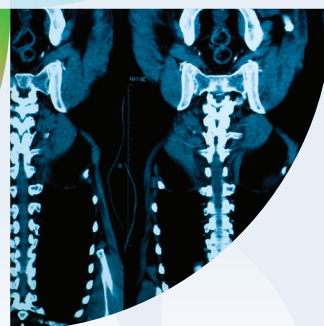
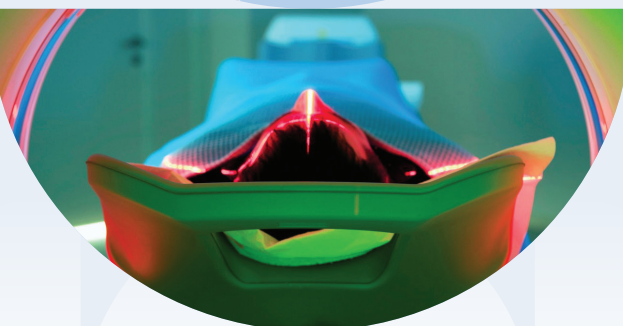


Annual Report

1 April 2023 – 31 March 2024



New Zealand
Medical Radiation
Technologists Board
Te Poari Ringa Hangarau Iraruke



Glossary

Rōpū	Group, party of people, committee.
Te tiriti o Waitangi	New Zealand's founding document – signed on 6 February 1840 between the British Crown and Māori rangatira (chiefs).
Te ao Māori	Emphasises the importance of relationships between nature and people. It is a holistic world view that focuses on interconnections and is grounded in tikanga (customary values and lore) and mātauranga (knowledge).
Te reo Māori	The language of the Māori people of Aotearoa New Zealand.
Tikanga Māori	Tikanga, in the context of this document, means the right way/best practice of looking after a person receiving treatment.
Pākehā	New Zealand European.

Throughout this report:

Te Poari Ringa Hangarau Iraruke | the Medical Radiation Technologists Board (also referred to as the Board or MRTB)

MSS | Medical Sciences Secretariat (also referred to as the Secretariat)

HPCA Act | Health Practitioners Competence Assurance Act 2003 (also referred to as the Act)

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)

Te Poari Ringa Hangarau Iraruke | the Medical Radiation Technologist's Board is pleased to submit this report for the year ending 31 March 2024.

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Tō mātou tau | Our year

From the Chair and Chief Executive

It has been an eventful and busy year for the Board, with the continuation of strategic projects that support the professions we regulate.

We acknowledge all practitioners who work in the professions that we regulate as they continue to provide essential health services to consumers across the country. While there are challenges faced by members of the sector, this has not been reflected by a substantial increase in notifications and complaints related to practice. We remain reassured that the public are protected through the mechanisms our Board uses and the standards it sets to regulate the profession.

Highlights from 2023-2024

As this report shows, 2023-2024 was a very busy year for us, not only because of increased volumes of applicants, but because several initiatives were commenced or advanced during that time. This occurred while ensuring that our business- as- usual functions were delivered to an excellent standard.

Te Manu Mātārae | Māori Practitioner Advisory Committee

We are committed to our obligations under Te Tiriti and acknowledge the impact on Māori when there are issues of equity. As part of our strategic plan the Board committed to and established a Māori Practitioner Advisory Committee this year: Te Manu Mātārae.

Contemporary standards

Work on competency standards for practitioners has continued, and this year we published these. Work also progressed around the development of tools to assist supervisors. These were launched in 2024 and are now a requirement for those practitioners wishing to perform this role.

The Board has considered the Scope of Practice project that was paused during 2021 and has taken steps to reinstate this project. Work will continue during 2024-2025.

Recertification

Following consultation in 2022 we implemented a revised policy around practitioner requirements for annual recertification. Due to the change in time frames, this was the first year that practitioners were audited over the biennium. A total of 375 practitioners were called for audit. Of those who were eventually audited 99% achieved the necessary requirements and demonstrated compliance with policy.

Stakeholder engagement

This year we have taken an active approach to engagement, attending conferences, professional and annual meetings, providing several of the Board and Secretariat staff members with opportunities to meet with practitioners from across the motu. This means we can listen to practitioner experiences and be better informed of the differences in regional practice. We have also been invited to, and attended, several meetings with our Australian counterparts.

We plan to continue this type of engagement. Having an active presence can only strengthen working relationships, resulting in better informed decision making, and policy setting. This year we have also had representation on the National Centre for Interprofessional Education and Collaborative Practice.

The Centre promotes culturally responsive interprofessional practice through the facilitation, promotion, and support of education and research within the health workforces. We also participated in a panel discussion on diversity inclusion at the Royal Australasian College of Medical Administrators conference on Diversity and Inclusion.

Change within the Medical Sciences Secretariat

The Board's regulatory services are provided by Te Rangatapu Pūtaiao a Rongoa | the Medical Sciences Secretariat (MSS), a company set up by the Board and another responsible authority to manage their business services and provide advice.

During 2023 there was an organisational change within the Secretariat. This included the appointment of a professional advisor for the medical imaging and radiation therapy profession. Staff numbers have increased to reflect the increase in work volumes.

Core business

MSS staff have continued to make sure that the Board's core functions operate successfully. By this we mean:

- the register of practitioners is maintained and is accurate
- the annual practising certificate (APC) renewal process enables practitioners to practise their profession
- applicants for registration who meet the robust requirements are entered onto the register
- programmes of education that lead to registration continue to meet the Board's standards
- communications with registrants and stakeholders ensures there is knowledge and understanding about the work of the Board
- practitioners with identified competence or health issues are managed using the 'right touch' approach. This means we are balancing the regulatory actions with the degree of risk posed to the public.
- complaints about practitioners are managed effectively and, when appropriate, charges are laid at the Disciplinary Tribunal.

Financial results

The Board's financial performance for this financial year records a surplus of \$243,197.

Each year when considering a change in fees charged to practitioners, we review our budget against our actual performance. When deciding about consideration of fees we look at the reserves we hold, and any prospective issues that need to be actioned and addressed. In 2023 we reviewed and raised our fees. We also introduced and gazetted a disciplinary levy.

Moving into 2024-2025

While momentum has been gained on projects, as we move into 2024-2025 these will be our priorities.

Enhancing capability with cultural safety

We will continue to work in partnership with Te Manu Mātārae to ensure its work is embedded across the organisation. We also engaged the services of Haemata – a Māori consultancy, to ensure the Board and the staff engaged to provide services on its behalf, have appropriate knowledge and skills about te ao Māori.

Scope of practice

Work will progress on the scope of practice for medical imaging and radiation therapy practitioners. A review of research and establishment of an expert advisory group will support this work.

Technology to enhance core functions and reporting

There is a need to invest in new technology that will allow us to not only undertake our core functions, but also to support the development, enhancement, and security of data that we hold. This will be a key priority project.

Monitoring and accreditation

Work looking at the monitoring of programmes that lead to registration, and the accreditation of newly developed programmes, will be ongoing. A review of accreditation standards will be scheduled.

Communication and engagement

New and revised stakeholder engagement and communications strategies will be developed to identify the needs of anyone that has an interest in the Board as a responsible authority, including opportunities for collaboration, building/enhancing relationships, and partnerships to support our work within the sector.

