



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



# ANNUAL REPORT

1 APRIL 2016 - 31 MARCH 2017



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



# ANNUAL REPORT

NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD  
1 APRIL 2016 - 31 MARCH 2017

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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

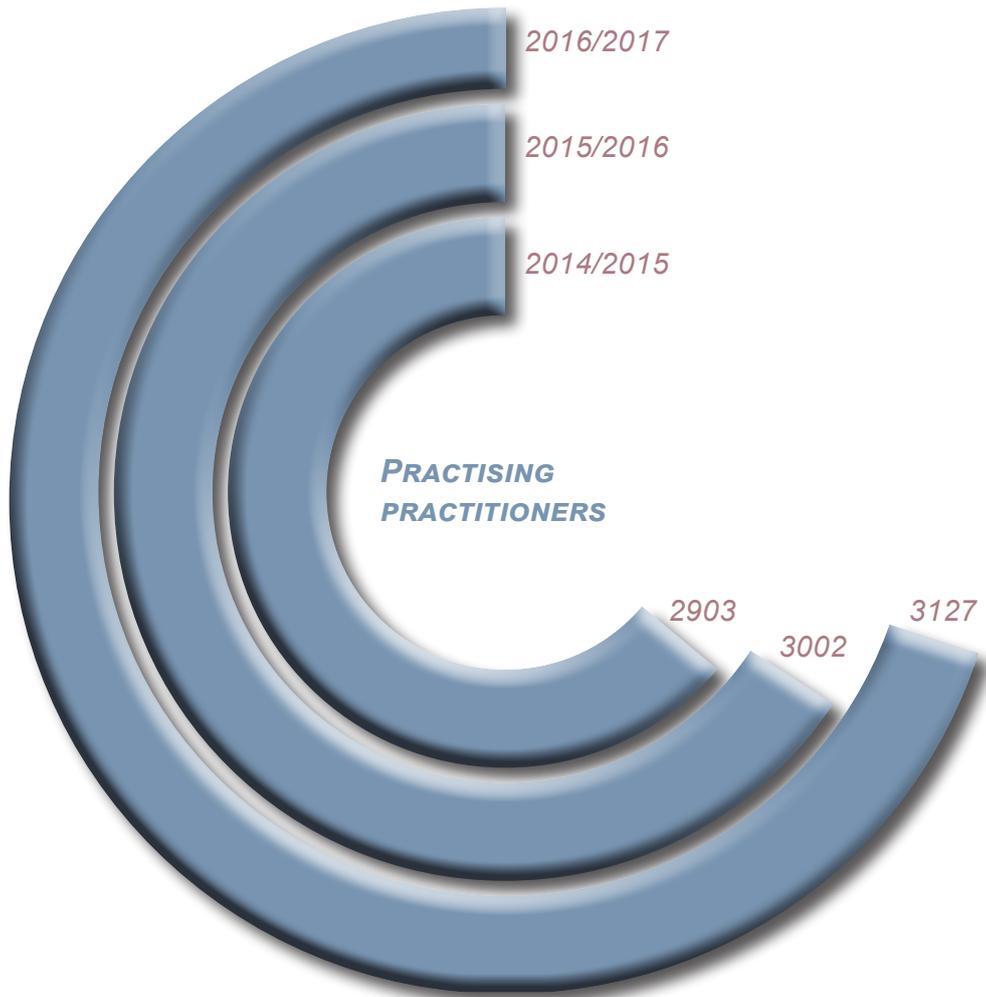
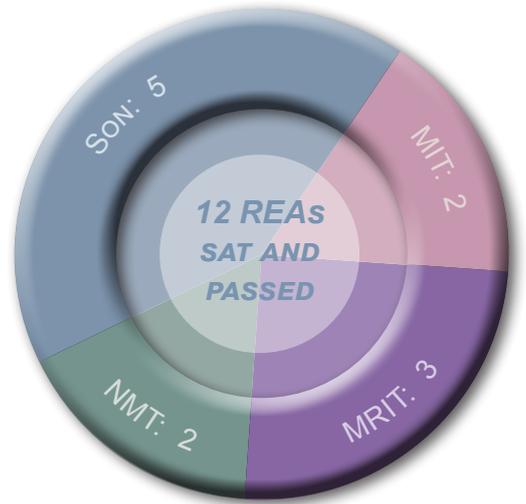
T-Scopes: Includes all training scopes of practice

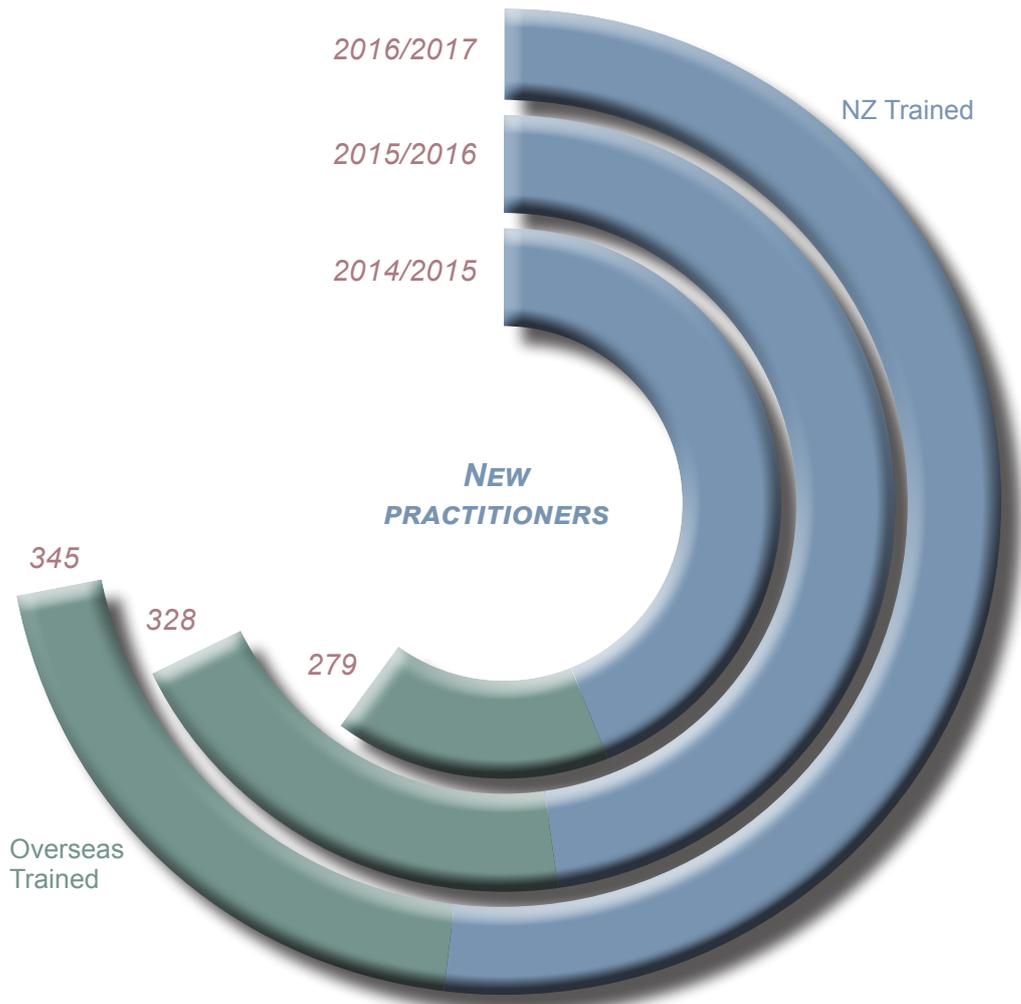
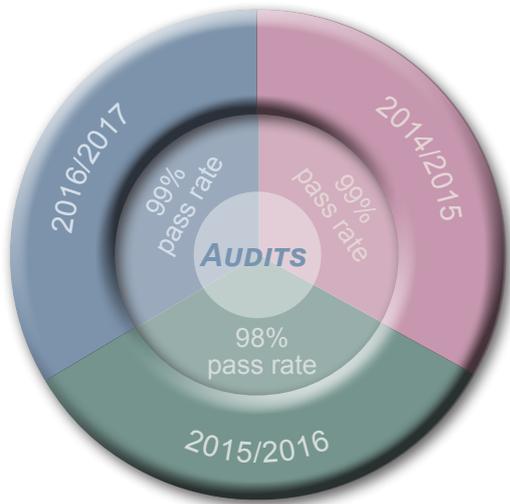
REA: Registration Examination Assessment

