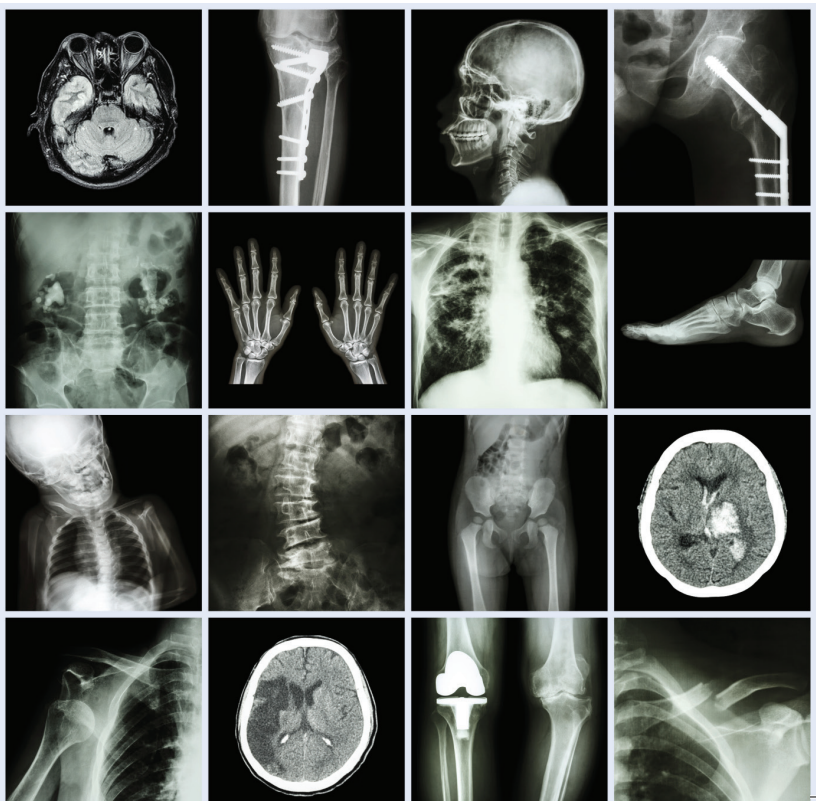




New Zealand
Medical Radiation
Technologists Board
Te Poari Ringa Hangarua Iraruke

ANNUAL REPORT

1 APRIL 2014 - 31 MARCH 2015





ANNUAL REPORT

MEDICAL RADIATION TECHNOLOGISTS BOARD

1 APRIL 2014 - 31 MARCH 2015

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Throughout this report:

MIT: Medical Imaging Technology

NMT: Nuclear Medicine Technology

REA: Registration Examination Assessment

the Health Practitioners Competence Assurance Act 2003 is referred to as the Act
the Medical Radiation Technologists Board is referred to as the Board.

RT: Radiation Therapy

Son: Sonography

MRI: Magnetic Resonance Imaging

T-Scopes: Includes all training scopes of practice



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Fast Facts

(All figures as at 31 March 2015)

Practitioners Practising

MIT	=	1725	}	2903
RT	=	365		
NMT	=	56		
SON	=	431		
MRI	=	197		
T-SCOPES	=	129		

Practitioners Added to the Register

MIT	=	130	}	279
RT	=	30		
NMT	=	4		
SON	=	46		
MRI	=	18		
T-SCOPES	=	51		

A second scope of practice review consultation was published with 560 responses from professional members and stakeholders.

During 2014, Board members and secretariat staff attended three national conferences.

Notifications Received

Competency	=	2	}	4
Conduct	=	1		
Fitness to Practice	=	1		

2014 CPD Audit Results

Called	=	266
Audited	=	246
Passed	=	241



From the Chair

I am pleased to present the 2014/2015 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 encompassing 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 2014/2015 have included:

- The scopes of practice review has progressed from last year's updating of the definitions to consulting on key themes which arose from forums with stakeholder groups and horizon scanning of Board activity. These themes include crossover of scopes, advanced/expanded practice roles, the appropriateness of qualifications and existing scopes and the role of practitioners not involved in direct clinical care. The purpose of this review is to ensure that the scopes accurately reflect contemporary safe practice and keep abreast of continually changing technology and workforce needs. The Board received 560 responses to this consultation from individuals and groups. The outcome of this review is currently under consideration by the Board.
- Investment in ongoing education workshops with the Board's overseas qualification and registration examination assessors and practitioners who undertake professional conduct and competence reviews. This provides an opportunity for expert legal input and dialogue with these key roles which contribute to ensuring the competence of New Zealand practitioners.
- Consolidating mechanisms to facilitate practitioners to work across scopes in ways that safeguard the services they provide in terms of both quality and access. This year we have approved a mechanism for medical imaging technologists who have undertaken additional education to perform breast ultrasound, thus facilitating an integrated breast imaging service.
- Further development of the constructive discussion platform in place between education facilities and the Board which is essential as we fulfill our obligations under the HPCA Act and ensure that standards of training are maintained to preserve the safety of the public. As a result of this 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. This reflects that the accreditation of the University of Auckland is on track.
- 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.
- Continuing to operate in a fully integrated shared secretariat with the Medical Sciences Council has delivered effective regulation and has maintained a consistently low annual practising certificate fee of \$275 for the past nine years. Going forward the Board has signalled a review of its fee structure in the upcoming year and continues to work collaboratively with other regulatory authorities to achieve ongoing efficient and effective regulation.



I would like to take this opportunity to thank the many practitioners from across the scopes who assisted and supported the work of the Board by taking on roles as competency reviewers, assessors, professional conduct committee members and supervisors. Your contribution is critical to the Board for ensuring the competence of practitioners. The Board values your expertise and your generosity of time.

I would also like to thank the staff of Medical Sciences Secretariat, in particular CEO Mary Doyle, for their support. By developing the skills and knowledge to take responsibility for operational matters, the staff at Medical Sciences Secretariat has allowed the Board to maintain a focus on the policies and the rigorous debate of decisions that govern the work of the Board.

This will be my final annual report as in mid 2015 I completed ten years as a member of the MRT Board, four as Chairperson. I would like to thank all the Board members with whom I have had the honour of working with during my tenure on the Board. All have held demanding jobs in their own right and the expertise, time and energy they have contributed to Board business is appreciated. I particularly acknowledge Julia Metcalfe who was elected Chair at the beginning of 2015 and I wish her all the best as she gets used to the intricacies of the Chair role.

In conclusion my time on the Board has been one of the most fascinating parts of my professional career. The work of the Board is interesting, challenging and important to get right. It has been a privilege to have the opportunity to serve and contribute to meeting the obligations under the Health Practitioners Competence Assurance Act 2003 to ensure the medical imaging and radiation therapy profession provides safe services to the public of New Zealand.

Jennifer de Ridder

Chair

New Zealand Medical Radiation Technologists Board



From the CEO/Registrar

I am pleased to write another year-end report on behalf of Medical Sciences Secretariat (MSS) who provide both the Medical Radiation Technologists Board (MRTB) and the Medical Sciences Council (MSC) with business support services encompassing both regulatory and corporate functions.

2015 has been a year of change for MSS particularly in respect of the staff team. Mid-2014 saw a 100% change to the composition of the team tasked with managing the registration and recertification activities for both the MRTB and the MSC, due to a resignation and a period of parental leave. This had a significant impact on the work of the rest of the staff team, especially as we are only a small unit of eight-staff in total. The period of transition with appointing and orientating new staff was greatly assisted by the support of the MRTB and the MSC members and the willingness and capability of the remaining staff to work flexibly throughout this time. This capability to still manage core business-as-usual activities in the face of significant organisational change saw the team manage the processes for a total of 669 new registration applications and the issue of 6922 annual practising certificates across the MRTB and the MSC throughout 2015.

A review of the overall organisational structure was undertaken in early 2015. The drivers for that review were to ensure MSS continues to have the capability to deliver upon its objectives and better position its longer-term ability to meet the needs of the MRTB and the MSC. Of particular note was the increasing demands on the MSS staff team both in terms of volume and complexity over recent years, and the subsequent need to ensure the organisation is appropriately resourced to meet those challenges.

Following a robust consultation process with all staff a decision was made to make a number of changes to the composition of the staff team. A graphic presentation of the new organisational structure is provided later in the annual report. The change resulted in the disestablishment of three of the current staff positions and the creation of three new staff positions. At the end of March 2015 work was underway to bring the staffing changes into effect.

I would like to take this opportunity to express my sincere thanks to all of the staff who participated in this change management project. It was a difficult time for many of you and I commend you for your willingness to approach the challenges with an open mind and your support of the changes presented to you.

2015 also saw the MSS staff team support both the MRTB and the MSC with reviews of the scopes of practice defined for the health professions they respectively regulate under the Health Practitioners Competence Assurance Act 2003. Significant progress has been achieved over the last 12-months in respect of these reviews and subsequent work is planned for the upcoming year to implement a number of changes identified through each of the reviews.

Supporting the MRTB and the MSC with putting measures in place to deal with concerns raised about the competence, conduct, and/or health of individual practitioners has continued to be a critical feature of the work undertaken by the staff team throughout 2015. While the volume of professional standards-related notifications was not high (a total of 10 across both the MRTB and the MSC), there were a number of relatively complex cases to work through which required considerable input not only from the staff team but also the respective Professional Standards committees for each Board/Council.



A review of the standards for all qualification programmes accredited by the the MRTB and the MSC for the purpose of registration in the respective scopes of practice was undertaken in 2014-2015. This involved a consultation process with a total of ten New Zealand educational institutions and resulted in the adoption of a comprehensive set of standards and procedures that are to be applied to ongoing accreditation of those programmes prescribed by the respective Board/Council.

To assist with the effective and efficient management of these core regulatory functions the MSS staff team has collaborated with members of the MRTB and the MSC to produce a series of operational manuals. These publications provide staff and standing committees with comprehensive procedural documents that support each Board's/Council's policy statements. Ongoing reviews of these manuals are in place to ensure information is current and accurate.

From the end of 2014 we engaged in a collaborative project with our "flatmate" RA's to begin the process for securing new office premises. A move to shared office accommodation with three other RA's is planned for June 2015.

In closing I welcome the opportunity to once again publicly express my appreciation of the commitment and skills of the MSS staff team and the members of each Board/Council. The achievements we have collectively made over the last year have been significant and I look forward to the launch of another year of working together to continue to strengthen the foundations built upon over successive years and that ultimately act to protect the health and safety of the New Zealand public in respect of the health services they access.

Mary Doyle
CEO/Registrar

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WHAT WE DO

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.

The Board fulfils its responsibilities to the Minister of Health by demonstrating leadership to ensure the profession of medical imaging and radiation therapy protects the health and safety of the public. This is achieved by the Board setting policies to enable the implementation of the Act and so mitigate risk to the public, the profession, and the Board within a social, ethical and financially viable framework.

The environment the Board operates within helps to determine its strategic direction. The Board works within an ever-changing environment that is subject to a number of influences including economic, political, social and technological.

The Board provides practitioners with a framework for the delivery of safe medical imaging and radiation therapy services to the New Zealand public.

Values:

Consultation
Fairness
Consistency
Honesty
Approachability
Impartiality
Natural Justice

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 2015.



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:

- 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.
- Authorise the registration of medical imaging and radiation therapy practitioners under the Act, and maintain registers.
- Consider applications for annual practising certificates.
- Review and promote the competence of medical imaging and radiation therapy practitioners.
- Recognise, accredit, and set programmes to ensure the on-going competence of medical imaging and radiation therapy practitioners.
- 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.
- 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.
- 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.
- Set the standards of clinical competence, cultural competence, and ethical conduct to be observed by medical imaging and radiation therapy practitioners.
- Liaise with other authorities appointed under the Act about matters of common interest.
- Promote education and training in the profession of medical radiation technology (medical imaging and radiation therapy).
- Promote public awareness of the responsibilities of the Board.

Board Members



Jennifer de Ridder
Chairperson
Radiation Therapist

Jennifer de Ridder was appointed to the Board in 2005. In 2014-2015 Jennifer continued as the Board's Chair, and 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. 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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WHO WE ARE

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).



Julia Metcalfe
Deputy Chair
Sonographer



Julia Metcalfe was appointed to the Board in 2006. In 2014-2015 Julia continued as the Deputy Chair of the Board, and served on the Medical Sciences Secretariat Board of Directors. A registered Sonographer, Julia was employed as a clinical educator, supporting trainee sonographers at Auckland District Health Board. In December 2014 Julia took on the role of Team Leader Ultrasound for Auckland District Health Board. Julia is a member of various professional bodies in the field of ultrasound and has a keen interest in professional development for medical imaging practitioners.

Beryl Kelly
Medical Imaging
Technologist



Beryl Kelly was appointed to the Board in 2011. Beryl has 30-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 practice and continually review their knowledge to embrace the ever-changing technologies in diagnostic imaging. Beryl sits as a clinical manager on the advisory committees of all three New Zealand academic institutions who provide undergraduate training in medical imaging.

Julia Andrew
Medical Imaging
Technologist



Julia Andrew was appointed to the Board in 2010. She has recently taken up a position as Quality Officer for TRG Group, the parent company for several imaging practices in the North Island. Her previous position at The Radiology Group included managerial and clinical duties in general radiography, mammography and CT. Julia has an ongoing commitment to quality assurance within radiology.

Prue Lamerton
Nuclear Medicine
Technologist



Prue Lamerton was re-appointed to the Board in 2010, having served on the Board previously. Prue is a registered and practising Nuclear Medicine Technologist and is currently Team Leader for Nuclear Medicine at Hawkes Bay Fallen Soldiers Memorial Hospital. Prior to this appointment Prue worked for many years with Pacific Radiology in Wellington 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 including representation for the New Zealand technologists on the ANZSNM Technologists Special Interest Group. Prue takes a keen interest in the latest nuclear medicine technology and professional trends.

**Angie
Slocombe**
Magnetic
Resonance Imaging
Technologist



Angie Slocombe was appointed to the Board in 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.

**Megan
Campbell**
Lay Member



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 the not-for-profit sector. She currently works in government relations. Megan serves on a range of boards and committees.

**Dr Rosanne
Hawarden**
Lay Member



Dr. 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 both a Master's degree in Psychology and 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.

Sue McKenzie
Lay Member



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 20-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.



Board Members Fees and Meetings

Board Fees

Position	Fees
Chairperson	\$33,000 annual honorarium
Board Members	\$600 day / \$75 hour

Board Meetings

Board Members	26 th May 2014	30 th Jul 2014	25 th Sep 2014	26 th Nov 2014	28 th Jan 2015	24 th -25 th Mar 2015
Jennifer de Ridder	✓	✓	✓	✓	✓	✓
Julia Metcalfe	✓	✓	✓	✓	✓	✓
Julia Andrew	Apology	✓	✓	✓	✓	✓
Megan Campbell	✓	✓	✓	✓	✓	✓
Dr Rosanne Hawarden	✓	✓	✓	✓	✓	✓
Beryl Kelly	✓	✓	✓	✓	✓	✓
Prue Lamerton	✓	✓	✓	✓	✓	✓
Sue Mckenzie	✓	✓	✓	✓	✓	✓
Angie Slocombe	✓	✓	Apology	✓	✓	✓

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 2014 - 2017 document.

Education Committee

Convener: Sue McKenzie

Members: Jennifer de Ridder Julia Metcalfe Prue Lamerton
Julia Andrew

Risk Management

- Review the currency, relevance and completeness of education-related policies and procedures; and
- Monitor and review education databases (including special and/or one-off courses and modules).
- Monitor the Committee's compliance in terms of education-related policies and procedures; and
- Review and monitor any contractual arrangements with Continuing Professional Development (CPD) providers and make recommendations to the Board in respect of those.

Accreditation

- Appoint teams to undertake accreditation reviews of New Zealand prescribed qualification programmes and Board-approved CPD programmes; and
- Review all accreditation plans and reports for planned or completed accreditation reviews (of both education providers and CPD providers); and
- Monitor education and CPD provider reports with particular regard to the implementation of accreditation recommendations; and
- Monitor any changes to accredited programmes (education and CPD) and advise the Board on the impact of those.
- Advise the Board on issues pertaining to the accreditation of education and/or CPD providers

Assessors

- Appoint Overseas Qualifications and Registration Examination assessors and accreditation team members (to the overall pool of assessors); and
- Monitor the ongoing training and development for all groups of assessors.

Ongoing Competence Framework

- Monitor the review of competency documents and advise the Board in respect of those.

Liaison

- Participate in education-related forums including regular meetings with accredited education and CPD providers; and
- Advise the Board on issues raised in education forums.



Finance, Audit, Risk and Communications Committee

Convener: Julia Metcalfe

Members: Dr. Rosanne Hawarden Megan Campbell Jennifer de Ridder

Risk Management

- Review whether management has in place a current and comprehensive risk management framework and associated procedures for effective identification and management of the Board's financial and business risks, including fraud; and
- Review whether a sound and effective approach has been followed in developing strategic risk management plans for major projects or undertakings; and
- Review the effect of the risk management framework on its control environment and insurance arrangements; and
- Review whether a sound and effective approach has been followed in establishing business continuity planning arrangements, including whether disaster recovery plans have been tested periodically; and
- Review the fraud control plan and satisfy itself that appropriate processes and systems are in place to capture and effectively investigate fraud-related information.

Control Framework

- Review the effectiveness of management's approach to maintaining an effective internal control framework, (including any external parties such as contractors and advisers); and
- Review the currency, relevance and completeness of relevant policies and procedures; and
- Determine whether there are appropriate processes in place to assess compliance with policies and procedures; and
- Review whether there are appropriate policies and procedures for the management and exercise of delegations; and
- Consider how any required changes to the design or implementation of internal controls are identified; and
- Review strategies taken to embed a culture committed to ethical and lawful behaviour

External Accountability

- Review the financial statements and provide advice to the CEO/Registrar and Medical Radiation Technologists Board (including whether appropriate action has been taken in response to audit recommendations and adjustments); and
- Satisfy itself that financial statements are supported by appropriate management sign-off on the statements and on the adequacy of the systems of internal controls; and
- Review the processes for ensuring financial information included in the Medical Radiation Technologists Board's annual report is consistent with the signed financial statements; and
- Satisfy itself that appropriate mechanisms are in place to review and implement relevant external audit reports and recommendations; and
- Satisfy itself that there is a performance management framework that is linked to organisational objectives and outcomes.

Legislative Compliance

- Determine whether management has appropriately considered legal and compliance risks; and
- Review the effectiveness of the system for monitoring the Board's compliance with relevant legislation, regulations, and associated government policies.

Audit

- Provide input and feedback on the financial statements and the audit coverage proposed by the external auditor, and provide feedback on the audit services provided; and
- Review all external plans and reports for planned or completed audits and monitor implementation of audit recommendations; and
- Advise the Board in respect of acceptance of final audit statements; and
- Advise the Board on issues raised in relevant external audit reports.

Professional Standards Committee

Convener: Prue Lamerton

Members: Sue McKenzie Jennifer de Ridder Julia Andrew

Risk Management

- Monitor and review the management of each notification at key points within the investigation process to ensure the health and safety of the public is not compromised during the investigation process; and
- Review the currency, relevance and completeness of professional standards-related policies and procedures (including compliance with the Health Practitioners Competence Assurance Act 2003); and
- Monitor the Committee's compliance in terms of professional standards-related policies and procedures and legislative responsibilities; and
- Review informational material pertaining to professional standards prior to publication to ensure alignment with legislation and Board policies and procedures.

Notifications

- Make recommendations to the Board in respect of the appointment of Professional Conduct Committees (PCC); and
- Approve the appointment of Competence Review Panel (CRP) members; and
- Approve the appointment of Medical Practitioners to conduct medical examinations under section 49 of the Act; and
- Review the terms of reference provided to each CRP, PCC, Medical Practitioner; and
- Consider the findings of written reports provided by each CRP, PCC, Medical Practitioner and make recommendations to the Board in respect of those; and
- Monitor the implementation of any orders resulting from a notification investigation and advise the Board of any subsequent issues; and
- Advise the Board on issues pertaining to specific notifications.

Registrations and Practising Certificates Committee

Convener: Beryl Kelly

Members: Julia Metcalfe Julia Andrew Prue Lamerton Angie Slocombe
Jennifer de Ridder

Risk Management

- Monitor and review the management of application processes to ensure practitioners meet all registration and practising certificate requirements; and
- Review the currency, relevance and completeness of registration and practising certificate-related policies and procedures (including compliance with the Health Practitioners Competence Assurance Act 2003); and
- Monitor the Committee's compliance in terms of registration and practising certificate-related policies and procedures; and



- Review informational material pertaining to registration and practising certificates to ensure alignment with legislation and Board policies and procedures.