Quality

Policy, process, and quality improvement projects will all become engrained in our day-to-day work. It is vital that these elements, used to support the regulation of practitioners are robust, informed by evidence, and current. They also need to reflect the risk-based approach and ensure that we are meeting our obligations under the Health Practitioners Competence Assurance Act 2003 (the Act) that we are empowered with.

A core workstream within the MSS is the Quality and Assurance Team. Although not fully staffed at this time, 2024-2025 will see the full development of this team and the planning and prioritisation of their ongoing work programme.

Acknowledgement

The work of the Board would not occur without the tireless efforts, and support of the MSS staff, who take the decisions made by the Board and translate them into workplans and activities. MSS staff have endured a large amount of change over the course of 2023-2024 and the work has not relented. We also acknowledge the many practitioners who take the time to provide feedback on the Boards efforts so that we may continue to improve the work we do. During 2024-2025 we hope that you will continue to engage with us and provide your perspectives on our work.

We, the Board, and Secretariat, acknowledge the work that is undertaken by members of the medical imaging and radiation therapy professions.

Ngā mihi



Lizzie Macaulay
Chair



Dr Sue Calvert
Chief Executive



Our purpose is to protect the health and safety of the New Zealand public by providing mechanisms to ensure medical imaging and radiation therapy practitioners are competent and fit to practise.

Tō mātou poara | Our governance



Members of the Board are appointed by the Minister of Health. The Board is comprised of health practitioners registered in the scopes defined by the Board, and three lay members. A lay member is defined in the Health Practitioners Competence Assurance Act as ‘a person who is neither registered nor qualified to be registered as a health practitioner’. Board members are appointed for terms of between one and three years, with the possibility of renewal to a maximum of nine years. The Board provides the strategic direction for the regulation of practitioners.

At its meeting in February 2024 the Board elected Lizzie Macaulay as its Chair and Anthony Bow as Deputy Chair. The Board acknowledged the contribution that Billie Mudie had made in her term as Board chair.

Members include:



Billie Mudie – Radiation Therapist – Board Chair (up to Feb 2024)

Billie was appointed to the Board in July 2015. She is a Professional Practice Fellow with the University of Otago, teaching planning on the Bachelor of Radiation Therapy. Billie also holds a joint appointment with the Wellington Blood and Cancer Centre where she works as a radiation therapist.



Lizzie Macaulay – Medical Imaging Technologist – Board Chair (from Feb 2024)

Lizzie was appointed to the Board in May 2016. She was appointed as Chair in February 2024. She has 24 years’ experience in radiography in New Zealand, Australia, and the UK, in both public and private practice. Lizzie is currently working at Hawke’s Bay Regional Hospital as CT team leader. She also works in a project role for the Radiology Redevelopment Project in Hawke’s Bay.



Anthony Bow, Lay member, Deputy Chair

Anthony was appointed to the Board in July 2017. He is Principal of Waimana Capital, a strategic and capital advisor to growth oriented and scalable businesses (consulting with Iwi and financial organisations). Anthony has a background in leadership, operational management, investments, banking and finance, and audit. Anthony holds Chartered Accountant designation from the professional accounting bodies of New Zealand and Singapore.



Pru Burns, Nuclear Medicine Technologist

Pru qualified as a MIT in 1993, completing her post graduate study in Nuclear Medicine in 1999. She is currently the Unit Charge of Nuclear Medicine at Wellington Regional Hospital. Pru is actively involved in the New Zealand branch of the Australian and New Zealand Society of Nuclear Medicine.



Peter Dooley, Magnetic Resonance Imaging Technologist

Peter was appointed to the Board in May 2017. He is a registered MRI MIT and was the MRI team leader at Canterbury District Health Board (CDHB) for ten years. Prior to this, Peter spent several years working in Auckland gaining valuable clinical experience. Peter has designed three new MRI departments in Christchurch and overseen procurement for five new MRI scanners. In 2015, Peter was elected as the South Island representative of the Society of MR Radiographers and Technologists.



Philip Thomas, Medical Imaging Technologist

Philip was appointed to the Board in May 2021. He has worked as a MIT since 2003 - in both General and CT. Philip currently works at MIT Wairau Hospital. He is a member of an Imaging Advisory Group, and has a keen interest in encouraging and mentoring students, as well as improving patient and cultural safety.



Carol Bagnall, Sonographer

Carol was appointed to the Board in May 2021. She has been working in the sonography profession since 1995. Carol has previous work experience in both public and private sectors. Carol is currently the Service Clinical Director for Women's Health Ultrasound and the Ultrasound Team Leader at Auckland City Hospital.



Susan Yorke, Lay member

Susan was appointed to the Board in April 2019. She holds a BA in Political Science, a Bachelor of Law, a Masters in Public Management, and is a member of the Institute of Directors. Susan spent 20 years in private legal practice, which included advisory and governance roles in a range of community organisations. Susan has held several executive positions serving statutory health and social service regulatory boards.



Ma'ifuna'i Shannon Ioane-Moala, Lay member

Shannon was appointed to the Board in November 2022. She is a registered Senior Hospital Play Specialist supporting paediatric patients and their whānau in Radiology (Starship Children's Hospital) and Radiation Therapy (Auckland City Hospital). Her work has a particular focus in reducing the need for sedation to achieve both medical imaging (particularly MRI & CT) and radiotherapy through play-based learning.

Committees

The Board has several standing committees with delegated authority to oversee some of their regulatory functions. During 1 April 2023 to 31 March 2024 committee membership was as follows:

Committee	Membership
Registrations review committee	Lizzie Macaulay Susan Yorke Board members from the relevant scope of practice are also included in the decision making.
Professional standards	Billie Mudie Susan Yorke Anthony Bow

In addition, the Board has an examination committee with representatives from the Board, and external advisors.

Online examinations committee	Lizzie Macaulay (Chair) Billie Mudie
	External advisors for the Board: Jacqueline Metzler Catherine Sorensen Jacob Cameron Shelley Park Beryl Kelly

Sector Reference/Workforce Development Groups

Members of the Board are participating in several Manatū Hauora sector reference groups, and Te Whatu Ora/Te Aka Whai Ora workforce development groups. These groups have been established to consider issues faced by specific health disciplines and to look at strategies to address workforce shortages.

Working group	Membership
National Allied Health Technical and Scientific Working Groups	Pru Burns
MIT Sector Reference Group	Lizzie Macaulay
Sonography Sector Reference Group	Carol Bagnall
Medical Imaging Technology Professional Steering Group	Pru Burns

Te Manu Mātārae | Māori Practitioners Advisory Committee

In 2023 the Board established Te Manu Mātārae.

The Māori Practitioners Advisory Committee | Te Manu Mātārae is made up of seven people. They represent all the different scopes of practice (as well as lay people) from consumers of health care services. Their role is to assist with reviewing key standards and codes of conduct. They also provide advice to the Board.

Tokowhitu ngā mema o Te Manu Mātārae. Ko rātou ngā māngai o ngā momo hōkaitanga (me ngā tāngata reimana) mai i ngā kiritaki o ngā ratonga hauora hei Awhina ki te arotake i ngā paerewa matua me ngā tikanga whakahaere. He kaitohutohu hoki rātou ki te Poari.

The Committee wanted a name to fit the team and purpose of the work they do, while also looking to the future. Team members come from across the motu and committed to choosing a name that the majority were comfortable with.

I hiahia te komiti ki tētahi ingoa e hāngai ana ki te āhuatanga o te rōpū me te tikanga o a rātou mahi. Nō ngā hau e whā o te motu ngā mema o te rōpū, a, ka ū rātou ki te kōwhiri i tētahi ingoa e pai ana ki te nuinga.

Te Manu Mātārae refers to the lead bird that is identified when a flock of manu are migrating over a long distance. This lead bird does work for the rest of the flock following - it holds this position for a period of time (until tiring), before handing the role over to the next lead bird.

Ko Te Manu Mātārae, te manu kaitaki, inā tētahi kahui manu e rere tāwhiti ana. Ka riro mā te kaitaki te whakamāmā i te mahi mō te kāhui manu, a, ka nenge, ka tuku atu te kaitakitanga ki tētahi atu manu.

Members include:

Pare Graham – Co-Chair and psychologist

Pare was appointed to the committee in July 2023. Pare has a background in Education and Developmental Psychology - currently working as an intern psychologist at Te Tāhuhu o te Mātauranga.

Allanah Harrington – Co-Chair and cardiac sonographer

Allanah was appointed to the committee in 2023. She has been working in the cardiac sonography profession for over seven years, in both the public and private sectors.

Allanah has a master's degree in clinical neuroscience from the University Otago. Her work as the Māori Clinical Researcher in the Health Research Council study, established the appropriateness of echocardiographic reference ranges in Māori and Pacific New Zealanders.

Moana Tipene-Boyd – Medical imaging technologist

Ko Ngāti Kahungunu, ko Rangitāne, ko Te Whānau-a-Apanui ngā iwi, ko Moana Tipene-Boyd ahau. Moana completed her Medical Resonance Imaging (MRI) training in 2020. Recently Moana has gravitated towards education where she has worked at the Pūhoro STEMM Academy, and now currently at Universal College of Learning (UCOL) | Te Pūkenga as a lecturer.

Kiriana Rhind-Reedy – Medical imaging technologist

Kiriana was appointed to the committee in 2023, having qualified as a medical imaging technologist at the then Auckland District Health Board in 2018. Kiriana continues to further her knowledge and skills as a magnetic resonance imaging trainee working across Auckland City, Starship and Greenlane Hospital.

Kiriana is also the new Māori Health Lead for Clinical Support Services at Te Toka Tūmai.

Stephanie Kahika – Medical imaging technologist

Steffi works as an advanced senior mammographer for Canterbury Breastcare based in Otautahi. She is one of five in Australasia practising in specialised Stereotactic Biopsies.

Georgia Nankivell– Radiation therapist

Georgia (Ngāpuhi, Ngāti Raukawa) has worked as a radiation therapist at Auckland City Hospital since 2016. During this time, she's developed a strong focus on supporting Māori health equity within radiation oncology.

Georgia has a special interest in cultural safety and mana-enhancing quality improvements in the clinical space.

Stephanie Kahika – Medical imaging technologist

Steffi works as an advanced senior mammographer for Canterbury Breastcare based in Otautahi. She is one of five in Australasia practicing in specialised Stereotactic Biopsies governing a team, and regularly attends multidisciplinary meetings to discuss biopsy results.

Philip Thomas - Medical imaging technologist

Philip was appointed to the Board in 2021 and became the Board's representative on Te Manu Mātārae. He is a medical imaging technologist with Te Whatu Ora.

A mātou kaimahi | Our people

The Secretariat

The Board works closely with another health responsible authority, Te Kaunihera Pūtaiao Hauora o Aotearoa | the Medical Sciences Council of New Zealand (MSC) - with which they set up a jointly owned company, Te Rangatapu Pūtaiao a Rongoa | Medical Sciences Secretariat (MSS/the Secretariat).

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 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.

At the end of this financial year, the Secretariat had 19.1 FTE of staff who cover all aspects of its core business. During 2023-2024 there had been organisational change and growth to enable projects to progress. Due to the volume of work some roles had been reviewed and functions separated, and others developed to support core functions. In 2023 professional advisors were appointed who support the work of the Board by providing advice. The Board also uses the services of other contractors to support the delivery of its work. These can be engaged in the development of policy or review of documentation, through to competence review or professional conduct committee panel members.

Staff within the Secretariat are supported to enhance their regulatory knowledge and skills through enrolment in the G-Reg Certificate in Regulatory Compliance, and other opportunities for development that enhance knowledge and skills around the HPCA Act.

About us - who 'we' are

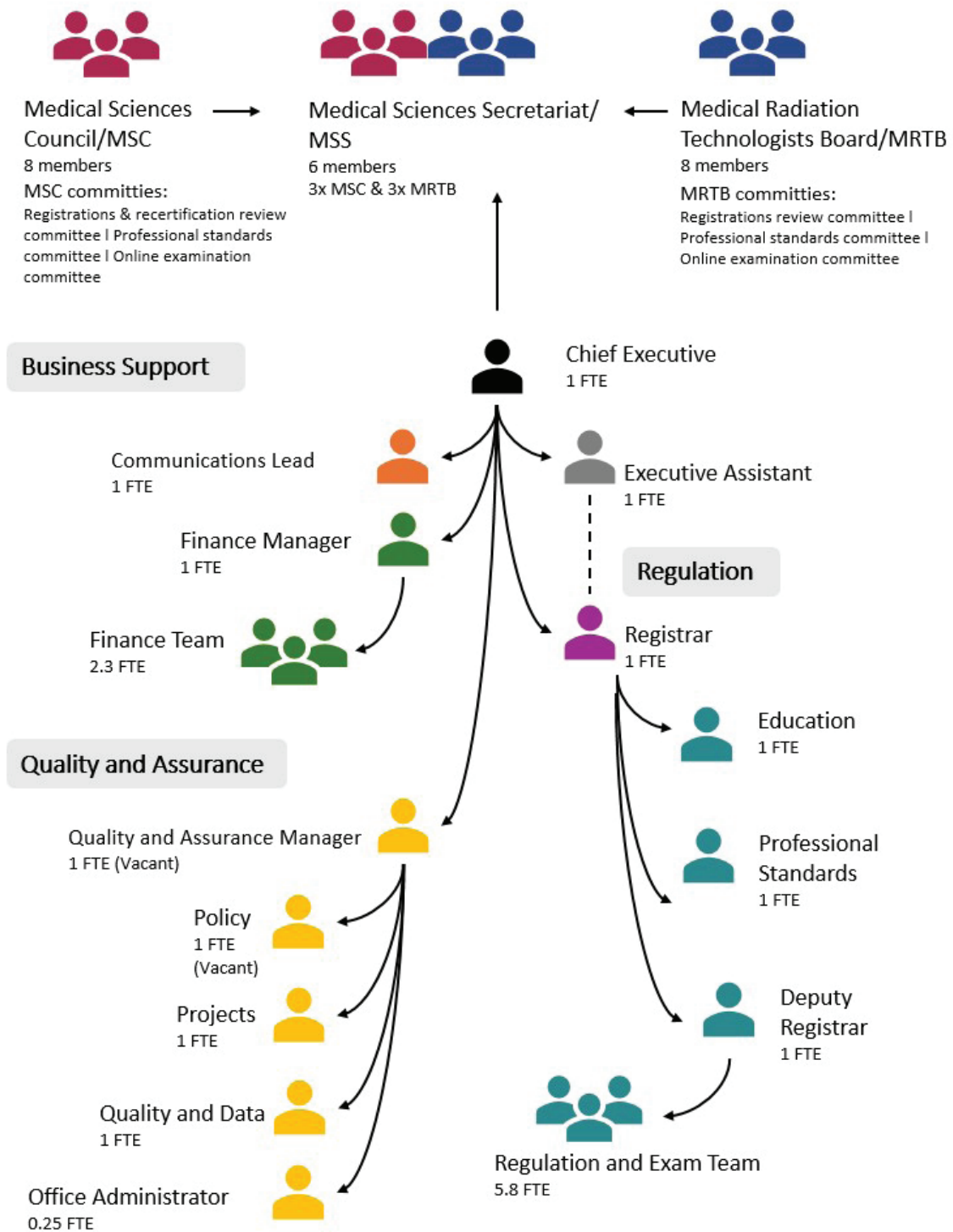
While all staff are employed by the Secretariat, Board members make up half of the MSS Board of Directors (the MSS governing body) – the other half are Council members.

As part of its commitment to staff wellbeing during 2023-2024, all MSS HR policies and procedures were reviewed to ensure they were contemporary and robust. All staff were active participants in the policy development process. During 2023-2024 the Secretariat:

- updated all health and safety equipment and civil defence supplies
- ensured there were sufficient health and safety representatives, fire wardens and first aid providers
- completed a process of remuneration review to ensure that remuneration was reflective of market rates
- supported flexible working arrangements
- supported staff well being by providing
 - o access to the Employee Assistance Programme
 - o access to influenza vaccines.

Secretariat staff

Organisation chart



Getting in touch

Secretariat staff - as at 31 March 2024

Chief Executive

Dr Susan Calvert

Manages the strategic functions and overall business of the Board of Directors and is responsible for the general management and statutory compliance of the organisation.

Regulation

Registrar

Caleb Bridgeman

Has delegated authority from the Board to manage the core regulatory functions under the Health Practitioners Competence Assurance Act (HPCA) 2003. He also manages procedures for notifications related to concerns raised about a practitioner.

Deputy Registrar

Peter Lourie

Supports the Registrar in managing core regulatory functions. Has overall management of the Regulation and Examination teams.

Education Advisor - MRTB/the Board

Kelsey Lane

Provides education and practitioner advice for the Board.

Regulation Advisors

Michaela Beer

Anastasia Williams

Emma Groos

Valerie Luzzi

Lynda Greer

The team complete and process activities relating to registration, practising certificates and recertification.

Regulation Advisor - Examination

Swas Lal

Completes and processes activities relating to the online examinations and registration examination assessments, for the purpose of registration and recertification.

Professional Standards Advisor

Hayley Roud

Supports the Registrar with managing the complaints and notifications processes, reporting, and monitoring.

Business Support

Finance Manager

Pam Sceats

Manages the finance team and provides overall financial management.

Finance Administrators

Louise Hurst

Senior Finance Administrator - manages the routine accounting activities and payroll.

Dianne Heybrock

Finance Administrator - provides finance support.

Gordon Arnold

Finance Administrator - provides finance support.

Communications Lead

Diane Hughes

Manages the Board's ongoing communication and stakeholder engagement strategies, including media and communications advice, brand, publications, website content and online initiatives.

Assistant to the Chief Executive and Registrar

Alison McKessar

Supports the Chief Executive and the Registrar with administrative and general tasks. Manages and coordinates logistics for the Board and Te Manu Mātārae meetings.

Office Administrator

Ana Johnston

Provides office administration to support efficient and smooth operation.

Quality and Assurance

Quality and Assurance Manager

Position vacant

Quality and Data Advisor

Devon Davies

Analyses and interprets Board data, and data security.

Project Manager

Sam Hannaway

Manages and leads Board projects.

Policy Advisor

Position vacant

Quality and Assurance Support

Ethan Jones

Supports Board activities through research.

Ā mātou whakaarotau |

Our people

Strategic priorities and goals

The Board's focus is to better protect public safety through proportionate and transparent regulatory frameworks, ensuring compliance, and promoting collaboration. The strategic projects are aimed at delivering on this.

During 2022-2023 the Board reviewed its strategic priorities and refreshed its strategic plan. Its priorities are outlined in the revised document, 'Looking forward to 2026: The Board's 3-year Strategic Plan 2023-2026'. During 2023-2024 the Board has progressed its work on its strategic projects.

Overarching strategic priority

Strategic priorities and goals

The Board's document, 'The Board's 3-year strategic plan 2023-2026', describes the work that it plans to undertake in this time. The plan builds on the progress that the Board has achieved through its previous strategic planning framework and ensures that its focus is on public protection. The document is a critical tool for planning and for setting the foundation upon which the Board will fulfil its responsibilities under the Act.

Overarching strategic priority

The primary purpose of the Board is to protect the health and safety of the public by ensuring that practitioners are fit and competent to practise their professions. The Board's focus is to better protect public safety by ensuring that:

1. practitioners are fit and competent to practise their profession
2. the framework that defines the standards and codes is robust and contemporary
3. regulatory processes are proportionate and transparent
4. practitioners comply with requirements.

The Board is not responsible for protecting the interests of medical imaging or radiation therapy practitioners. The Board's intention through its regulation is to achieve the best outcomes for the public through appropriate and sustainable regulation.

The Board is not responsible for protecting the interests of medical imaging or radiation therapy practitioners. The Board's intention through its regulation is to achieve the best outcomes for the public through appropriate and sustainable regulation.

During 2022-2023 the Board reviewed its strategic priorities and refreshed its strategic plan. Work has progressed on the strategic priorities during 2023-2024.

Strategic Priority 1: Alignment of regulatory frameworks

The regulatory mechanisms used by the Board must be fit for purpose now and into the future. The Board has acknowledged there are several challenges being experienced by the workforce, and there is a need for its processes to be flexible and robust. Work has progressed on this priority over the course of 2023-2024. The main projects that have been progressed include:

1. Review of the competence standards for practitioners: these were finalised and implemented across the professions.
2. Implementation of a formal supervision process for practitioners new to practise in Aotearoa New Zealand. The Board also implemented a programme of education for practitioners engaged as supervisors.

In progressing this strategic priority, the Board will undertake a review of the scope of practice of medical imaging and radiation therapists next.

Strategic Priority 2: Meeting our obligations as a te tiriti o Waitangi partner

The Board acknowledges Te Tiriti o Waitangi as the founding document of Aotearoa New Zealand. In collaboration with, and alongside its colleagues within both the health system and the medical imaging and radiation therapy education system, the Board can contribute to collective efforts to achieve equitable outcomes for Māori and the removal of barriers to achieve equity.

The Board will strive to build strong and enduring relationships with Māori to guide and support its regulatory work. To accomplish this, it has four key activities that sit under this strategy; two have been prioritised. These are:

- enhancing its own organisational understanding of te reo Māori, te ao Māori, and tikanga Māori
- the development of a Māori practitioner advisory committee.

During 2023 the Board established Te Manu Mātārae, its Māori practitioner advisory committee. An expression of interest process was undertaken to recruit members to this rūpū. Members include practitioners from all scopes of practice, a lay person, and a member of the Board. The committee is charged with providing advice to the Board around policy. The group commenced its work in late 2023.

The rūpū operates under a co-chair arrangement. The co-chairs are Allanah Harrington and Pare Graham.

The rūpū have been active in providing valuable cultural insights into Board policy and in ensuring that the Board's commitment to cultural safety in practice is reflected in its work.

Strategic Priority 3: Development of a data strategy to support strategic initiatives and business-as-usual work programme

Work progressed on the development of dashboards that provide trends information, and that can assist the Board in its decision making. The Board continues to provide data to Manatū Hauora | Ministry of Health to support its workforce modelling project.

The Board plans to seek the advice of the Māori practitioner advisory committee to improve communications and inform its regulatory work. It also plans to review its communication plan to ensure it is inclusive of the review and determination of data requirements.

Responsible authority core performance standards review

Progress against recommendations for improvement

In 2021 the Board, like all responsible authorities, was required to undertake a performance review by the Ministry of Health. This focused on the Board meeting the core functions and responsibilities as expressed in section 118 of the Health Practitioners Competence Assurance Act 2003.

Our performance was reviewed against 23 standards in total. Of those, 16 were fully achieved, with the remaining seven standards assessed as being partially achieved. All 'partially achieved' standards were deemed to have a low rating in terms of risk.

The report made some recommendations to the Board for suggested improvements. While many of the actions were completed during 2021-2022 the following information (table) provides an update.

Related core performance standards	Recommendation	Status as at 31 March 2024
<i>The responsible authority has defined clear and coherent competencies for each of the scopes of practice.</i>	Discussion with the Board and Chief Executive advised that a scopes of practice review, inclusive of prescribed qualifications, had been paused mainly due to the impending health sector changes. However, the review of scopes is to be completed.	The Board progressed and published new Standards of Competence for all professions during 2023. It also reinitiated the scope of practice project and will progress this in 2024.
<i>Identifying and responding in a timely way to any complaint or notification about a health practitioner.</i>	Regarding the notifications register, to explore if the register can be better linked to the practitioner database such as an automated process and how this information is provided to the Board.	Actions required to link complaints and notifications occurred in 2022. Data analytics reporting is ongoing and is a Board strategic priority. While ways to enhance the internal processes are a quality improvement project. This work is supported through the development of a dedicated professional standards advisor.
<i>Considering information related to a health practitioner's conduct or the safety of the practitioner's practice.</i>		
<i>Ensuring all parties to a complaint are supported to fully inform the authority's consideration process.</i>		
<i>The responsible authority sets standards of clinical and cultural competence and ethical conduct that are informed by relevant evidence, and are clearly articulated and accessible.</i>	That the Board proceed with its plan to review the competence standards, informed by, and aligned to, the principles of Te Tiriti o Waitangi as articulated in Whakamaui (Māori Health Action Plan 2020-2025), and informed by the consultations and collaborations already planned.	The revised standards have been published. However, they will be reviewed as part of the scope of practice review.

Related core performance standards	Recommendation	Status as at 31 March 2024
<i>Includes one or more competencies that enable practitioners to interact effectively and respectfully with Māori.</i>	<p>That the Board proceed with its planned review of the cultural competence policy document and ensure that cultural safety is incorporated as a key element within the cultural competence requirement.</p> <p>That in partnership with Māori, the Board develop, adopt, and promote tikanga best practice guidelines for its scopes of practice and include these in the requirements on practitioners.</p> <p>That the Board (together with the Medical Sciences Council and the Medical Sciences Secretariat) produce a plan for developing te reo Māori and tikanga Māori practices within the organisations, commence working on this plan, and continue to put it into practice over time.</p>	<p>The Board continues to engage in extensive development regarding its knowledge of, and use of, te reo and te ao Māori, and is incorporating tikanga within its processes and in its expectations of those staff who work with it. The Board has established Te Manu Mātārae, a Māori practitioner advisory committee, who provide advice and guidance to the Board.</p> <p>One of the first priorities of Te Manu Mātārae was the review of the cultural competence standard. This has continued during 2024 and consultation with the sector will occur in this timeline.</p>

Ā mātou mahi |

Our functions

Responsible authority

Te Poari Ringa Hangarau Iraruke | the Medical Radiation Technologists Board (the Board) is one of 18 New Zealand health responsible 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.

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 several 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.

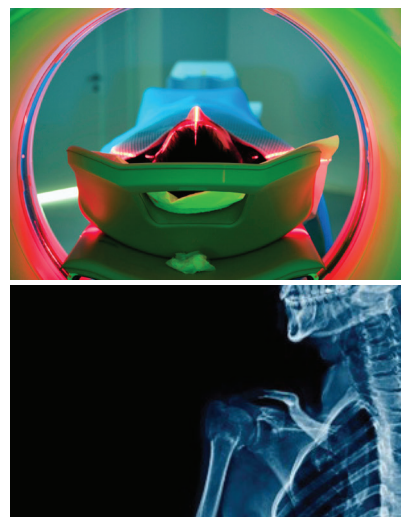
- **Notify** employers, the ACC, the Director-General of Health, and the HDC when the practice of a medical imaging or radiation therapy practitioner may pose a risk of harm to the public.
- **Consider** cases of medical imaging and radiation therapy practitioners who may be unable to perform the functions 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.

Te whakarāopototanga o ngā tatauranga | Numbers at a glance

Medical imaging and radiation therapy

the Board regulates practitioners who
sit under **8** scopes of practice

- Medical imaging technologist (MIT)
- Radiation therapist (RT)
- Nuclear medicine technologist (NMT)
- Magnetic resonance imaging technologist (MRIT)
- Sonographer (Son)
- Trainee nuclear medicine technologist
- Trainee magnetic resonance imaging technologist
- Trainee sonographer



478 new registrations

across the **8** scopes of practice

The four largest groups of applications
from internationally qualified
practitioners were from

South Africa **69**

Australia **30**

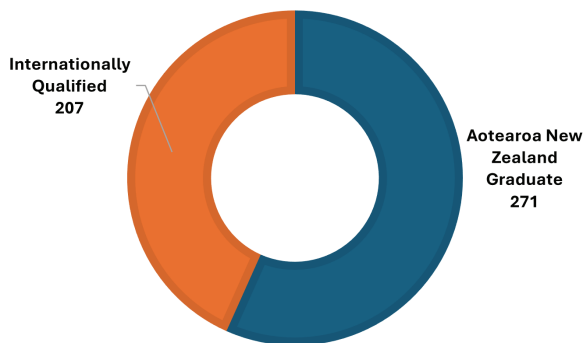
Canada **23**

England **23**



57%

of practitioners qualified in
Aotearoa New Zealand



271

Aotearoa New Zealand graduates

207

internationally qualified

3848

practising certificate applications received
and processed

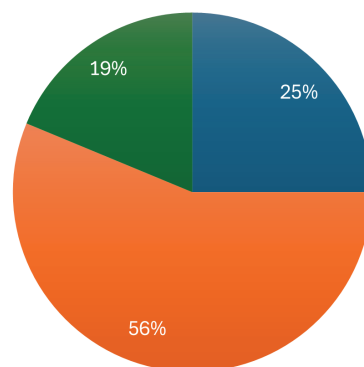
15

new complaints and notifications:

3 Conduct cases

9 health (fitness to practice) cases

3 competence cases



■ Conduct ■ Health (Fitness to practise) ■ Competence

Ta matou whaihua | Our performance



Professions we regulate

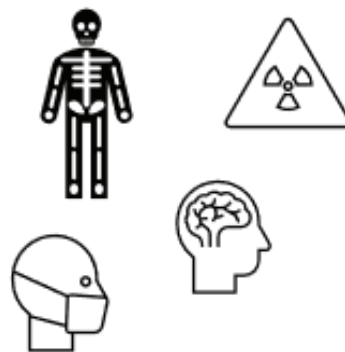
Registration and practising certificates

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 imaging and radiation therapy are patient centered professions. 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 (MIT)
Radiation therapist (RT)
Nuclear medicine technologist (NMT)
Magnetic resonance imaging technologist (MRIT)
Sonographer (Son)
Trainee nuclear medicine technologist
Trainee magnetic resonance imaging technologist
Trainee sonographer



Registration statistics

Between 1 April 2023 and 31 March 2024 the Board received **646** applications from people seeking registration in one of the eight scopes of practice. Of these **646** applications, **478** (74%) were approved and **24** (4%) declined due to the applicants not meeting the registration requirements for entry to the register.

Of the remaining applications, **three** applicants were offered the opportunity to sit a registration examination assessment (a practical examination) and **34** (5%) were offered an opportunity to sit an online examination. Successful completion of these assessments enabled applicants to demonstrate that they had the required knowledge and skills for entry to the register. Having met all other requirements, they were able to be registered.

As of 31 March 2024, 101 (16%) applications were still being processed and the remaining six (1%) applicants withdrew their application for registration.

Table one below provides the outcomes of applications for registration in the respective scopes of practice.

Table 1: Outcomes of applications for registration by scope 2023–2024

Scope of practice	Approved	Declined	In progress	Withdrawn	Offered online exam	Offered REA	TOTAL
MIT	251	8	50	1	18	-	328
MRIT	42	2	5	1	8	-	58
NMT	15	2	7	-	1	-	25
RT	40	1	13	-	2	-	56
Son	69	10	13	4	5	3	104
T-MRIT	20	-	4	-	-	-	24
T-NMT	2	-	1	-	-	-	3
T-Son	39	1	8	-	-	-	48
TOTAL	478	24	101	6	34	3	646

KEY:

MIT	Medical imaging technologist
MRIT	Magnetic resonance imaging technologist
NMT	Nuclear medicine technologist
RT	Radiation therapist
Son	Sonographer
T-	Trainee

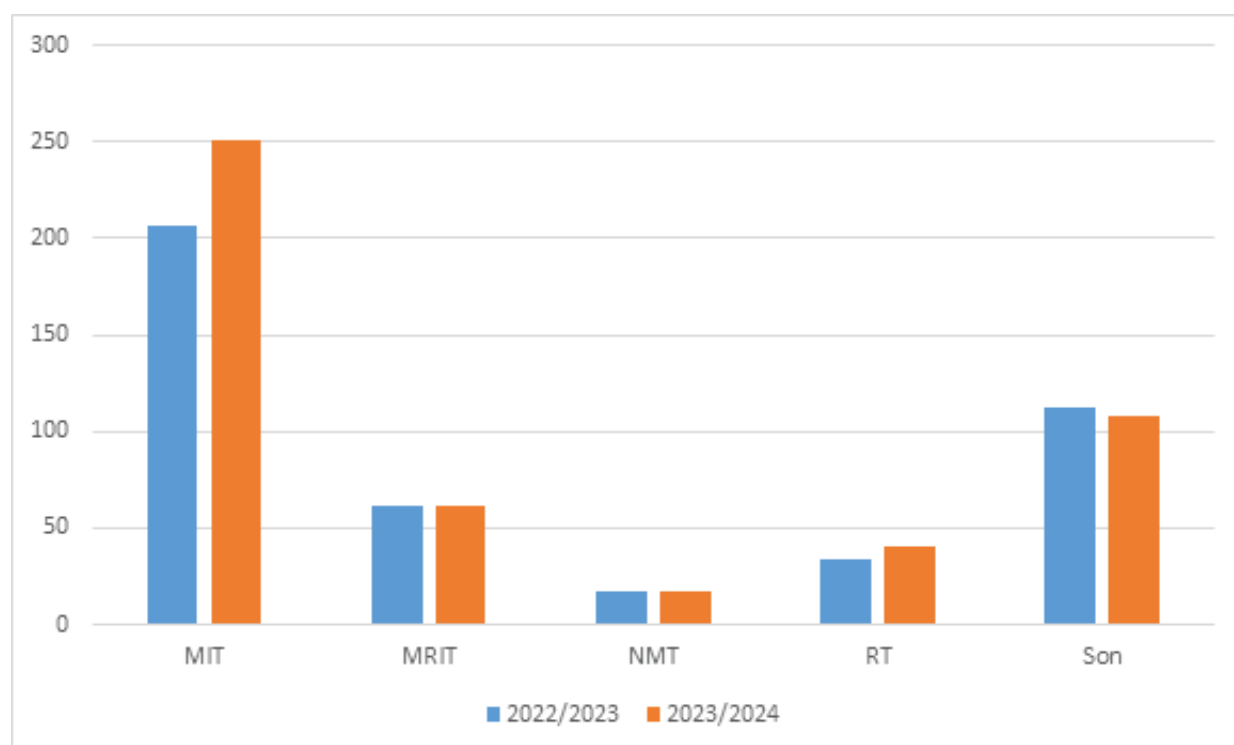


Figure A: Approved applications by scope (includes trainees)

Figure A shows that except for sonography the number of approved applications for registration has increased between the time periods 2022-2023 and 2023-2024, with the largest increase in the MIT workforce.

Figure B below shows the increasing trend in approved applications over the past 10 years.