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







## DEAR STAKEHOLDERS

I am pleased to present the 2016/2017 report for the New Zealand Medical Radiation Technologists Board (MRTB) that regulates the profession of medical imaging and radiation therapy.

On the 14th November 2016 a 7.8 magnitude earthquake centred around Kaikoura had a significant impact on buildings throughout Wellington. One of these buildings was 80 The Terrace where Medical Sciences Secretariat (MSS), the business arm for the MRTB is housed as well as several other regulatory authorities. The impact has been enormous on all staff who were forced to move premises due to structural damage identified in subsequent building assessments. Temporary premises were found at Plimmer Towers, and I would like to thank Mary Doyle the CEO/Registrar as well as the MSS staff for their perseverance and ability to keep the Board business on track under considerable duress.

I would like to commend all the regulatory authorities housed at 80 The Terrace for their collaboration in working towards a solution for everyone.

2016/17 has been a year focused on implementing our scope of practice review including competencies, investigation of Trans-Tasman Mutual Recognition Agreement (TTMRA) registration pathways for MRI and Sonography, online registration exam and overseas qualification assessments.

As part of the review the Board continued to build on the relationship with the Australian Health Practitioner Regulation Authority and believe there are good synergies in alignment with the TTMRA.

Following consultation with stakeholders and a workshop in August to which members from the profession were invited, it was confirmed that the Board would adopt a more flexible framework for articulating entry level competencies with an improved alignment between the New Zealand and Australian standards. This would allow for the rapid growth in technology and the underpinning HPCA Act 2003. The new competency framework came into place in March 2017.

The CPD review took place in July 2016 with the framework based on practitioners taking responsibility for their ongoing professional development through self-directed learning. Members from the professional bodies for all scopes of practice were invited to a forum. The resultant CPD for Annual Recertification of Medical Imaging and Radiation Therapy Practitioners programme was launched in March 2017.

A review of the framework for overseas qualification assessments began, for the purpose of registration in one of the prescribed scopes of practice. This work was undertaken alongside the Medical Radiation Practice Board of Australia (MRPBA) with the aim to adopt a similar assessment criteria of qualifications.

We have seen a significant increase in Registration Examinations Assessments (REA's) over the last year and held a workshop in June 2016 with our current assessors. It is expected that the current level of REA's will continue into the foreseeable future.

At the same time work has been ongoing in developing a framework for an online registration examination. This has all been possible with the relationship built up between the MRPBA Executive Officer, our CEO/Registrar and the respective chairs and Board members.

Notifications to the Board have remained fairly static at a relatively low level averaging one conviction a year with one to two professional conduct committees required per year and just one notification referred to HPDT over the previous three-years.

The Board continues to work with education providers and has been in discussion with the University of Auckland regarding the outcomes of the MRI scope of practice review, while continuing with our presence on the educational advisory meetings.

The Board is mindful of the costs of education provider accreditation reviews, and subsequently developed a process to minimise the cost without reducing the effectiveness of the reviews. This will be put in place in the first part of the 2017/18 year.

As you can see from the breakdown in the report the registrations this year have continued to increase and there has been a lot of work behind the scenes from the MSS team and the Board members.

The Board continues to meet every two-months in Wellington for two-day meetings.

At this point I would like to thank Julia Andrew who retired from the board in June after six-years and welcome Lizzie Macaulay as her replacement. Julia will be missed for her tireless work on registrations and the scope of practice review and we wish her well in the future. Lizzie comes to the board with a wealth of experience in MIT from Hawkes Bay.

I would also like to thank Board members for their work and due diligence who, work not only in their professional roles but as Board members to maintain the function of the Board under the requirements of the HPCA Act 2003.

Lastly all of this could not be possible without the team work from MSS staff and the CEO/Registrar Mary Doyle and the collective collaboration between the Board members and MSS.



  
**PRUE LAMERTON**  
Chair

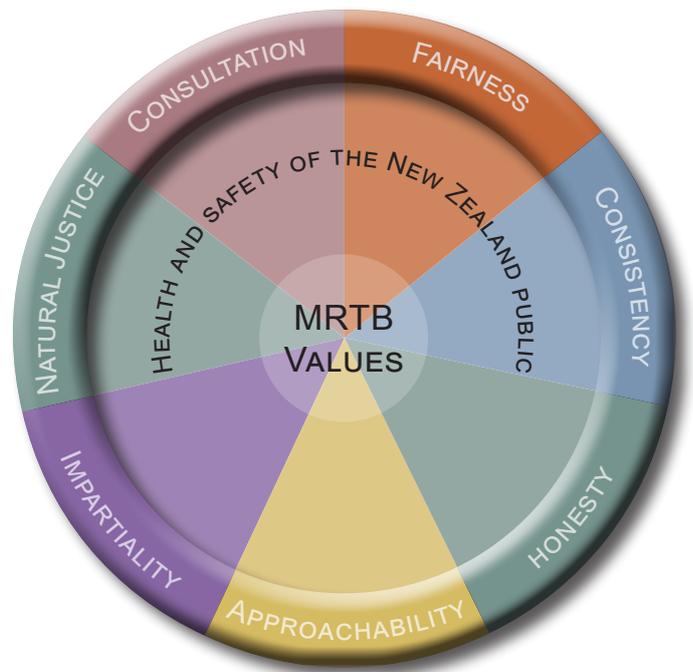
In accordance with section 134 of the Health Practitioners Competence Assurance Act 2003 the New Zealand Medical Radiation Technologists Board is pleased to present its report for the year ending 31 March 2016.

# 1

## 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.



## ***BOARD ROLE AND FUNCTIONS***

The Medical Radiation Technologists Board (the Board) is one of 16 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 HAS A NUMBER OF FUNCTIONS DEFINED BY SECTION 118 OF THE ACT:***

- Prescribe the qualifications required for scopes of practice within the profession, and for that purpose, accredit and monitor educational institutions and programmes.
- Authorise the registration of medical imaging and radiation therapy practitioners, 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 ACC, the Director-General of Health, and the HDC when the practice of a medical imaging or radiation therapy practitioner may pose a risk of harm to the public.
- Consider cases of medical imaging and radiation therapy practitioners who may be unable to perform the functions required for their relevant scope of practice.
- Set the standards of clinical competence, cultural competence, and ethical conduct to be observed in the profession.
- Liaise with other authorities appointed under the Act about matters of common interest.
- Promote education and training in the profession.
- Promote public awareness of the responsibilities of the Board.



