



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

Policy: CPD for Annual Recertification of Medical Imaging and Radiation Therapy Practitioners

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.

This document sets out the Board's requirements in respect of medical imaging and radiation therapy practitioners' engagement in CPD.

MAY 1, 2020

Policy Title	CPD for Annual Recertification of Medical Imaging and Radiation Therapy Practitioners
Reference Number	2020-May-V3-MRT CPD
Scope	This policy document applies to all medical imaging and radiation therapy practitioners applying for an annual practising certificate

Associated Policy Documents
Competence Standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand

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Introduction

This publication sets out the Medical Radiation Technologists Board's (the Board) recertification programme for registered medical imaging and radiation therapy practitioners in New Zealand, with a particular focus on their engagement in continuing professional development (CPD).

All medical imaging and radiation therapy practitioners will be subject to an annual recertification audit undertaken by the Board, irrespective of whether they have recently been audited by the provider of the CPD programme in which they may be enrolled. The Board will audit 20% of current APC holders each year.

Continuing Professional Development

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

Legislative Context of CPD

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

"The principle purpose of this Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practise their professions"

Section 3 (1)

CPD is a critical component of the Board's recertification programme, and provides a mechanism for supporting practitioners' practice to develop throughout their career. Failure to maintain currency in a registered scope of practice places the public at risk of harm. CPD helps to ensure the public get the best possible medical imaging and radiation therapy services from practitioners who continue to be competent and fit to practise.

Definitions and Principles

CPD Defined

Continuing professional development is where health practitioners actively engage in a range of learning activities throughout their career to ensure they continue to practise safely, effectively, and legally within their evolving scope of practice

Adapted from the Health Professions Council United Kingdom

Principles of CPD¹

Continuity	Practitioners should always be looking for ways to improve your performance
Accountability	Management of CPD is owned by, and the responsibility of, the individual practitioner
Individual	CPD is driven by an individual practitioner's learning needs and development
Evaluative	CPD should be evaluative rather than descriptive of what has taken place
Essential	CPD is an essential component of a health practitioner's life, it is never an optional extra

¹ The principles statements are based on CPD information provided by the Chartered Institute of Personnel and Development (United Kingdom)

Recertification Requirements

An Overview of Mandatory Recertification Requirements	
Minimum of formally recorded CPD hours per triennium	60 hours
Minimum of formally recorded CPD hours in any one year	10 hours
Evidence of a minimum amount of substantive CPD activities in each triennium	35 hours
Declaration that a minimum number of clinical practice hours per triennium has been completed	880 hours
Maintain detailed and verifiable records for all CPD activities for a period of four years (for any one triennium)	
Provide supporting evidential documents confirming engagement in CPD activities	At least 10 supporting documents and 6 of those for substantive CPD activities
Confirmation of a peer performance review within the previous 12-month period	

CPD is Mandatory

CPD must be undertaken by all registered medical imaging and radiation therapy practitioners who are practising in New Zealand.

Practitioners registered and practising in more than one medical imaging/radiation therapy scope of practice must undertake substantive CPD activities in each scope.

Minimum CPD Hours

Practitioners must complete 60 hours of CPD activity over a three-year period – *triennium* – with a minimum of 10 hours in any one year.

At least 35 hours of CPD activities within a triennium must be directly relevant to their scope(s) of practice. These are classed as *Substantive* CPD activities.

These minimum CPD hours apply despite the tenure of practitioners' employment. That is, if practising as a medical imaging and/or radiation therapy practitioner on a fulltime, part-time or casual basis, they must meet the Board's CPD requirements, including the minimum number of CPD hours.

Pro-Rata Formula

For practitioners registered for the first time, or returning to practice, in many cases will commence CPD part-way through the term of a triennium. The Board has adopted a simple pro rata method for determining the number of CPD hours to be recorded for the APC period and for the triennium.

The pro rata CPD rate is:

- Five hours per three-month period

Practitioners may use this formula to determine the amount of CPD they are required to do for their first CPD year.