Applications

- Determine the registration status for all applicants who hold a non-equivalent qualification; and
- Determine if practitioners can be offered a registration examination assessment (REA)
- Ensure all Committee registration and annual practising certificate (APC) application deliberations and determinations are documented and forwarded to the registrations staff at Medical Sciences Secretariat; and
- Determine if practitioners applying for renewal of a practising certificate need to be referred to the Professional Standards Committee; and
- Advise the Medical Radiation Technologists Board on significant issues pertaining to specific applications and/or application policy and processes.

Audit Registration Examination Assessment (REA) Committee

Convener: Angie Slocombe

Members: Julia Metcalfe

Risk Management

- Review the currency, relevance and completeness of audit and REA-related policies and procedures (including compliance with the Health Practitioners Competence Assurance Act 2003); and
- Monitor the Committee's compliance in terms of audit and REA-related policies and procedures; and
- Review informational material pertaining to competence audits and REA's to ensure alignment with legislation and Board policies and procedures; and
- Liaise with the Education Committee to advise on training issues for REA assessors.

Competence Audits

- Monitor and review the annual practitioner competency audit process and advise the Board of the outcomes and any recommendations.

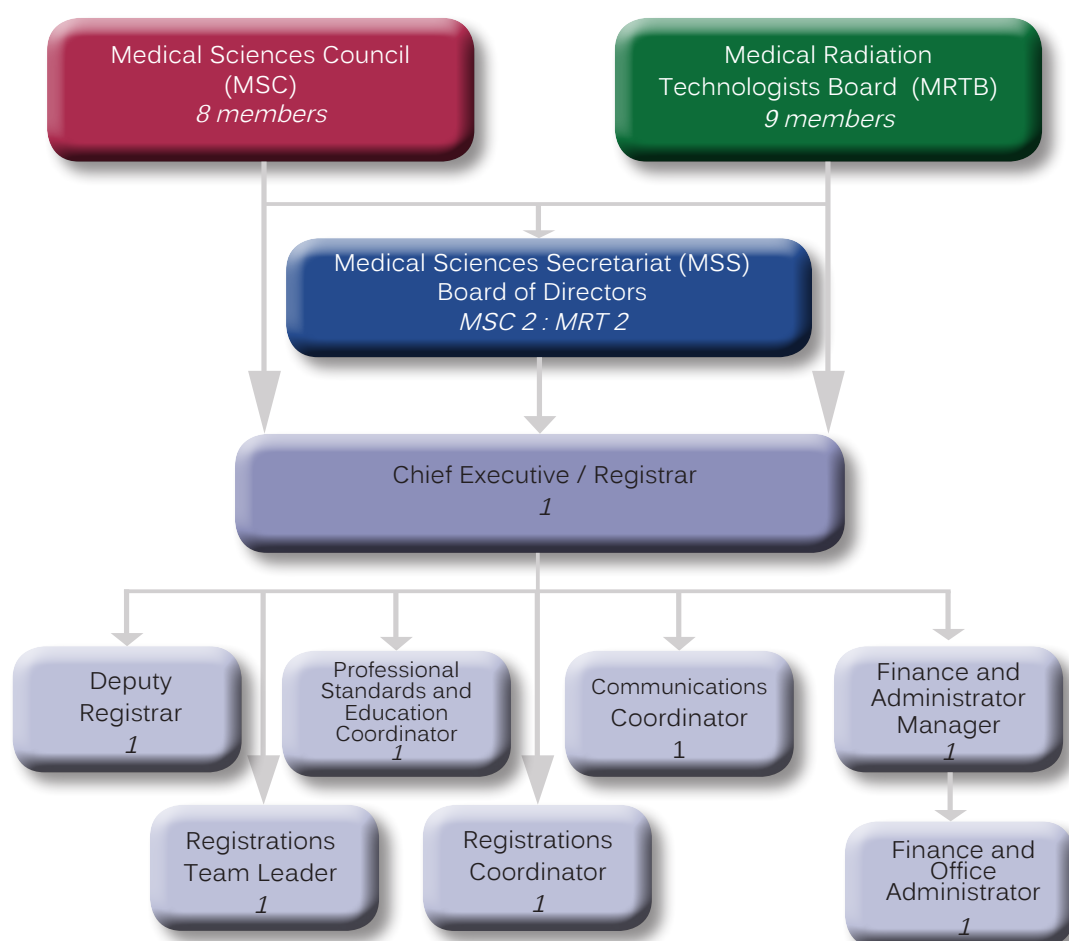
REA's

- Consider all failed REA reports and determine if a candidate is eligible to re-sit the REA; and
- Review all REA reports in respect of the quality of information provided and advise the Board on any potential impact for Board policy and processes.

Secretariat

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.

A number of changes were made to the MSS staff team in 2014 - 2015 to effect the following organisational structure:





Linking with Stakeholders

COMMUNICATIONS

The Board's primary media for maintaining links with stakeholders is through its website, newsletters, and emails.

The Board maintains ongoing communications with New Zealand education providers of qualification programmes prescribed by the Board for the purpose 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.

HEALTH REGULATORY AUTHORITIES OF NEW ZEALAND COLLABORATIONS

Health Regulatory Authorities of New Zealand (HRANZ) provides a forum for the 16 RA's to meet and discuss items of common interest.

BUSINESS HIGHLIGHTS



The Strategic Directions planning document recognises the primary relationship and interdependency the Board has with Medical Sciences Secretariat and the Board's partnership relationship with the Medical Sciences Council of New Zealand.

Strategic Directions 2014-2017 reflects the scope of the Board's responsibilities and identifies key strategies and initiatives the Board plans to undertake to meet those responsibilities.



The Medical Radiation Technologists Board *Strategic Directions 2014-2017* 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

Strategic Goals

Strategy Goal 1: Governance

The Board will build its governance capabilities to ensure it fulfills its legislative responsibilities effectively and efficiently

Strategy Goal 2: Education

Qualification programmes align with the Board's competencies required for registration in the profession of medical imaging and radiation therapy thereby ensuring graduates are well prepared to provide quality medical imaging and radiation therapy services to the public of New Zealand.

Strategy Goal 3: Registration and Recertification

Registration and recertification processes comply with legislative requirements and are managed within organisational policy guidelines.

Strategy Goal 4: Professional Standards

All practitioners registered with the Medical Radiation Technologists Board continue to demonstrate their competence and fitness to practise

Strategy Goal 5: Communications and Information Systems

The Board, members of the profession, health services providers, the public, and other stakeholders have access to timely, accurate and relevant information.