## BOARD MEMBERS

### RETIRED MEMBER:

**Julie Andrew**

Medical Imaging Technologist

February 2010 - May 2016

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).



### PRUE LAMERTON

Chair

Nuclear Medicine Technologist

Term commenced 2010

Term renewed 2015

Term due to be completed 2018

### DR ROSANNE HAWARDEN

Deputy Chair

Lay Member

Term commenced 2010

Term renewed 2013; 2016

Term due to be completed 2019



### ANGELA SLOCOMBE

Magnetic Resonance Imaging Technologist

Term commenced 2014

Term due to be completed 2017

### BERYL KELLY

Medical Imaging Technologist

Term commenced 2011

Term renewed 2013; 2016

Term due to be completed 2017





***BILLIE MUDIE***

Radiation Therapist

Term commenced	2015
Term due to be completed	2018

***LIZZIE MACAULAY***

Medical Imaging  
Technologist

Term commenced	2016
Term due to be completed	2019



***LOUISE TARR***

Sonographer

Term commenced	2015
Term due to be completed	2018

***MEGAN CAMPBELL***

Lay Member

Term commenced	2010
Term renewed	2013; 2016
Term due to be completed	2017



***SUE MCKENZIE***

Lay Member

Term commenced	2010
Term renewed	2013; 2016
Term due to be completed	2018



## BOARD MEETINGS AND FEES

<i>POSITION</i>	<i>FEE</i>
Chairperson	\$33,000 annual honorarium
Board Member	\$600 day / \$75 hour

### BOARD MEETINGS

	5 <sup>th</sup> May 2016	6 <sup>th</sup> - 7 <sup>th</sup> July 2016	7 <sup>th</sup> Sept 2016	9 <sup>th</sup> - 10 <sup>th</sup> Nov 2016	01 <sup>st</sup> - 02 <sup>nd</sup> Mar 2017
Prue Lamerton	✓	✓	✓	✓	✓
Dr Rosanne Hawarden	✓	✓	✓	Apologies	✓
Angela Slocombe	✓	✓	✓	✓	✓
Beryl Kelly	✓	✓	✓	✓	✓
Billie Mudie	✓	✓	✓	✓	✓
Julia Andrew	✓	Term completed			
Lizzie Macaulay	Term commenced July 2017	✓	✓	✓	✓
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 2016 - 2019 document. Committee membership was as follows:

### ***AUDIT AND REGISTRATION EXAMINATION ASSESSMENT (REA) COMMITTEE***

**Convener:** Beryl Kelly

**Members:** Prue Lamerton Billie Mudie

### ***EDUCATION COMMITTEE***

**Convener:** Sue McKenzie

**Members:** Angela Slocombe Louise Tarr

### ***FINANCE, AUDIT AND RISK***

**Convener:** Dr Rosanne Hawarden

**Members:** Megan Campbell Beryl Kelly Prue Lamerton

### ***PROFESSIONAL STANDARDS COMMITTEE***

**Convener:** Billie Mudie

**Members:** Prue Lamerton Sue McKenzie

### ***REGISTRATIONS AND PRACTISING CERTIFICATES COMMITTEE***

**Convener:** Beryl Kelly

**Members:** Prue Lamerton Angela Slocombe Billie Mudie Louise Tarr

### ***SCOPE OF PRACTICE REVIEW GROUP***

**Convener:** Mary Doyle

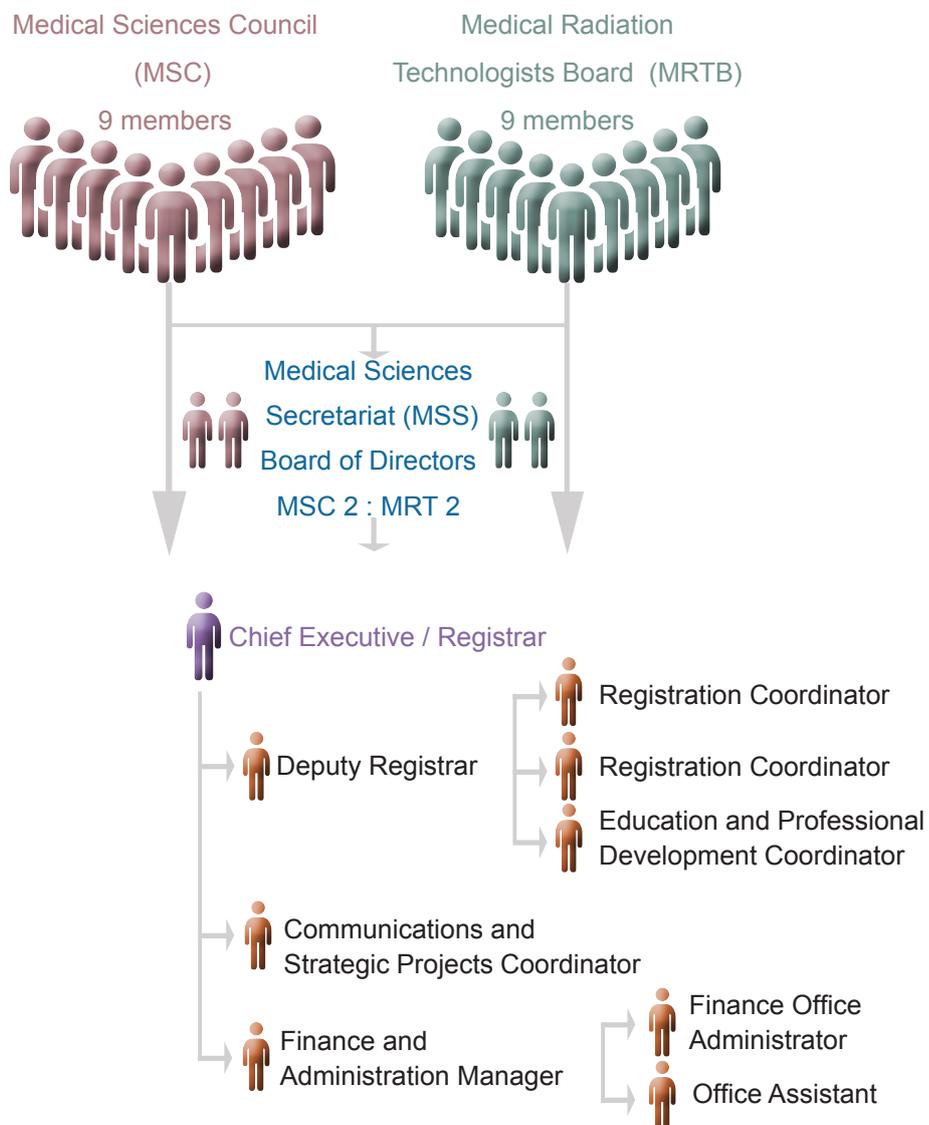
**Members:** Angela Slocombe Billie Mudie Beryl Kelly Louise Tarr  
Megan Campbell Prue Lamerton