Minimum Clinical Practice Hours

When selected for a recertification audit practitioners need to declare they have completed a minimum number of clinical practice hours over the previous 3-year period:

Practising Status	Minimum Practice Hours
Single Scope of Practice	Total of 880 hours over 3-years
	- At least 360 of those hours must involve direct patient contact
	- The remaining 520 hours may be a combination of <ul style="list-style-type: none"> ○ Patient contact ○ Direct supervision of staff in clinical practice ○ Delivery of educational activities ○ Quality assurance directly related to the delivery of medical imaging/radiation therapy ○ Research activities that inform medical imaging/radiation therapy practice
Dual Scope of Practice	Total of 880 hours over 3-years
	360 hours of direct patient contact in each scope of practice
	- The remaining 160 hours may be a combination of <ul style="list-style-type: none"> ○ Patient contact ○ Direct supervision of staff in clinical practice ○ Delivery of educational activities ○ Quality assurance directly related to the delivery of medical imaging/radiation therapy ○ Research activities that inform medical imaging/radiation therapy practice

Practitioners issued with an APC that includes a condition of non-clinical practice do not need to meet the clinical practice hour minimums. They will however, be required to meet all of the other mandatory requirements of the Board's recertification programme.

CPD for Practitioners who Practise Part-Time

Practitioners working part-time must still complete the mandatory CPD requirements. Competence does not equate to the hours worked but to the standard of practice performed. Practitioners working only a few hours a week must be as equally competent during the hours they practise as their colleagues who work 40-hours a week.

CPD for Practitioners Not Currently Practising

Practitioners who do not hold a current practising certificate are not required to meet the Board's mandatory CPD requirements. That said, if they are planning to return to practice, the Board recommends they maintain some degree of CPD activity during their non-practising period.

Practitioners returning to practice after having more than 3-years away from the profession, will have any relevant CPD activities they have undertaken while away from practice, assessed as part of their APC application. They will need to ensure they are able to provide the supporting evidence for any CPD undertaken while not practising.

When returning to practise, meeting the mandatory CPD requirements may be calculated on a pro rata basis.

CPD Cycle

The Board has fixed the trienniums to align with the annual practising certificate renewal date of 31st March. The current triennium concludes on 31st March 2020. The subsequent three trienniums are:

- 1st April 2020 to 31st March 2023
- 1st April 2023 to 31st March 2026
- 1st April 2026 to 31st March 2029

CPD Activities

CPD activities must be relevant to a practitioner's scope of practice. The Board has adopted a two-tiered approach for classifying CPD activities:

- Substantive CPD activities; and
- General CPD activities

Practitioners are expected to undertake a variety of CPD activity types which, where possible, include those involving interaction with peers. Sharing and discussing issues and professional experiences with colleagues provides valuable clinical and professional learning opportunities.

Reflection is a critical component of CPD. Reflecting on one's practice creates greater awareness and insight into factors that can improve patient experiences and/or outcomes. It allows practitioners to critically evaluate their own professional experiences.

It is expected that CPD activities will incorporate a degree of reflection whereby practitioners analyse experiences so as to learn from them, and record that learning.

CPD Records

Practitioners must maintain detailed and verifiable records for all CPD activities undertaken. The Board may require an individual's CPD records to be submitted at any point in time.

Practitioners must retain their evidentiary record of CPD activities (and reflection) for all of the current triennium plus one additional year, that is, a minimum of four years for any one triennium.

Records of CPD activity should include both the details of the activity and reflection on the learning gained from the CPD activity.

Recording CPD Activities

Date, time and location of the activity

Activity details – e.g. journal article, seminar, lecture, workshop

Source, reference or provider – e.g. journal name, provider name

Number of hours for the particular activity (exclusive of breaks) and the type of activity hours – i.e. substantive or general

Evidence of participation – e.g. attendance certificate, copy of enrolment or sign-in sheet

Reflection

Reflective practice happens when you explore an experience you have had to identify what happened, and what your role in this experience was – including your behaviour and thinking, and related emotions. This allows you to identify changes to your approach for similar future events. If reflective practice is performed comprehensively and honestly, it will lead to improved performance.