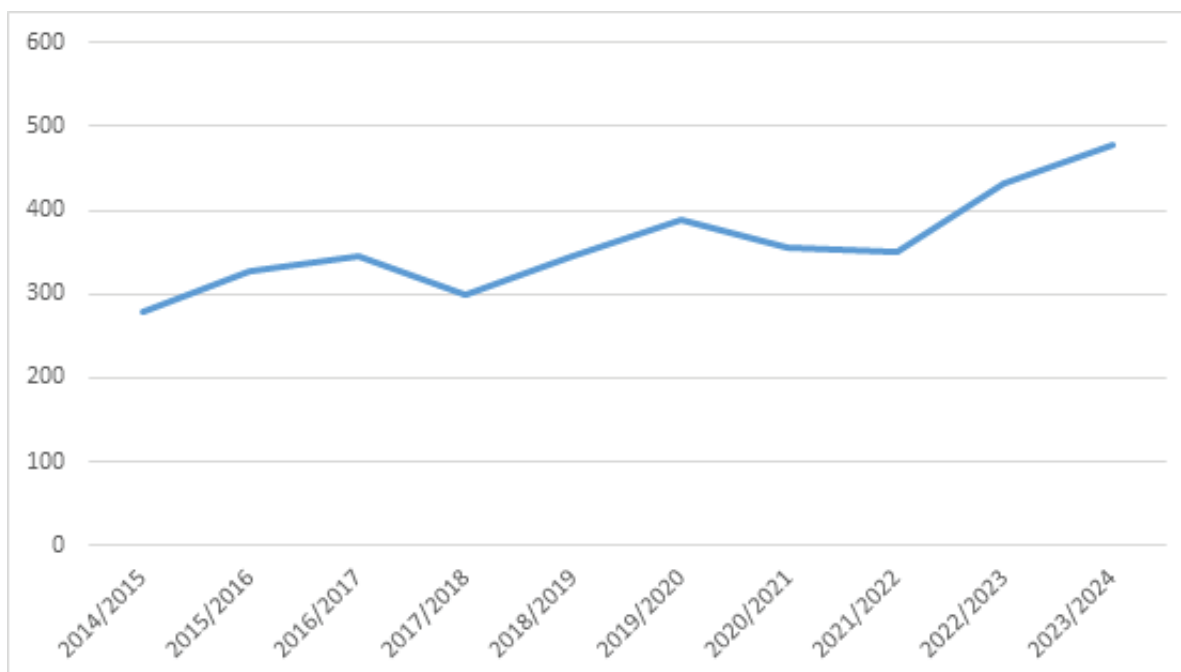


Figure B: Number of approved registration applications in the period 2014-2024

Registrations by country of education

Table 2: Approved registrations by country for each scope of practice 2023-2024

Country	MIT	MRIT	NMT	RT	Son	T-MRIT	T-NMT	T-Son	TOTAL
Aotearoa New Zealand	124	33	6	26	30	20	2	30	271
Australia	6	2		1	12			9	30
Canada	8		1	4	10				23
Chile	1								1
Congo	1								1
England	13	1		4	5				23
Fiji	16								16
France					1				1
Hungary	1								1
India	2	1	1	1	1				6
Iran	1	1							2
Ireland (Republic of)	4	1		1	1				7
Malaysia	1								1
Netherlands	1								1
Northern Ireland	2								2
Philippines	6								6
Scotland	3			2					5
Singapore	1								1
South Africa	54	3	7	1	4				69
Spain	1								1
USA	1				4				5
Wales	3								3
Zimbabwe	1				1				2
TOTAL	251	42	15	40	69	20	2	39	478

Applications for registration in the scopes of practice come from many countries. As would be expected the largest number of applications are from programmes of education that are based in Aotearoa New Zealand.

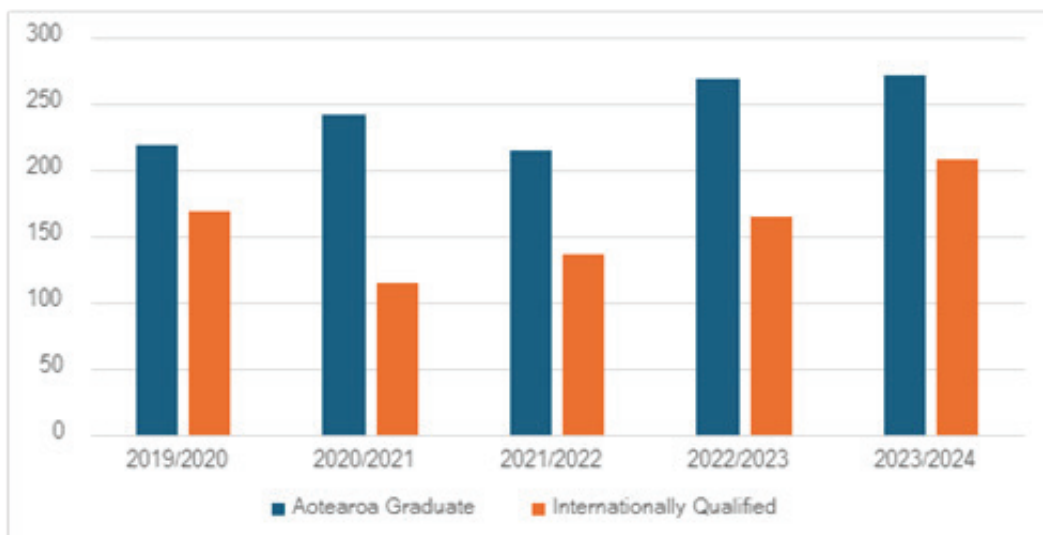


Figure C: Approved applications by Aotearoa graduate and internationally qualified 2019–2024

The graph above shows that while the number of applications for registration is predominantly New Zealand graduates there has been an increase over the past five years in the number of international applicants. While numbers would have been restricted due to the COVID pandemic in 2020-2021, there has been an overall increase in total applications.

Unsuccessful applications for registration

In 2023/2024, 24 (4%) applications for registration were not able to demonstrate the ability to meet the requirements for registration.

The following figure shows the country where the unsuccessful applicant was educated.

South Pacific	4
India	4
South Africa	4
North America	5
Southeast Asia	7

Figure D: Unsuccessful applications between 1 April 2023 and 31 March 2024 by country of education

Registration examinations

The Board offers an online registration examination assessment as part of a pathway to registration for all medical imaging and radiation therapy scopes of practice. The Board recognises that while some internationally qualified 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. In these instances, the Board may offer the applicant an online examination as part of a process of registration.

As the Board does not currently have an online examination available for cardiac sonographers, they may be offered the registration examination assessment as a process for registration instead.

In 2023-2024, 27 applicants sat the Board's online examination. The five applicants who were successful were subsequently granted registration and were required to complete a period of supervision. In addition (in 2023-2024) three registration examination assessments were offered to cardiac sonographers but no assessments were undertaken. Table 3 below provides a breakdown of online examination statistics by scope of practice.

Table 3: Online exam statistics by scope 2023-2024

	MIT	MRIT	NMT	RT	Son	TOTAL
Online exam sat	19	5	1	1	1	27
Online exam re-sit	4	3	-	-	-	7
Online exam passed	1	4	-	-	-	5
Online exam unsuccessful	18	1	1	1	1	22

The following graph shows a comparison of results for all scopes for the period 2019–2024.