## 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.

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*

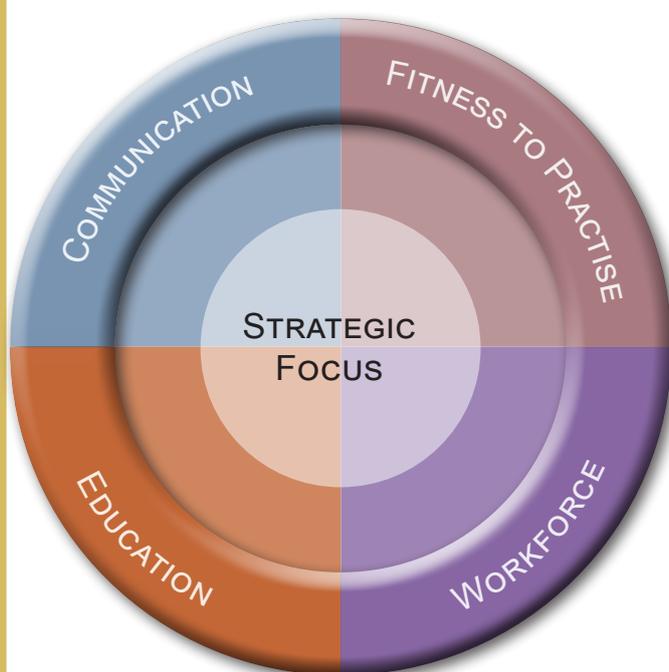
Health Regulatory Authorities of New Zealand (HRANZ) is an organisation made up of all the health regulatory authorities of New Zealand.

It meets periodically to discuss matters of common interest, both at an operational and a governance level.

The Board's Deputy Registrar attended three-meetings during the 2016/2017 year.

# 2

## BUSINESS PRIORITIES



Strategic Directions 2016-2019 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 2016-2019 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)

## OUR STRATEGIC PURPOSE

To protect the health and safety of the public through the implementation of mechanisms that ensure medical imaging and radiation therapy practitioners are competent and fit to practise.

<i>STRATEGIC FOCUS</i>	<i>STRATEGIC GOAL</i>
<i>FITNESS TO PRACTISE</i>	Optimise mechanisms to ensure practitioners are competent and fit to practise.  Provide standards of clinical and cultural competence, and ethical conduct for the protection of public safety.
<i>WORKFORCE</i>	Improve regulatory and workforce outcomes through the registration of health practitioners who are competent and fit to practise.
<i>EDUCATION</i>	Ensure education and learning environments enable practitioners to achieve the necessary standards for their professional practice.
<i>COMMUNICATION</i>	Maintain strong relationships with the public, the profession and other stakeholders.



## BUSINESS PRIORITIES

FOCUS	MILESTONE
<i>FITNESS TO PRACTISE</i>	
	<p>The Board formulated its first set of competence standards in 1999 with seven subsequent revisions (through to 2013) for each of the five scopes of practice defined for the profession of medical imaging and radiation therapy.</p> <p>In 2016 the Board undertook a broader review of the competencies framework for medical imaging and radiation therapy practitioners in respect to both the design and content of the competence standards.</p>
Competence Standards Review	<p>The Board sought to future-proof its competence standards through the adoption of an overarching framework based on the principles of flexibility and versatility, and that is relevant to a variety of stakeholders. This is essential for medical imaging and radiation therapy practice which occurs within a continually evolving healthcare environment, and is subject to ongoing advancements in technology. In addition the revised competencies framework includes better alignment with the Medical Radiation Practice Board of Australia.</p> <p>The Board's competence standards published in March 2017 is a "living document" that will continue to undergo regular reviews to ensure they continue to be fit for purpose over time.</p>
Non-Clinical APC	<p>In 2016 the Board published a consultation document outlining a proposal to introduce an option for medical imaging/radiation therapy practitioners to hold a condition of non-clinical practice on their APC. Feedback in response to the consultation supported the concept of this option for some practitioners.</p> <p>With the completion of the competence review, the Board will finalise their policy for non-clinical practice, to be published June 2017.</p>
Continuing Professional Development	<p>The Board revised its Continuing Professional Development (CPD) programme, and from 2017 the Board will no longer "approve" CPD providers. Rather, it sets the CPD standards medical imaging and radiation therapy practitioners need to meet as one measure of demonstrating their ongoing competence for the purpose of recertification under the Act. The Board's relationship is directly with individual practitioners rather than through a third party provider.</p>

<i>FOCUS</i>	<i>MILESTONE</i>
Code of Ethics	The Board has started a review of its Code of Ethics adopted in 2004, which were collaborated together with New Zealand Institute of Medical Radiation Technology (NZIMRT). These will be finalised and published mid-2017
On-line Examination	<p>The Board is looking to establish an on-line registration examination to assist with regulatory decisions around registration and/or recertification.</p> <p>Throughout the 2016/2017 financial year the Board held several development meetings including a meeting with representatives of the Medical Radiation Practice Board of Australia, and have scheduled to meet with staff of the Australian Health Practitioner Regulation Agency (AHPRA) in May 2017 to gain more insight into the establishment of an on-line examination.</p> <p>The Board will seek expressions of interest from professional members in developing a question bank, with an objective to roll-out the on-line examination mid-2018</p>

*WORKFORCE*

<i>COLLECTION OF DEMOGRAPHIC DATA</i>	The Board commenced preliminary work for the collection of practitioner demographic data. Further work will be undertaken in 2017/2018.
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*EDUCATION*

<i>ASSESSMENT OF OVERSEAS QUALIFICATIONS</i>	<p>The Board commenced a review of the criteria for assessment of overseas qualifications for the purpose of registration.</p> <p>This work is due to be completed during the 2017/2018 year.</p>
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*COMMUNICATION*

<i>REVIEW OF COUNCIL PUBLICATIONS</i>	The Board undertook regular reviews of publications to ensure accuracy of information published.
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# 3

## 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):

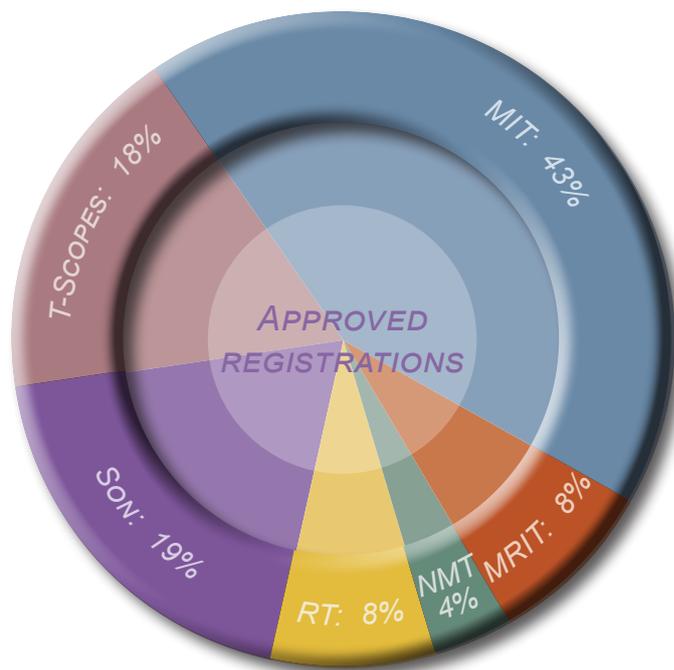
- Medical Imaging Technologist
- Radiation Therapist
- Nuclear Medicine Technologist
- Magnetic Resonance Imaging Technologist
- Sonographer
- Trainee Nuclear Medicine Technologist
- Trainee Magnetic Resonance Imaging Technologist
- Trainee Sonographer

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 2016 and 31 March 2017 the Board received 477 applications from persons seeking registration in one of the eight scopes of practice. 345 (72%) of these applications were approved and 29 (7%) declined due to the applicants not meeting the entry level registration requirements.