Source: La Trobe University at www.latrobe.libguides.com

Recertification Audits

Meeting the Board's recertification programme requirements is mandated under the Health Practitioners Competence Assurance Act 2003 (section 41). The Board undertakes annual audits to monitor practitioners' compliance with meeting those requirements.

When applying to renew their annual practising certificate practitioners must make a statutory declaration that they have met the Board's mandatory recertification requirements.

The Board aims to audit up to 20% of current APC holders each year. This means that within a five-year period a practitioner can expect to be called for a recertification audit.

It is imperative that practitioners maintain their CPD records in a timely manner, ensuring their completion and accuracy.

Exemptions

The Board accepts that there may be specific, but limited situations where it is appropriate for a practitioner to be exempted from the Board's recertification programme requirements, for a specified period of time. Practitioners who believe that extenuating circumstances exist must apply in writing to the Board for an exemption. The Board determines exemptions on a case-by-case basis. Please note that as a rule of thumb part-time employment is not considered to constitute an extenuating circumstance.

Parental Leave

The ability to take parental leave is encapsulated in New Zealand legislation and the Board accepts it is in the public interest to allow for flexibility in respect of practitioners who are on parental leave.

Practitioners on parental leave may be granted an exemption from the Board's mandatory CPD requirements for a period of 12-months. The Board is confident that the length of this exemption period will not, in the normal course of events, materially affect a practitioner's ability to practise safely on their return to practice.

CPD Activities

Registered medical imaging/radiation therapy practitioners have a responsibility to assess potential activities for suitability and relevance and to determine whether their learning needs will be addressed by undertaking those activities.

While CPD activities are determined by each individual practitioner the Board strongly recommends they do that within the context of a personal/professional development plan.

Substantive CPD Activities

Substantive CPD activities are those activities that have significant intellectual or practical content primarily directed to the relevant scope of practice (or expansion of practice). An activity can be meaningful or significantly connected to medical imaging/radiation therapy practice irrespective of the method or medium used.

These activities must comprise at least 35 hours of an individual practitioner's CPD activities over the relevant triennium.

General CPD Activities

General CPD activities are those activities that relate to learning in the healthcare environment. It is important to ensure that activities in this category are relevant to healthcare.

Practitioners may contribute up to 25 hours of general CPD activities over the relevant triennium.

Examples of CPD Activities

Examples of substantive and general CPD activities include, but are not limited to:

Substantive CPD Activities must be directly relevant to the scope of practice	General CPD Activities healthcare related learning that has a relevant impact on practice
Participating in postgraduate studies relevant to practice needs or scope of practice	Private study – reading and reflecting on books and journals related to healthcare
Accredited training or vocational courses with recognised skills or knowledge – e.g. IV cannulation	Attendance at compulsory employer training sessions that address safety. E.g. Basic Life Support
Work-based learning contracts or other assessed activities Conferences, forums, workshops and seminars	Attendance at in-services, case presentations or reviews that are not specific to medical imaging/radiation therapy practice Attending meetings and participating in the work of a committee or similar, related to the work of a medical imaging/radiation therapy practitioner
Undertaking research and presentation of work or case studies. This needs to be substantive, referenced, and evidence-based Researching, preparing or editing an article published in a relevant professional publication or an article in a related healthcare publication	Membership of, and attending meetings of, a committee or similar, within an organisation with an identifiable healthcare function Examining and reflecting on evidence-based resources (systematic review, evidence-based guidelines, etc.) and implementing changes in practice. This activity must also include written documentation of the findings and reflection
Authoring a book chapter Making health related presentations of new or substantially reviewed material – e.g. poster presentations, lectures, seminars, workshops	Online learning about an identifiable healthcare function involving discussion, chat rooms, etc. Providing general supervision or mentoring to supervised practitioners. This is supervision of staff where the supervision is a usual responsibility of the work role. To count as CPD the details of this activity must be documented
Presenting in-service or training to health professionals or carers Attendance at in-services, case presentations or reviews specific to medical imaging/radiation therapy practice Participation in journal clubs	Internet research (without further application) Managing or administering a CPD programme for 10 or more people Time spent reflecting upon and recording learning from CPD activities
Developing evidence-based practice resources – e.g. completing systematic reviews, developing evidence-based guidelines	
Distance education or online learning that includes an examination, assessment or certificate evidencing learning outcomes Programme accreditation activities – e.g. accreditation teams, evaluation of accreditation reports	
Activities to improve quality or reduce risk in practice, involving evaluation and reporting Participating in a clinical audit or similar review activity	
Formal supervision of students or practitioners under supervision Private study – e.g. reading books and journals with a clear relationship to developmental goals and scope of practice	
Reflection on practice – conscious analysis of a professional issue or experience either individually or with colleagues. Evidence must include details of the identified issue, analysis of the issue from different perspectives, describing how changes to practice could improve patient experiences or outcomes	
Attending applications training specific to medical imaging/radiation therapy practice Attendance at compulsory employer training sessions and/or other learning opportunities that address cultural aspects of professional practice	

A Guide to Maintaining CPD Records

Mandatory Requirements

Practitioners must maintain a continuous, up-to-date and ongoing record of their CPD activities.

CPD records need to show the individual has demonstrated reflection, improvement and positive impact on their practice as a registered medical imaging or radiation therapy practitioner.

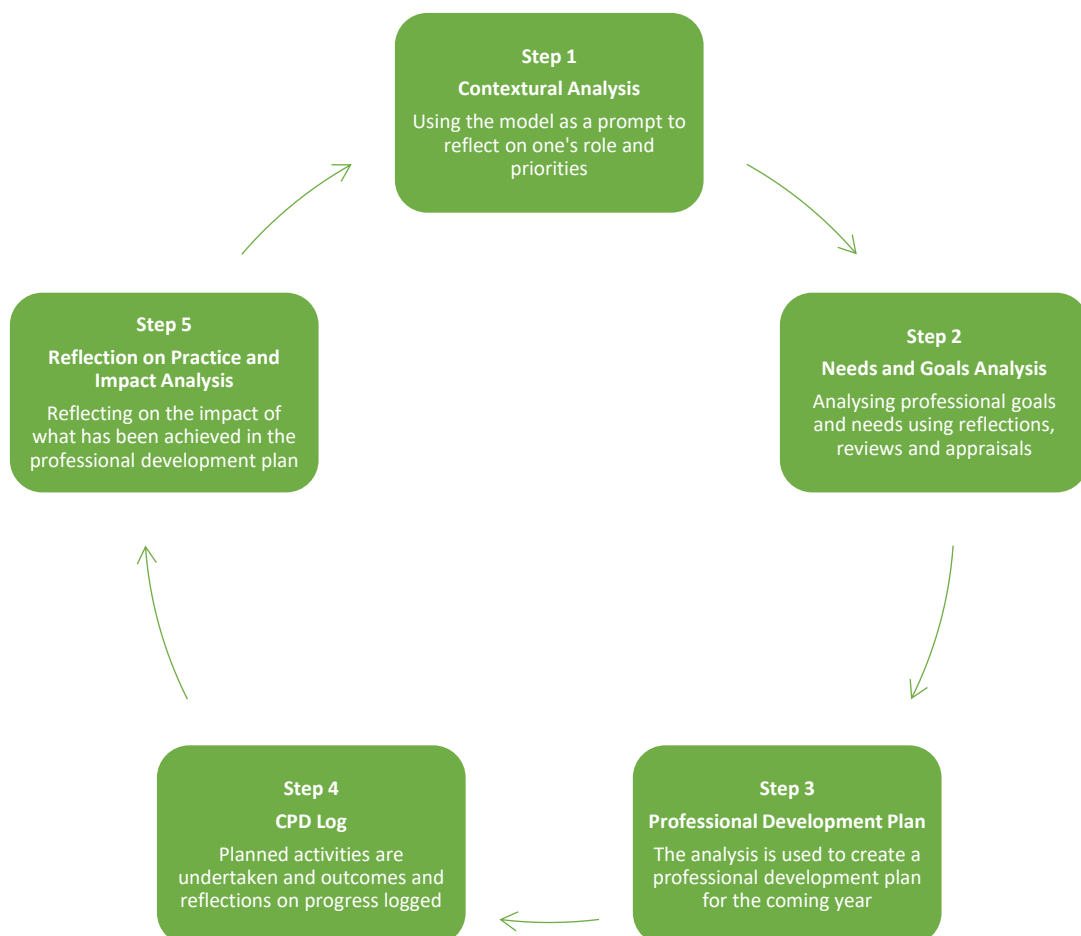
CPD Logbook

As long as the CPD record meets the Board’s recertification requirements, it is the individual practitioner’s decision as to the format of their CPD record. A sample logbook can be downloaded from the Board’s website at www.mrtboard.org.nz

Professional Development Planning

The Board recommends practitioners utilise a systematic professional development process to manage their CPD.

The following model² offers a framework for the planning, implementation, and recording of CPD activities:



² Reference Source: Guidelines for your continuing professional development (CPD). Institute for Learning at www.ifl.ac.uk

It is important to understand that learning and development will not always follow these steps neatly and in sequence. It is quite appropriate for a practitioner to address a particular stage of the process when it is seen as relevant and timely to their own developmental journey. But at the outset, particularly if inexperienced at planning CPD, a systematic approach can help.

Contextual Analysis

Practitioners will need to begin reflecting on the relationship between the competencies³ for their particular scope of practice and the development of their professional practice. This involves thinking about the context in which they work, the key priorities for keeping up-to-date in their practice, and in approaches to working as a member of healthcare team.

Needs and Goals Analysis

Analysis of priority areas using appropriate forms of evidence such as feedback from colleagues, patients, supervisors, etc.; impact evaluation; and peer reviews/performance appraisals. Includes undertaking a critical self-assessment of the individual's needs and goals for the coming year to address identified areas for development.

Professional Development Plan

Using their needs and goals analysis, practitioners can then identify professional development activities to address those needs. This requires consideration of the type of activity as well as the focus or topics that are most likely to be effective for them.

Creating a professional development plan that articulates:

- Why the practitioner wants to engage in each activity
- When achievement of each activity is expected
- What they expect to gain from the activity
- How success of the activity will be measured

CPD Log and Supporting Evidence

Practitioners then carry out the activities identified in their plan, keep an account of the activities completed with dates and the time spent, as well as their reflections on progress and the difference the activities are making for them as an individual health professional, their colleagues and/or patients.

Reflection on Practice and Impact Analysis

Reflecting on the impact each CPD activities has had on their professional practice and on their colleagues and patients is a critical aspect of a practitioner's CPD. Critical reflection helps with reviewing and setting ongoing CPD goals.