Information is managed effectively and efficiently to enable Board members to address complex policy issues and strategic imperatives

Strategy Goal 6: Financial

The financial management environment supports the Board to make the most effective use of its funds to ensure there is a fair allocation of financial resources to support the Board's strategic priorities.

An Overview of 2014-2015 Business Priorities

LIAISON MEETING WITH THE MEDICAL RADIATION PRACTICE BOARD OF AUSTRALIA (MRPBA)

An inaugural NZ-Australia meeting of the two Boards occurred in May 2014, with a follow-up meeting in March 2015. Regular interaction between the executive personnel of each Board continues to strengthen this relationship.

SHARED SERVICES ORGANISATION

In its 2013 - 2014 annual report the Board reported on the work it had been doing with the other 15 RA's to develop an agreed shared secretariat structure. That initiative resulted in a non-consensus amongst all of the 16 RA's to progress with a proposed shared services model.

In response to a subsequent request from the Director General of Health, the Board 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 was finalised in 2014. A decision was made to not proceed with an option to migrate the Board's IT system with that of the Medical Council due to prohibitive costs and the current IT system being a good quality product that is expected to continue to meet the Board's needs for several years. The Board has adopted an ongoing investment programme to ensure its IT system is well maintained and current.

The decision to co-locate Medical Sciences Secretariat (the not-for-profit company the Board jointly owns with the Medical Sciences Council) with a number of other RA's in 2013 has achieved some noticeable synergies, with plans to relocate with three other RA's to newer premises in June 2015 when the current premises lease expires.

IT DEVELOPMENT

In 2014 the Board in conjunction with the Medical Sciences Council, explored various methods of managing meeting papers, and a decision was made to move to a web-based solution. All meeting documentation is now managed through this application, which has produced significant savings due to a reduction in "hard copy" production and distribution.

Development of the web-based platform has provided the Board's committees with a secure environment for managing practitioner applications and notifications, including the ability to maintain historical information in a purposeful format.

An ongoing review process is in place to ensure the web-based platform continues to meet the needs of the Board.



SCOPES OF PRACTICE REVIEW

During 2014-2015 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 for 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 issues in respect of the practices of medical imaging and radiation therapy. During 2014-2015 the Board built on this initial work and conducted a number of discussion forums with industry representatives (including employers, professional bodies, and educators).

Two stakeholder forums hosted by the Board in 2014 were invaluable in assisting the Board with framing a subsequent consultation document sent out for public consultation in December 2014. Feedback from that consultation was discussed at the Board's March 2015 meeting, and agreed outcomes from the consultation have been confirmed and actions included into the 2015-2016 business plan.

A summary of the results will be published mid 2015.

COMMUNICATIONS

Several information brochures and booklets have been developed throughout 2014-2015 for practitioners, and are available to download from the Board's website:

- A Guide for Medical Imaging and Radiation Therapy Practitioners (provided to practitioners when they register with the Board)
- A Guide for New Graduates (provided to students who are near the completion of their training)
- Working under Supervision (provided to practitioners who are required to practise under supervision and their supervisors)
- Training Scopes of Practice
- Recertification and Competency Audit (provided to practitioners who have been selected to participate in the Board's annual audit)

REGISTRATIONS, AND PRACTISING CERTIFICATES

Scopes of Practice

Medical radiation technology is a patient centered 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.

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

*All practitioners
applying for
registration must
demonstrate they
meet the Board's
competencies and
fitness to practise
standards.*

A primary function of the 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 practice.



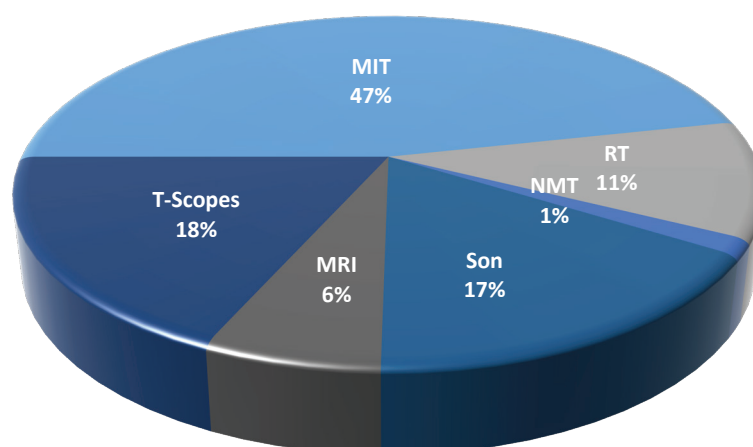
Registration Statistics

Between 1 April 2014 and 31 March 2015 the Board received 333 applications from persons wanting to be registered in one of the eight scopes of practice. 279 (84%) of these applications were approved and 11 (3%) declined due to the applicants not meeting the entry level registration requirements.

Of the remaining applications, 26 (8%) applicants were offered an opportunity to sit a Registration Examination Assessment as an alternative pathway to gaining registration. 14 (4%) applications were still being processed as at 31 March 2014 and the remaining 3 (1%) applicants had withdrawn their application for registration.

Registration Applications Received

<i>Scope of Practice</i>	<i>Approved</i>	<i>Declined</i>	<i>Offered REA</i>	<i>In Progress</i>	<i>Withdrawn</i>	<i>TOTAL</i>
Medical Imaging Technologist	130	6	18	4	1	159
Radiation Therapist	30	1	1	1	-	33
Nuclear Medicine Technologist	4	-	2	-	1	7
Sonographer	46	2	3	4	-	55
Magnetic Resonance Imaging Technologist	18	2	2	5	1	28
Trainee Sonographer	35	-	-	-	-	35
Trainee Nuclear Medicine Technologist	1	-	-	-	-	1
Trainee Magnetic Resonance Imaging Technologist	15	-	-	-	-	15
TOTAL	279	11	26	14	3	333