Of the remaining applications, 44 (9%) applicants were offered an opportunity to sit a Registration Examination Assessment (REA) as an alternative pathway to gaining registration. 44 (9%) applications were still being processed as at 31 March 2017 and the remaining 15 (3%) applicants withdrew their application for registration.





*REGISTRATION APPLICATIONS RECEIVED*

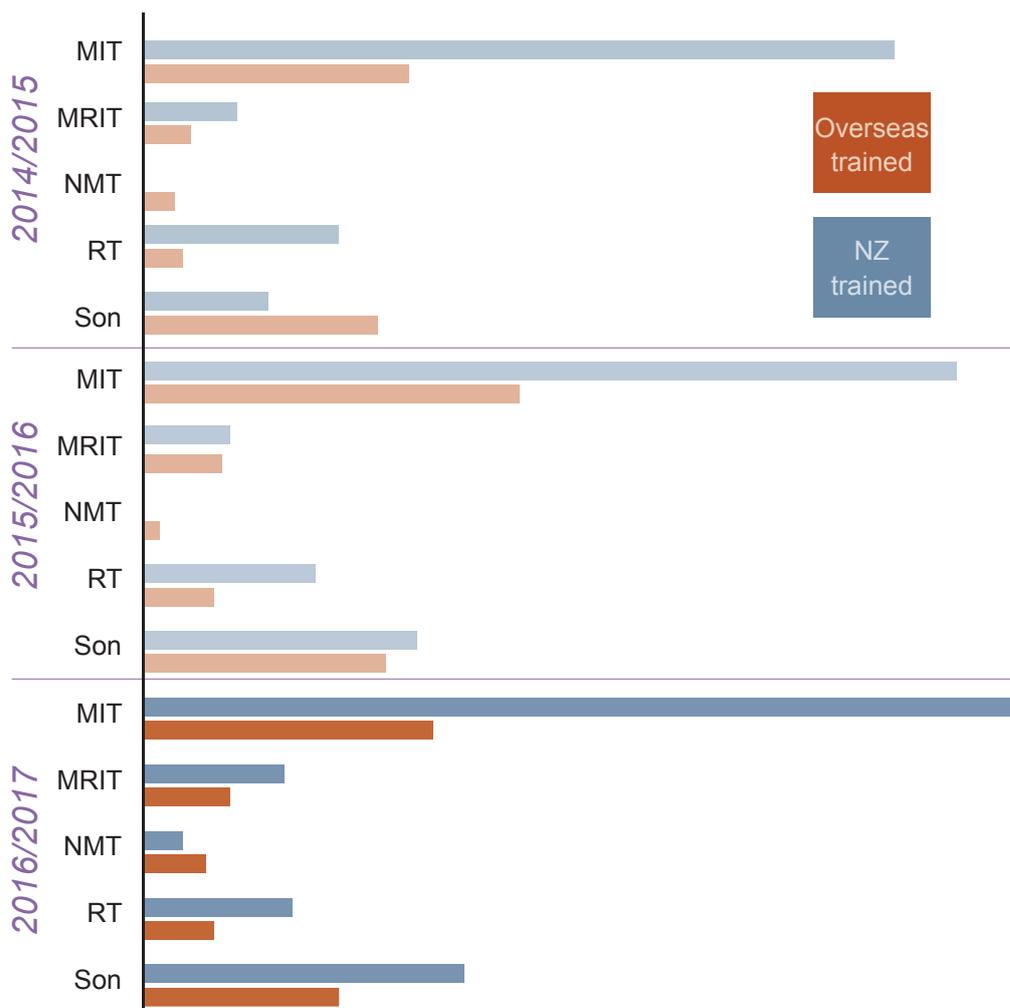
Scope of Practice	Approved	Declined	Offered REA	In Progress	Withdrawn	TOTAL
MIT	148	14	22	21	7	212
MRIT	29	4	8	3	2	46
NMT	13	1	4	0	2	20
RT	28	-	-	1	-	29
Son	66	10	10	8	2	96
T-MRI	22	-	N/A	3	-	25
T-NMT	4	-	N/A	2	-	6
T-Son	35	-	N/A	6	2	43
<b>TOTAL</b>	<b>345</b>	<b>29</b>	<b>44</b>	<b>44</b>	<b>15</b>	<b>477</b>

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

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

For the 2016/2017 year New Zealand-trained registration applications exceeded overseas-trained applications by 44%.

All scopes of practice except Nuclear Medicine Technologist were predominantly New Zealand trained. Nuclear Medicine Technologist were predominantly trained in Australia.



(Excludes training scopes of practice)



## REGISTRATION APPLICATIONS RECEIVED

### APPROVED APPLICATIONS:

Country	MIT	MRIT	NMT	RT	Son	T-MRIT	T-NMT	T-Son	TOTAL
Australia	7	3	7	3	5			5	30
Bangladesh					1				1
Canada		4			6				10
Fiji	1								1
Hong Kong				1					1
Ireland	5			1					6
New Zealand	111	18	5	19	41	21	4	28	247
Philippines								2	2
Portugal	1								1
South Africa	5		1		1	1			8
UK	17	4		3	6				30
USA	1				6				7
Wales				1					1
<b>TOTAL</b>	<b>148</b>	<b>29</b>	<b>13</b>	<b>28</b>	<b>66</b>	<b>22</b>	<b>4</b>	<b>35</b>	<b>345</b>



(Includes training scopes of practice)

*DECLINED APPLICATIONS*

Country	MIT	MRIT	NMT	RT	Son	TOTAL
Australia	1					1
Canada					1	1
Fiji	2					2
India	1	2	1		2	6
Jordan	1					1
Nigeria					1	1
Pakistan					1	1
Philippines	5				3	8
Singapore	1					1
South Africa	1					1
UK	1	2				3
USA	1				2	3
<b>TOTAL</b>	<b>14</b>	<b>4</b>	<b>1</b>	<b>-</b>	<b>10</b>	<b>29</b>

*OFFERED REA AS ALTERNATIVE PATHWAY TO REGISTRATION*

Country	MIT	MRIT	NMT	RT	Son	TOTAL
Australia		3				3
Canada		1			3	4
Fiji	8					8
India	2	1	3		1	7
Malaysia					1	1
Philippines	5				1	6
Singapore		1				1
South Africa	2		1			3
UK	1	1			2	4
USA	1	1			2	4
Zimbabwe	3					3
<b>TOTAL</b>	<b>22</b>	<b>8</b>	<b>4</b>	<b>-</b>	<b>10</b>	<b>44</b>



