical Sciences Secretariat Limited ("MSS") has been established to provide business management support to the Medical Radiation Technologists Board ("MRT") and the Medical Sciences Council New Zealand ("MSCNZ").

MSS will provide financial management support to both MRT and MSCNZ according to a number of conditions:

1. MSS undertakes not to make a profit from its business partnership with MRT and MSCNZ.
2. Each board will be invoiced monthly for an amount equivalent to the expenses incurred by MSS.
3. GST is charged on these expenses including those that did not originally include GST (e.g. wages).
4. MSS will return GST refunds as a 55-45 split between MSCNZ and MRT.
5. All MSS expenses will be split and paid at 55-45 between MSCNZ and MRT.
6. At the end of each month and the financial year, MSS will show a nil financial balance on all its operations.



MEDICAL RADIATION TECHNOLOGISTS BOARD

## Notes to the Financial Statements

*For the Year ended 31 March 2014*

### 4. Equity

The following movements in Revenue Reserves have occurred:

#### Retained Earnings

	2014	2013
	\$	\$
Opening Balance	968,923	830,319
Net Income Earned This Year	86,208	138,605
Closing Balance	1,055,131	968,923

### 5. Commitments

There are no capital or other commitments at balance date (2013: \$nil).

### 6. Contingent Liabilities

There are no contingent liabilities at balance date (2013: \$nil).

### 7. Subsequent Events

#### New Financial Reporting Framework

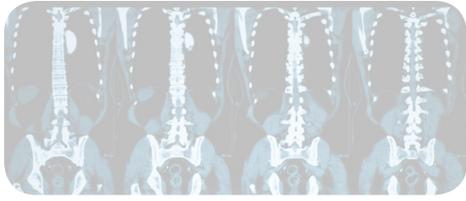
On 1 April 2014, the new Financial Reporting Act 2013 (FRA 2013) and the Financial Reporting (Amendments to Other Enactments) Act 2013 came into force. The FRA 2013 prescribes who has to report, and what types of entities are required to prepare general purpose financial reports (GPFR).

The new Accounting Standards Framework consists of a two-sector, multi-tier structure with different accounting standards applying to each tier. The two sectors are the For-Profit sector and the Public Benefit Entity (PBE) sector, the latter of which includes public sector entities, not-for-profit entities, and the subset of those; registered charities.

The new framework will result in PBE's shifting from NZ IFRS (or old GAAP where this was used) to the new PBE IPSAS regime (or simple format reporting where applicable).

Recognition and disclosure differences between the two frameworks will likely be significant.

For accounting periods that commence on or after 1 April 2015, financial statements need to be prepared in accordance with the new financial reporting framework.



## CONTACT DETAILS

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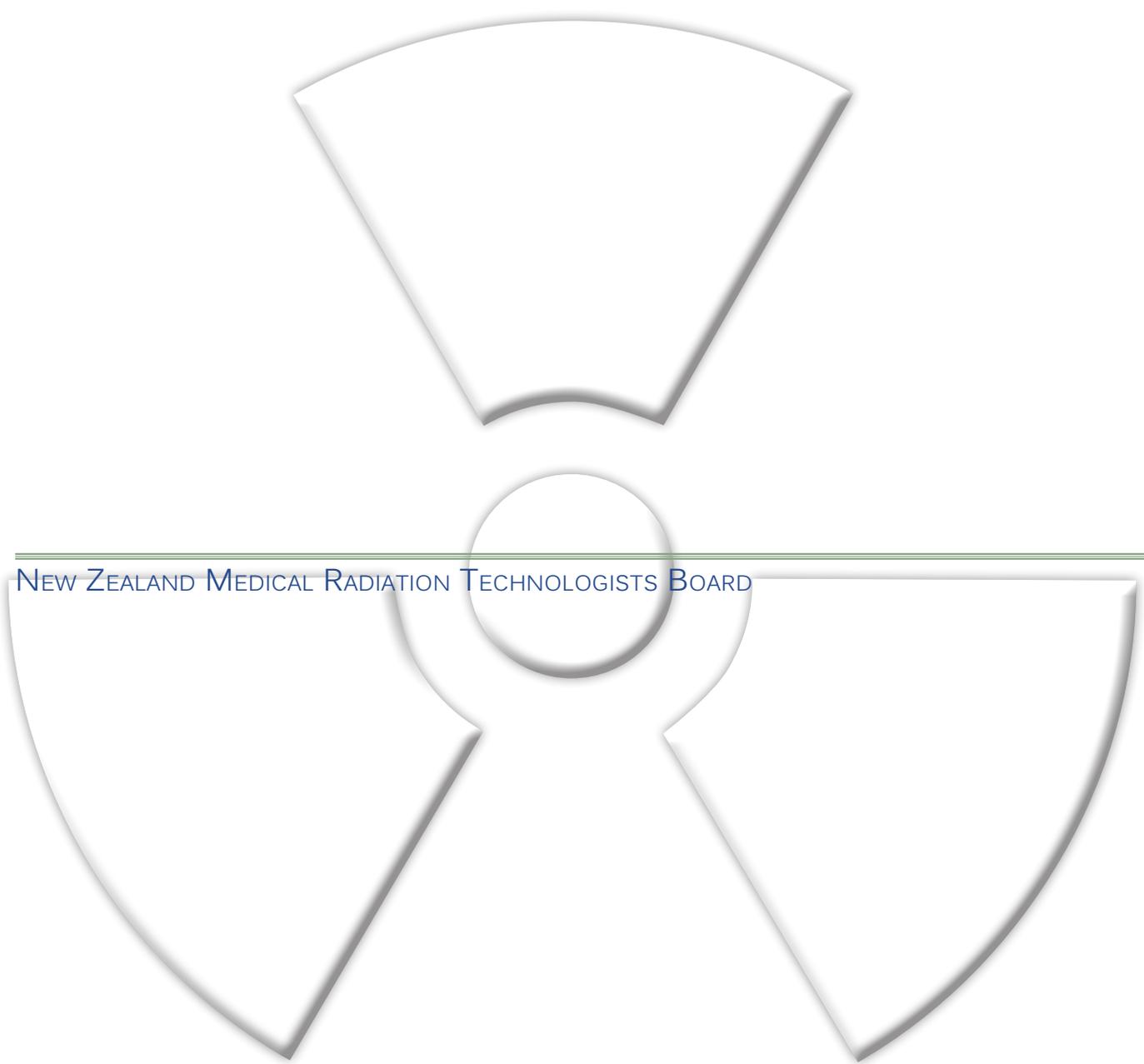
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NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD