

THROUGHOUT THIS REPORT:

MIT: Medical Imaging Technologist

RT: Radiation Therapist MRIT: Magnetic Resonance Imaging Technologist

NMT: Nuclear Medicine Technologist Son: Sonographer

REA: Registration Examination Assessment 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.



Contents Registrations and Practising Certificates

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From the Chair and Chief Executive

Board Appointments

During 2019 we welcomed and farewelled a number of Board members:

- We welcomed Susan Yorke (lay member) and Pru Burns (Nuclear Medicine Technologist).
- In June we farewelled Rosanne Hawarden who had been a proactive lay member for 9-years. With expertise in the area of finance, she assisted the Board with understanding the importance of high quality financial reporting. Rosanne also served a period of time as the Board's Deputy Chair as well representing the Board on the Medical Sciences Secretariat Board of Directors.

Professional Development

During 2019 the Board engaged in a number of opportunities to build on their governance knowledge and skills:

- Board members are undertaking professional development in respect of their governance role and have all enrolled with Better Boards, an Australian based organisation that offers governance training particularly aimed at the not-for-profit sector. Learning modules include literature reviews, videos and webinars.
- Ongoing financial training has also been provided for the whole Board through the excellent tutelage of Anthony Bow who serves as a lay member with the Board.
- Following the changes to the HPCA Act in April 2019, the Board attended a 1-day governance workshop provided by Claro Law. This was a great opportunity to explore the impacts of the amendment bill for our ongoing work in regulating the medical imaging and radiation therapy profession.
- The Board Chair and Registrar attended a National Registration and Accreditation Scheme (NRAS) conference in Melbourne. This was not only an opportunity to learn about a number of initiatives undertaken by the Australian health regulatory sector, but also to engage with colleagues from the Medical Radiation Practice Board of Australia. The conference was also attended by representatives from many of the other New Zealand responsible authorities.

Strategic Priorities

In the 2019-2020 year the Board's strategic focus culminated in the achievement of three key milestones:

Implementing a programme of performance measurement and monitoring to ensure the Board continues to meet its obligations under section 118 of the Health Practitioners Competence Assurance Act 2003 (the Act). This work will assist with preparing for the pending independent performance review that is due to be completed before April 2022.

- The Board also consulted on a new "naming" policy for publishing its decisions in respect of practitioners who are subject to a Board-issued order or direction. This policy requirement was legislated by the 2019 amendment to the Act and the Board published its policy document in February 2020.
- Launching an online exam as another registration pathway for overseas-trained applicants. Practitioners applying for registration as either a medical imaging technologist or a radiation therapist are able to take up the opportunity of sitting an online examination if their qualification does not meet equivalency but they have significant clinical experience. Work continues with developing online examinations for the other three scopes of practice.

Pandemic Preparations

In late March 2020 the country went into 'lockdown' as we joined together as our team of 5-million to deal with the global COVID-19 pandemic. This saw our secretariat team move to working from their homes which was achieved with minimal disruption to our business-as-usual operations. This was enabled by the planning and preparation work the team had spearheaded as they could see the global situation worsening over previous weeks.

The Board also worked with the Ministry of Health to assist with having contingency plans in place to ensure the medical imaging and radiation therapy workforce would be adequately resourced during the COVID-19 pandemic.

Secretariat

A review of the Medical Sciences Secretariat (MSS) staffing resources in 2019 identified that total team numbers were not adequate to sustain the operations of the secretariat in the longer term. That was primarily due to the team taking on additional responsibilities in response to the changing needs of the two responsible authorities they serve – that is, the Medical Radiation Technologists Board and the Medical Sciences Council. This saw another coordinator position added to the registrations team. The finance team was also increased from two to three members.

Acknowledgement

We would like to take this opportunity to record our appreciation and thanks to all our Board members and the MSS staff team for their time, commitment and wealth of knowledge that has served us well to achieve our goals and priorities over these last 12-months. Also, thank you to the many people who have assisted the Board through various committees and assessment and supervision services. Your support and advice is invaluable in helping the Board to achieve its legislative responsibilities to protect the health and safety of the public in respect of medical imaging and radiation therapy services in New Zealand.

Beryl Kelly (Chair)

Mary Doyle (CEO)

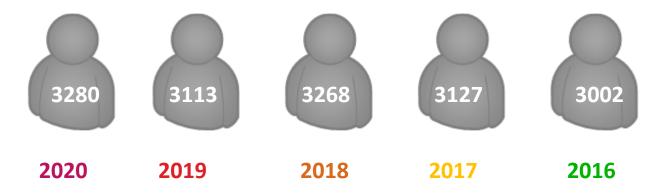
Numbers at a Glance

1 April 2019-31 March 2020



3,280 Annual Practising Certificates received and processed

APC Numbers across the years



THERE HAS BEEN A 9% INCREASE OF APCS IN THE LAST 5 YEARS

We received

NOTIFICATIONS



We granted

388

202 MIT

NEW REGISTRATIONS

16 MRIT

6 NMT

44 RT

55 son

65 T-SCOPES

Of the new registrations:

169

219

OVERSEAS-TRAINED

NEW ZEALAND-TRAINED

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 a number of influences including economic, political, social and technological.

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, 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

Due to ongoing delays with the Ministerial appointments process, the Board's membership numbered eight (8) for the large part of the 2019-2020 business year (rather than the usual nine members).

Medical Imaging Technologist

Chair



2011

Term

commenced

Term

renewed

2014;

2017

Term due to be

completed



Lizzie Macaulay
Medical Imaging Technologist 2016 2019
Deputy Chair



Anthony Bow Lay Member 2017 2020



Peter Dooley
Magnetic Resonance Imaging 2017 2020
Technologist

		Term commenced	Term renewed	Term due to be completed
	Dr Rosanne Hawarden	2010	2013; 2016	2019 (June)
RIDGOCK AND STORY	Pru Burns Nuclear Medicine Technologist	2019		2022
	Susan Yorke Lay Member	2019 (June)		2022
	Billie Mudie Radiation Therapist	2015	2019	2022
	Louise Tarr Sonographer	2015		2018

Board Meetings and Fees

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

	1 st May 2019	20 th Jun 2019	22 nd Aug 2019	23 rd - 24 th Oct 2019	10 th Dec 2019	19 th - 20 th Feb 2020
Beryl Kelly	✓	✓	✓	✓	Apologies	✓
Dr Rosanne Hawarden	Apologies	✓		Tern	n ended	
Anthony Bow	✓	✓	✓	✓	✓	✓
Pru Burns	✓	✓	✓	✓	✓	✓
Billie Mudie	✓	✓	✓	✓	✓	✓
Lizzie Macaulay	✓	✓	✓	✓	✓	✓
Louise Tarr	✓	✓	✓	✓	✓	✓
Peter Dooley	✓	✓	✓	✓	✓	✓
Susan Yorke	Apologies	✓	✓	✓	✓	✓

Board Committees

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

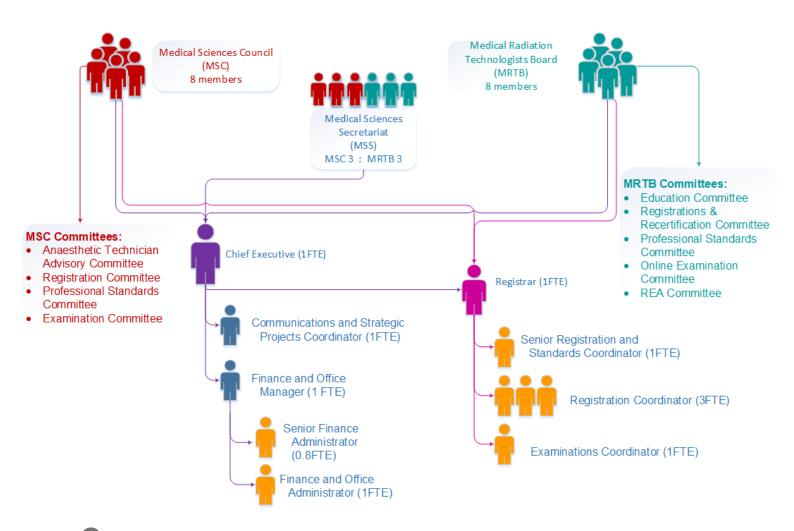
Committee	Membership	
Registration Examination Assessment Committee	Peter Dooley Anthony Bow Pru Burns Susan Yorke	
Education Committee	Susan Yorke Louise Tarr Lizzie Macaulay	
Registrations and Recertification Committee	Lizzie Macaulay Beryl Kelly Peter Dooley Pru Burns Louise Tarr Billie Mudie	
Professional Standards	Billie Mudie Beryl Kelly Anthony Bow Louise Tarr	
Online Examinations Committee	Billie Mudie Beryl Kelly Prue Lamerton Jayne Lloyd	Jacob Cameron Megan Campbell Nick Connolly Shelley Park

Secretariat

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

The shared secretariat arrangement with the Medical Sciences Council (the Council) enables the Board to achieve efficiencies in terms of costs and consistency in regulatory standards. 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 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 Council share a number of similarities and common goals.



Chief Executive	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.
Registrar	Margaret Steel 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 and Complaints team.
Registrations/ Recertification Team	Hayley Roud Varsha Parsotam Katherine Allen Complete and process tasks relating to registration and recertification such as applications for registration under all scopes, APC applications and annual renewal.
Professional Standards	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.
Online Examinations/ WBAs	Swas Lal Completes and processes tasks relating to the online examinations and REAs.
Finance Team	Pam Sceats Financial Manager - manages the finance team and provides overall financial management. Rafah Abbas Senior Finance Administer - supports the Finance Manager, payroll and office administrative support. Louise Hurst Provides finance and office administrative support.
Communications and Strategic Projects	Miriam Brown Manages the Board's ongoing communication strategies, including publications, website, consultations and online initiatives.

Strategic Priorities and Goals

The Board's Strategic Directions 2019 -2024 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 document can be downloaded from the website at www.mrtboard.org.nz.

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.

Priorities

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
STANDARDS	Appropriate and sustainable standards of clinical competence, cultural competence, and ethical conduct for the protection of public health and safety
PRACTITIONER COMPETENCE	Our regulatory frameworks support a competent and flexible workforce both in the short and long term
ACCOUNTABILITY	Strengthen our engagement with stakeholders and their confidence in the work of the Board
ORGANISATIONAL PERFORMANCE	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

1. Competence and ethical conduct standards continue to be current and relevant.

Strategic Objectives

- 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.
- 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. These examinations offer a registration pathway for overseas-trained practitioners who do not hold a qualification that is assessed as being substantially equivalent. A small number of overseas applicants took up the opportunity to sit an online exam in 2019-2020.
- Work continued with the development of online examinations for the other three defined scopes of practice – that is, Nuclear Medicine Technologist, Sonographer, and Magnetic Resonance Imaging Technologist.

2019/2020 Outcomes

- The Board would like to acknowledge the contributions from members of the medical imaging and radiation therapy profession who have been instrumental in helping to build "banks" of examination questions which are aligned to the competencies required of applicants within the relevant scopes of practice. Also invaluable has been the advice from members of the Board's Online Examinations Committee who took responsibility for assessing the reliability and validity of questions submitted by question writers.
- A revised process for the assessment of overseas qualifications against the competencies defined for each of the scopes of practice was introduced in 2019.
- Standards for the accreditation and monitoring of prescribed qualifications provided through New Zealand education institutions were revised in 2019. A consultation process was undertaken with New Zealand education providers and a final version of the standards was subsequently adopted by the Board.

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.

2019/2020 Outcomes

- In late 2019 the Board commenced a review of the supervision framework associated with the registration and recertification of medical imaging and radiation therapy practitioners. The review is expected to be of an 18-24 month duration. By the end of the 2019-2020 business year, a comprehensive literature review, looking at both New Zealand and international models of professional and clinical supervision, had been completed. A survey of New Zealand practitioners with experience of supervisory or supervisee roles within medical imaging and radiation therapy practice was also in progress.
- A review of the register of medical imaging and radiation therapy practitioners was commenced in 2019 and it is expected this will be completed later in 2020.

ACCOUNTABILITY

Strategic Objectives

- 1. The public understands the role and responsibilities of the Board.
- 2. Medical imaging and radiation therapy practitioners understand the role of the Board in regulating their profession.
- 3. Other stakeholders understand the role of the Board.
- Board presentations at a number of professional conferences and other industry forums during 2019-2020 provided opportunities to engage with practitioners and other key stakeholder groups.
- The Board continues to liaise with its Australian counterpart, the Medical Radiation Practice Board of Australia.
- A proposed name change for the Medical Radiation Technologists Board was acknowledged in principle by the Minister of Health in 2018.
- The current title is inaccurate in terms of the health practices the Board is responsible for regulating. Medical radiation technology is an outdated term that is not used widely in contemporary health services. Rather, medical imaging and radiation therapy are more common and widely understood terminologies used to describe these health practices, both within New Zealand and international contexts.

2019/2020 Outcomes

- Incorporating both medical imaging and radiation therapy into the authority's title recognises that the competencies required of practitioners extend beyond the use of ionising radiation.
- From an administrative perspective the term 'Council' would be of significant benefit especially as we share a single secretariat (Medical Sciences Secretariat) with one of the other authorities, the Medical Sciences Council of New Zealand.
- It is therefore proposed that the Board's title is changed to The Medical Imaging and Radiation Therapy Sciences Council of New Zealand.
- Execution of the change will need to go through the Statutes
 Amendment Bill. There was no Bill in 2019 and it is unclear at this
 point in time as to when the next Statutes Amendment Bill process
 will commence.

ORGANISATIONAL PERFORMANCE

- 1. The Board's governance model is enabling, effective, and efficient.
- 2. Policies and processes are current, relevant, and effective.

Strategic Objectives

- 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.
- 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.
- A cyber resilience assessment was undertaken in respect of the IT infrastructure which is jointly owned by the Board and the Medical Sciences Council. A number of quality improvements were identified and a joint Board - Council cyber resilience plan is being managed through the secretariat on behalf of the two authorities.

2019/2020 Outcomes

- With the emerging situation in respect of the COVID-19 pandemic, a review of a joint Board - Council business continuity plan was completed. The plan assisted with making sure the secretariat was well prepared for the advent of the level 4 lockdown. Moving the staff team to working from home in late March was achieved with minimal disruption due to this preparedness.
- Secretariat staff have worked with colleagues from the health regulation sector and the Ministry of Health to draft a set of performance standards for responsible authorities. The 2019 amendment to the Act requires responsible authorities to undergo a performance assessment every 5 years. Assessments will be carried out by independent reviewers.
- The Board has instituted a quality improvement programme based on measuring performance against its core functions and responsibilities as set out in section 118 of the Act.

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

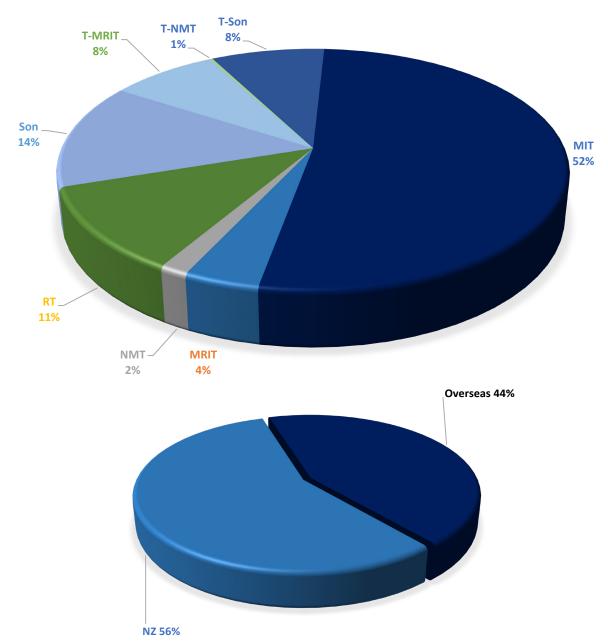
Registration Statistics

Between 1 April 2019 and 31 March 2020 the Board received **504** applications from persons seeking registration in one of the eight scopes of practice. **388** (77%) of these applications were approved and **26** (5%) declined due to the applicants not meeting the entry level registration requirements.

Of the remaining applications, **13** (2%) applicants were offered an opportunity to sit a Registration Examination Assessment (REA) and **4** (1%) were offered an opportunity to sit an Online Registration Examination as an alternative pathway to gaining registration. As at 31 March 2020 **66** (13%) applications were still being processed and the remaining **7** (1%) applicants withdrew their application for registration.

Scope of Practice	Approved	Declined	Offered REA	Offered Online Exam	In Progress	Withdrawn	TOTAL
MIT	202	10	6	4	30	1	253
MRIT	16	7	3	-	4	1	31
NMT	6	-	2	-	1	-	9
RT	44	1	-	-	6	-	51
Son	55	7	2	-	15	4	83
T-MRIT	31	1	-	-	4	1	37
T-NMT	1	-	-	-	1	-	2
T-Son	33	-	-	-	5	-	38
TOTAL	388	26	13	4	66	7	504

Approved Registrations for 2019/2020



For the 2019/2020 year, New Zealand-trained registration applications exceeded overseas-trained applications by **30%**.

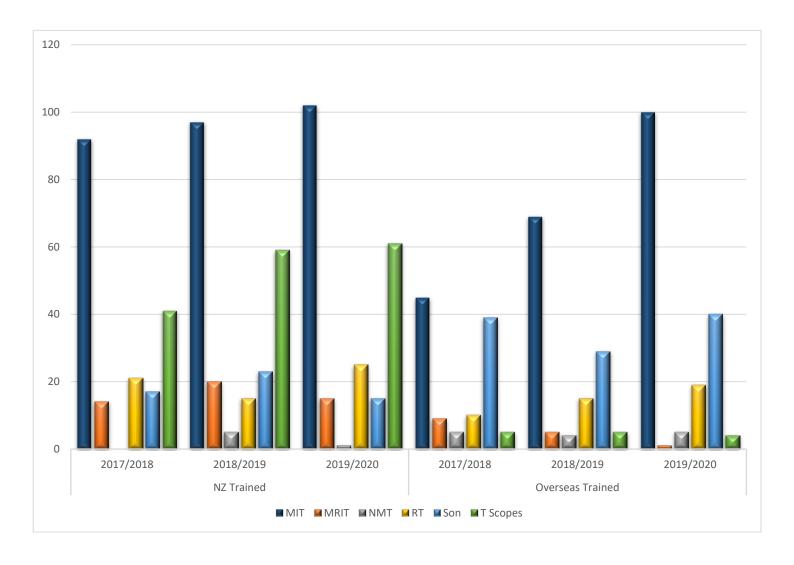
Of note:

- The number of overseas-trained sonographer applications was greater than New Zealand-trained sonographer applications in 2018/2019 and the 2019/2020 year.
- Significantly more New Zealand trained magnetic resonance imaging technologists than overseas in the 2019/2020 year.
- The number of New Zealand trained and overseas-trained medical imaging technologists were the same in the 2019/2020 year.

Approved Registrations by Country-Trained

Country	MIT	MRIT	NMT	RT	Son	T-MRIT	T-NMT	T-Son	TOTAL
Australia	10	-	1	2	11	-	-	-	24
UK	25	-	-	12	7	1	-	-	45
USA	1	-	1	-	3	-	-	-	5
South Africa	43	1	2	1	9	2	-	1	59
NZ	102	15	1	25	15	28	1	32	219
Canada	1	-	-	-	7	-	-	-	8
Argentina	1	-	-	-	-	-	-	-	1
Belgium	1	-	-	-	-	-	-	-	1
Fiji	1	-	-	-	-	-	-	-	1
Hungary	2	-	-	-	-	-	-	-	2
India	1	-	1	-	1	-	-	-	3
Ireland	10	-	-	2	1	-	-	-	13
Italy	1	-	-	-	-	-	-	-	1
Philippines	1	-	-	-	-	-	-	-	1
Portugal	1	-	-	-	-	-	-	-	1
Singapore	1	-	-	-	-	-	-	-	1
Hong Kong	-	-	-	2	-	-	-	-	2
Iran	-	-	-	-	1	-	-	-	1
TOTAL	202	16	6	44	55	31	1	33	388

Approved Registrations by Scope for Previous Three Years



Declined Registrations by Country-Trained

Declined Applications

Country	2018/2019	2019/2020
Italy	1	1
Canada	-	1
Fiji	-	1
New Zealand	-	1
India	1	4
Sudan	1	-
Malaysia	1	1
Nigeria	3	-
Pakistan	1	1
Philippines	3	5
South Africa	5	5
UK	5	4
USA	5	2
TOTAL	26	26

Offered a REA as an Alternative Pathway to Registration

Country	2018/2019	2019/2020
Australia	1	1
Italy	1	-
Austria	-	2
Fiji	2	1
India	6	3
Nigeria	-	1
Philippines	5	1
South Africa	9	2
UK	1	1
USA	5	-
Zimbabwe	2	-
Germany	1	-
Iran	1	-
Namibia	1	-
Sri Lanka	1	-
Uganda	1	-
TOTAL	37	12

Registration Examination Assessments

The Board recognises that while some overseas-trained applicants may not have a qualification deemed as equivalent to the New Zealand prescribed qualification, they do have significant clinical experience in the relevant scope of practice in an overseas setting. A registration examination assessment (REA) may be offered to these applicants as a means of gaining New Zealand registration. 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 particular clinical department. Following this familiarisation period the practitioner will undergo a 1-day examination assessment.

In October 2019, the Board introduced an Online Registration Examination as a pathway to registration for medical imaging technologists and radiation therapists. 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 Online Registrations Examinations as a pathway to registration.

	MIT	MRIT	NMT	RT	Son	TOTAL
REA Offered	7	2	2	-	2	13
REA Sat	7	1	2	-	3	13
REA Passed	5	1	2	-	3	11

	MIT	RT	TOTAL
Online Exam Offered	16	-	16
Online Exam Sat	5	-	5
Online Exam Re-sit	1	-	1
Online Exam Passed	1	-	1

In 2019-2020 **13** applicants took up the offer to sit a REA. The eleven applicants **(85%)** who passed were subsequently granted New Zealand registration. Of the sixteen applicants offered an Online Registration Examination, 5 applicants sat the exam and 1 applicant passed after one re-sit.

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 2019-2020 were not necessarily offered during the same period.

Annual Practising Certificates

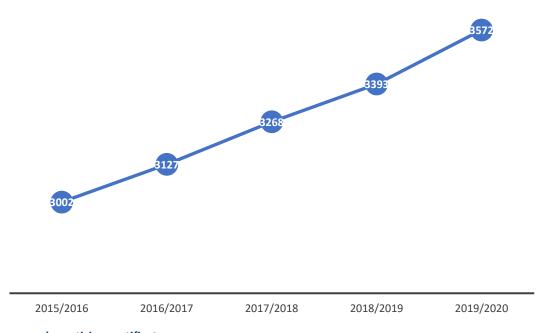
All practitioners working in New Zealand must hold a current practising certificate (APC), which is renewed annually. To obtain an APC, practitioners must assure the Board they have maintained competence and are fit to practise.

In 2019-2020 the Board issued a total of **3280** annual practising certificates:

- 202 (6%) practitioners were issued an annual practising certificate with a condition
- 292 (9%) practitioners held an APC in more than one scope.

	MIT	MRIT	NMT	RT	Son	T-MRIT	T-NMT	T-Son	TOTAL
APC holders	1997	288	68	448	624	53	10	84	3572*
APC's with conditions	66	3	25	16	83	-	-	9	202

^{*} This total differs from the number of APC's issued as 292 practitioners hold a single APC in multiple scopes of practice.



When an annual practising certificate is issued, the Board is declaring to the New Zealand public that the practitioner is competent and fit to practise.

Conditions on Practice

Medical Imaging Technologist

•		4						
	Must practise within mammography only							
•	Must practise under a Board approved supervisor when practising within lithotripsy	4						
•	Must practise under supervision for a specfied amount of time	4						
•	Holding a non-clinical APC	10						
•	Able to practise breast ultrasound	3						
Tota	al 66							
M	agnetic Resonance Imaging Technologist							
•	Holding a non-clinical APC	2						
•	When working in lithotripsy, must practice under the supervision of a urologist who is a holder of a current national radiation laboratory licence.	1						
Tota	urologist who is a holder of a current national radiation laboratory licence.	1						
	urologist who is a holder of a current national radiation laboratory licence.	1						
	urologist who is a holder of a current national radiation laboratory licence. 3	1						
	urologist who is a holder of a current national radiation laboratory licence. al 3 uclear Medicine Technologist							
	urologist who is a holder of a current national radiation laboratory licence. al 3 uclear Medicine Technologist Able to perform diagnostic CT independently, including on a hybrid SPECT/PET CT scanner	18						

Total

Radiation Therapist

Total

•	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	7
•	Holding a non-clinical APC	2
•	Must practise in CT Simulation and treatment only, excluding dosimetry	1
Tota	al 16	
So	nographer	
•	Must practise under supervision	7
•	Must practise within cardiac ultrasound only	51
•	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	2
•	Must practise within paediatric cardic ultrasound only	3
•	Must contact the Board for conditions regarding practice	1
•	May take X-rays under supervision	1
Tota	al 83	
Tr	ainee Sonographer	
•	Must practise within cardiac ultrasound only	6
•	Must practise within vascular ultrasound only	3

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
	Postgraduate Diploma in Health Sciences in Magnetic Resonance Imaging	Magnetic Resonance Imaging Technologist
University of Auckland	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 2015 to 2019 demonstrates practitioners are actively engaging in ongoing learning and professional development, with the majority of audited practitioners meeting the Board's ongoing competence requirements.

	20	15	20	16	20	17	20	18	20	19
Called for audit	2	70	2:	91	30	03	5!	52	6:	15
Audited	238	88%	270	93%	276	91%	500	91%	544	89%
Passed	236	99%	269	99.6%	274	99%	498	99%	532	98%
Unsuccessful	2	1%	1	<1%	2	1%	2	<1%	12	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 in order to protect the health and safety of the New Zealand public.

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

The Board received two notifications during 2019/2020.

Fitness to Practise

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

In 2019-2020 the Board received no fitness to practise-related notifications.

Professional Conduct

The Health Practitioners Competence Assurance Act 2003 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 the 2019/2020 year the Board received two professional conduct notifications:

- One in relation to inappropriate behaviour. This practitioner subsequently faced a charge through the Health Practitioners Disciplinary Tribunal (HPDT).
- One in relation to professional misconduct which was referred to a PCC.

There was also one ongoing fitness to practice notification which was intially reported in the 2018/2019 year.

Notifications Received

The Board received the following number of notifications during the 2019-2020 year across the medical imaging and radiation therapy scopes of practice.

	Number		Outcome				
	New	Existing	Referred to HDC	Referred to PCC	Referred to HPDT	Ongoing	Resolved
MIT	1	-	-	1	1	1	-
MRIT	-	-	-	-	-	-	-
NMT	-	-	-	-	-	-	-
RT	-	-	-	-	-	-	-
Son	1	1	1	1	-	1	-
TOTAL	2	1	1	2	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 2019-2020, the Board received no competence-related notifications.

Financial Report 1 April 2019 - 31 March 2020

NEW ZEALAND MEDICAL RADIATION TECHNOLOGISTS BOARD

ENTITY INFORMATION

"Who are we?", "Why do we exist?" For the Year ended 31 March 2020

Legal Name:	Medical Radiation Technologists Board (MRTB)
Entity Type:	Body Corporate and Registered Charity
Charities Registration Number:	CC35408
Founding Documents:	Established by the Health Practitioners Competence Assurance Act 2003 (HPCA Act) and is an Authority under the Act
Entity's Purpose or Mission:	To protect the health and safety of members of the public by providing mechanisms to ensure that medical imaging and radiation therapy practitioners are competent and fit to practise.
Entity Structure:	An eight member governance board comprising of: Beryl Kelly Anthony Bow Peter Dooley Billie Mudie Pru Burns Susan Yorke Louise Tarr Elizabeth Macaulay Roseanne Hawarden (resigned 20/06/2019)
Main source of the entity's cash and resources:	Practitioners and applicants for registration
Main method used by entity to raise funds:	Fees and Levies (refer to section 130 and 131 of the HPCA Act)
Entity's reliance on volunteers and donated goods or services:	No reliance is placed on volunteers or donated goods or services
Physical Address:	Level 3 - Panama House, 22 Panama Street, Wellington
Postal Address:	PO Box 11-905, Wellington 6142
Phone:	+64 4 801 6250
Email:	mrt@medsci.co.nz
Website:	www.mrtboard.org.nz

Baker Tilly Staples Rodway Audit Limited Level 6, 95 Customhouse Quay, Wellington 6011 PO Box 1208, Wellington 6140 New Zealand

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E: wellington@bakertillysr.nz

W: www.bakertillysr.nz



INDEPENDENT AUDITOR'S REPORT

To the Readers of Medical Radiation Technologists Board's Performance Report for the Year Ended 31 March 2020

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 that comprises the statement of financial position as at 31 March 2020, the statement of financial performance, the statement of financial position, the statement of movements in equity and statement of cash flows for the year ended on that date and the notes to the performance report that include 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 2020; and
 - its financial performance and cash flows for the year then ended; and
- complies with generally accepted accounting practice in New Zealand and have been prepared in accordance with the Public Sector Entity Simple Format Reporting – Accrual (Public Sector) standard.

Our audit was completed on 14 October 2020. 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.

Emphasis of Matter - COVID-19

Without modifying our opinion, we draw attention to the disclosures about the impact of COVID-19 on the Council as set out in note 8 on page 9.



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

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STATEMENT OF FINANCIAL PERFORMANCE

"How was it funded?" and "What did it cost?"

For the Year ended 31 March 2020

	Note	Actual This Year \$	Actual Last Year \$
Revenue			
Fees, subscriptions and other revenue from practitioners	1	1,499,957	1,265,091
Interest, dividends and other investment revenue		40,497	35,944
Other revenue		4,291	20,293
Total Revenue		1,544,745	1,321,328
Expenses			
Employee related costs	2	484,307	447,585
Costs related to providing good or services	2	742,879	763,754
Other expenses	2	65,323	36,529
Total Expenses		1,292,509	1,247,868
Surplus/(Deficit) For The Year		252,236	73,460

SUMMARY STATEMENT OF CASHFLOWS

"How the entity has received and used cash"

For the Year ended 31 March 2020

	Actual this Year \$	Actual Last Year
Cash Flows from Operating Activities		
Cash was received from:		
Fees, subscriptions and other receipts from practitioners	1,571,261	1,238,480
Interest, dividends and other investment receipts	40,497	35,944
Reciepts from operating activity	4,291	-
Cash was applied to:		
Payments to suppliers and employees	(1,208,807)	(1,099,766)
Net Cash Flows From Operating Activities	407,242	174,658
Cash flows from Investing and Financing Activities Cash was received from:		
Term Deposits	350,000	-
Cash was applied to:	,	
Term Deposits		
Net Cash Flows from Investing and Financing Activities	350,000	-
Net Increase / (Decrease) in Cash	757,242	174,658
Opening Cash	546,902	372,244
Closing Cash	1,304,144	546,902
This is represented by:		
Bank Accounts and Cash	1,304,144	546,902

STATEMENT OF FINANCIAL POSITION

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

For the Year ended 31 March 2020

	Note	Actual This Year	Actual Last Year
Assets		\$	\$
Current Assets			
Bank accounts and cash	3	1,304,144	546,902
Debtors and prepayments	3	22,647	5,780
Term Deposits		1,250,000	1,600,000
Total Current Assets		2,576,791	2,152,682
Non-Current Assets			
Investments	3	50	50
Total Non-Current Assets		50	50
Total Assets		2,576,841	2,152,732
Liabilities			
Current Liabilities			
Creditors and accrued expenses	3	259,035	218,718
Income in Advance	3	1,201,606	1,130,302
Provision for onerous lease	3	32,999	20,506
Total Current Liabilities		1,493,640	1,369,526
Non-Currrent Liabilities			
Provision for onerous lease	3	129,782	82,023
Total Non-Current Liabilities		129,782	82,023
Total Liabilties		1,623,422	1,451,549
Total Assets less Total (Net Assets)		953,419	701,183
Accumulated Funds			
Accumulated surpluses or (deficits)		953,419	701,183
Total Accumulated Funds		953,419	701,183
For and on behalf of the Board;			
Chairperson: Beryl Kelly	Da	te: 13 October 2020	

Ochief Executive:

Date: 13 October 2020

Mary Doyle

STATEMENT OF ACCOUNTING POLICIES

"How did we do our accounting?"

FOR THE YEAR ENDED 31 MARCH 2020

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.

NOTES TO THE PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2020

Note 1: Analysis of Revenue				
		This Year	Last Year	
Revenue Item	Analysis	\$	\$	
Fees, subscriptions and other revenue from	Registration	197,542	151,569	
members	APC	1,243,521	1,062,120	
	Other	58,894	51,402	
	Total	1,499,957	1,265,091	

Note 2: Analysis of Expenses				
		This Year	Last Year	
Expense Item	Analysis	\$	\$	
Employee related costs	ACC Levy	1,200	1,081	
	Staff Expenses Recruitment	14,728	14,423	
	Staff Training	6,033	10,537	
	Staff Welfare	4,043	2,841	
	Temp Staff	5,896	2,859	
	Wages & Salaries	452,407	415,844	
	Total	484,307	447,585	
		This Year	Last Year	
Expense Item	Analysis	\$	\$	
Costs related to providing goods or services	Accreditation Expenses	-	24,882	
	Archiving	2,362	1,366	
	Board Member fees	217,616	161,450	
	Conference Staff	13,951	5,221	
	Examiner Fees	73,936	24,719	
	Insurance	11,493	7,215	
	IT	59,277	2,443	
	MSS services Charges	209,610	362,741	
	Postage and Courier	3,418	-	
	Printing & Stationery	2,573	-	
	Project Costs	22,837	98,989	
	Publications	523	421	
	Telephone and Tolls	4,675	-	
	Travel and Accommodation	120,608	74,307	
		-	-	
	Total	742,879	763,754	
		This Year	Last Year	
Expense Item	Analysis	\$	\$	
Other expenses	Annual Report - Printing	2,194	1,690	
	Audit Fees	9,717	6,148	
	Bank Charges	6,004	22,621	
	General Expenses	4,421	2,585	
	Legal fees	42,987	3,485	
	Total	65,323	36,529	