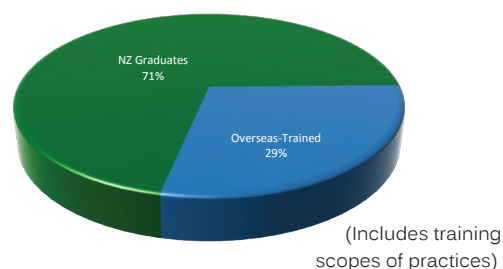


Approved Registrations

APPROVED APPLICATIONS PER SCOPE OF PRACTICE BY COUNTRY-TRAINED

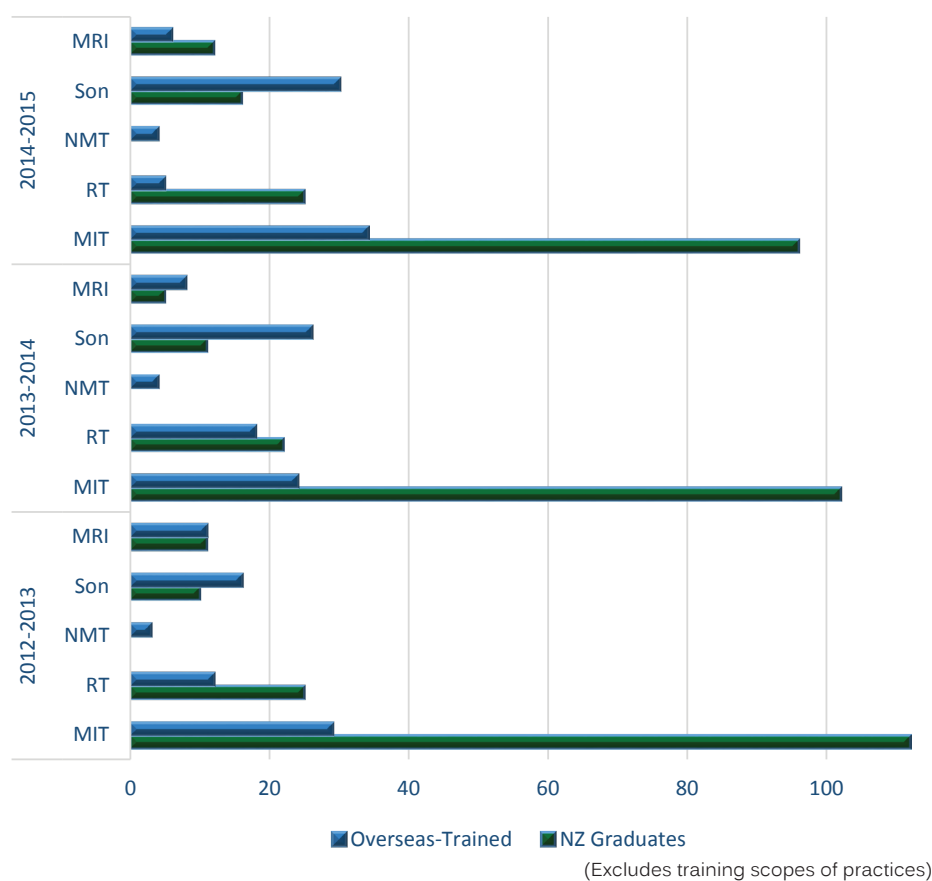
In 2014-2015, New Zealand-trained applications exceeded overseas-trained applications by 42%.

Registration applicants for the Medical Imaging Technologist, Radiation Therapist and Magnetic Resonance Imaging Technology scopes of practice were predominately New Zealand-trained. However the converse was true for Sonographers where 63% of approved registrations were for overseas-trained applicants.



Note: The Diploma in Medical Ultrasonography (DMU) which is offered through the Australasian Society of Ultrasound in Medicine is counted as a New Zealand qualification.

All four Nuclear Medicine Technologist applicants were overseas-trained. While the University of Auckland is now offering a post-graduate qualification in nuclear medicine, that programme did not commence until mid 2014 and hence all previous applicants for a nuclear medicine trainee scope of practice had to enrol in offshore programmes (as approved by the Board).





Registration Applications Received

Country	MIT	RT	NMT	Son	MRI	T-Son	T-NMT	T-MRI	TOTAL
Approved Applications									
Australia	4	-	3	5	4	2	-	-	18
Canada	4	-	-	10	-	-	-	-	14
Fiji	2	-	-	-	-	-	-	-	2
India	1	-	1	-	-	-	-	-	2
Ireland	-	-	-	-	1	-	-	-	1
New Zealand	96	25	-	17	12	33	1	15	199
Philippines	1	-	-	-	-	-	-	-	1
Portugal	1	-	-	-	-	-	-	-	1
South Africa	5	-	-	2	-	-	-	-	7
UK	15	5	-	6	1	-	-	-	27
USA	1	-	-	6	-	-	-	-	7
TOTAL	130	30	4	46	18	35	1	15	279
Declined Applications									
Egypt	1	-	-	-	-	-	-	-	1
India	1	-	-	-	2	-	-	-	3
Iran	1	-	-	-	-	-	-	-	1
Jordan	1	-	-	-	-	-	-	-	1
Philippines	-	1	-	2	-	-	-	-	3
South Africa	1	-	-	-	-	-	-	-	1
UK	1	-	-	-	-	-	-	-	1
TOTAL	6	1	0	2	2	0	0	0	11
Offered REA as Alternative Pathway to Registration									
Fiji	3	-	-	-	-	REA's are not offered to training scopes of practice as an alternative pathway to registration			3
Germany	1	-	-	-	-				1
India	2	-	1	-	-				3
Philippines	10	-	-	-	-				10
Sweden	-	1	-	-	-				1
UK	-	-	-	1	1				2
USA	2	-	1	2	1				6
TOTAL	18	1	2	3	2	0	0	0	26

Registration Examination Assessments

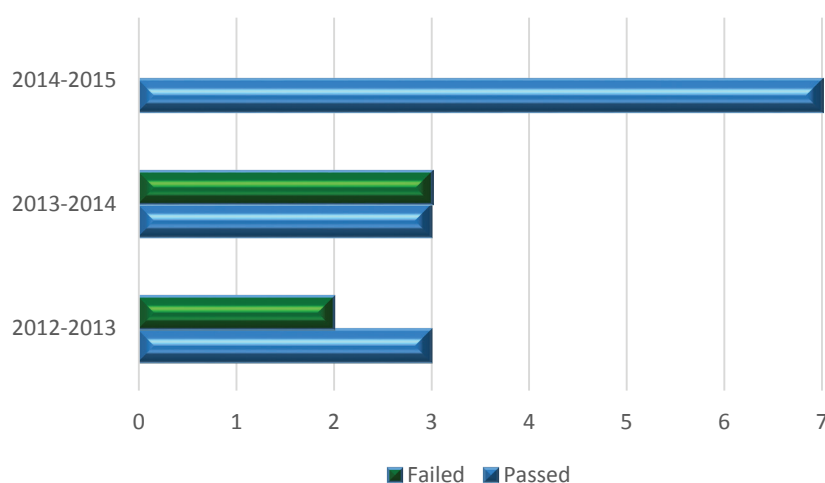
The Board recognises that while some overseas-trained applicants may not have a qualification deemed as equivalent to the New Zealand prescribed qualification, they do have significant clinical experience in the relevant scope of practice in an overseas setting. A registration examination assessment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

	MIT	RT	NMT	Son	MRI	TOTAL
REA Offered	18	1	2	2	3	26
REA Sat	-	-	2	3	2	7
REA Passed	-	-	2	3	2	7

In 2014-2015 seven applicants took up the offer to sit a REA, all passed the REA and were subsequently granted New Zealand registration.

Although a REA may be offered as a pathway to registration, an applicant may not act on that offer. In 2014-2015, 26 REA's were offered, however only seven 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 2014-2015 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.



