



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

## ANNUAL REPORT

1 APRIL 2015 - 31 MARCH 2016



*MEDICAL RADIATION TECHNOLOGY  
(MEDICAL IMAGING AND RADIATION THERAPY)*





# ANNUAL REPORT

NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD  
1 APRIL 2015 - 31 MARCH 2016

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Throughout this report:

MIT: Medical Imaging Technologist

RT: Radiation Therapist

MRIT: Magnetic Resonance Imaging Technologist

NMT: Nuclear Medicine Technologist

Son: Sonographer

T-Scopes: Includes all training scopes of practice

REA: Registration Examination Assessment

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



## A YEAR IN NUMBERS



### PRACTITIONERS PRACTISING:

MIT	=	1757
MRIT	=	218
NM	=	54
RT	=	380
Son	=	479
T-Scopes	=	114

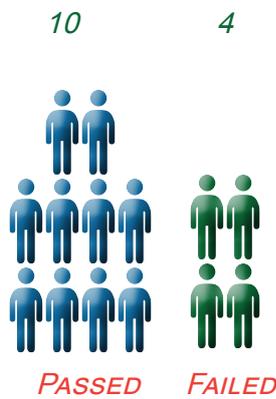
**3002 PRACTITIONERS  
PRACTISING DURING  
2015/2016.**

### PRACTITIONERS ADDED TO THE REGISTER:

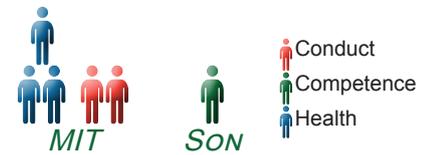
MIT	=	152
MRIT	=	21
NM	=	2
RT	=	31
Son	=	66
T-Scopes	=	56

**328 PRACTITIONERS  
ADDED TO THE REGISTER  
DURING 2015/2016.**

### 2015 REA's - SAT

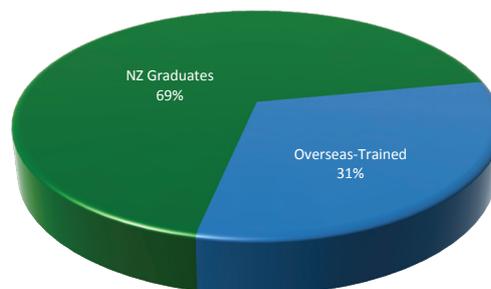


### NOTIFICATIONS RECEIVED



**SIX NOTIFICATIONS RECEIVED  
FOR THE 2015/2016 YEAR.**

### APPROVED REGISTRATIONS - NZ-TRAINED VERSUS OVERSEAS-TRAINED



## FROM THE CHAIR

*I present the 2015/2016 report of the New Zealand Medical Radiation Technologists Board that regulates the profession of medical radiation technology (encompassing the practices of medical imaging and radiation therapy).*



*The challenges we face as a Board are complex, and as technology grows at an increasing rate it is imperative we embrace appropriate planning supported by good operating models. This is underpinned by our primary responsibility to protect the health and safety of the public according to the HPCA act. I am pleased to say the Board combined with our operational arm Medical Sciences Secretariat (MSS) has worked diligently this year to put strategies in place to keep abreast of technological and economic changes whilst being mindful of our responsibilities under the Act.*

*Our key focus points for 2015/2016:*

- *The scope of practice review has progressed following further consultation with stakeholders regarding the magnetic resonance imaging (MRI) scope of practice and a non-clinical annual practising certificate (APC). The Board commissioned an evidence based research report on the practice of MRI from an international perspective. The outcome was to keep the MRI scope of practice and to disseminate the information to stakeholders by presenting the findings in the form of a roadshow in the four main cities of New Zealand. This was well received. The Board is in the process of finalising the outcomes on the non-clinical APC consultation and are confident the decisions made accurately reflect contemporary safe practice in a rapidly changing health climate. There are ongoing discussions with stakeholders regarding the practice of cardiac sonography.*
- *The Board continues to audit a percentage of practitioners' continuing professional development (CPD) annually. In addition the Board has commenced a review of its CPD framework.*
- *The Board's has a responsibility to ensure education and learning environments enable practitioners to achieve the necessary standards for their practice. The Board has continued discussions with the education facilities and will continue to liaise with the University of Auckland following the outcome of the MRI scope of practice and impending competency reviews with regards to the suitability of the qualification as set at present. It is pleasing to see the Nuclear Medicine qualification progressing and the opportunities for practitioners to now undertake the academic component of this qualification within New Zealand. Our continual presence in the educational advisory meetings of all accredited New Zealand educators helps to ensure that our fulfillments under the Act are met.*
- *The Board has completed a revision of the supervision guidelines for practitioners in all aspects of training, prior to REA and for gaining clinical competency. This has been communicated to practises and practitioners through the publication of Supervision Guidelines.*



- *The Board has continued to build strong relationships with the Australian Medical Radiation Practice Board of Australia (MRPBA). With the number of practitioners moving between both countries and similar requirements for safe practice it has been prudent to work with the MRPBA with a view to achieving various synergies where possible. We have begun work on a joint approach to an on-line examination for overseas registrants as a means of assessing competency for the purpose of registration.*
- *Following on from last year we have approved further qualifications in order to allow the fusion of technology in various scopes of practice.*
- *The Board continues to hold meetings according to its planned schedule with the support of the shared secretariat the MSS. The APC fee remains at \$275 and a review of the fee structure has been initiated to ensure the Board can continue to operate efficiently within an effective regulation environment.*
- *The Board's website has been updated along with an upgrade of critical IT hardware to ensure our technology base remains efficient and effective.*
- *Due to the efficiency of MSS we have moved our premises to 80 The Terrace and share facilities with four other regulatory authorities. This has proved to be a beneficial move for all parties.*

*I would like to thank the outgoing Chair Julia Metcalfe for all her hard work and due diligence she displayed while serving the Board. Thank you also to the Board members who on top of their busy daily professions work tirelessly to maintain the roles and regulations of the Board.*

*I would like to thank Mary Doyle, our Registrar and CEO, for her ongoing support and development of a high quality secretariat who supports the Board to make decisions based on sound policies and good debate.*

*Thank you to the staff at MSS who have continued to perform throughout a number of organisational and premises changes. Your daily support of the Boards work is instrumental to our role.*

*Lastly thank you to all the practitioners who give up their valuable time to assist the Board in roles such as registration examination and/or overseas qualifications assessors, competency reviews, and professional conduct committees and supervisors. We could not operate without your valued professionalism and realisation for the need to protect the health and safety of the public.*

Prue Lamerton

Chair

## FROM THE CEO/REGISTRAR



*March 2016 saw the end of another busy year for the team at Medical Sciences Secretariat (MSS). Providing business support services to our two owner shareholders, the Medical Radiation Technologists Board (MRTB) and the Medical Sciences Council (MSC) across a broad spectrum of regulatory functions (under the Health Practitioners Competence Assurance Act 2003) and back-of-office functions, has been challenging yet fulfilling, for our small staff team of eight.*

*In 2015 changes to the staff team were implemented following a review of the organisational structure, the drivers for that review being to better position MSS to continue to meet its business objectives in the longer term. Over the last year a number of training opportunities have been put in place to help build the team culture and assist incoming staff to take on the challenges of their new roles.*

*We completed the move into new office premises and are now domiciled with four other regulatory authorities (RA's) at 80 The Terrace in Wellington. Working collaboratively with the other RA's over a period of months, and through robust project management, the move was managed with minimal effect on the daily work of the MSS team. As a group of co-locating RA's we continue to work cooperatively in sharing our knowledge of best regulatory practice.*

*Assisting the MRTB and the MSC with achieving their business objectives over the last twelve months saw the team manage the processes for a total of 620 new registration applications and the issue of 7034 annual practising certificates across the three professions regulated by these two regulatory authorities.*

*Scope of practice reviews for both the MRTB and the MSC continued throughout 2015 with the team assisting with the publication of a number of consultation documents as well as organising and participating in various stakeholder forums associated with those reviews. These strategic initiatives required significant resourcing from the MSS team and it has been satisfying to see the positive outcomes of the various components of the respective reviews.*

*Preparing the secretariat for the introduction of the new health and safety legislation was a feature of the MSS workplan during 2015. An assessment by an external health and safety specialist agency identified that while our policies and processes have a sound foundation, there are a number of areas for improvement and we are now working towards putting these in place. MSS continues to build on its health and safety framework to ensure a safe working environment for our staff team, Council and Board members and external contractors.*

*The team has continued to work diligently in providing both business-as-usual support as well as working alongside the respective regulatory authorities to assist them with their various strategic priorities for the 2015-16 business year.*

*Once again I would like to extend my sincere appreciation to my staff team, members of the Medical Radiation Technologists Board and the Medical Sciences Council, as well as the MSS Board of Directors for their commitment and enthusiasm in carrying out their responsibilities. Your skills and knowledge have been instrumental in individually and collectively achieving a number of positive outcomes in meeting our responsibilities to protect the health and safety of the New Zealand public under the Health Practitioners Competence Assurance Act 2003.*

A handwritten signature in black ink that reads "Mary Doyle". The signature is written in a cursive, flowing style.

Mary Doyle

CEO/Registrar

# 01

## THE BOARD

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

*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.*

*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 2016.*

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

## ***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

*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).*

### RETIRED MEMBERS

**Jennifer de Ridder** March 2005 - June 2015  
Jennifer was Chair until June 2015

**Julia Metcalfe** September 2006 - December 2015  
Julia was Chair from June 2015 to December 2015

	Term commenced	Term renewed	Term due to be completed
Prue Lamerton (Chair from Nov 2015)	2010	2015	2018
Dr Rosanne Howarden (Deputy Chair from Nov 2015)	2010	2016	2019
Angela Slocombe	2014		2017
Beryl Kelly	2011	2014	2017
Billie Mudie	2015		2018
Jennifer de Ridder	2005	2008; 2011	2015
Julie Metcalfe	2006	2009; 2012	2015
Lizzie Macaulay	2016		2019
Louise Tarr	2015		2018
Megan Campbell	2010	2013; 2016	2017
Sue McKenzie	2010	2013; 2016	2018



Prue Lamerton

Rosanne Howarden

Angela Slocombe

Beryl Kelly

Billie Mudie

Position	Fee
Chairperson	\$33,000 annual honorarium
Board Member	\$600 day / \$75 hour

### Board Meetings

	27 <sup>th</sup> - 28 <sup>th</sup> May 2015	30 <sup>th</sup> July 2015	23 <sup>rd</sup> Sept 2015	25 <sup>th</sup> Nov 2015	20 <sup>th</sup> Jan 2016	09 <sup>th</sup> - 10 <sup>th</sup> Mar 2016
Prue Lamerton	✓	✓	✓	✓	✓	✓
Dr Rosanne Howarden	✓	✓	✓	✓	✓	✓
Angela Slocombe	✓	✓	✓	Apologies	Apologies	✓
Beryl Kelly	Apologies	✓	✓	✓	✓	✓
Billie Mudie		✓	✓	✓	Apologies	✓
Jennifer de Ridder	✓	Term completed				
Julia Andrew	✓	✓	✓	✓	✓	✓
Julia Metcalfe	✓	✓	✓	✓	Term completed	
Louise Tarr	Term commenced January 2016				✓	✓
Megan Campbell	✓	✓	✓	✓	✓	Apologies
Sue McKenzie	✓	Apologies	✓	✓	✓	✓



Lizzie Macaulay



Louise Tarr



Megan Campbell



Sue McKenzie



## ***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 (to Jun 2015)      Julia Metcalfe (to Nov 2015)  
Prue Lamerton      Julia Andrew      Beryl Kelly      Angela Slocombe

### ***RESPONSIBILITIES***

#### **Risk Management**

- Review the currency, relevance and completeness of education-related policies and procedures; and
- Ensure Committee decisions comply with Board policies and procedures; and
- Review and monitor any contractual arrangements with CPD providers and advise the CEO/ Registrar in respect of those.

#### **Accreditation**

- Appoint teams to undertake accreditation reviews of New Zealand prescribed qualification programmes and Board-approved CPD programmes; and
- Review and monitor education and CPD provider reports on the implementation of accreditation recommendations; and
- Advise the Board on significant issues pertaining to the accreditation of education and/or CPD providers

#### **Liaison**

- Participate in education-related forums; and
- Advise the Board on significant issues raised in education forums.

## *FINANCE, AUDIT, RISK AND COMMUNICATIONS COMMITTEE*

**Convener:** Dr Rosanne Hawarden

**Members:** Jennifer de Ridder (to Jun 2015)      Julia Metcalfe (to Nov 2015)  
Megan Campbell    Beryl Kelly (from Jul 2015)    Prue Lamerton (from Sep 2015)

### *RESPONSIBILITIES*

#### **Risk Management**

- Review the risk management framework for effective identification and management of the Board's financial and business risks; and
- Review 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 business continuity planning arrangements, including whether disaster recovery plans have been tested periodically; and
- Review fraud policy and procedures.

#### **Control Framework**

- Review the 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 compliance with those.

#### **Financial Reporting**

- Review financial reports and advise the Board on the financial status of the Board and any issues; and
- Monitor the processes for sign-off of audited financial statements and inclusion of those in the relevant annual report

#### **Legislative Compliance**

- Review and monitor legislative compliance reports.

#### **Audit**

- Review the draft annual financial report prior to that being finalised by the auditor and advise the CEO/Registrar of any concerns/issues; and
- 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 audit plans; and
- Monitor implementation of audit recommendations; and
- Advise the Board in respect of acceptance of final audit statements; and
- Advise the Board on significant issues raised in relevant external audit reports.



## *PROFESSIONAL STANDARDS COMMITTEE*

**Convener:** Prue Lamerton

**Members:** Jennifer de Ridder (to Jun 2015)      Julia Metcalfe (to Jun - Nov 2015)  
Julia Andrew      Sue McKenzie

## *RESPONSIBILITIES*

### *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 comprised 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 outcomes of decisions to ensure legislative and policy compliance ; and
- Review informational material pertaining to professional standards prior to publication.

### *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 Medical Practitioners (to conduct a medical examination); 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 significant issues; and
- Advise the Board on significant issues pertaining to specific notifications

## *REGISTRATIONS AND PRACTISING CERTIFICATES COMMITTEE*

**Convener:** Beryl Kelly

**Members:** J Jennifer de Ridder (to Jun 2015)      Julia Metcalfe (to Jun - Nov 2015)  
Julia Andrew      Prue Lamerton      Angie Slocombe      Billie Mudie (from Jul 2015)  
Louise Tarr (from Jan 2016)

## *RESPONSIBILITIES*

### *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 APC-related policies and procedures (including compliance with the Health Practitioners Competence Assurance Act 2003) and make recommendations to the Board; and
- Monitor the outcomes of decisions to ensure legislative and policy compliance; and
- Review informational material pertaining to registration and recertification.

### *Applications*

- Determine the registration status for applicants who hold a non-equivalent qualification; and
- Ensure all application deliberations and determinations are documented and communicated to MSS staff; and
- Determine if practitioners applying for renewal of a practising certificate need to be referred to the Professional Standards Committee; and
- Advise the Board on significant issues pertaining to specific applications.

## *AUDIT AND 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*

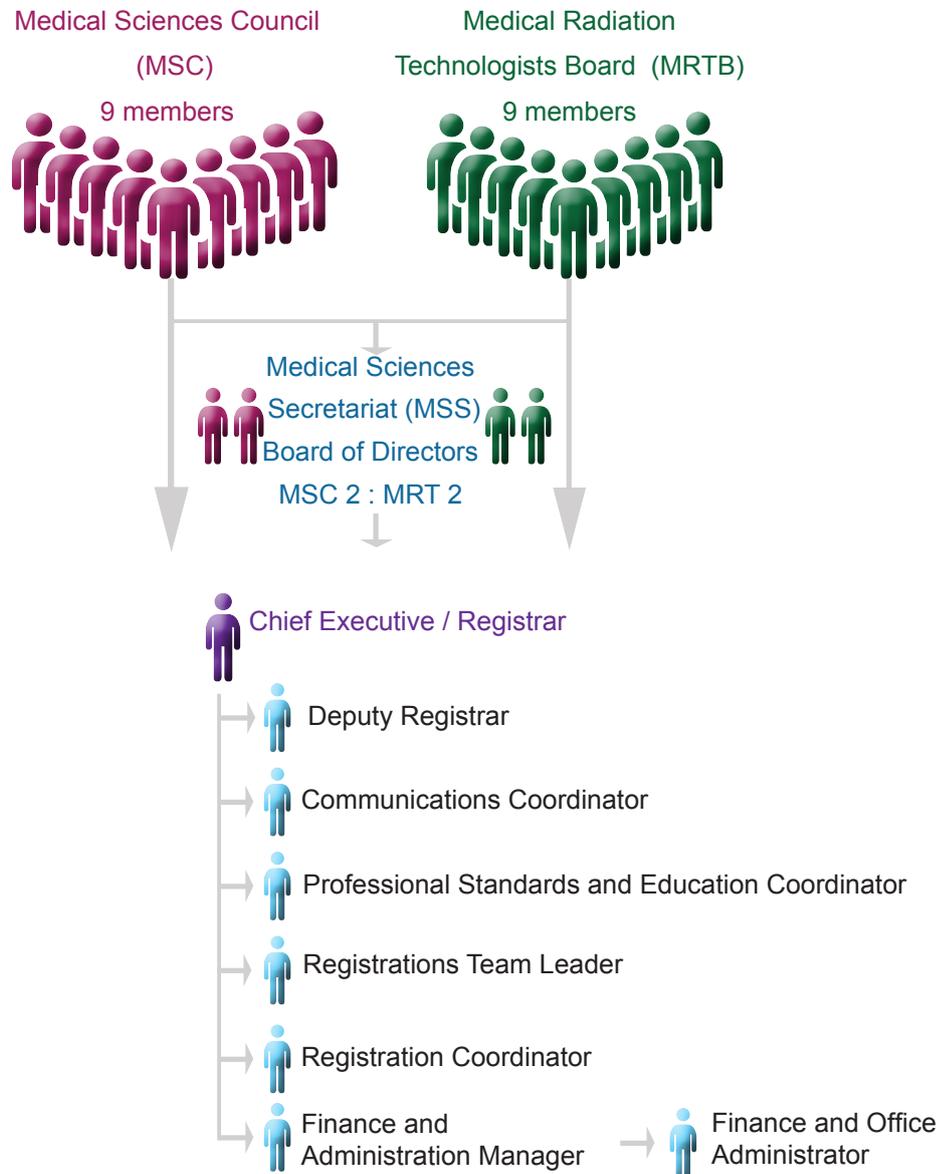
- Consider all failed REA reports and determine if a candidate is eligible to re-sit the REA; and
- Review all REA reports in respect of the quality of information provided and advise the Board on any potential impact for Board policy and processes.



## 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.



## ***LINKING WITH STAKEHOLDERS***

### ***COMMUNICATIONS***

The Board's primary media for maintaining links with stakeholders is through its website, newsletters, and emails. During 2015-2016 the Board undertook a review of both the design and content of its website.