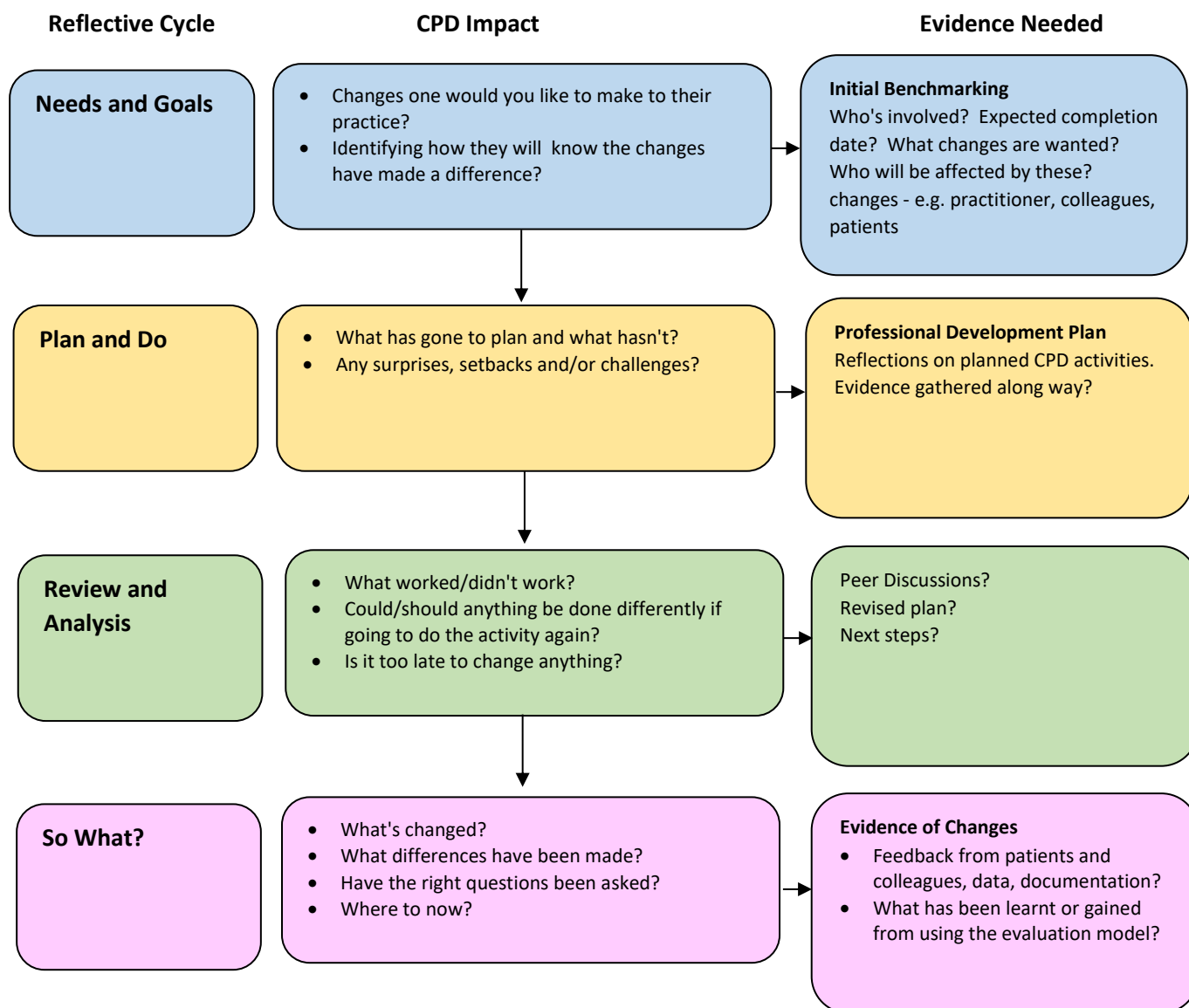
Reflection requires practitioners to question the 'givens', assumptions, and sometimes uncertainties of an action. Critical thinking requires problem solving and working towards a solution.

When planning or evaluating their CPD, practitioners should think about the possible or actual outcomes from different perspectives including their own, colleagues, patients, and from a theoretical viewpoint. Reflecting on the outcomes of a CPD activity with a colleague or group of colleagues and ask them to provide constructive critical feedback can add rigour.

³ Refer to the Board's *Competencies for Medical Imaging and Radiation Therapy Practitioners*
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CPD Impact Evaluation Model

The following model⁴ can be used to critically reflect on the impact of what a practitioner has done. It involves deciding what they want to achieve at the outset of their professional development activity and then measuring how far they have done that.



⁴ Reference Source: Guidelines for your continuing professional development (CPD). Institute for Learning at www.ifl.ac.uk

Recertification Audit

An annual recertification audit enables the Board to measure compliance and thereby assuring the public and the Minister of Health that medical imaging and radiation therapy practitioners are engaging in appropriate CPD that supports their ongoing competence to practise.