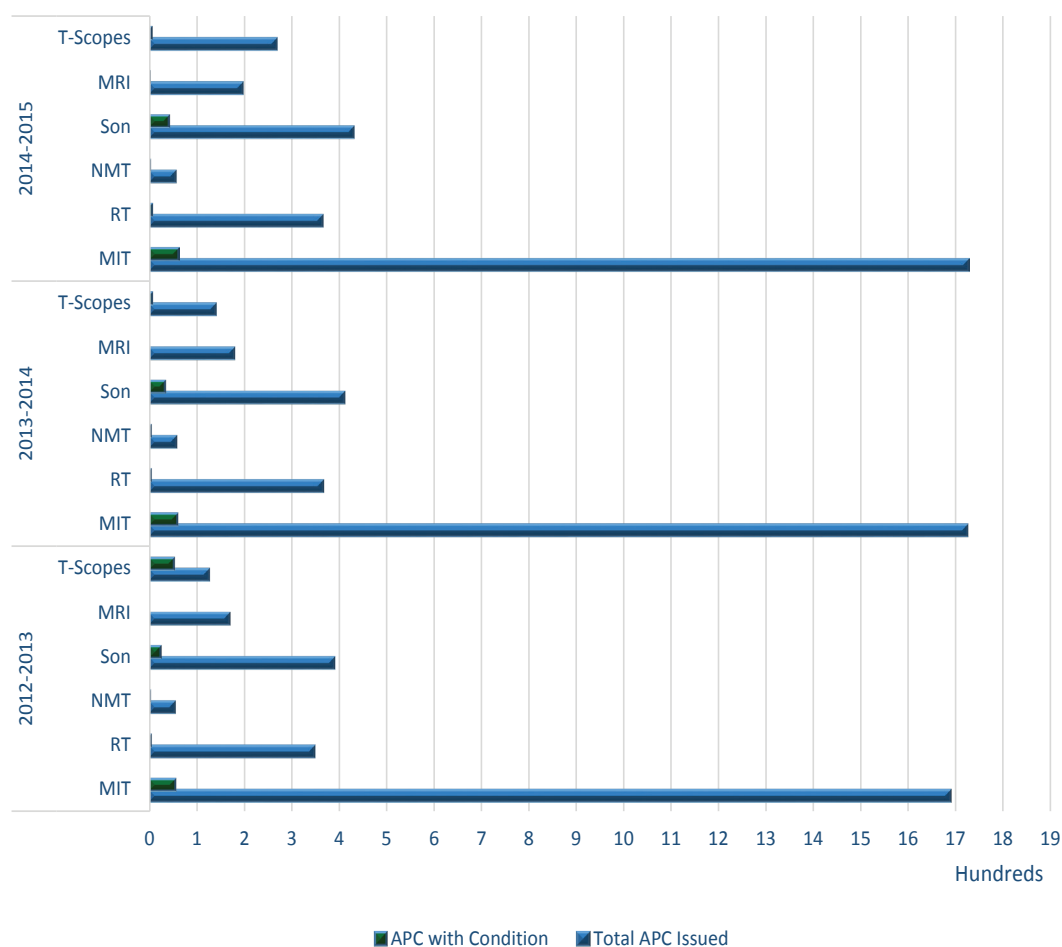


Annual Practising Certificates

In 2014-2015 the Board issued a total of 2903 annual practising certificate. Of those, 113 (4%) practitioners were issued an annual practising certificate with a condition.

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.

	MIT	RT	NMT	Son	MRI	T-Son	T-NMT	T-MRI	TOTAL
APC's issued	1725	365	56	431	197	80	10	39	2903
APC's with conditions	59	6	2	40	1	5	-	-	113



Conditions on Practice

Medical Imaging Technologist

- Must practise under supervision for 140 hours and provide a logbook and supervisor report 1
- Must practise under supervision for 300 hours and provide a logbook and supervisor report 1
- Must practise under supervision for 450 hours and provide a logbook and supervisor report 4
- Nominated site and supervisor as approved by the Board 1
- Must practise within CT only 3
- Must practise within Mammography only 41
- When practising within Lithotripsy must be under a supervisor approved by the Board 6
- Specific conditions pertaining to competence reviews 2

Total 59

Radiation Therapist

- Must practise under supervision for 300 hours and provide a logbook and supervisor report 1
- When practising within planning and dosimetry, must be under supervision, and provide logbook and supervisor report after 300 hours 1
- When practising within planning and dosimetry, must be under supervision, and provide logbook and supervisor report after 400 hours 1
- Must practise within Mammography under supervision 1
- Must practise within treatment only 1
- Practice to exclude Dosimetry 1

Total 6

Nuclear Medicine Technologist

- May operate PET/CT scans and Diagnostic CT independently 2

Total 2

Sonographer

- Must practise under supervision for 450 hours and provide a logbook and supervisor report 7
- Must practise within Cardiac Ultrasound only 17
- Must practise within Obstetrics Ultrasound only 1
- Must practise within Obstetrics and Gynaecology only 1
- Must practise within Obstetrics, Gynaecology and Abdominal Ultrasound only 1
- Must practise within Vascular Ultrasound only 11
- Must practise within Obstetrics and Gynaecology under supervision for 450 hours and provide a logbook and supervisor report 1
- Must practise within Obstetrics Ultrasound and provide a report after performing 30 scans in the first trimester, and another report after performing 10 scans in the second trimester 1

Total 40

Magnetic Resonance Imaging Technologist

- Must practise under supervision for 450 hours and provide a logbook and supervisor report 1

Total 1

Trainee Sonographer

- Nominated site and supervisor as approved by the Board 1
- Must practise within Cardiac Ultrasound only 2
- Must practise within Vascular Ultrasound only 2

Total 5

05

ACCREDITATION AND CONTINUING PROFESSIONAL DEVELOPMENT

*Section 12 of the Act:
Qualifications must be prescribed.*

*"An authority must monitor
every New Zealand educational
institution that it accredits and
may monitor any overseas
education institution that it
accredits for that purpose."*

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). 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.

Education Provider	Qualification Programme	Scope of Practice
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

In 2014 the University of Auckland commenced offering a Postgraduate Diploma in Health Sciences Medical Imaging (Nuclear Medicine pathway) The initial accreditation review occurred in March 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.

Provider	Programme	Scope of Practice
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)*

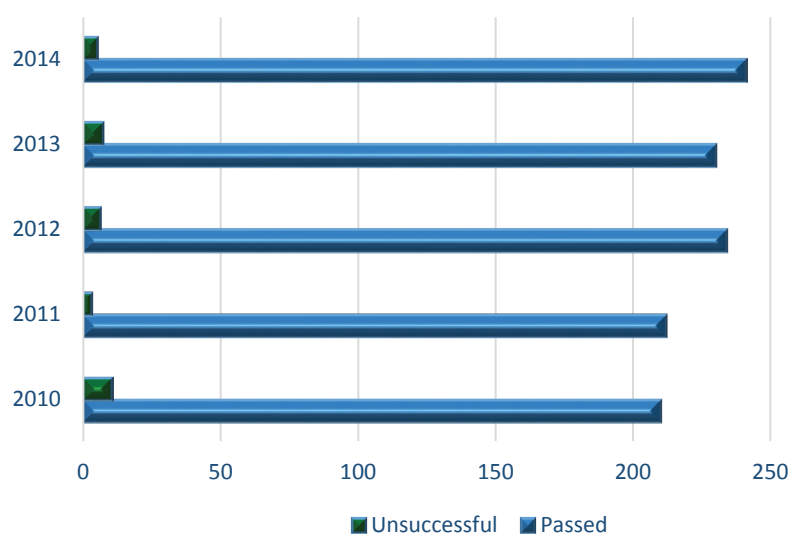


Practitioner Competence Audit

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 five-year period from 2010 to 2014 inclusive demonstrates practitioners are actively engaging in on-going learning and professional development.

