New Zealand Medical Radiation Technologists Board
Te Poari Ringa Hangarau Iraruke

MRTB to New Zealand Ministry of Health

Modernising Health Workforce Regulation

Tēnā Koutou

RE: Additional response from the Medical Radiation Technologists Board to the Ministry of Health Consultation on Putting patients first

1. The Medical Radiation Technologists Board is a responsible authority under the HPCA Act. It regulates the professions of Medical Imaging and Radiation Therapy with approximately 3700 practitioners currently practising in the New Zealand health sector.

2. The following is a response from the Medical Radiation Technologists Board (BOARD) to the consultation on the Putting Patients first survey. This is separate to the response that has been provided through the online survey. The BOARD welcomes the opportunity to consider the current system of health practitioner regulation and to make changes that reflect the changing nature of clinical practice, and the complex needs of people. It is of the opinion that any changes need to be informed by evidence and supported by robust and rigorous policy analysis. The responses provided in this document are aligned to the sections within the consultation document.

3. The Board is satisfied that its current regulatory mechanisms meet its obligations to protect the health and safety of the public. The Boards position is that modern regulators take a whole of system approach to their work and consider their role as part of the wider health system. With this approach it believes that the HPCA Act provided the mechanisms to support a risk-based approach to the regulation of health professionals. That is not to say that the Act cannot be modernised and strengthened to incorporate changes required. To support the future proofing of the regulation of health professionals the Board has actively participated through the provision of advice and guidance in recent consultations that have been run by the Ministry of Health on the Act.

4. The Board also notes positive comments about the current regulatory framework made by the Minister in a recent Radio New Zealand interview (27/4/25) regarding physicians' associates"

Patient Centred Regulation

5. Patients are and should be at the heart of health care. Patient safety is the remit of regulators and those who are charged with this responsibility take it incredibly seriously. The voice of consumers is an integral part of regulation and indeed at least one lay member is required for decision making to occur.

6. Increasing the patient's voice in the role of the regulator would be welcomed by the Board. This aligns with changes that have occurred within other jurisdictions where the number of lay people can equal the number of health practitioners for example the HCPC in the UK. The UK model was implemented to ensure diversity of opinion when making critical decisions that affect patients and the public. It is therefore important that there is a mix of knowledge and ability, and experience to allow this function to be discharged.

7. What could and should be consulted upon by regulators needs to take into consideration the context and the environment in which practitioners work. There are other ways in which consumer involvement in consultation can be achieved. This could be through the use of formal consumer networks such as those through the Health and Disability Commission and the Health Quality and Safety Commission.

8. There is also the opportunity for a Responsible Authority to consider how it promotes itself for example reviewing its public facing website to be more attuned to the needs of patients. A responsible authority could also consider the development of its own networks/patient focus groups to hear directly from patients about their experiences. However, this needs to be taken into the context of each responsible authority and costs associated with the establishment of networks/patient focus groups. Collaborative development of a lay person/patient forum for a number of authorities could be one other way that these organisations work together and share resources and professional expertise.

9. It is imperative that regulators take a multi-view approach when defining the work of the practitioners. Clinical safety is more than technical competence. Taking a more than reductionist perspective on practice and considering 'the patient' as more than simply their physical or mental health, means that regulators are providing patients with the most qualified health professional.

10. New Zealand and international evidence points to the importance of cultural aspects of care addressing inequality in health outcomes and the provision of safe care.

11. Complaints from the HDC and internationally reflect the significant role of effective communication in delivering safe health care. Cultural competence is one aspect of ensuring effective communication. 68% of complaints to the HDC in the 2024 annual report had a communication issue identified. In New Zealand, the government has undertaken reviews into effective communication with patients. The Health Quality and Safety Commission discusses the importance of ensuring health practitioners understand how to communicate with patients and their families effectively.

12. Terminology used within the consultation document appears to suggest that technical competence is the only form of competence that patients require from practitioners and that clinical and cultural safety can be separated. The Board wishes to reinforce its position that the two areas of practice are interconnected and that a safe practitioner incorporates both cultural and clinical safe practice into the care provided to the patient. Clinical safety is more than technical competence, communication is a key item in many complaints that are brought about health professionals. Complaints from the HDC and internationally reflect the significant role of effective communication in delivering safe health care. Cultural competence is one aspect of ensuring effective communication. Effective communication means notwithstanding cultural differences the patient has clearly received safe healthcare. In other words, the communication process ensures the patient has fully understood the proposed provision of medical imaging and radiation therapy services they are to receive and so are able to provide their informed consent

13. Regulators need to ensure that their decisions are proportionate, considerate, targeted, transparent accountable and agile[1]. Taking these principles into account and utilising a risk-based approach to regulation, regulators do consider matters that relate to competition and access however they can be somewhat limited in their influence.