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 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.

# 02

## BUSINESS PRIORITIES



*Strategic Directions 2015-2018 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 2015-2018 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)

## **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 THE 2015/2016 BUSINESS PRIORITIES

### SCOPES OF PRACTICE REVIEW

Since 2012 the Board has undertaken a number of phased reviews in respect of various aspects of the scopes of practice defined for the medical imaging and radiation therapy profession under the Health Practitioners Competence Assurance Act 2003.

<i>Key Date</i>	<i>Key Review Events</i>
April 2012	Consultation on a set of revised scopes definitions
October 2012	Consultation outcomes on revised scopes definitions published
June 2013	Gazette notice for revised scopes and qualifications definitions published
November 2013, and March 2014	Stakeholder forums to discuss next phase of scopes review
January 2015	Consultation on number of issues pertaining to scopes of practice
July 2015	Consultation outcomes (scopes-related issues) published. A number of follow-up projects identified: <ul style="list-style-type: none"><li>• Future regulatory framework for the practice of MRI</li><li>• Proposal to introduce a non-clinical APC</li><li>• Revise information on pathways for using blended technologies within current scopes of practice</li></ul>
August 2015	Communique published in respect of the future regulation of MRI
October 2015	Consultation on non-clinical APC proposal published. Proposal received significant support from consultation respondents. Implementation of a non-clinical APC is dependent on the Board completing a review of the competencies for each scope of practice. That work is scheduled for later in 2016
December 2015	Board commissioned independent research report on international regulation of MRI practice including: <ul style="list-style-type: none"><li>• Regulation of MRI practice</li><li>• Training frameworks (including assessment of clinical competence)</li><li>• MRI competencies</li></ul>
March 2016	Series of meetings held in four main NZ centres to present findings of international research and Board's decision to retain MRI as a separate scope of practice

### *MRTB WEBSITE*

During 2015 the Board, in conjunction with the Medical Sciences Council, invested in upgrading their respective websites, to enable information to be easily accessible to practitioners and the New Zealand public.

Practitioners can now access their individual portals through using mobile devices (such as smartphones) and the design of website content was reviewed with a view to easier access to key regulatory information.

The redesigned websites went live in January 2016 and feedback received has been positive.

# 03

## REGISTRATIONS, AND PRACTISING CERTIFICATES

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

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):

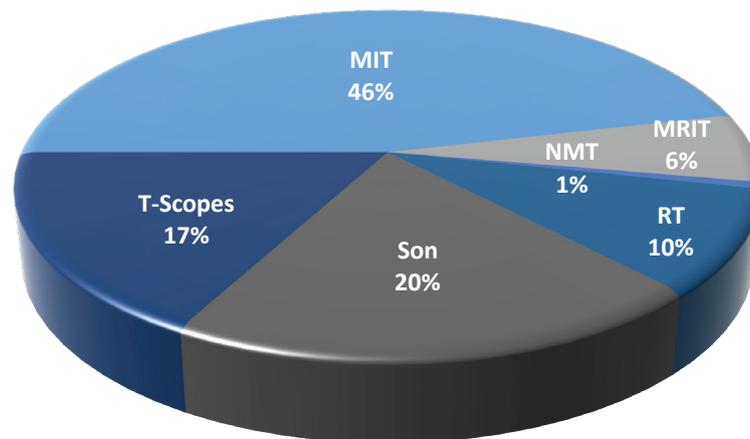
- Medical Imaging Technologist
- Radiation Therapist
- Nuclear Medicine Technologist
- Magnetic Resonance Imaging Technologist
- Sonographer
- Trainee Nuclear Medicine Technologist
- Trainee Magnetic Resonance Imaging Technologist
- Trainee Sonographer

*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 2015 and 31 March 2016 the Board received 407 applications from persons seeking registration in one of the eight scopes of practice. 328 (81%) of these applications were approved and 13 (3%) declined due to the applicants not meeting the entry level registration requirements.

Of the remaining 66 applications, 32 (8%) applicants were offered an opportunity to sit a Registration Examination Assessment (REA) as an alternative pathway to gaining registration. 25 (6%) applications were still being processed as at 31 March 2016 and the remaining 9 (2%) applicants withdrew their application for registration.



Approved Registrations



### Registration Applications Received

Scope of Practice	Approved	Declined	Offered REA	In Progress	Withdrawn	TOTAL
Medical Imaging Technologist	152	6	13	11	6	188
Magnetic Resonance Imaging Technologist	21	5	3	3	3	35
Nuclear Medicine Technologist	2		3	2		7
Radiation Therapist	31		3	1		35
Sonographer	66	2	10	7		85
Trainee Magnetic Resonance Imaging Technologist	21					21
Trainee Nuclear Medicine Technologist	1					1
Trainee Sonographer	34			1		35
<b>TOTAL</b>	<b>328</b>	<b>13</b>	<b>32</b>	<b>25</b>	<b>9</b>	<b>407</b>

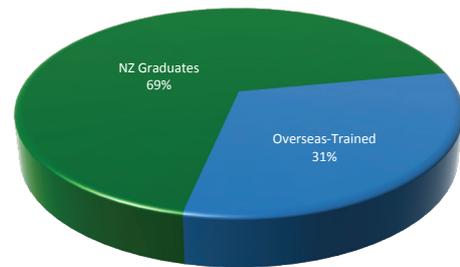
**Note:** The Diploma in Medical Ultrasonography (DMU) offered through the Australasian Society of Ultrasound in Medicine is counted as a New Zealand qualification.

Both 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).