	2010	2011	2012	2013	2014
Called for audit	223	227	257	264	266
Audited	220 99%	215 95%	240 93%	237 90%	246 92%
Passed	210 95%	212 99%	234 97.5%	230 97%	241 98%
Unsuccessful	10 5%	3 1%	6 2.5%	7 3%	5 2%

Of the five practitioners who had an unsuccessful audit, three were due to insufficient CPD activity content, and the remaining two failed to respond to the call for audit, and have yet to apply for their 2015/2016 APC.



COMPETENCE, FITNESS TO PRACTISE, PROFESSIONAL CONDUCT AND COMPLAINTS

*The Board
investigates all
notifications
regarding the
competence,
health and conduct
of registered
practitioners
received.*

The Board is responsible for monitoring medical imaging and radiation therapy practitioners, to ensure they meet and maintain practice standards in order to protect the health and safety of the New Zealand public.

Practitioners are asked to make a number of declarations in respect of their competence and fitness to practise when applying for registration, and each year they apply for a practising certificate.

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 2014-2015 and were both closed with no further action required. Both of the referrals were deemed to be employment issues and therefore required no further action from the Board.

Number	HPCAA Reference	Referred By	Outcome
2	s34	Employer	Closed



Fitness to Practise

In 2014 the Board received one new notification pertaining to a mental health condition, and another health notification was carried over from 2013-2014. The latter was closed with no further action required.

The one health notification received was self-referred, and that practitioner chose to not apply for a practising certificate for 2015. This case was closed.

Number	HPCAA Reference	Referred By	Outcome
1	s45	Self-referred	Closed

Conduct

There was one Professional Conduct Committee investigation undertaken in 2014, and two conduct notifications were carried over from 2013-2014. All three cases were closed as of the 31st March 2015.

Number	HPCAA Reference	Referred By	Outcome
1	s67	Self-referred	Closed

Health Practitioners Disciplinary Tribunal

There was one referral to the Health Practitioners Disciplinary Tribunal in respect of a notification of unprofessional conduct received by the Board. The summary of the findings were:

The Tribunal censured the Medical Radiation Technologist, imposed conditions on his practice and ordered him to pay a fine of \$2,000. The Tribunal directed publication of its decision and a summary. A supervision requirement was placed on this practitioner's practising certificate.

07

FINANCIAL REPORT

***FOR THE YEAR ENDED
31 MARCH 2015***

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37	Statement of Movements in Equity
38	Statement of Financial Position
39	Notes to the Financial Statements
42	Audit Report



Medical Radiation Technologists Board Statement of Financial Performance

For the Year ended 31 March 2015

	Note	2015	2014
		\$	\$
Income			
Registration Fees - Non NZ		35,848	42,611
Registration Fees - NZ		46,739	45,895
APC's		617,949	607,585
Examination Fees		12,173	9,565
Interest Received		51,376	43,609
Sundry Income		-	13,066
Total Income		764,085	762,331
Less Expenses			
Audit Fees		5,491	5,317
Archiving		1,294	1,470
Bank Charges		11,845	11,742
Board Member Fees & Expenses		150,111	105,292
Catering		1,155	3,409
Chartered Accountancy Fees		3,959	3,581
Conference Expenses		4,208	5,134
Examiners Fees		46,535	45,851
General Expenses		4,576	2,084
IT		1,865	2,027
Legal Expenses		39,763	34,456
Postage		543	1,754
Printing, Stamps & Stationery		1,998	2,913
Professional Fees		27,283	25,863
MSS Service Charges		393,571	340,043
Telephone, Tolls & Internet		2,556	3,402
Training & Workshops		6,718	6,468
Travel - National		108,133	75,317
Total Expenses		811,604	676,123
Net Surplus/(Deficit) For The Year		(47,519)	86,208

Medical Radiation Technologists Board

Statement of Movements in Equity

For the Year ended 31 March 2015

	Note	2015	2014
		\$	\$
Opening Equity		1,055,131	968,923
Net Profit (Loss)	(47,519)		86,208
Total Recognised Revenues & Expenses		(47,519)	86,208
Equity at End of the Year		1,007,613	1,055,131



Medical Radiation Technologists Board Statement of Financial Position

For the Year ended 31 March 2015

	Note	2015	2014
		\$	\$
Equity			
Retained Earnings	4	1,007,613	1,055,131
Total Equity		1,007,613	1,055,131

Represented by;

Current Assets			
Westpac Bank - Government Trading		169,001	354,774
Westpac Bank - Cash Management		398,642	203,549
Accounts Receivable		42,761	31,461
Accrued Income		17,854	20,477
Westpac Bank Term Deposits		1,000,000	1,100,000
Medical Sciences Secretariat Limited		41,714	-
Total Current Assets		1,669,972	1,710,261

Non-Current Assets			
Investments in MSS		50	50
Total Assets		1,670,022	1,710,311


Current Liabilities			
Accounts Payable		14,282	16,425
GST Due for Payment		65,846	65,666
Medical Sciences Secretariat Limited		-	6,351
Income in Advance		582,282	566,738
Total Current Liabilities		662,409	655,180

Net Assets/ (Liabilities)		1,007,613	1,055,131
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For and on behalf of the Board;

Chairperson: 

Date: 31 August 2015

Registrar: 

Date: 31 August 2015

Medical Radiation Technologists Board Notes to the Financial Statements

For the Year ended 31 March 2015

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 2013.

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.



Medical Radiation Technologists Board Notes to the Financial Statements

For the Year ended 31 March 2015

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 2015

4. Equity

The following movements in Revenue Reserves have occurred:

Retained Earnings

	2015	2014
	\$	\$
Opening Balance	1,055,131	968,923
Net Income Earned This Year	(47,519)	86,208
Closing Balance	1,007,613	1,055,131

5. Commitments

There are no capital or other commitments at balance date (2014: \$nil).

6. Contingent Liabilities

There are no contingent liabilities at balance date (2014: \$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.

The entity is commencing a review to determine which of the frameworks or tiers will affect it and any impacts of that change.



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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 2015**

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 3 to 8 that comprise the statement of financial position as at 31 March 2015, 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 3 to 8:

- comply with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's:
 - financial position as at 31 March 2015; and
 - financial performance for the year ended on that date.

Our audit was completed on 31 August 2015. 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

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