Note 3:	Analysis of Assets and Liabilities		
		This Year	Last Year
Asset Item	Analysis	\$	\$
Bank accounts and cash	Westpac Bank - Current	1,303,706	546,464
	Westpac Bank - Saving	438	438
	Total	1,304,144	546,902
		This Year	Last Year
Asset Item	Analysis	\$	\$
Debtors and prepayments	Prepayments Debtors	12,551	5,780
	Accrued Income	9,368 728	-
			- - 700
	Total	22,647	5,780
		This Year	Last Year
Asset Item - Non Current	Analysis	\$	\$
Investments	Shares in MSS	50	50
	Total	50	50
		This Year	Last Year
Liability Item	Analysis	\$	\$
Creditors and accrued expenses	Accrued Expenses	7,058	10,811
creations and accraca expenses	GST due for payment	133,066	131,550
	MSS Intercompany	118,911	76,357
	wiss intercompany	110,311	70,337
	Total	259,035	218,718
		This Year	Last Year
Liability Item	Analysis	\$	\$
Income received in Advance	Practitioner fees relating to	1,201,606	1,130,302
	2020/21	, - ,	,,
	Total	1,201,606	1,130,302
		This Year	Last Year
Liability Item	Analysis	\$	\$
Current provision for onerous lease	Provision for onerous lease	32,999	20,506
	Total	32,999	20,506
		Th:	Last Maria
11.1.10	A I	This Year	Last Year
Liability Item	Analysis	\$	\$
Non current provision for onerous lease	Provision for onerous lease	129,782	82,023
	Total	129,782	82,023

Note 4: Accumulated Funds				
This 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		
Last Year	Accumulated	Total		
Description	Surpluses or Deficits			
Opening Balance	627,723	627,723		
Surplus/(Deficit)	73,460	73,460		
Closing Balance	701,183	701,183		

Note 5: Commitments and Contingencies				
		At balance date	At balance date	
		This Year	Last Year	
Commitment	Explanation and Timing	\$	\$	
Lease Commitment:	Current Portion	28,176	53,967	
22 Panama Street,	Non Current Portion	124,444	147,024	
Wellington		152,620	200,991	
Onerous Lease	Current Portion	48,858	20,506	
Commitment: 80	Non Current Portion	126,217	82,023	
The Terrace, Wellington		175,075	102,529	
Photocopier Lease	Current Portion	1,638	1,583	
	Non Current Portion	5,382	264	
		7,020	1,847	

COMMITMENTS

Medical Sciences Secretariat of New Zealand 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. The amount of the sublease is significantly less than that expected when preparing the 2019 financial statements, leading to the change in the total lease commitment.

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

		This Year	Last Year	This Year	Last Year
		\$	\$	\$	\$
Description of Related Party Relationship	Description of the Transaction (whether in cash or amount in kind)	Value of Transactions	Value of Transactions	Amount Outstanding	Amount Outstanding
	Secretariat Services	1,289,223	1,247,868	152,023	116,126
During the year the Medical Radiation Technologists Board	Beryl Kelly	32,178	15,271	2,840	2,640
purchased secretariat services on normal trading terms from Medical Sciences Secretariat Ltd. Two 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. Sciences Secretariat Ltd.	Lizzie Macaulay	6,099	6,600		
	Billie Mudie	7,905	7,590		
	Prue Lamerton		26,235		
	Rosanne Hawarden	2,550	9,488		
	Louise Tarr	5,695	7,755		
	Peter Dooley	6,715	7,105		
	Pru Burns	6,375			
	Susan Yorke	5,860			
	Anthony Bow	16,086	5,775	1,296	
	Sue Mckenzie	1,650	5,500		2,460

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



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: Covid-19

On 30 January 2020, the spread of novel Corona virus (COVID-19) was declared a public health emergency by the World Health Organisation. From 25 March 2020, New Zealand was placed into Alert Level 4

lockdown to combat the pandemic, for a minimum period of four weeks. From 28 April 2020 this was reduced to Alert Level 3 with some restrictions relaxed, for a period two weeks from 13 May 2020 this was reduced to Alert Level 2, with lockdown restrictions further reduced. From 9 June 2020 this was reduced to Alert Level 1. With domestic lockdown restrictions removed.

The Board will continue to monitor the impact of COVID-19 on the entity but at the date of signing this report the Board does not believe the entity has been or will be adversely financially affected by the pandemic. The only known impacts of the virus on the entity is a small reduction in overseas based registration fees. (Last Year - Nil).

Note 9: 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 \$1,201,606 (Last Year - \$1,130,302).

Note 10: Ability to Continue Operating

The entity will continue to operate for the foreseeable future.