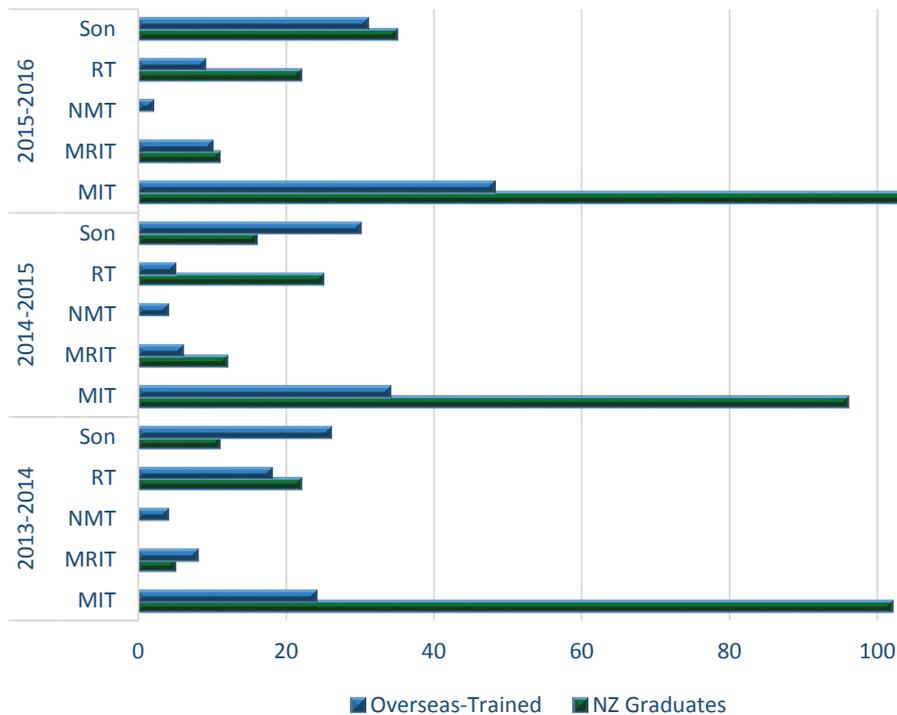
*APPROVED APPLICATIONS PER SCOPE OF PRACTICE BY COUNTRY-TRAINED*

In 2015-2016, New Zealand-trained registration applications exceeded overseas-trained applications by 38%.

Registration applicants for the Medical Imaging Technologist and Radiation Therapist scopes of practice were predominately New Zealand-trained. However for Magnetic Resonance Imaging Technologists and Sonographers approximately half of approved registrations were for overseas-trained applicants.



(Includes training scopes of practices)



(Excludes training scopes of practices)



Registration Applications Received

Country	MIT	MRIT	NMT	RT	Son	T-MRIT	T-NMT	T-Son	TOTAL
<b>Approved Applications</b>									
Australia	5	3	1	1	14			3	27
Canada	4	1		3	6				14
Fiji	3								3
Germany	1								1
India	2								2
Ireland	1								1
Malaysia	1								1
New Zealand	104	11		22	35	21	1	31	225
Scotland	1								1
South Africa	7				4				11
UK	22	4		5	7				38
USA	1	2	1						4
<b>TOTAL</b>	<b>152</b>	<b>21</b>	<b>2</b>	<b>31</b>	<b>66</b>	<b>21</b>	<b>1</b>	<b>34</b>	<b>328</b>

### Registration Applications Received

Country	MIT	MRIT	NMT	RT	Son	T-MRIT	T-NMT	T-Son	TOTAL
<b>Declined Applications</b>									
Canada	1								1
India	2	4							6
Philippines	2	1			1				4
South Africa	1								1
USA					1				1
<b>TOTAL</b>	<b>6</b>	<b>5</b>			<b>2</b>				<b>13</b>

### Offered REA as Alternative Pathway to Registration

Country	MIT	MRIT	NMT	RT	Son	T-MRIT	T-NMT	T-Son	TOTAL
Australia			2		1				3
Canada		1			1				2
Denmark	1								1
Fiji	1								1
Finland	1								1
India	3		1	1					5
Malawi	1								1
Philippines	5								5
South Africa	1	2		2	1				6
USA					7				7
<b>TOTAL</b>	<b>13</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>32</b>

REA's are not offered to training scopes of practice as an alternative pathway to registration



## REGISTRATION EXAMINATION ASSESSMENTS

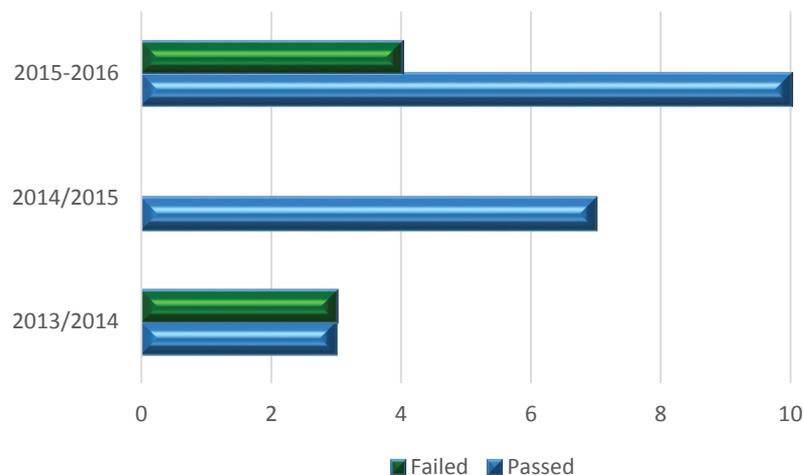
The Board recognises that while some overseas-trained applicants may not have a qualification deemed as equivalent to the New Zealand prescribed qualification, they do have significant clinical experience in the relevant scope of practice in an overseas setting. A registration examination assessment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

	MIT	RT	NMT	Son	MRI	TOTAL
REA Offered	13	3	3	3	10	32
REA Sat	6	4	1		3	14
REA Passed	3	3	1		3	10

In 2015-2016 14 applicants took up the offer to sit a REA, ten 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 2015-2016, 32 REA's were offered, however only 14 REA's were completed. It is of note a REA can be sat up to two-years after being offered. Therefore REA's sat in 2015-2016 were not necessarily offered during 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.