## REGISTRATION EXAMINATION ASSESSMENTS

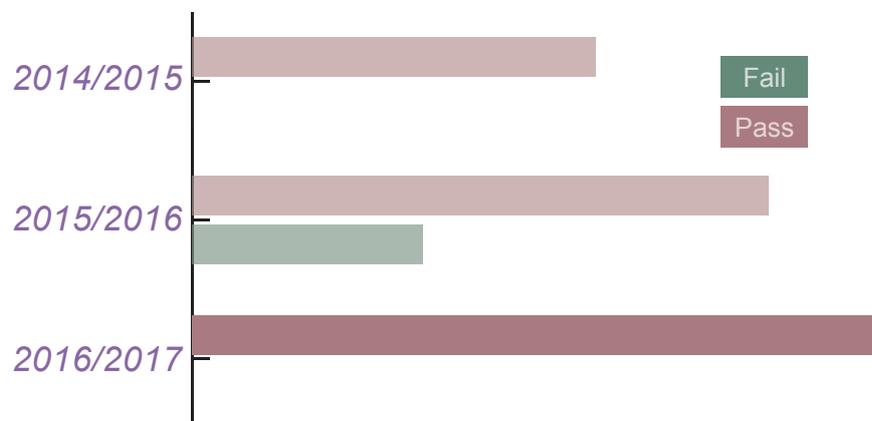
The Board recognises that while some overseas-trained applicants may not have a qualification deemed as equivalent to the New Zealand prescribed qualification, they do have significant clinical experience in the relevant scope of practice in an overseas setting. A registration examination assessment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

	MIT	MRIT	NMT	RT	Son	TOTAL
REA Offered	21	8	4	-	10	43
REA Sat	2	3	2	-	5	12
REA Passed	2	3	2	-	5	12

In 2016-2017 **12** applicants took up the offer to sit a REA, with a 100% pass rate 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 2016-2017, **43** REA's were offered, however only **12** 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 2016-2017 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.



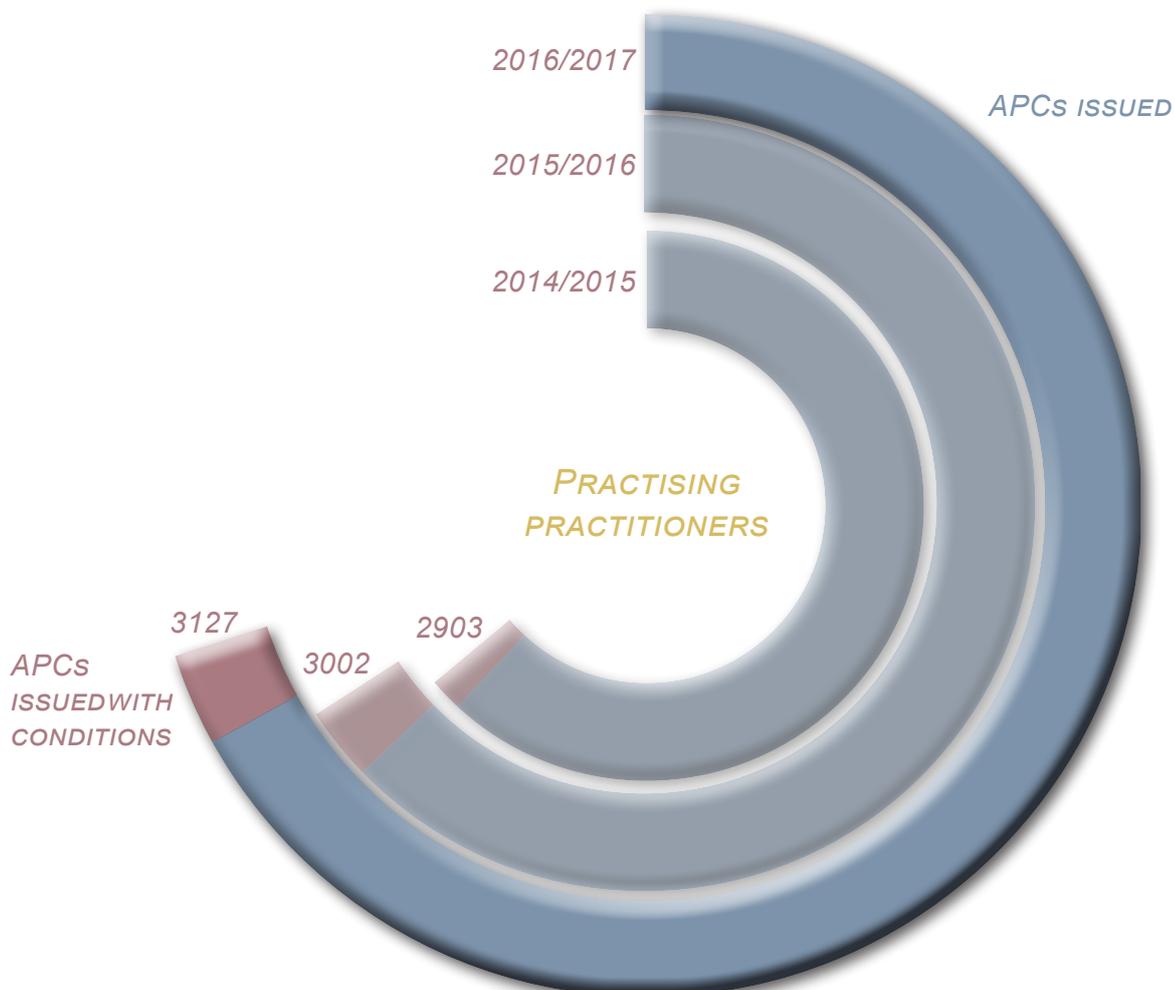
## ANNUAL PRACTISING CERTIFICATES

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

In 2016-2017 the Board issued a total of **3127** annual practising certificates. Of those, **133** (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	1798	240	65	387	524	36	4	73	3127
APC's with conditions	58	3	12	4	48	-	-	8	133





## CONDITIONS ON PRACTICE

### MEDICAL IMAGING TECHNOLOGIST

- Must practise under supervision for 450 hours and provide a logbook and supervisor report 4
- Must practise under supervision for 225 hours and provide a logbook and supervisor report 1
- Must practise within CT only 4
- Must practise within Mammography only 44
- Must practise under a Board approved supervisor when practising within Lithotripsy 4
- Specific conditions pertaining to competence reviews 1

Total 58

### MAGNETIC RESONANCE IMAGING TECHNOLOGIST

- Must practise under supervision for 450 hours and provide a logbook and supervisor report 2
- Must, when practising within Lithotripsy, be under the supervision of a urologist who is a holder of a current National Radiation Laboratory license. 1

Total 3

### NUCLEAR MEDICINE TECHNOLOGIST

- May operate Diagnostic CT on a hybrid PET or SPECT/CT 9
- May operate Diagnostic CT independently 2
- Must practise within PET only 1

Total 12

### *RADIATION THERAPIST*

- May practise within Mammography independently 2
- Must practise within Mammography only 1
- Must practise within Treatment only 1

Total 4

### *SONOGRAPHER*

- Must practise under supervision for 450 hours and provide a logbook and supervisor report 3
- Must practise within Cardiac Ultrasound only 30
- Must practise within Obstetrics Ultrasound only 1
- Must practise within Obstetrics and Gynaecology only 1
- Must practise within Vascular Ultrasound only 13
- Must practise within General Ultrasound under supervision for 450 hours and provide a logbook and supervisor report 1
- Must not practise in Obstetrics Ultrasound 1

