



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

Annual Report

1 APRIL 2020 - 31 MARCH 2021





THROUGHOUT THIS REPORT:

MIT: Medical Imaging Technologist
RT: Radiation Therapist
NMT: Nuclear Medicine Technologist
REA: Registration Examination Assessment

MRIT: Magnetic Resonance Imaging Technologist
Son: Sonographer
T-Scopes: Includes all training scopes of practice

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.

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From the Chair and Chief Executive

Operating within a Covid-19 World

As we closed out the previous year with a national remembrance for the victims of the Christchurch Mosque shootings, COVID-19 took hold globally and Aotearoa New Zealand was put into lockdown before our new business year began. The staff team was immediately organised to work from home with equipment and supplies provided, ensuring that business for the Board continued throughout this time. During 2020 Board meetings were mostly held via audio visual conferencing and demonstrated to us all how technology could help us to carry on our business as usual despite this sometimes adding a degree of complexity as we adapted to operating in a different way.

Our thanks to the CEO for her management of the overall organisational response to managing our business within a COVID world, not only during the lockdowns, but also throughout 2020 and beyond. In recognition that COVID-19 may have impacted the CPD of practitioners, the Board decided to withhold the annual CPD audit in 2021, with the audit process resuming in 2022. Additionally, in recognition of the potential financial pressures the COVID-19 world presented the Board determined to make no changes to practitioner fees for the 2020/2021 year.

Board Membership and Professional Development

While there were no changes to Board membership in 2020/2021, completion of the appointments process for pending vacancies remained unresolved by year-end.

All Board members are actively involved in professional development as part of their governance role. During 2020 this included engaging in governance- related online learning modules and the Mauriora Health Education Research online courses relating to the provision of health services from a Māori perspective (these latter courses are also a requirement for all overseas- trained registrants to complete within their first 6-months of employment in New Zealand). We also joined our colleagues from the Medical Sciences Council (MSC) for a one-day workshop on the essentials of good governance. Combining professional development opportunities as joint initiatives with the MSC has strengthened our partnership arrangement of having a shared secretariat and assisted with establishing a strong collegial approach to setting consistent regulatory frameworks for the different professions each authority regulates under the Act.

Registrar

Following advice from our Registrar, Margaret Steel, of her intention to retire, representatives from both the Board and the MSC joined a recruitment committee with the Chief Executive to begin the process of finding a new Registrar. The Registrar is employed through the Medical Sciences Secretariat (MSS) which is a MRTB/MSC jointly owned service organisation, with a single Registrar serving both authorities.

We are pleased to advise the successful appointment of Caleb Bridgeman as the incoming Registrar, with Caleb taking up his role at the end of March 2021. A qualified lawyer, Caleb has worked in both the private and public sectors in a variety of roles including in-house counsel, prosecutor, and most recently in an arbitrator and mediator role. We take this opportunity to welcome Caleb to the wider team. While Margaret's term with us did not finish until the end of April 2021 (allowing for a handover period with Caleb), it is timely to acknowledge the sterling service she provided over her 3½ years as Registrar. Her commitment to the role and work of the Board has been greatly appreciated, and though a reluctant goodbye, we wish her and husband Geoff all the best for their next venture as they take on retirement on their lifestyle block in the Canterbury region.

A Flexible Working Environment

Following the lockdowns of 2020 which saw the staff team working from home, the Board, along with the MSC, supported the adoption of a formal MSS policy enabling an ongoing flexible working environment. Elements of flexible working had been available to staff for some time, and this significantly assisted the relatively seamless transition the MSS staff team made from office-based to home-based working during the COVID-enforced lockdowns.

While the flexible working arrangements during the 2020 lockdowns clearly supported our business continuity both during and after a “disaster” situation, it was also recognised that flexible working arrangements offered many other benefits. Moving to a flexible-by-default approach as promulgated by the Public Service Commission, has been enabled through active engagement of the whole team. This has included the development of a productivity-focused work programme which will see ongoing measurement and reporting against key performance indicators across the whole organisation. This latter feature of our flexible working environment is due to rollout in 2021.

Online Exam

The Board’s previous work on setting up a new registration pathway for overseas-trained applicants came to full fruition in 2020 with an online examination now available for all scopes of practice. While the online examination replaces the previous on-site registration examination assessment (REA) process for all scopes of practice, overseas applications for registration in cardiac ultrasound remain an exception. REAs as a pathway for registration in cardiac ultrasound will remain at least for the interim.

Digital Platforms

A review of the Board’s website highlighted a need to improve the experience of the user in being able to readily find relevant information. During 2020, the Board invested significant resources into the development of a replacement website platform. Considerable planning and design effort was given to ensuring a new-look interface that would allow for more speedy interaction and search capabilities.

With our heavy dependence on digital technology to support the core work of the Board, significant investment has also been made into strengthening our digital systems and processes. Cybersecurity policy and procedures have been reviewed with a focus on mitigating the ever-present potential security threats to our digital systems. We have a commitment to better protecting the personal information we take stewardship of within our regulatory responsibilities under the Act, and as in accordance with our obligations under the revised Privacy Act 2020.

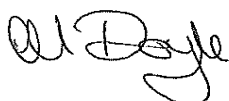
Our investments into our digital platforms continue to be managed as a joint-RA approach with our colleague authority, the MSC. This enables us to get better value on our investment as well as a consistency in the standards of our digital communications.

Thank You

We would like to thank Board members and MSS staff who all worked diligently through the COVID-19 situation in what was and remains to be uncertain times. Despite all the challenges we faced, our productivity remained at a high standard.



Beryl Kelly (Chair)



Mary Doyle (CEO)

Numbers at a Glance

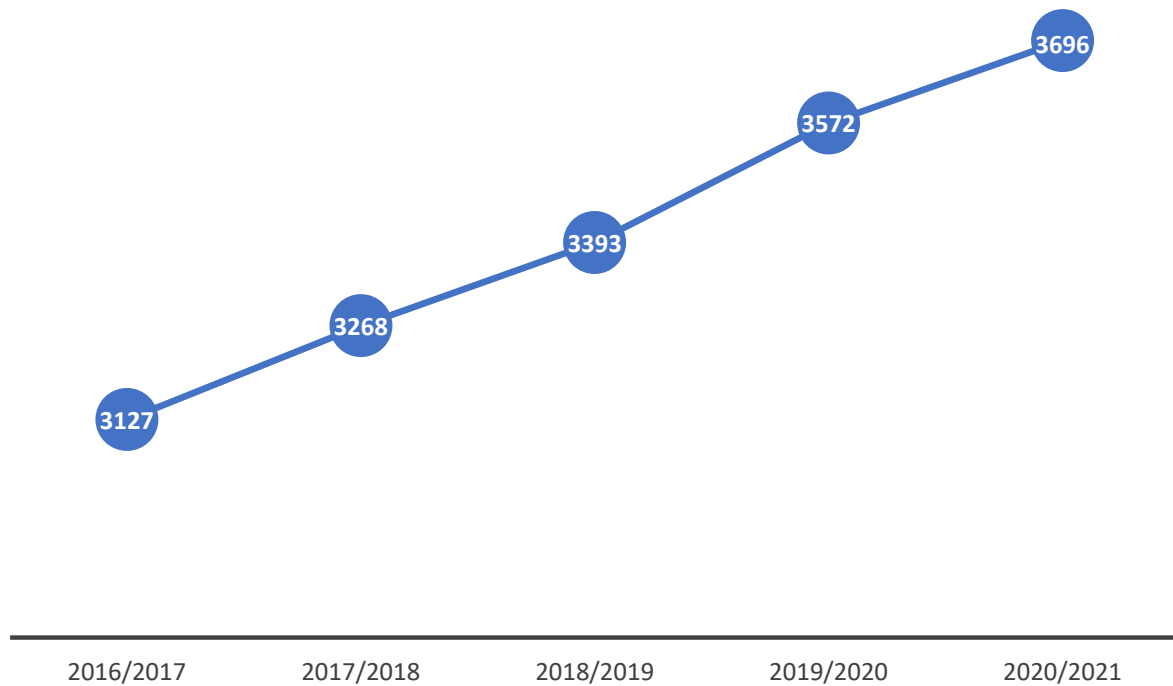
1 April 2020-31 March 2021



3,351

Annual Practising Certificates
received and processed

APC Numbers across the years



THERE HAS BEEN A 7% INCREASE OF APCS IN THE LAST 5 YEARS

New registrations

We granted

150 MIT

27 MRIT

10 NMT

30 RT

67 SON

72 T-SCOPES

Of the new registrations:

115

OVERSEAS-TRAINED

241

NEW ZEALAND-TRAINED

Professional Standards:

5 NEW
NOTIFICATIONS

2 Conduct cases

2 Fitness to Practise cases

1 Competence case

The MRT Board

The Medical Radiation Technologists Board (the Board) is one of sixteen New Zealand health regulatory authorities appointed by the Minister of Health under the Health Practitioners Competence Assurance Act 2003 (the Act). The Board is responsible for the administration of the Act in respect of the profession of medical radiation technology (encompassing the practices of medical imaging and radiation therapy).

The 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 several influences including economic factors, legislative and regulatory change, political factors, social and demographic factors, and technological change.

The Board's Role and Functions

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 required qualifications 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 ongoing competence of medical imaging and radiation therapy practitioners.
- Receive and act on information from health practitioners, employers, and the Health and Disability Commissioner (HDC) 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 (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by the profession.
- Liaise with other authorities appointed under the Act about matters of common interest.
- Promote and facilitate interdisciplinary collaboration and cooperation in the delivery of health services.
- Promote education and training in the profession.
- Promote public awareness of the responsibilities of the Board.
- Exercise and perform any other functions, powers and duties as conferred or imposed by or under the Act or any other enactment.

Board Members

While the Board had a membership of nine at its inaugural appointment under the Health Practitioners Competence Assurance Act 2003, in 2020 it made a recommendation to the Minister that the membership be reduced to eight. After an extended period of operating with a reduced membership due to delays with the ministerial appointments process, the Board agreed reducing the membership by one would have minimal impact on their ongoing work. This has been enabled through building a strong organisational infrastructure over successive years, thereby allowing the Board to focus on its statutory governance role and responsibilities.



Beryl Kelly

Medical Imaging Technologist
Chair

	Term commenced	Term renewed	Term due to be completed
	2011	2014; 2017	2020



Lizzie Macaulay

Medical Imaging Technologist
Deputy Chair

	2016	2019	2023
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Anthony Bow

Lay Member

	2017	2020	2023
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Peter Dooley

Magnetic Resonance Imaging
Technologist

	2017	2020	2023
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Pru Burns

Nuclear Medicine Technologist

2019

2022



Susan Yorke

Lay Member

2019

2022



Billie Mudie

Radiation Therapist

2015

2019

2022



Louise Tarr

Sonographer

2015

2018

2020

Board Meetings and Fees

Position	Fee
Chairperson	\$32,000 annual honorarium
Board Member	\$680 day / \$85.00 hour

	14 th April 2020	14 th May 2020	18 th June 2020	19 th August 2020	21 st -22 nd October 2020	8 th December 2020	22 nd February 2021
Beryl Kelly	✓	✓	✓	✓	✓	✓	✓
Anthony Bow	✓	✓	✓	✓	✓	✓	✓
Pru Burns	Apologies	✓	✓	✓	✓	✓	✓
Billie Mudie	✓	✓	✓	✓	✓	✓	✓
Lizzie Macaulay	✓	✓	✓	✓	✓	✓	✓
Louise Tarr	✓	✓	✓	✓	✓	✓	✓
Peter Dooley	✓	✓	✓	✓	✓	✓	✓
Susan Yorke	✓	✓	✓	✓	✓	✓	✓

Board Committees

The Board has a number of standing committees with delegated authority to oversee some of the regulatory functions of the Board. Committee membership was as follows:

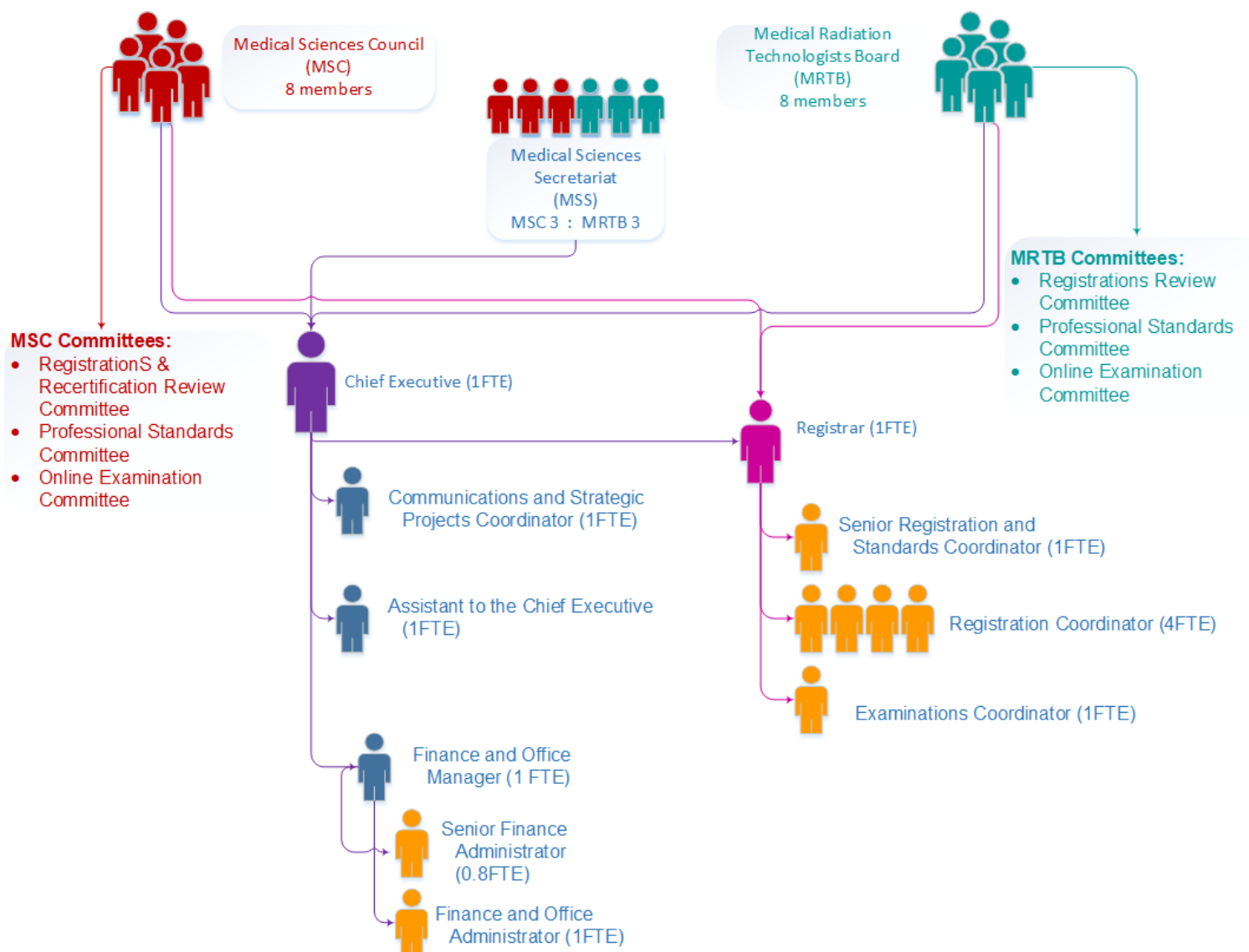
Committee	Membership	
Registration Examination Assessment Committee	(Committee was dissolved in October 2020) Peter Dooley Anthony Bow Pru Burns	
Education Committee	(Committee was dissolved in October 2020) Susan Yorke Louise Tarr Lizzie Macaulay	
Registrations and Recertification Committee	(Committee was dissolved in October 2020) Lizzie Macaulay Beryl Kelly Peter Dooley Pru Burns Louise Tarr Billie Mudie	
Registration Review Committee	(Committee established October 2020) Lizzie Macaulay Susan Yorke	
Professional Standards	Billie Mudie Beryl Kelly (replaced by Susan Yorke October 2020) Anthony Bow Louise Tarr	
Online Examinations Committee	Billie Mudie Beryl Kelly Prue Lamerton Jayne Lloyd	Jacob Cameron Megan Campbell (resigned February 2021) Nick Connolly Shelley Park

Secretariat

The Board works very closely with another health regulatory authority, the MSC, with whom they set up a jointly owned company, Medical Sciences Secretariat (MSS).

The shared secretariat arrangement with the MSC enables the Board to achieve efficiencies in terms of costs and consistency in regulatory standards. While the Board and the MSC are separate authorities with legal responsibilities for the statutory regulation of different groups of health professionals, their strategic priorities and key initiatives are often similar.

Sharing secretariat resources enables both authorities to jointly manage a number of key initiatives and subsequent annual business goals. Consequently, the individual strategic planning documents for the Board and the MSC share several similarities and common goals.



Secretariat Staff (as of 31 March 2021)

Chief Executive	<p>Mary Doyle Manages the strategic functions and overall business of the Board and is responsible for the general management and statutory compliance of the organisation.</p>
Registrar	<p>Margaret Steel (Caleb Bridgeman) Has delegated authority from the Board to manage the overall regulatory functions under the HPCA Act. Manages procedures for complaints, fitness to practise and notifications. Overall management of the Registration/Recertification, Professional Standards/Accreditation and Online Examinations/WBAs team.</p>
Assistant to Chief Executive	<p>Melissa Buist Supports the Chief Executive with administrative and general tasks.</p>
Registrations/ Recertification Team	<p>Hayley Roud Varsha Parsotam Katherine Allen Isabella Rarm Completes and processes tasks relating to registration and recertification.</p>
Professional Standards	<p>Leanne Bartlett Supports the Registrar with managing the complaints and notifications processes, reporting and monitoring. Leanne also supports the Registrar with accreditation and monitoring of education providers.</p>
Online Examinations/ WBAs	<p>Swas Lal Completes and processes tasks relating to the online examinations and REAs.</p>
Finance Team	<p>Pam Sceats Financial Manager - manages the finance team and provides overall financial management.</p> <p>Rafah Abbas Senior Finance Administer – manages all routine accounting activities and payroll.</p> <p>Louise Hurst Provides finance and office administrative support.</p>
Communications and Strategic Projects	<p>Miriam Brown Manages the Board’s ongoing communication strategies, including publications, website, consultations and online initiatives.</p>

Strategic Priorities and Goals

The Board's Strategic Directions 2020 - 2025 document provides the foundational framework of our work over the next five years. It identifies areas of particular focus and provides a benchmark against which we can measure our progress in achieving our strategic priorities. The document is a critical planning tool setting a foundation upon which the Board fulfils its responsibilities under the Act in respect of the profession of medical imaging and radiation technology. The plan is reviewed each year.

The Board has established a strong partnership approach with the MSC through their shared secretariat structure which has manifested in common and consistent regulatory frameworks as well as efficient corporate functions. While the Board and the Council are separate authorities with legal responsibilities for the statutory regulation of different groups of health professionals, their strategic priorities and key initiatives are often similar. Sharing of their secretariat resources has enabled both authorities to jointly manage several strategic initiatives and subsequent annual business goals over the last year.

Overarching Strategic Priority

The overriding focus of the Board's work is the health and safety of the public. The Board is not responsible for protecting the interests of medical imaging and radiation therapy practitioners. That said, the Board does have a responsibility for ensuring it undertakes its legislative functions consistently, fairly, and proportionately. The Board's intention is to achieve the best outcomes for the public through appropriate and sustainable regulation.

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.

Strategic Priority	Strategic Goal
<i>STANDARDS</i>	Appropriate and sustainable standards of clinical competence, cultural competence, and ethical conduct for the protection of public health and safety
<i>PRACTITIONER COMPETENCE</i>	Our regulatory frameworks support a competent and flexible workforce both in the short and long term
<i>ACCOUNTABILITY</i>	Strengthen our engagement with stakeholders and their confidence in the work of the Board
<i>ORGANISATIONAL PERFORMANCE</i>	There are strong governance and organisational structures and robust practices in place to support the Board in achieving our legislative functions and responsibilities

Objectives and Outcomes

STANDARDS

Strategic Objectives

1. Competence and ethical conduct standards continue to be current and relevant.
2. Medical imaging and radiation therapy practitioners are cognisant of the purpose and content of the Board's competence and ethical conduct standards and comply with these.
3. Relevant stakeholders (employers, educators, professional bodies) are cognisant of the purpose and content of the Board's competence and ethical conduct standards.

2020/2021 Outcomes

- In 2019, following an intensive development programme over the previous 2-years, the Board offered an inaugural set of online examinations for the Medical Imaging Technologist and Radiation Therapist scopes of practice.
- In 2020 these examinations were extended across all five scopes of practice. These examinations offer a registration pathway for overseas-trained practitioners who do not hold a qualification that is assessed as being substantially equivalent but who have considerable and appropriate clinical experience. In 2020, 28 overseas trained applicants sat an online examination to assess whether they met the entry-level competencies required for the scope within they were seeking registration.
- Examinations can be sat through a proctoring process which allows candidates to sit the exam under secure conditions in their own homes. This eliminated barriers within the previous process which required candidates to sit the exam in an approved test centre within a limited number of countries.
- In 2020 the Board reviewed and updated several of its procedural manuals pertaining to core regulatory functions.
- The Board commenced a review of the scopes of practice and at the end of the 2020-2021 business year, planning was underway to hold some pre-consultation meetings with key stakeholder groups.
- In 2020 a new undergraduate programme for medical imaging offered through the University of Auckland was accredited by the Board. Monitoring of another five accredited qualification programmes continued during 2020.
- The Board actively engaged with accredited education providers throughout the 2020 COVID-19 disruptions to be assured graduating cohorts would be able to meet the eligibility requirements for registration under the Act.

PRACTITIONER COMPETENCE

Strategic Objectives

1. The Board's recertification standards are appropriate, relevant and proportionate to support practitioners with achieving lifelong competence.
2. There are appropriate and sustainable processes in place to support the Board's recertification strategies.

2020/2021 Outcomes

- During 2020 the Board continued a review of the supervision framework for practitioners.
 - Due to the ongoing effects of the COVID-19 pandemic on the medical imaging and radiation therapy workforce, the Board advised practitioners auditing of the CPD activities that they undertook in 2020 would be put-on-hold (the audit had been scheduled to take place in 2021). The next CPD audits are scheduled for 2022 and will cover activities undertaken during 2020 and 2021.
 - A revision of the register for the medical imaging and radiation therapy profession was completed in 2020.
-

ACCOUNTABILITY

Strategic Objectives

1. Communication mechanisms are in place to help the public understand the role and responsibilities of the Board.
2. Communication mechanisms are in place to help practitioners and other stakeholders understand the role and responsibilities of the Board.

2020/2021 Outcomes

- With the ongoing disruptions of the COVID-19 pandemic, the Board did not have an opportunity to present or provide informational booths at key professional conferences in 2020 (those events being cancelled).
 - A planned meeting between the Board and its Australian counterpart, the Medical Radiation Practice Board of Australia, in mid-2020 was cancelled due to the pandemic and plans to convene an alternative meeting did not eventuate.
 - Including a name change for the Board in the next Statutes Amendment Bill is still on the table. However, with the escalation of the global pandemic and the general election this did not proceed in 2020. The Ministry of Health has confirmed this remains on the “to do” list.
 - A review of the Board’s website was undertaken in 2020 with a new-look site launched in April 2021. While this developmental initiative was completed in the 2021 business year, rollout of the new website was postponed to the second week of the new business year. This served to avoid potential technical issues which could have compromised the annual renewal practising certificate cycle which finished at the end of the first week of April (2021).
 - The website development was managed as a joint initiative with the MSC, the Board’s colleague RA and joint owner of their shared secretariat organisation.
-

Strategic Objectives

1. The Board's governance model is enabling, effective, and efficient.
2. Policies and processes are current, relevant, and effective.
3. Organisational systems support the efficient and effective delivery of our legislative functions.
4. The Board has the necessary capabilities to deliver our strategic priorities.
5. There is a robust framework for measuring the Board's performance.

2020/2021 Outcomes

- The Board has a well-established schedule for the review of core organisational documents including policies, operational manuals, and informational materials. This is based on a 2-year review cycle. The 2020 review programme proceeded relatively smoothly.
- In 2020 the Board reviewed and adopted various policy and guideline documents aimed at strengthening its governance foundations. For example, in addition to having a policy document that clearly sets out the roles and responsibilities of Board members, a set of associated guidelines is now available as an ongoing reference for Board members in respect of good governance practice within a statutory authority environment. The Board shares many governance-related policies with their partner RA, the MSC.
- While COVID-19 created significant disruptions to the New Zealand business world during 2020, having a well-maintained digital infrastructure in place and ready access to up-to-date digital technology has allowed the Board to carry on with a business-as-usual approach throughout the entirety of the pandemic. While managing meetings through audio visual conferencing was a relatively seamless experience for the Board, it did require members and staff to adapt some of their usual face-to-face meeting methods to enable effective engagement within the virtual environment.
- A joint Board-MSc business continuity plan revised in the early phases of the COVID-19 pandemic proved to work well throughout the ongoing disruptions during the 2020-2021 business year.
- In 2020 the secretariat adopted a Flexible Working policy that is in alignment with the Public Service Commission's flexible-by-default approach. All staff have flexible working arrangements which includes most individuals working some days of the week from home. An important consideration in adopting a flexible working environment was for business outcomes to not be compromised. To that end, in 2020 the staff team collaborated on the development of a series of organisational performance measures in alignment with the business priorities as set by the Board and articulated in their strategic planning and annual business planning documents.
- In line with the inter-RA collaboration with the Ministry of Health that saw the development of a set of performance standards required of each RA, in 2020 the Board began to compile a self-assessment report in preparation for an assessment in 2021.
- Ongoing professional development opportunities for Board members included a joint workshop with members from the MSC. Provided through Westlake Consulting, the Effective Governance workshop resulted in both Ras adopting a revised (and similar) approach to the ongoing management of their meetings.

Registrations & Practising Certificates

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.

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

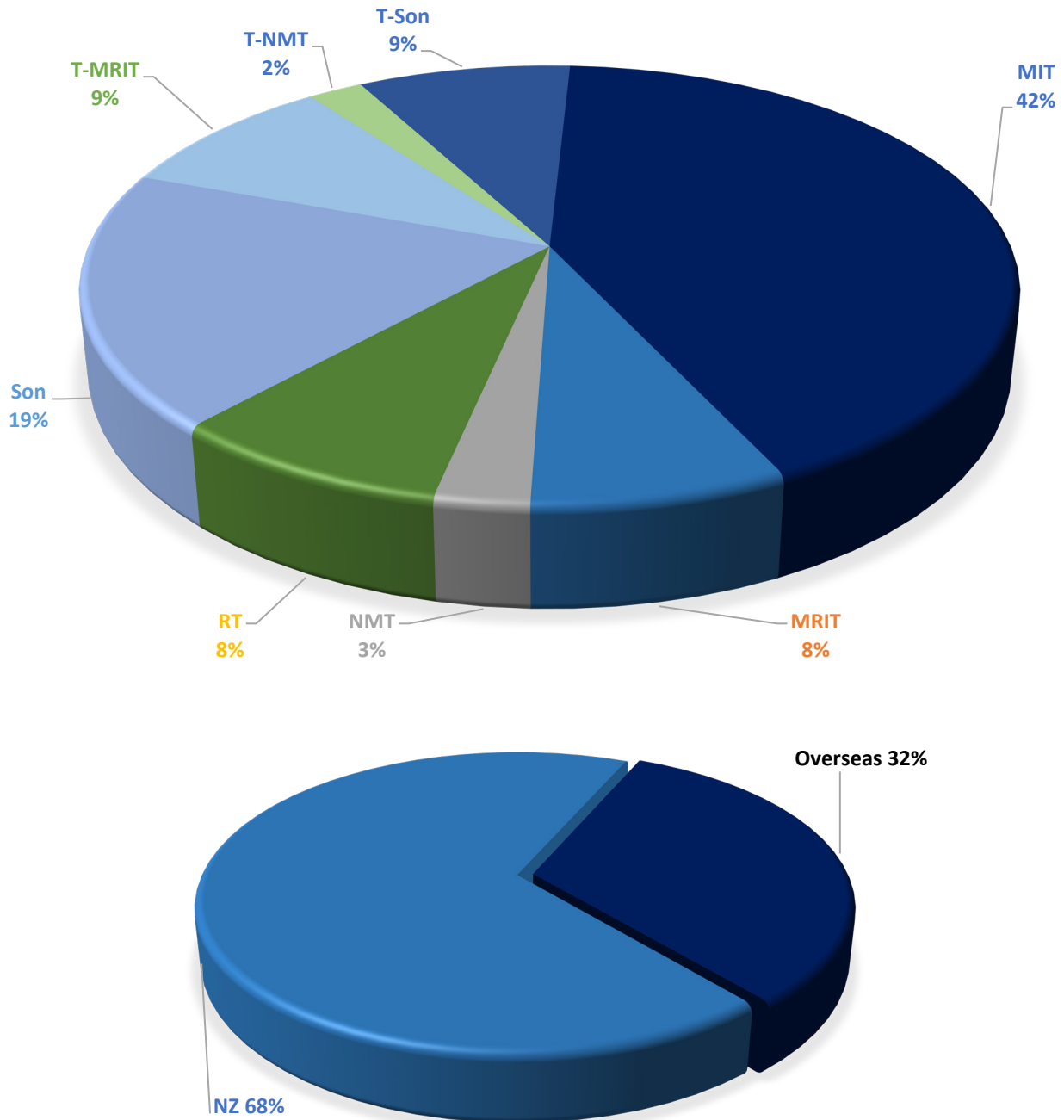
Registration Statistics

Between 1 April 2020 and 31 March 2021 the Board received **460** applications from persons seeking registration in one of the eight scopes of practice. **356** (77%) of these applications were approved and **17** (4%) declined due to the applicants not meeting the entry level registration requirements.

Of the remaining applications, **8**(2%) applicants were offered an opportunity to sit a registration examination assessment (REA) and **38** (8%) were offered an opportunity to sit an online registration examination as an alternative pathway to gaining registration. As at 31 March 2021, **31** (7%) applications were still being processed and the remaining **10** (2%) applicants withdrew their application for registration.

Scope of Practice	Approved	Declined	Offered REA	Offered Online Exam	In Progress	Withdrawn	TOTAL
MIT	150	5	-	22	14	3	194
MRIT	27	2	2	9	3	1	44
NMT	10	-	-	1	1	-	12
RT	30	2	1	2	2	2	39
Son	67	8	5	4	8	3	95
T-MRIT	33	-	-	-	-	-	33
T-NMT	8	-	-	-	-	-	8
T-Son	31	-	-	-	3	1	35
TOTAL	356	17	8	38	31	10	460

Approved Registrations for 2020/2021



For the 2020/2021 year, New Zealand-trained applications exceeded over-seas applications by **36%**.

Approved Registrations by Country-Trained

Country	MIT	MRIT	NMT	RT	Son	T-MRIT	T-NMT	T-Son	TOTAL
Australia	4	3	1	-	19	-	-	4	31
Canada	2	-	-		4	-	-	-	6
Denmark	1	-	-	-	-	-	-	-	1
UK	10	1	-	5	6	-	-	-	22
Fiji	3	-	-	-	-	-	-	-	3
Hong Kong	-	-	-	1	-	-	-	-	1
Ireland	3	1	-	2	-	-	-	-	6
Malaysia	-	-	-	-	1	-	-	-	1
NZ	98	21	7	21	26	33	8	27	241
South Africa	25	1	2	1	7	-	-	-	36
USA	4	-	-	-	4	-	-	-	8
TOTAL	150	27	10	30	67	33	8	31	356

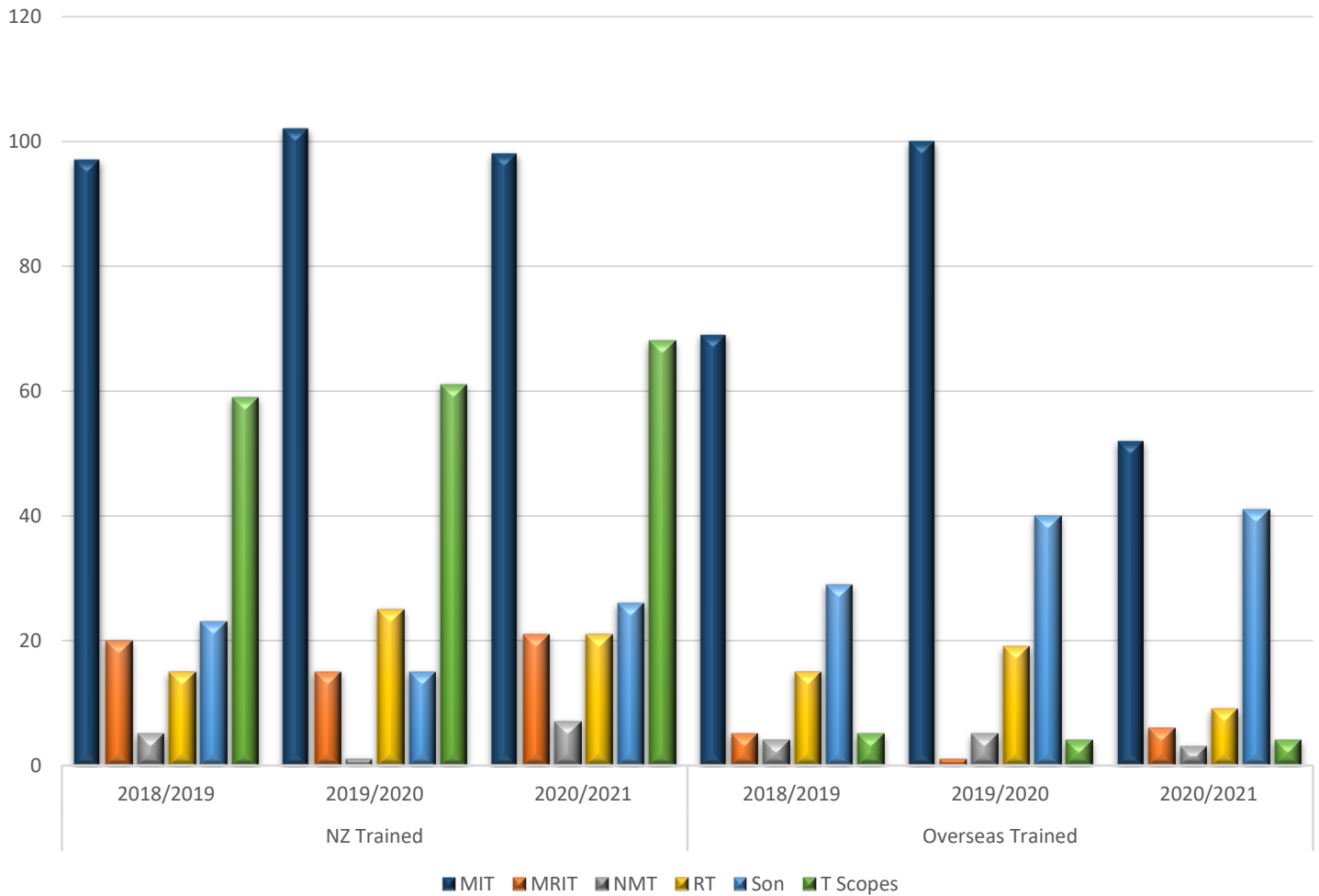
Offered a REA as an Alternative Pathway to Registration

Country	2019/2020	2020/2021
Australia	1	1
Italy	-	-
Austria	2	-
Fiji	1	-
India	3	-
Nigeria	1	1
Philippines	1	-
South Africa	2	3
UK	1	-
Canada	-	2
USA	-	1
TOTAL	12	8

Offered a Online Examination as an Alternative Pathway to Registration

Country	2020/2021
Australia	2
Fiji	1
India	2
Hong Kong	1
Philippines	2
South Africa	8
UK	4
Canada	2
USA	16
TOTAL	38

Approved Registrations by Scope for Previous Three Years



Of note:

While overseas MITs have reduced by 48 new registrations, the MIT APC holders have increased by 44 in 2020/2021. This indicates that already registered MITs have either returned to practise in New Zealand or stayed in New Zealand and obtained a 2020/2021 APC. In addition, new registrations for MRITs have increased from 16 in 2019/2020 to 27 in 2020/2021.

Declined Registrations by Country-Trained

Declined Applications

Country	2019/2020	2020/2021
Italy	1	-
Canada	1	-
Fiji	1	2
New Zealand	1	-
India	4	1
Malaysia	1	-
Pakistan	1	-
Philippines	5	4
South Africa	5	5
UK	4	1
USA	2	1
Australia	-	1
Ireland	-	1
Hong Kong	-	1
TOTAL	26	17

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.

The Board originally introduced an online registration examination as a pathway to registration for medical imaging technologists and radiation therapists in October 2019 and in December 2020, the online registration examination was opened to all scopes (except for trainee scopes).

Before October 2019, the Board offered a registration examination assessment (REA) as a means of gaining New Zealand registration. The REA allows practitioners to work under supervision at a clinical site approved by the Board for a period of 3 months to allow them time to become familiar with the protocols, procedures, and equipment of the clinical department. Following this familiarisation period, the practitioner would undergo a 1-day examination assessment. The Board permitted those practitioners who had already been offered a REA to choose between either a REA or to sit an online registration examination during the transition period. It is the Board's intention to transition all REAs to an online registration examination (except for cardiac sonography) as a pathway to registration. Further work needs to be undertaken to develop an online examination for this area of sonography practice.

	MIT	MRIT	NMT	RT	Son	TOTAL
REA Offered	-	2	-	1	5	8
REA Sat	2	5	1	-	2	10
REA Passed	2	4	1	-	2	9

	MIT	MRIT	NMT	RT	Son	TOTAL
Online Exam Offered	22	9	1	2	4	38
Online Exam Sat	18	5	-	1	2	28
Online Exam Re-sit	1	1	-	-	1	3
Online Exam Passed	7	3	-	1	2	13
Online Exam Failed	11	2	-	-	2	15

In 2020-2021 year **38** applicants were offered to sit the Board's online examination. The **13** applicants (34%) who passed were subsequently granted New Zealand registration with a period of supervision. Of the eight applicants offered an REA, ten applicants sat the exam, with nine passing.

Although a REA may be offered as a pathway to registration, an applicant may choose to not act on that offer. It is of note a REA can be sat up to 12 months after being offered. Therefore REA's sat in 2020-2021 were not necessarily offered during the same period.

Annual Practising Certificates

All practitioners working in New Zealand must hold a current practising certificate (APC), which is renewed annually. To obtain an APC, practitioners must demonstrate to the Board they have maintained competence and are fit to practise.

In 2020-2021 the Board issued a total of **3351** annual practising certificates:

- **208** (6%) practitioners were issued an annual practising certificate with a condition
- **345** (10%) practitioners held an APC in more than one scope.

	MIT	MRIT	NMT	RT	Son	T-MRIT	T-NMT	T-Son	TOTAL
APC holders	2041	310	79	464	643	65	10	84	3696*
APC's with conditions	64	3	28	13	89	-	-	11	208

* This total differs from the number of APC's issued as 345 practitioners hold a single APC in multiple scopes of practice.

Ethnicity Statistics

Practitioners can report up to three ethnicities. However, when reporting the data, we have assigned each practitioner a single ethnicity using a simplified version of Statistics New Zealand's prioritisation standard. The priority order is:

1. Māori
2. Pacific Island (Pasifika)
3. Chinese
4. Indian
5. Other non-European
6. Other European
7. New Zealand European/Pākehā.

The below statistics are inclusive of practitioners holding an APC in a training scope and those practitioners who also hold a APC in more than one scope of practice.

Scope of Practice	Māori	Pacific Island (Pasifika)	Chinese	Indian	Other Non-European	Other European	New Zealand European/Pākehā	Other/Not-Notated
MIT	6%	4%	2%	2%	8%	15%	61%	2%
RT	4%	1%	4%	3%	6%	15%	64%	3%
MRIT	5%	2%	1%	3%	8%	16%	62%	3%
NMT	2%	1%	1%	5%	15%	15%	58%	3%
SON	4%	3%	3%	3%	8%	18%	58%	3%

Conditions on Practice

Medical Imaging Technologist

- Must practise within CT only 4
- Must practise within mammography only 40
- Must practise under a Board approved supervisor when practising within lithotripsy 3
- Must practise under supervision for a specified amount of time 2
- Holding a non-clinical APC 10
- Able to practise breast ultrasound 3
- Must contact the Board for conditions regarding practice 1
- Restricted to completing the Provisional Vaccinator Foundation Course (PVFC) 1

Total **64**

Magnetic Resonance Imaging Technologist

- Holding a non-clinical APC 2
- When working in lithotripsy, must practise under the supervision of a Urologist who is a holder of a current national radiation laboratory licence 1

Total **3**

Nuclear Medicine Technologist

- Able to perform diagnostic CT independently, including on a hybrid SPECT/PET CT scanner 20
- May practise within PET only with supervision 1
- May operate diagnostic CT on a hybrid PET or SPECT/CT with supervision 2
- May perform diagnostic CT independently on a standalone camera or on a hybrid PET/SPECT 4
- Non-clinical practice 1

Total **25**

Radiation Therapist

- May practise within mammography 2
- Must practise within mammography only 1
- Must practise within treatment only 3
- Must practise in CT Simulation and treatment only 3
- Holding a non-clinical APC 2
- Must practise in CT Simulation and treatment only, excluding dosimetry 1
- Must practise within CT simulation and treatment with supervision 1

Total **13**

Sonographer

- Must practise under supervision 3
- Must practise within cardiac ultrasound only 63
- Must practise within obstetrics ultrasound only 1
- Must practise within obstetrics and gynaecology ultrasound only 1
- Must practise within vascular ultrasound only 16
- Must not practise in obstetrics ultrasound 1
- Must practise within paediatric cardiac ultrasound only 3
- May take X-rays under supervision 1

Total **89**

Trainee Sonographer

- Must practise within cardiac ultrasound only 7
- Must practise within vascular ultrasound only 4

Total **11**

Education & Continuing Professional Development

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 imaging and radiation therapy.

Each accredited education provider is subject to an ongoing monitoring process to ensure qualification programmes produce graduates capable of meeting the entry-level competence standards for the practice of medical imaging and radiation therapy.

Education Provider	Qualification Programme	Scope of Practice
ARA Institute of Canterbury	Bachelor of Medical Imaging	Medical Imaging Technologist
UNITEC Institute of Technology	Bachelor of Health Science (Medical Imaging)	Medical Imaging Technologist
Universal College of Learning (UCOL)	Bachelor of Applied Science (Medical Imaging Technology)	Medical Imaging Technologist
University of Otago	Bachelor of Radiation Therapy	Radiation Therapist
University of Auckland	Bachelor of Medical Imaging (Honours)	Medical Imaging Technologist
	Postgraduate Diploma in Health Sciences in Magnetic Resonance Imaging	Magnetic Resonance Imaging Technologist
	Postgraduate Diploma in Health Sciences Nuclear Medicine	Nuclear Medicine Technologist
	Postgraduate Diploma in Health Sciences in Ultrasound	Sonographer

Practitioner Competence Audit

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 mechanisms 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.

The 2017 audit was the last audit to be undertaken against the Board's previous CPD standards. From 2018 practitioners' CPD was audited against a revised set of standards. 20% of practitioners in each of the gazetted scopes of practice are subjected to an annual audit of their CPD.

The following results for the five-year period from 2016 to 2020 demonstrates practitioners are actively engaging in ongoing learning and professional development, with most audited practitioners meeting the Board's ongoing competence requirements.

	2016		2017		2018		2019		2020	
Called for audit	291		303		552		615		619	
Audited	270	93%	276	91%	500	91%	544	89%	566	98%
Passed	269	99.6%	274	99%	498	99%	532	98%	552	89%
Unsuccessful	1	<1%	2	1%	2	<1%	12	2%	14	2%

Fitness to Practise, Professional Conduct & Competence

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

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

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

Fitness to Practise

In 2020-2021 the Board received two fitness to practise-related notifications.

Professional Conduct

The Act enables the Board to appoint a professional conduct committee (PCC) to investigate a complaint 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 2020/2021 the Board received two professional conduct notifications:

- One in relation to a practitioner's standard of care.
- One in relation to a breach of a patient's privacy.

There was also one ongoing fitness to practice notification which was initially reported in the 2018/2019 year that was resolved and closed in 2020/2021.

Notifications Received

The Board received the following number of notifications during the 2020-2021 year across the medical imaging and radiation therapy scopes of practice.

	Number		Outcome			
	New	Existing	Referred to HDC	Referred to PCC	Ongoing	Resolved
MIT	1	-	-	-	1	
MRIT	1	-	-	-	1	
NMT	-	-	-	-	-	
RT	-	-	-	-	-	
Son	3	1	1	-	-	4
TOTAL	5	1	1	-	2	

Competence

One of the Board's functions is to act on information received from the public, health practitioners, employers and the Health and Disability Commissioner relating to the competence of health practitioners.

Competence reviews focus on supporting a practitioner through appropriate training, education, and safeguards to assist with improving their standards of practice. Competence reviews undertaken by the Board are based on principles of natural justice, support, and education.

During 2020-2021, the Board received one competence-related notification in relation to a practitioner practising below the required standard of practice. This case is ongoing.

Financial Report

1 April 2020 - 31 March 2021

NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD

ENTITY INFORMATION

"Who are we?", "Why do we exist?"