Selection of Practitioners for Audit

Each year the Board selects 20% of all medical imaging and radiation therapy practitioners currently practising (that is, they hold an Annual Practising Certificate), to participate in a recertification audit.

Practitioners will be notified of their selection approximately 2-months prior to their recertification records having to be submitted to the Board.

Practitioners may also be called for an audit in a number of other circumstances, including practitioners who (but not limited to):

- ✚ Were deferred from a previous audit
- ✚ Recently returned to practice after being away from the profession for more than 3-years
- ✚ Were previously selected for an audit but did not respond or participate, and now wish to practise in New Zealand
- ✚ Were directed by the Board to participate in the audit subsequent to a competence review or a disciplinary hearing

Audit Timelines

Timeline	Audit Activity
12 weeks prior to audit	Board selects practitioners for audit and checks individuals have not been selected for audit within the previous 3-years
8 – 9 weeks prior to audit	Practitioners receive written notification of their selection for audit (including an audit declaration form)
4 -5 weeks prior to audit	Follow-up communique sent to practitioners who are yet to provide their audit documents
2-weeks prior to audit	A final notification is sent to practitioners who have either not responded or whose documentation is incomplete
Audit	Audits are undertaken by Board members and staff who have received training in auditing practice in accordance with the Board's pre-determined audit evaluation criteria
2-weeks after the audit	Practitioners who did not meet the audit requirements are notified in writing and advised of what they need to do to achieve a 'pass' status
4-weeks after the audit	Practitioners who successfully passed the audit requirements are notified

Meeting Recertification Audit Requirements

When selected for an audit, practitioners need to forward all of their CPD records for the 3-years prior the audit date. Notification letters will specify the dates that their records need to include.

Practitioners are provided with a recertification audit declaration form requiring them to complete:

1. A signed declaration; and
2. An employment history summary; and
3. Confirmation of a peer review/performance appraisal within the previous 12-months

In addition practitioners are required to provide:

4. A log book listing their formally recorded CPD activities; and
5. Reflective statements; and
6. Evidential supporting documents.

These last three requirements can be presented in a format of the individual practitioner's choice, as long as the information provided is legible and logical.

1. Recertification Declaration

The recertification declaration provides the Board with an assurance that the CPD information supplied is a true and accurate record.

2. Employment History

Having an employment history overview enables auditors to align logged CPD activities with the practitioner's professional role as well tracking practice hours over the last 3-years.

A full CV is not required but rather a brief description of key responsibilities in the practitioner's current and previous roles over the relevant triennium is sufficient.

3. Confirmation of a Peer Review

Practitioners are required to sign a declaration they have undergone a peer review/performance appraisal within the previous 12-months.

4. Log Book

Log books must be word processed. How a log book is formatted is up to the individual practitioner. However, the Board has developed a sample log book recording template that includes an overview of the critical information required in respect of recording a CPD activity. This can be adapted by practitioners for their personal use.

5. Reflective Statements

A minimum of **six** reflective statements must be provided. Two of these must be related to ethical practice, and another two to the practitioner's registered scope of practice. One reflective statement must relate to culturally appropriate practice. The remaining reflective statement can relate to any of these elements of practice.

While there are a number of approaches to articulating reflective statements and a range of situations to reflect on, as a minimum three critical elements/questions must be included:

1. What did the practitioner do?
2. What did they learn?
3. How did the activity impact on their practice?

6. Supporting Documentation

Practitioners must provide a sample of documents that provides evidence against a selection of their logged CPD activities.

They are required to provide at least **ten** documents as evidence.

At least **six** of these evidential documents must be related to substantive CPD activities.

At least one evidential document for each of the three years of the triennium must be provided.

The Board only accepts **electronic** copies of all CPD information.

Each supporting document must be **dated and include the practitioner's name**.