14. By this the Board means that regulators take the view that patient safety is paramount and how this is achieved is through having people with the required knowledge and skills provide appropriate care. While regulators may consider the needs of the clinical environment to have a certain number of practitioners of a certain skill set provide care, they have no direct role with regards to the demand requirements or operational structures of employers.

15. Decision making should have the patient at its centre. This means ensuring that decisions are adequately balancing the proportion of risk to the regulatory burden imposed. The Board accepts that it is important to regularly consider whether the framework in place is fit for purpose and reflects the needs of a modern health system. This consideration could form part of the mandated responsible authority performance review.

Streamlined Regulation

16. Regardless of the model that is employed to regulate health professionals there is always the need to ensure that the regulation of a specific group manages the risk that the profession poses to the public. How the administration of this occurs can be considered, noting that amalgamation itself will have costs that would need to be borne by either the government or the professions. While examples are provided in the consultation document about the number of regulators it is important to remember that each model has its own pros and cons and that each has been constructed to specifically address regulation within the context of each jurisdiction.

[1] Right-touch regulation | PSA

17. Within the current New Zealand regulation environment there are already models that demonstrate a more streamlined approach. The Medical Sciences Secretariat was established to provide administrative and regulatory services for two separate responsible authorities, comprising three professions. In this model processes are essentially the same for both responsible authority. Staff at all levels and in all departments flex between the work for the different authority on a daily basis. The information management and financial infrastructure and ways of working within the MSS supports this agility and can be developed further to support new professions. The way that MSS has been created means that new professions and responsible authorities could be amalgamated into our current system without a change in legislation or the need for the creation of a registrant database from scratch.

18. If consideration is given to amalgamation of some regulators, then consideration needs to be given to timing to minimise interruptions in service and other unintended outcomes within the already stretched health sector.

19. If consideration is given to creating an overarching board for example, then consideration also needs to be given to how regulatory functions will be performed. For example, Section 118 of the Act describes the functions of each responsible authority. If a number were merged with one multi-profession board, then obvious flow on effects would relate to how the professions represented by that board would comply with their requirements.

20. While administratively there could be gains from combining finance and people & culture departments, it could be that the same number of professional staff are still required to ensure compliance with the regulatory requirements. This is not to say that amalgamation could not occur as it is already identified in the Act, but that serious consideration needs to be given, and robust analysis undertaken before a decision is made.

Right Sized Regulation

21. There is general agreement that the regulation of practitioners needs to be proportionate to the risk posed to the public by the professionals. Regulators understand that the process of registration can be challenging for some people who wish to practise in a new jurisdiction. There is an assumption that registration in one country means you will be entitled to registration in any other country, regardless of the differences in practice. Protecting the public is about more than demonstration of clinical and technical competence but also includes consideration of character as well as personal health circumstances. Further, that while technical aspects of practice may be the same, roles and responsibilities within the practice environment may be very different. In particular, New Zealand health professionals generally are expected to work with a higher degree of personal clinical responsibility than in some other jurisdictions.

22. When considering applications for registration evidence shows that for the Board 2023/2024 year 96% of applicants were registered[2]. This includes 43% who are internationally qualified. Continuous improvement is a part of the work of the regulator while ensuring quality is maintained.

23. The Board agrees that there should be options for other lower risk non-regulated professions to have a formal process for self-regulation as described within the consultation document. Some of the processes that are described already occur with the current regulated workforce for example credentialling and certification. Within the current context these are seen as further enhancements or safety measures that are employed within practice. Often tasks that are associated with these processes are above those expected of entry level practitioners or can be specific to a context or circumstance.

24. As the landscape within health changes then the needs and requirements for practice and what constitutes competent practice also needs to be considered to ensure that practice is robust and informed by evidence. While within the consultation document there is reference to clinical practice hours requirements, it is important to consider the different roles and responsibilities of practitioners in New Zealand and other contexts to ensure that the minimum standard of competence is met for practice here. Arbitrary comparison between jurisdictions may not reflect the level of responsibility that is expected of practitioners entering the register.