For the Year ended 31 March 2021

<i>Legal Name:</i>	Medical Radiation Technologists Board (MRTB)
<i>Entity Type:</i>	Body Corporate and Registered Charity
<i>Charities Registration Number:</i>	CC35408
<i>Entity's Purpose or Mission:</i>	To protect the health and safety of members of the public by providing mechanisms to ensure that medical imaging and radiation therapy practitioners are competent and fit to practise.
<i>Entity Structure:</i>	An eight member governance board comprising of: Beryl Kelly Anthony Bow Peter Dooley Billie Mudie Pru Burns Susan Yorke Louise Tarr Elizabeth Macaulay
<i>Main source of the entity's cash and resources:</i>	Practitioners and applicants for registration
<i>Main method used by entity to raise funds:</i>	Fees and Levies (refer to section 130 and 131 of the HPCA Act)
<i>Physical Address:</i>	Level 3 - Panama House, 22 Panama Street, Wellington
<i>Postal Address:</i>	PO Box 11-905, Wellington 6142
<i>Phone:</i>	+64 4 801 6250
<i>Email:</i>	mrt@medsci.co.nz
<i>Website:</i>	www.mrtboard.org.nz

**INDEPENDENT AUDITOR'S REPORT
TO THE READERS OF MEDICAL RADIATION TECHNOLOGISTS BOARD'S
PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2021**

The Auditor-General is the auditor of Medical Radiation Technologists Board. The Auditor-General has appointed me, Chrissie Murray, using the staff and resources of Baker Tilly Staples Rodway Audit Limited, to carry out the audit of the performance report of the Medical Radiation Technologists Board on his behalf.

Opinion

We have audited the performance report of the Medical Radiation Technologists Board on pages 1 to 9, that comprises the statement of financial position as at 31 March 2021, the statement of financial performance, and statement of cash flows for the year ended on that date, and the notes to the performance report that includes accounting policies and other explanatory information.

In our opinion the performance report of the Medical Radiation Technologists Board:

- presents fairly, in all material respects:
 - the entity information,
 - its financial position as at 31 March 2021; and
 - its financial performance and cash flows for the year then ended; and
- complies with generally accepted accounting practice in New Zealand and has been prepared in accordance with the Public Sector Entity Simple Format Reporting – Accrual (Public Sector) standard.

Our audit was completed on 24 November 2021. 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 Medical Radiation Technologists Board and our responsibilities relating to the performance report 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 Board for the performance report

The Board is responsible for preparing performance report that is fairly presented and that complies with generally accepted accounting practice in New Zealand.

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

In preparing the performance report, the Board is responsible for assessing the Medical Radiation Technologists Board's ability to continue as a going concern. The Board is 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 Medical Radiation Technologists Board or to cease operations, or there is no realistic alternative but to do so.

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

Responsibilities of the auditor for the audit of the performance report

Our objectives are to obtain reasonable assurance about whether the performance report, as a whole, is 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 this performance report.

We did not evaluate the security and controls over the electronic publication of the performance report.

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 performance report, 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 Medical Radiation Technologists 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 performance report 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 Medical Radiation Technologists Board to cease to continue as a going concern.

- We evaluate the overall presentation, structure and content of the performance report, including the disclosures, and whether the performance report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the Board 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 the Public Audit Act 2001 and section 134(1) of the Health Practitioners Competence Assurance Act 2003.

Independence

We are independent of the Medical Radiation Technologists 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 Medical Radiation Technologists Board.



Chrissie Murray
Baker Tilly Staples Rodway Audit Limited
On behalf of the Auditor-General
Wellington, New Zealand

NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD

STATEMENT OF FINANCIAL PERFORMANCE

“How was it funded?” and “What did it cost?”

For the Year ended 31 March 2021

	Note	Actual This Year \$	Actual Last Year \$
Revenue			
Fees, subscriptions and other revenue from practitioners	1	1,529,843	1,499,957
Interest, dividends and other investment revenue	1	25,490	40,497
Other revenue	1	23,912	4,291
Total Revenue		1,579,245	1,544,745
Expenses			
Employee related costs	2	574,586	484,307
Costs related to providing good or services	2	381,099	739,611
Other expenses	2	95,839	68,591
Total Expenses		1,051,524	1,292,509
Surplus/(Deficit) For The Year		527,721	252,236

NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD

SUMMARY STATEMENT OF CASHFLOWS

"How the entity has received and used cash"

For the Year ended 31 March 2021

	Actual this Year \$	Actual Last Year \$
Cash Flows from Operating Activities		
<i>Cash was received from:</i>		
Fees, subscriptions and other receipts from practitioners	1,558,372	1,571,261
Interest, dividends and other investment receipts	25,490	40,497
Receipts from operating activity		4,291
Cash was applied to:		
Payments to suppliers and employees	(1,214,586)	(1,208,807)
Net Cash Flows From Operating Activities	369,276	407,242
Cash flows from Investing and Financing Activities		
Cash was received from:		
Term Deposits	100,000	350,000
Net Cash Flows from Investing and Financing Activities	100,000	350,000
Net Increase / (Decrease) in Cash	469,276	757,242
Opening Cash	1,304,144	546,902
Closing Cash	1,773,420	1,304,144
This is represented by:		
Bank Accounts and Cash	1,773,420	1,304,144

NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD

STATEMENT OF FINANCIAL POSITION

"What the entity owns?" and "What the entity owes?"

For the Year ended 31 March 2021

	Note	Actual This Year	Actual Last Year
Assets		\$	\$
Current Assets			
Bank accounts and cash	3	1,773,420	1,304,144
Debtors and prepayments	3	93,618	22,647
Term Deposits		1,150,000	1,250,000
Total Current Assets		3,017,038	2,576,791
Non-Current Assets			
Investments	3	50	50
Total Non-Current Assets		50	50
Total Assets		3,017,088	2,576,841
Liabilities			
Current Liabilities			
Creditors and accrued expenses		187,572	259,035
Income in Advance	3	1,238,403	1,201,606
Provision for onerous lease	3	33,453	32,999
Total Current Liabilities	3	1,459,428	1,493,640
Non-Current Liabilities			
Provision for onerous lease		76,520	129,782
Total Non-Current Liabilities	3	76,520	129,782
Total Liabilities		1,535,948	1,623,422
Total Assets less Total (Net Assets)		1,481,140	953,419
Accumulated Funds			
Accumulated surpluses or (deficits)		1,481,140	953,419
Total Accumulated Funds		1,481,140	953,419

For and on behalf of the Board;

Chairperson:


Billie Mudie

Date: 24 November 2021

Chief Executive:


Mary Doyle

Date: 24 November 2021

NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD

STATEMENT OF ACCOUNTING POLICIES

"How did we do our accounting?"

FOR THE YEAR ENDED 31 MARCH 2021

BASIS OF PREPARATION

Medical Radiation Technologists Board was established by the Health Practitioners Competence Assurance Act 2003 and is a Responsible Authority under that Act.

The financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand (NZ GAAP) and have been prepared on the basis of historical cost.

Medical Radiation Technologists Board has elected to apply PBE SFR-A (PS) Public Benefit Entity Simple Format Reporting - Accrual (Public Sector) on the basis that it does not have public accountability and has total annual expenses of equal to or less than \$2,000,000. All transactions in the Performance Report are reported using the accrual basis of accounting. The Performance Report is prepared under the assumption that the entity will continue to operate in the foreseeable future.

HISTORICAL COST

These financial statements have been prepared on a historical cost basis. The financial statements are presented in New Zealand dollars (NZ\$) and all values are rounded to the nearest NZ\$, except when otherwise indicated.

CHANGES IN ACCOUNTING POLICIES

There have been no changes in accounting policies during the financial year, however, some classification and presentational changes have been made and relevant prior year values have been updated to aid comparison (last year - nil).

GOODS AND SERVICES TAX (GST)

All amounts are recorded exclusive of GST, except for Debtors and Creditors which are stated inclusive of GST.