NOTE: The minimum number of reflective statements and supporting documents may be calculated as a pro rata depending on the year of the triennium being audited. Refer to the Audit Documents Summary on page 22

Audit Documents Summary

Audit Date	Practitioners	CPD Records Date Range	Content of CPD Records
Current Triennium (2017-2020) August 2020	All practitioners	1 st April 2017 – 31 st March 2020	<p>CPD information must meet the revised recertification requirements. Must provide total minimum of 6 reflective statements and 10 supporting documents</p> <p>CPD relates to the full 3-year triennium. Pro-rata formula can be applied when practitioner has been practising for less than 3-years</p>
Next Triennium August 2021	All practitioners	1 st April 2020 – 31 st March 2021	<p>CPD information must meet the revised recertification requirements. Minimum of 2 reflective statements and 3 supporting documents</p> <p>Pro-rata formula to be applied for up to 1-year of CPD activities</p>
August 2022	All practitioners	1 st April 2020 – 31 st March 2022	<p>CPD information must meet the revised recertification requirements. Minimum of 4 reflective statements and 6 supporting documents</p> <p>Pro-rata formula to be applied for up to 2-years of CPD activities</p>
August 2023	All practitioners	1 st April 2020 – 31 st March 2023	<p>CPD information must meet the revised recertification requirements. Must provide total minimum of 6 reflective statements and 10 supporting documents</p> <p>CPD relates to the full 3-year triennium. Pro-rata formula can be applied when practitioner has been practising for less than 3-years</p>

Frequently Asked Questions

I work as a casual and on average only work about 1 or 2 days in a month. Do I have to do CPD?

Yes. CPD is a mandatory requirement under section 41 of the Health Practitioners Competence Assurance Act 2003 and applies to all medical imaging and radiation therapy practitioners working in New Zealand, irrespective of your hours of work.

Is the amount of CPD I'm required to do reduced in line with my reduced work hours?

No. The minimum amount of CPD hours in any one triennium is the same for all practitioners. That is, there is no reduction in the amount of CPD hours required if practitioners work in a part-time and/or casual capacity.

I am practising in two scopes of practice. Is there a minimum percentage of the total 35 hours of substantive CPD for each of these scopes?

No. It is your responsibility as a health practitioner registered under the Health Practitioners Competence Assurance Act 2003 to ensure you manage your CPD so as to benefit your ongoing practice in any and all scopes of practice in which you are practising.

An audit of your CPD records would consider if you have provided evidence of how your CPD activities have impacted on your practice for each of the relevant scopes.

I am enrolled in a CPD programme that counts CPD activities in terms of credits or points. Can I just use those same points or credits when recording my CPD in my logbook records?

No. While you can choose to continue to record your CPD activities in terms of credits/points as used by your CPD provider, you must also translate the credits/points for each CPD activity into hours.

This is very important, as when you are called for a Board audit of your CPD records you will need to be able to demonstrate that you met the required number of minimum of hours for the relevant triennium (as set out earlier in this document).

I have been practising medical imaging/radiation therapy for many years. Why should I have to do CPD?

As a registered health practitioner you have an obligation to demonstrate that you remain competent and fit to practise so as to protect the health and safety of the public. Lifelong learning has long been recognised as a critical element in being able to demonstrate that. While having extensive work experience may well be a contributor, it cannot be considered as the sole evidence of continuing competence.

I work in a smaller regional practice and it can be difficult to access CPD activities.

I end up having to do CPD in my own time and that's hard when I have to balance that with working and my personal life

As with many other professional groups, there is a worldwide expectation registered health professionals will actively engage in CPD. Ongoing and lifelong learning is the hallmark of a professional and serves to not only better protect the health and safety of the public it also provides a structured framework for you to improve your practice and can be a positive influencer in terms of your career aspirations.

Balancing a number of areas in one's life is typical for the majority of people in today's busy world and is not restricted to those who have chosen to work in the area of health service delivery. When revising its recertification programme requirements, the Board has endeavoured to provide a broad range of examples that can count as CPD activities. The Board is confident this will assist practitioners with being able to access sufficient and appropriate CPD activities, as will the fact that as a minimum, an individual only has to complete 60 hours of CPD over a 3-year period. On average this equates to less than 2-hours per calendar month. The Board does not consider this to be onerous.