Total 50

### *TRAINEE SONOGRAPHER*

- Must practise within Cardiac Ultrasound only 4
- Must practise within Vascular Ultrasound only 1

Total 5

# 4

## 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
<i>UNITEC Institute of Technology</i>	Bachelor of Health Science (Medical Imaging)	Medical Imaging Technologist
<i>University of Otago (UoO)</i>	Bachelor of Radiation Therapy	Radiation Therapist
<i>Universal College of Learning (UCOL)</i>	Bachelor of Applied Science (Medical Imaging Technology)	Medical Imaging Technologist
<i>University of Auckland</i>	Postgraduate Diploma in Health Sciences in Magnetic Resonance Imaging	Magnetic Resonance Imaging Technologist
	Postgraduate Diploma in Health Sciences Medical Imaging (Nuclear Medicine pathway)	Nuclear Medicine Technologist
	Postgraduate Diploma in Health Sciences in Ultrasound	Sonographer
<i>ARA Institute of Canterbury (Formally CPIT)</i>	Bachelor of Medical Imaging	Medical Imaging Technologist



## ***CONTINUING PROFESSIONAL DEVELOPMENT***

The Board's recertification programme is established under section 41 of the Health Practitioners Competence Assurance Act 2003 (the Act).

Recertification includes a number of tools used by the Board to monitor the ongoing competence of all practising medical imaging and radiation therapy practitioners. Continuing professional development (CPD) is a critical feature of the Board's recertification programme.

Effective 01 April 2017 the Board adopted a revised set of CPD standards.

The Board will no longer "approve" CPD providers. Rather, it has set the CPD standards medical imaging and radiation therapy practitioners need to meet as one measure of demonstrating their ongoing competence for the purpose of recertification under the Act.

The Board's relationship in respect of CPD is directly with the individual practitioner rather than through a third-party provider.

This shift in the CPD relationship between the Board and practitioners does not negate the value and contribution of CPD programme providers. Registered medical imaging and radiation therapy practitioners still have the option to manage their CPD through their current programme provider, however they will need to ensure CPD activities they undertake and the recording of those, meet the Board's requirements.

Registered health practitioners are expected to maintain their competence in medical imaging and/or radiation therapy practice, and be responsible for keeping their knowledge up-to-date by undertaking relevant CPD.

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 2012 to 2016 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.

	2012		2013		2014		2015		2016	
Called for audit	257		264		266		270		291	
Audited	240	93%	237	90%	246	92%	238	88%	270	93%
Passed	234	97.5%	230	97%	241	98%	236	99%	269	99.6%
Unsuccessful	6	2.5%	7	3%	5	2%	2	1%	1	<1%

The practitioner who received an unsuccessful result during the 2016 audit was practising in a non-clinical role, and will not be applying for subsequent annual practising certificates.



# 5

## FITNESS TO PRACTISE, PROFESSIONAL CONDUCT AND COMPETENCE

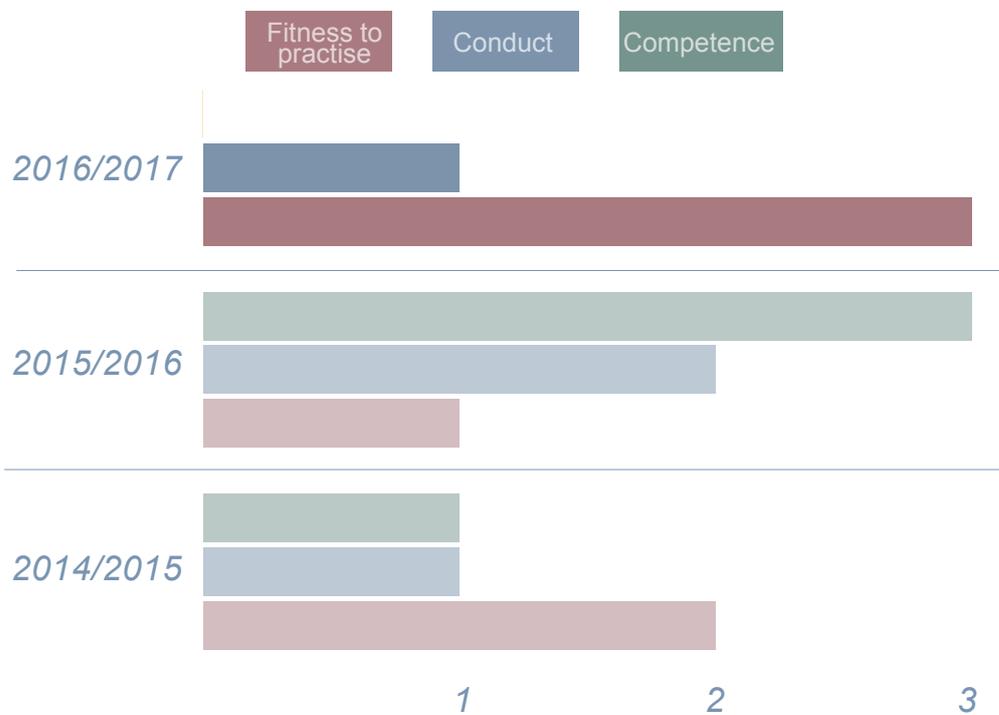
The Board is responsible for monitoring medical imaging and radiation therapy practitioners, to ensure they meet and maintain practice standards in order to protect the health and safety of the New Zealand public.

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 2016/2017 year.

	MIT	Son	TOTAL
Fitness to practise	-	-	-
Conduct	1	-	1
Competence	1	2	3
<b>TOTAL</b>	<b>2</b>	<b>2</b>	<b>4</b>





## ***FITNESS TO PRACTISE***

Any health practitioner registered with the Board who, because of a mental or physical condition cannot make safe judgments, demonstrate unacceptable 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 2016/2017 the Board did not receive any new notifications pertaining to a practitioner's fitness to practise.

## ***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 2016/2017 year the Board received one professional conduct notification in relation to a conviction:

Scope	Number	HPCA Act Reference	Outcome
MIT	1	s64	Closed - no further action required

## 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.

During the 2016/2017 year, the Board received three competence-related notifications.

Scope	Number	HPCA Act Reference	Outcome
Son	1	s34	HDC request - Practitioner to be included for the 2017 audit
Son	1	s34	HDC request - Closed - no further action required
MIT	1	s34	Practitioner required to undertake a competence review. Practitioner resigned and moved overseas before completing the review

## HEALTH PRACTITIONERS DISCIPLINARY TRIBUNAL

There were no referrals to the Health Practitioners Disciplinary Tribunal for the year ending 31 March 2017.

# 6

## FINANCIAL REPORT

*FOR THE YEAR ENDED  
31 MARCH 2017*

### ***CONTENTS***

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44	Statement of Financial Position
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## Medical Radiation Technologists Board

### Entity Information

*For the Year ended 31 March 2017*

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:*

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Email:	mrt@medsci.co.nz
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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 2017**

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

**Opinion**

We have audited the financial statements of the Board on pages 3 to 8, that comprise the entity information, statement of financial position as at 31 March 2017, the statement of financial performance, statement of movements in equity and summary statement of cash flow for the year ended on that date and the notes to the financial statements that include accounting policies and other explanatory information.