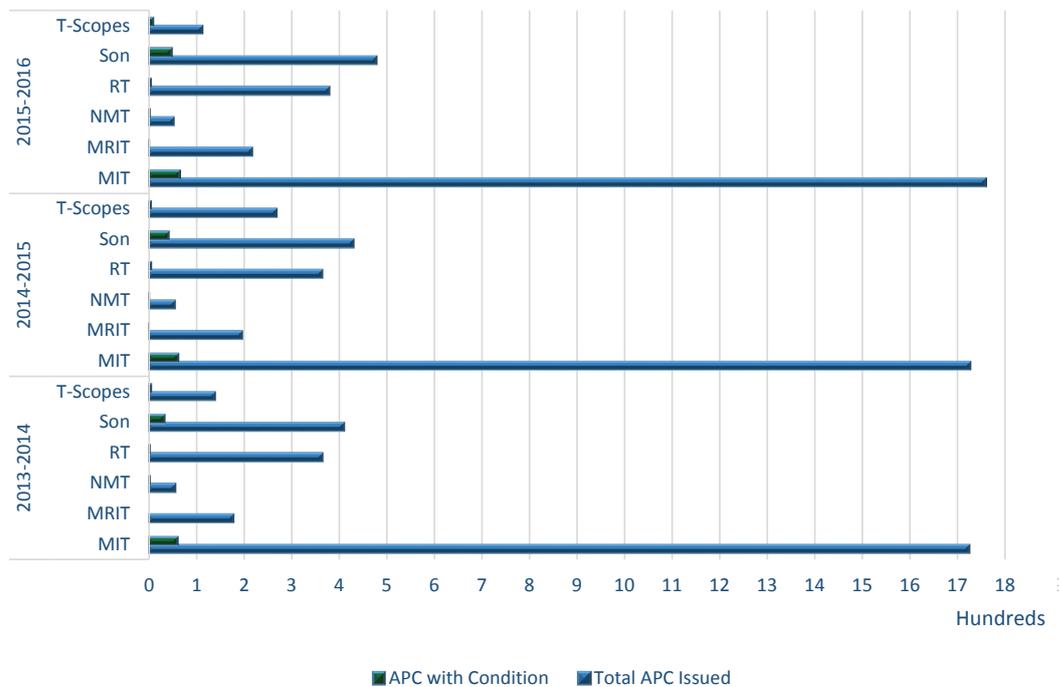
## ANNUAL PRACTISING CERTIFICATES

Practitioners registered with the Board must hold a current annual practising certificate (APC) in order to practice in New Zealand.

In 2015-2016 the Board issued a total of 3002 annual practising certificates. Of those, 124 (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	MRIT	NMT	RT	Son	T-MRIT	T-NMT	T-Son	TOTAL
APC's issued	1757	218	54	380	479	34	9	71	3002
APC's with conditions	60	1	5	5	43			10	124





## ***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 450 hours and provide a logbook and supervisor report 4
- Must practise under supervision for 900 hours and provide a logbook and supervisor report 1
- Nominated site and supervisor as approved by the Board until a postgraduate Certificate in Mammography has been completed 2
- Must practise within CT only 3
- Must practise within Mammography only 42
- Must practise under a Board approved supervisor when practising within Lithotripsy 5
- Must practise within Mammography and Lithotripsy only 1
- Specific conditions pertaining to competence reviews 2

Total 61

### ***MAGNETIC RESONANCE IMAGING TECHNOLOGIST***

- Must practise under supervision for 900 hours and provide a logbook and supervisor report 1
- Must when practising within Lithotripsy and under the supervision of an urologist who is a holder of a current license of National Radiation Laboratory 1

Total 2

### ***NUCLEAR MEDICINE TECHNOLOGIST***

- May operate Diagnostic CT on a hybrid PET or SPECT/CT 1
- May operate Diagnostic CT 1
- Must practise within PET only 1

Total 3

### *RADIATION THERAPIST*

- Must practise under supervision for 450 hours and provide a logbook and supervisor report 1
- Must practise within Mammography under a Board approved supervisor 2
- Must practise within Mammography only 1
- Must practise within Treatment only 1

Total 5

### *SONOGRAPHER*

- Must practise under supervision for 225 hours and provide a logbook and supervisor report 1
- Must practise under supervision for 450 hours and provide a logbook and supervisor report 6
- Must practise within Cardiac Ultrasound only 23
- Must practise within Obstetrics Ultrasound only 2
- Must practise within Obstetrics and Gynaecology only 9
- Must practise within Vascular Ultrasound only 1
- Must practise within Obstetrics and Gynaecology under supervision for 450 hours and provide a logbook and supervisor report 1
- Must not practice in MSK until a completed logbook has been approved by the Board 1
- Must practice under supervision until successfully completed a competence review 2

Total 46

### *TRAINEE SONOGRAPHER*

- Must practise within Cardiac Ultrasound only 5
- Must practise within Vascular Ultrasound only 5

Total 10

# 04

## ACCREDITATION AND CONTINUING PROFESSIONAL DEVELOPMENT

### ***ACCREDITATION AND EDUCATION PROVIDERS***

The Board accredits five New Zealand education providers who offer qualifications 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.

*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."*

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	Postgraduate Diploma in Health Sciences in Magnetic Resonance Imaging	Magnetic Resonance Imaging Technologist
	Postgraduate Diploma in Health Sciences in Ultrasound	Sonographer
ARA Institute of Canterbury (Formally 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 inaugural accreditation review occurred in March 2015, with the programme subsequently accredited for a period of two-years.



## CONTINUING PROFESSIONAL DEVELOPMENT

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 Medical Imaging Technologist Magnetic Resonance Imaging 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 (CRG)	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*

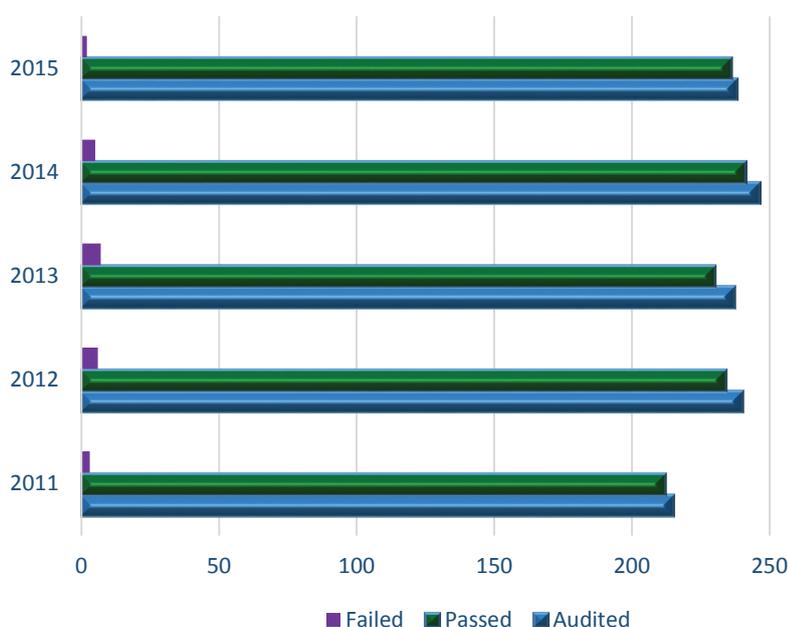
*(United Kingdom)*

## PRACTITIONER COMPETENCE AUDIT

Each year the Board undertakes an audit of practitioners' competence 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 2011 to 2015 inclusive demonstrates practitioners are actively engaging in on-going learning and professional development, and the majority of practitioners audited have met the Board's ongoing competency standards.