INCOME TAX

Medical Radiation Technologists Board is wholly exempt from New Zealand income tax having fully complied with all statutory conditions for these exemptions.

BANK ACCOUNTS AND CASH

Bank accounts and cash in the Statement of Cash Flows comprise cash balances and bank balances.

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.

INVESTMENTS

Investments are valued at cost. Investment income is recognised on an accrual basis where appropriate.

ONEROUS LEASE

The Onerous Lease expense is recognised in full in the year that it was identified as onerous lease, or in the year of any adjustment to the value of the lease. The amount is the minimum net value to meet the contractual obligation, less revenue from sublease and discounting as at rate of 3%.

REVENUE RECOGNITION

Revenue is received during February and March, relating to the next financial year. Therefore, receipts are shown on the balance sheet as income in advance and recognised in the statement of financial performance in the next financial year.

NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD

NOTES TO THE PERFORMANCE REPORT

FOR THE YEAR ENDED 31 MARCH 2021

Note 1: Analysis of Revenue

Revenue Item	Analysis	This Year \$	Last Year \$
Fees, subscriptions and other revenue from members	Registration	180,251	197,542
	APC	1,270,456	1,243,521
	Other	128,538	58,894
	Total	1,579,245	1,499,957

Note 2: Analysis of Expenses

Expense Item	Analysis	This Year \$	Last Year \$
Employee related costs	ACC Levy	1,289	1,200
	Staff Expenses Recruitment	21,962	14,728
	Staff Training	7,198	6,033
	Staff Welfare	6,118	4,043
	Temp Staff	-	5,896
	Wages & Salaries	538,019	452,407
Total		574,586	484,307

Expense Item	Analysis	This Year \$	Last Year \$
Costs related to providing goods or services	Lease/Rental	8,248	33,183
	Personnel and Other Costs	22,711	12,438
	Board Member Fees	166,438	183,051
	Professional and Consultancy Fees	3,093	-
	Conference, Meetings, Workshops	4,418	16,581
	Catering	1,939	7,022
	Examinations, Assessors, Registrations	64,506	106,813
	Insurance	14,391	11,493
	IT	57,857	59,277
	MSS Services Charges	(13,734)	150,564
	Postage and Courier	1,887	3,418
	Printing and Stationery	3,303	4,767
	Project	-	22,837
	Publications/Subscriptions	5,473	523
	Security Documents	2,648	2,362
	Telephone and Tolls	4,327	4,675
	Travel and Accommodation	33,594	120,607
		-	-
Total		381,099	739,611

Expense Item	Analysis	This Year \$	Last Year \$
Other expenses	Accounting Fees	3,656	-
	Audit Fees	10,497	9,717
	Bad Debts	23,000	-
	Bank Charges	21,974	6,004
	CEO Review	5,770	
	General Expenses	4,333	4,497
	Office Expenses	7,621	15,376
	Legal Fees	18,988	32,997
Total		95,839	68,591

Note 3: Analysis of Assets and Liabilities

Asset Item	Analysis	This Year \$	Last Year \$
Bank accounts and cash	Westpac Bank - Current	1,772,982	1,303,706
	Westpac Bank - Saving	438	438
Total		1,773,420	1,304,144

Asset Item	Analysis	This Year \$	Last Year \$
Debtors and prepayments	Prepayments	74,341	12,551
	Debtors	41,210	9,368
	Provision for Doubtful Debt	(23,000)	-
	Accrued Income	1,067	728
Total		93,618	22,647

Asset Item - Non Current	Analysis	This Year \$	Last Year \$
Investments	Shares in MSS	50	50
Total		50	50

Liability Item	Analysis	This Year \$	Last Year \$
Creditors and accrued expenses	Accrued Expenses	5,686	7,058
	GST due for payment	152,830	133,066
	MSS Intercompany	29,056	118,911
Total		187,572	259,035

Liability Item	Analysis	This Year \$	Last Year \$
Income received in Advance	Practitioner fees relating to 2021/22	1,238,403	1,201,606
Total		1,238,403	1,201,606

Liability Item	Analysis	This Year \$	Last Year \$
Current provision for onerous lease	Provision for onerous lease	33,453	32,999
Total		33,453	32,999

Liability Item	Analysis	This Year \$	Last Year \$
Non current provision for onerous lease	Provision for onerous lease	76,520	129,782
Total		76,520	129,782

Note 4: Accumulated Funds

This Year		Accumulated	Total
Description		Surpluses or	
		Deficits	
Opening Balance		953,419	953,419
Surplus/(Deficit)		527,721	527,721
Closing Balance		1,481,140	1,481,140

Last Year		Accumulated	Total
Description		Surpluses or	
		Deficits	
Opening Balance		701,183	701,183
Surplus/(Deficit)		252,236	252,236
Closing Balance		953,419	953,419

Note 5: Commitments and Contingencies

Commitment	Explanation and Timing	At balance date	At balance date
		This Year	Last Year
		\$	\$
Lease Commitment: 22 Panama Street, Wellington	Current Portion	28,176	28,176
	Non Current Portion	96,268	124,444
		124,444	152,620
Onerous Lease Commitment: 80 The Terrace, Wellington	Current Portion	49,646	48,858
	Non Current Portion	80,154	126,217
		129,800	175,075
Photocopier Lease	Current Portion	1,404	1,638
	Non Current Portion	3,978	5,382
		5,382	7,020

COMMITMENTS

Medical Sciences Secretariat Ltd has a lease commitment at 80 The Terrace in the names of the Physiotherapy Board of New Zealand, Dental Council, Medical Sciences Council of New Zealand, Medical Radiation Technologists Board and Pharmacy Council of New Zealand (5 Health Regulatory Authorities), all of whom have joint and several liability. This lease expires on 31 October 2023 with right of renewal of a further six years.

Due to on-going earthquake investigations and repairs, it was decided to vacate 80 The Terrace. Temporary premises at 22 Panama Street were obtained. Subsequent to this, Medical Sciences Secretariat Limited has signed a 3 year lease through to 31 August 2022.

FENZ is currently subleasing part of the floor space at 80 The Terrace that Medical Sciences Secretariat Limited is leasing.

There is also a photocopier lease which expires in March 2025.

Contingent Liabilities and Guarantees

There are no contingent liabilities or guarantees as at balance date (Last Year - nil).

Note 6: Related Party Transactions

Description of Related Party Relationship	Description of the Transaction (whether in cash or amount in kind)	This Year \$	Last Year \$	This Year \$	Last Year \$
		Value of Transactions	Value of Transactions	Amount Outstanding	Amount Outstanding
During the year the Medical Radiation Technologists Board purchased secretariat services on normal trading terms from Medical Sciences Secretariat Ltd. Three 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.	Secretariat Services	722,993	1,289,223	59,795	152,023
	Beryl Kelly	48,086	32,178	-	2,640
	Lizzie Macaulay	19,782	6,099		
	Billie Mudie	13,844	7,905		
	Rosanne Hawarden		2,550		
	Louise Tarr	12,013	5,695		
	Peter Dooley	8,500	6,715		
	Pru Burns	10,816	6,375		
	Susan Yorke	13,415	5,860		
	Anthony Bow	20,272	16,086	-	1,296
	Sue Mckenzie		1,650		-

There were no other transactions involving related parties during the financial year. (Last Year - Nil)

Medical Sciences Secretariat processed payments valued at \$591,311 in total on behalf of the Medical Sciences Council and the Medical Radiation Technologists Board as their agent.

Note 7: Events After the Balance Date

There were no events that have occurred after the balance date that would have a material impact on the Performance Report (Last Year - Nil).

Note 8: Revenue Received in Advance

Fees received during February and March are received in advance and apply for the following year beginning 1 April. Revenue in Advance for the current year was \$1,238,403 (Last Year - \$1,201,606).

Note 9: Ability to Continue Operating

The entity will continue to operate for the foreseeable future.



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