In our opinion the financial statements of the Board on pages 3 to 8, present fairly, in all material respects:

- its financial position as at 31 March 2017; and
- its 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 6 September 2017. 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 governing body and our responsibilities relating to the financial statements 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 Professional and Ethical Standards and International Standards on Auditing (New Zealand) issued by the New Zealand Auditing and Assurance Standards Board. Our responsibilities under those standards are further described in the Responsibilities of the Auditor section of our report.

We have fulfilled our responsibilities in accordance with the Auditor-General's Auditing Standards.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

**Responsibilities of the Governing Body for the financial statements**

The Governing Body is responsible for preparing financial statements that are fairly presented and that comply with generally accepted accounting practice in New Zealand.

The Governing Body is 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.



In preparing the financial statements, the Governing Body is responsible on behalf of the Board for assessing the Board's ability to continue as a going concern. The Governing Body are also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting, unless there is an intention to liquidate the Board or to cease operations, or there is no realistic alternative but to do so.

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

### **Responsibilities of the auditor for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements, as a whole, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures, and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these financial statements.

We did not evaluate the security and controls over the electronic publication of the financial statements.

As part of an audit in accordance with the Auditor-General's Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. Also:

- We identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- We obtain an understanding of internal control relevant to the audit 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.
- We evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the governing body.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the governing body and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Board to cease to continue as a going concern.
- We evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.



We communicate with the Governing Body regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during 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**

We are independent of the Board in accordance with the independence requirements of the Auditor-General's Auditing Standards, which incorporate the independence requirements of Professional and Ethical Standard 1(Revised): *Code of Ethics for Assurance Practitioners* issued by the New Zealand Auditing and Assurance Standards Board.

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

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

## Medical Radiation Technologists Board Statement of Financial Performance

*For the Year ended 31 March 2017*

	Note	2017	2016
		\$	\$
<b>Income</b>			
Registration Fees - Non NZ		47,475	35,849
Registration Fees - NZ		44,039	52,604
APC's		669,762	642,419
Examination Fees		17,390	28,259
Interest Received		34,541	44,031
Sundry Income		9,019	6,737
<b>Total Income</b>		<b>822,226</b>	<b>809,899</b>
<b>Less Expenses</b>			
Archiving		1,344	1,325
Audit Fees		5,900	5,196
Bank Charges		10,524	12,616
Board Member Fees & Expenses		147,287	130,592
Catering		3,577	2,165
Chartered Accountancy Fees		0	5,651
Conference Expenses		4,686	4,595
Examiner Fees		45,145	42,500
General Expenses		849	547
IT		1,329	1,259
Legal Expenses		41,934	4,503
MSS Service Charge		538,165	556,714
Postage		155	11
Printing, Stamps & Stationery		3,885	66
Professional Fees		-	-
Project Costs		52,998	20,362
Telephone, Tolls & Internet		1,878	1,988
Training		3,506	3,929
Travel		87,907	67,942
<b>Total Expenses</b>		<b>951,069</b>	<b>861,961</b>
<b>Net Surplus/(Deficit) For The Year</b>		<b>(128,843)</b>	<b>(52,062)</b>



## Medical Radiation Technologists Board Summary Statement of Cashflow

*For the Year ended 31 March 2017*

	2017	2016
	\$	\$
<b>Operating Activities</b>		
<i>Cash was provided from:</i>		
APC and Disciplinary Levies	697,721	671,832
Other Income received	179,600	82,499
Interest Received	38,929	57,497
<i>Cash was applied to:</i>		
Payments to Suppliers and Others	(986,545)	(812,409)
<b>Net Cash Inflow/(Outflow) From Operating Activities</b>	<b>(70,295)</b>	<b>(581)</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	150,000	(350,000)
<b>Net Cash Inflow/(Outflow) From Investing Activities</b>	<b>150,000</b>	<b>(350,000)</b>
Net Increase in Cash Held	79,705	(350,581)
Cash at beginning of year	1,567,062	1,567,643
Plus Cash transferred to Term Deposit	(150,000)	350,000
<b>Closing Bank Balance</b>	<b>1,496,767</b>	<b>1,567,062</b>
<b>Represented By:</b>		
Cash and Cash Equivalents	296,767	217,062
Investment - Term Deposits	1,200,000	1,350,000
<b>Closing bank balance</b>	<b>1,496,767</b>	<b>1,567,062</b>

## Medical Radiation Technologists Board Statement of Movements in Equity

*For the Year ended 31 March 2017*

	Note	2017	2016
		\$	\$
Opening Equity		955,551	1,007,613
Net surplus/(Deficit) For The Year	(128,843)		(52,062)
Total Recognised Revenues & Expenses		(128,843)	(52,062)
Equity at End of the Year		826,708	955,551



## Medical Radiation Technologists Board Statement of Financial Position

*For the Year ended 31 March 2017*

	Note	2017	2016
		\$	\$
<b>Equity</b>			
Retained Earnings	4	826,708	955,551
<b>Total Equity</b>		<b>826,708</b>	<b>955,551</b>

Represented by;

### Current Assets

Westpac Bank - Government Trading Account	266,471	66,058
Westpac Bank - Cash Management	30,297	151,004
Westpac Bank - Term Deposits	1,200,000	1,350,000
Accounts Receivable	28,329	33,763
Accrued Income		4,389
Medical Sciences Secretariat Ltd	14,129	35,974
<b>Total Current Assets</b>	<b>1,539,226</b>	<b>1,641,188</b>

### Non-Current Assets

Investments in MSS	50	50
<b>Total Assets</b>	<b>1,539,276</b>	<b>1,641,238</b>

### Current Liabilities

Accounts Payable		906
Accrued Expenses	6,122	8,211
GST Due for Payment	66,792	64,875
Income in Advance	639,654	611,695
<b>Total Current Liabilities</b>	<b>712,569</b>	<b>685,687</b>

<b>Net Assets/ (Liabilities)</b>	<b>826,708</b>	<b>955,551</b>
----------------------------------	----------------	----------------

For and on behalf of the Board;

Chairperson:

Date: 30 August 2017

Registrar:

Date: 30 August 2017

# Medical Radiation Technologists Board

## Notes to the Financial Statements

*For the Year ended 31 March 2017*

### 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 ("MRTB") and the Medical Sciences Council of New Zealand ("MSCNZ").

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

1. MSS undertakes not to make a profit from its business partnership with MRTB 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 incl. those that did not originally include GST (e.g. wages).
4. MSS will return GST refunds at a 50:50 split between MSCNZ and MRTB respectively.
5. All MSS expenses will be split and paid at 50:50 between MSCNZ and MRTB respectively.
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*

	2017	2016
Retained Earnings	\$	\$
Opening Balance	955,551	1,007,613
Net Income Earned This Year	(128,843)	(52,062)
Closing Balance	826,708	955,551

#### 5. Commitments

There are no capital or other commitments at balance date (2016: \$nil).

#### 6. Contingent Liabilities

There are no contingent liabilities at balance date (2016: \$nil).

#### 7. Revenue Categories

Revenue from non-governmental sources for providing goods or services totalled \$787,685 and revenue from interest, dividends and other investments was \$34,541

#### 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.







## NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD



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