	2011	2012	2013	2014	2015
Called for audit	227	257	264	266	270
Audited	215 95%	240 93%	237 90%	246 92%	238 88%
Passed	212 99%	234 97.5%	230 97%	241 98%	236 99%
Unsuccessful	3 1%	6 2.5%	7 3%	5 2%	2 1%

The two practitioners who received an unsuccessful result, failed to respond to the call for audit, and have yet to apply for their 2016/2017 APC.



# 05

## FITNESS TO PRACTISE, PROFESSIONAL CONDUCT AND COMPETENCE

*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.

## ***NOTIFICATIONS RECEIVED***

The Board received the following number of notifications during the 2015/2016 year.

	MIT	Son	TOTAL
Fitness to practise	3		3
Conduct	2		2
Competence		1	1
<b>TOTAL</b>	<b>5</b>	<b>1</b>	<b>6</b>

## ***FITNESS TO PRACTISE***

Any health practitioner registered with the Board who, because of a mental or physical condition cannot make safe judgments, demonstrate acceptable levels of competence or behave appropriately in accordance with ethical, legal and practice guidelines, can expect to be the subject of an investigation by the Board.

In 2015-2016 the Board received three new notifications pertaining to a mental health condition. Two of these were closed with no further action required, the third was referred for a health examination.

Scope	Number	HPCA Act Reference	Outcome
MIT	2	s45	Closed - no further action required
	1	s45	Still under investigation



## *PROFESSIONAL CONDUCT*

The Health Practitioners Competence Assurance Act 2003 enables the Board to appoint a professional conduct committee (PCC) to investigate a complaint received by the Board alleging that the practice or conduct of a health practitioner registered with the Board may pose a risk of harm or serious harm to the public.

During the 2015/2016 year the Board received two professional conduct cases:

Scope	Number	HPCA Act Reference	Outcome
MIT	1	s64	Closed - no further action required
	1	s67	Referred to a PCC

## ***COMPETENCE REVIEWS***

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.

One new competence-related notification was received in 2015-2016 and was deemed to be an employment issue and therefore required no further action from the Board.

Scope	Number	HPCA Act Reference	Outcome
Son	1	s45	Closed - no further action required

## ***HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL***

There were no referrals to the Health Practitioners Disciplinary Tribunal for the year ending 31 March 2016

# 06

## FINANCIAL REPORT

*FOR THE YEAR ENDED  
31 MARCH 2016*

### **CONTENTS**

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42	Statement of Financial Performance
43	Summary Statement of Cashflow
44	Statement of Movements in Equity
45	Statement of Financial Position
46	Notes to the Financial Statements
49	Audit Report

## Medical Radiation Technologists Board

### Entity Information

*For the Year ended 31 March 2016*

Legal Name:	Medical Radiation Technologists Board (MRTB)
Entity Type:	Body Corporate
Charities Registration Number:	CC35408
Founding Documents:	Established by the Health Practitioners Competency Assurance Act 2003 (HPCA Act) and is an Authority under the Act
Entity's Purpose or Mission:	To protect the health and safety of members of the public by providing mechanisms to ensure that medical radiation technology practitioners are competent and fit to practise their professions
Entity Structure:	A nine member governance board
Main source of the entity's cash and resources:	Practitioners and applicants for registration
Main method used by entity to raise funds:	Fees and Levies (refer to section 130 and 131 of the HPCA Act)
Entities reliance on volunteers and donated goods or services:	No reliance is placed on volunteers or donated goods or services

#### *Contact Details:*

Physical Address:	Level 5, 80 The Terrace, Wellington
Postal Address:	PO Box 11-905, Wellington 6142
Phone:	+64 4 801 6250
Email:	mrt@medsci.co.nz
Website:	www.mrtboard.org.nz



## Medical Radiation Technologists Board Statement of Financial Performance

*For the Year ended 31 March 2016*

	Note	2016	2015
		\$	\$
<b>Income</b>			
Registration Fees - Non NZ		35,849	35,848
Registration Fees - NZ		52,604	46,739
APC's		642,419	617,949
Examination Fees		28,259	12,173
Interest Received		44,031	51,376
Sundry Income		6,737	-
<b>Total Income</b>		<b>809,899</b>	<b>764,085</b>
<b>Less Expenses</b>			
Archiving	1,325	1,294	
Audit Fees	5,196	5,491	
Bank Charges	12,616	11,845	
Board Member Fees & Expenses	130,592	150,111	
Catering	2,165	1,155	
Chartered Accountancy Fees	5,651	3,959	
Conference Expenses	4,595	4,208	
Examiner Fees	42,500	46,535	
General Expenses	547	4,576	
IT	1,259	1,865	
Legal Expenses	4,503	39,763	
MSS Service Charge	556,714	393,571	
Postage	11	543	
Printing, Stamps & Stationery	66	1,998	
Professional Fees	-	27,283	
Project Costs	20,362	-	
Telephone, Tolls & Internet	1,988	2,556	
Training	3,929	6,718	
Travel	67,942	108,133	
<b>Total Expenses</b>		<b>861,961</b>	<b>811,604</b>
<b>Net Surplus/(Deficit) For The Year</b>		<b>(52,062)</b>	<b>(47,519)</b>

## Medical Radiation Technologists Board Summary Statement of Cashflow

For the Year ended 31 March 2016

	2016	2015
	\$	\$
<b>Operating Activities</b>		
<i>Cash was provided from:</i>		
APC and Disciplinary Levies	671,832	633,494
Other Income received	82,499	80,402
Interest Received	57,497	53,998
<i>Cash was applied to:</i>		
Payments to Suppliers and Others	(812,409)	(858,574)
<b>Net Cash Inflow/(Outflow) From Operating Activities</b>	<b>(581)</b>	<b>(90,680)</b>
<b>Investing Activities</b>		
<i>Cash was provided from:</i>		
Sale of Property, Plant & Equipment		
<i>Cash was applied to:</i>		
Purchase of Intangible Assets		
Purchase of Property, Plant & Equipment		
Term Deposits	(350,000)	100,000
<b>Net Cash Inflow/(Outflow) From Investing Activities</b>		
Net Increase in Cash Held	(350,581)	9,320
Cash at beginning of year	1,567,643	1,658,323
Plus Cash transferred to Term Deposit	350,000	(100,000)
<b>Closing Bank Balance</b>	<b>1,567,062</b>	<b>1,567,643</b>
Represented By:		
Cash and Cash Equivalents	217,062	567,643
Investment - Term Deposits	1,350,000	1,000,000
<b>Closing bank balance</b>	<b>1,567,062</b>	<b>1,567,643</b>