25. The Board acknowledges that the shortage of practitioners is a key factor in poor health outcomes within New Zealand and that consideration needs to be given to how care can be provided. The Board is also mindful that the workforce issues are international and not just New Zealand specific. The Board endorses statements by the Professional Standards Authority (2025) that articulate that there is a need for regulators to be agile and keep pace with changes and further, that regulators have an important role in regulating for new risks and helping to reduce inequalities (PSA, 2025, p.8). The Board believes that this is embedded within the current HPCA Act through section 118 that clearly articulates its roles and responsibilities however this could be strengthened to provide further direction to regulators.

26. There should be a process for review of regulator decisions so that decision making is transparent. An occupations tribunal would be welcome as this would mean that there is a place where matters can be reviewed outside of the court system. However, the defined purpose to review decisions from practitioners and countries with equivalent or higher standards does not make sense. Noting that New Zealand has internationally high standards anyway and that if processes for registration assessment are robust these practitioners would most likely be registered.

27. The Board believes that the review of scope of practice as well as streamlining of processes with regard to return to practice and other assessments are part of the

[2] MRTB-Annual-Report-2024_web.pdf

regular review that regulators should undertake. The changing context of practice and requirements mean that there is a need for regulators to consider the practice of the clinician within the clinical context, the associated level of risk, and public safety on a more regular basis. This is particularly important in female dominated professions with evolving work/life balance expectations. Requirements like this could be more formalised within the responsible authority performance review processes where regulators would need to demonstrate how they review these requirements to ensure they are fit for purpose.

Future Proofed Regulation

28. Occupational regulatory decisions are focused on the individual practitioner not on provision of service. Regulators are aware of the impact of their potential decision on the workforce pipeline. Regulators exist to protect the health and safety of members of the public by ensuring that practitioners are competent and fit to practise. The patient's needs: a safe practitioner to provide care, is at the centre of this decision making.

29. Regulators and the stewards of the health system need to consider new and enhanced roles that can support the delivery of modern health care practice. A recent example of this is the consideration of the role of the radiology assistant and expert practice. Reviewing and adapting the scope of practice means that this enables practitioners with appropriate education to provide care that was once not considered to be their domain – and with the right knowledge and skills can improve the patient's experience.

30. Change and identification of new professions can be achieved through collaboration between the regulators, the providers and also professional associations. The same exists for review of qualifications. Again, consideration could be given to including this as part of the responsible authority performance review process.

31. The Government already has a number of powers within the HPCA Act that are proposed in the consultation. For example the Minister has the power to audit responsible authorities and further board performance reviews occur on a five yearly cycle. The Board would welcome the provision of a letter of expectation however it is not supportive of having the government issue instructions to the regulators about operational matters and is concerned about the level of interference that could occur. Review of the Board can be achieved through the use of the performance review and the Board believes that this should be an effective means of demonstrating its work. It would also see value in a joint Ministry, responsible authority and employer strategic forum that identifies issues of relevance and believes this could assist in identification of targeted initiatives to address matters related to the regulation of professions.

32. Having the government issue instructions to the regulators about operational matters would most likely require a change in entity for the responsible authority. Making the authorities, crown entities would mean that there are associated costs to the government.

33. A shared register could ensure a more efficient and patient focussed health care system, however the development of a shared IT platform would have a considerable cost, which ultimately would need to be paid for by the government or the practitioner. It is important to advise that as part of future proofing, the MSS has ensured that its new database has the ability to add new professions or regulators onto it.

34. The government via the Minister of Health already has the ability to appoint members to regulatory authorities to ensure that decisions made are with the patient's best interest in mind. The functions of the Act require these members to ensure the health and safety of the public by ensuring that practitioners are competent and fit to practise. To this end, and through the implementation of standards that are reviewed regularly, the members of the responsible authorities ensure that the workforce is responsive to the needs of patients. However as stated above regulators and the stewards of the health system in collaboration with the professional associations need to consider safe innovation and availability of service.

35. The Board is supportive of a multi-disciplinary approach to practice and collaboration and supports future proofed regulation that enables and actively promotes interprofessional and collaborative patient centred care. The evidence-based benefits of pre and post registration inter-professional education- IPE (e.g. leading to improved collaborative care in practice) and the benefits of interprofessional collaboration itself feature strongly in our risk assessment processes, especially the benefit of interprofessional education in pre-registration programmes of education. The Board's Chief Executive is part of the National Centre for Interprofessional Education and Collaborative Practice - AUT and is working with other responsible authorities to implement a statement of intent on interprofessional collaborative practice and education.

36. The Responsible Authorities have established fora and channels for communication where matters of common interest are discussed. Staff members within the MSS are contacted by their peers for advice and guidance around regulatory matters.

37. The Board thanks you for the opportunity to provide feedback on the consultation. We look forward to working with you as matters progress.