## Medical Radiation Technologists Board Statement of Movements in Equity

*For the Year ended 31 March 2016*

	Note	2016	2015
		\$	\$
Opening Equity		1,007,613	1,055,131
Net surplus/(Deficit) For The Year	(52,062)		(47,519)
Total Recognised Revenues & Expenses		(52,062)	(47,519)
Equity at End of the Year		955,551	1,007,613

## Medical Radiation Technologists Board Statement of Financial Position

For the Year ended 31 March 2016

	Note	2016	2015
		\$	\$
<b>Equity</b>			
Retained Earnings	4	955,551	1,007,613
<b>Total Equity</b>		<b>955,551</b>	<b>1,007,613</b>

Represented by;

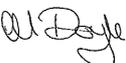
<b>Current Assets</b>			
Westpac Bank - Government Trading Account		66,058	169,001
Westpac Bank - Cash Management		151,004	398,642
Westpac Bank - Term Deposits		1,350,000	1,000,000
Accounts Receivable		33,763	42,761
Accrued Income		4,389	17,854
Medical Sciences Secretariat Ltd		35,974	41,714
<b>Total Current Assets</b>		<b>1,641,188</b>	<b>1,669,972</b>
<b>Non-Current Assets</b>			
Investments in MSS		50	50
<b>Total Assets</b>		<b>1,641,238</b>	<b>1,670,022</b>

<b>Current Liabilities</b>			
Accounts Payable		906	14,282
Accrued Expenses		8,211	
GST Due for Payment		64,875	65,846
Income in Advance		611,695	582,282
<b>Total Current Liabilities</b>		<b>685,687</b>	<b>662,409</b>
<b>Net Assets/ (Liabilities)</b>		<b>955,551</b>	<b>1,007,613</b>

For and on behalf of the Board;

Chairperson: 

Date: 07 September 2016

Registrar: 

Date: 07 September 2016



## Medical Radiation Technologists Board Notes to the Financial Statements

*For the Year ended 31 March 2016*

### 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.

#### *Basis of Preparation*

The financial statements have been prepared in accordance with the new financial reporting framework Tier 3 Public Benefit Entity Simple Reporting (PBE-SFR-A (PS)) and have been prepared on the basis of historical costs.

All transactions have been reported using the accrual basis of accounting and prepared on the assumption that the reporting entity 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 entity is registered for Goods and Services Tax. The financial statements have been prepared on an exclusive basis with the exception of accounts receivable and accounts payables 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 year are shown as Income Received in Advance.

#### *Changes in Accounting Policies*

All accounting policies are unchanged and have been consistently applied.

## 2. Related Parties

During the year the Medical Radiation Technologists Board purchased secretariat services on normal trading terms from Medical Sciences Secretariat Ltd. Members of the Board of Medical Radiation Technologists Board are directors of Medical Sciences Secretariat Ltd.

Medical Radiation Technologists Board owns 50% of the share capital of Medical Sciences Secretariat Ltd. Medical Sciences Council of New Zealand owns the remaining 50% of Medical Sciences Secretariat Ltd.

## 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 of 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 at 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.



#### 4. Equity

The following movements in Revenue Reserves have occurred:

##### *Retained Earnings*

	2016	2015
Retained Earnings	\$	\$
Opening Balance	1,007,613	1,055,131
Net Income Earned This Year	(52,062)	(47,519)
Closing Balance	955,551	1,007,613

#### 5. Commitments

There are no capital or other commitments at balance date (2015: \$nil).

#### 6. Contingent Liabilities

There are no contingent liabilities at balance date (2015: \$nil).

#### 7. Revenue Categories

Revenue from non-governmental sources for providing goods or services totalled \$765,868 and revenue from interest, dividends and other investments was \$44,031

#### 8. Events After Balance Date

There were no events that occurred after the balance date that would have a material impact on these financial statements.

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Level 6, 85 Customhouse Quay  
Wellington 6011  
New Zealand

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6140  
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**INDEPENDENT AUDITOR'S REPORT  
TO THE READERS OF  
MEDICAL RADIATION TECHNOLOGISTS BOARD  
PERFORMANCE REPORT  
FOR THE YEAR ENDED 31 MARCH 2016**

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 performance report of the Board on her behalf.

We have audited the performance report of the Board on pages 4 to 8, that comprise the entity information, the statement of financial position as at 31 March 2016, the statement of financial performance, statement of movements in equity and statement of cash flows for the year ended on that date and the notes to the performance report that includes accounting policies and other explanatory information.

**Opinion**

In our opinion the performance report of the Board on pages 4 to 8:

- fairly reflect the Board:
  - entity information for the year then ended;
  - financial position as at 31 March 2016; and
  - financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 9 September 2016. 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 performance report is 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 performance report. 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 performance report. The procedures selected depend on our judgement, including our assessment of risks of material misstatement of the performance report whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the preparation of the Board's performance report 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 performance report; and
- the overall presentation of the performance report.

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

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 a performance report that:

- complies with generally accepted accounting practice in New Zealand; and
- fairly reflect the Board's entity information, financial position, financial performance and cash flows.

The Board is also responsible for such internal control as it determines is necessary to enable the preparation of a performance report that is free from material misstatement, whether due to fraud or error. The Board is also responsible for the publication of the performance report, 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 performance report 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**

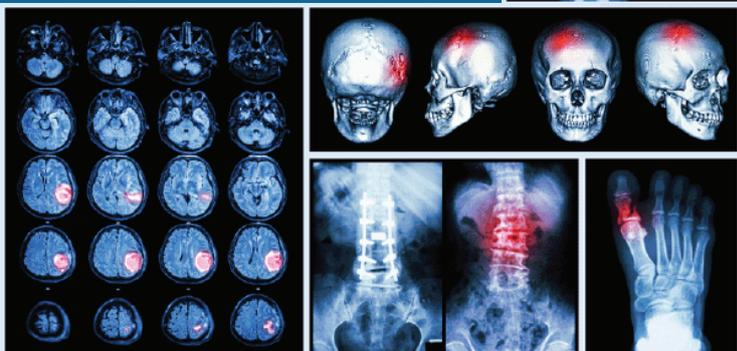
When carrying out the audit, we followed the independence requirements of the Auditor-General, which incorporate the independence requirements of the External Reporting Board.

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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