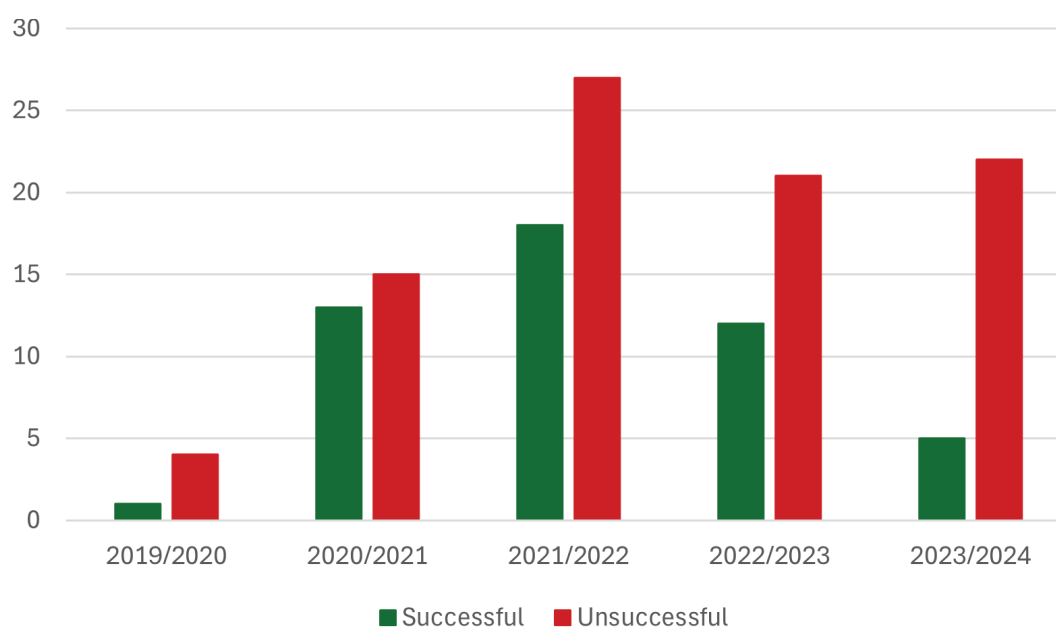


Figure E: Online examination results for all scopes for the period 1 April 2019 to 31 March 2024

The graph shows that most candidates are unsuccessful in this examination and are therefore unable to be entered onto the register. The Board allows an applicant three opportunities to sit the examination. The following table provides a breakdown, by country of education, of those applicants who have been successful in the examination over the period 1 April 2021 to 31 March 2024.

Online examination successful applicants by country of education

Table 4: Online exam successful applicants by country of education 2021-2024

Country	2021/2022	2022/2023	2023/2024
Aotearoa New Zealand	1*		1*
Australia	1	1	1
Canada	2	5	
Fiji		1	
India	1		
Iran			1
Philippines	1	2	
South Africa	4	3	1
UK	4		1
USA	4		
TOTAL	18	12	5

**The examination can be used for more than one purpose. Candidates with New Zealand as the country of education may complete the exam as part of a return-to-work process, or if they do not hold a prescribed qualification.*

Practising certificates

All practitioners working in Aotearoa New Zealand must hold a current practising certificate – this is renewed each year. To obtain a practising certificate, practitioners must demonstrate to the Board that they have maintained their competence and are fit to practise.

In 2023–2024 the Board issued practising certificates to a total of 3,848 individuals. Of this:

- 356 practitioners were issued a practising certificate with conditions
- 324 practitioners held a practising certificate in more than one scope of practice.

Table 5 below shows the number of practising certificates that were issued between 1 April 2023 and 31 March 2024 by scope of practice. Of note: some practitioners hold certificates in more than one scope, hence the total count is greater than the total number of certificates.

Table 5: Practising certificates issued 2023-2024

	MIT	MRIT	NMT	RT	Son	T-MRIT	T-NMT	T-Son	TOTAL
Count of practitioners	2247	398	85	503	800	55	7	77	*4172
Practising certificates with conditions	108	6	39	28	164	0	0	11	356

**This total differs from the number of practising certificates issued as 324 practitioners hold a practising certificate in multiple scopes of practice.*

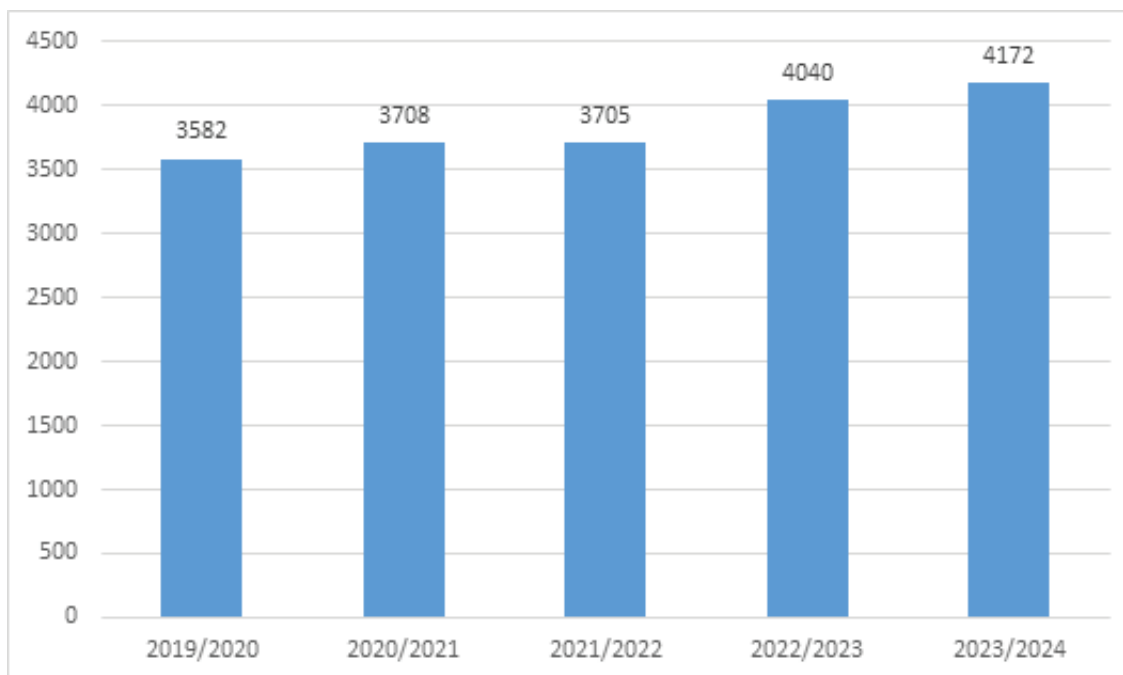


Figure F: Practising numbers over the last five practising years

Figure F above shows that there has been an increase in the total number of certificates issued across all scopes in the period 2019–2024. The figures are the number of practising certificates that have been issued – while the majority are issued in the annual round (March each year) a number are issued during the year. This is due to people being granted registration and those returning or resuming practice.

Conditions of practice

Sections 22 (3), (a) and (b) of the Act allow the Board to place a condition on a practitioner’s practising certificate to ensure they are competent to practise.

The most common reasons for a condition on their practising certificate is to restrict their practice to a certain discipline, such as mammography or cardiac ultrasound, or to require them to practise under supervision for a period specified by the Board. Supervision is a formal process of professional support and teaching to enable the practitioner to build on their knowledge, skills, and professional attributes, and to progressively assume responsibility for their own practice.

Supervision is most used for practitioners new to, or returning to, the profession. The Board has identified that several conditions placed on practitioners could be described as enabling rather than restricting practice. The Board continues to consider the application of conditions as part of its work programme.

Demographics

Ethnicity

The next five figures show the percentage of practitioners of different ethnicities who held a practising certificate in 2023-2024. The data includes practitioners holding a practising certificate in a training scope, and those practitioners who hold a practising certificate in more than one scope of practice.

When applying for registration, practitioners can report up to three ethnicities. Previously, the Board has reported ethnicity by assigning each practitioner a single ethnicity using a simplified version of the Statistics New Zealand’s Prioritisation Standard. The Board has used a different reporting method to report ethnicities for the 2023-2024 year.

The 2023-2024 statistics include every ethnicity that has been entered for every practising certificate holder. Therefore, each practitioner may be represented in more than one ethnic group as they can report up to three ethnicities.

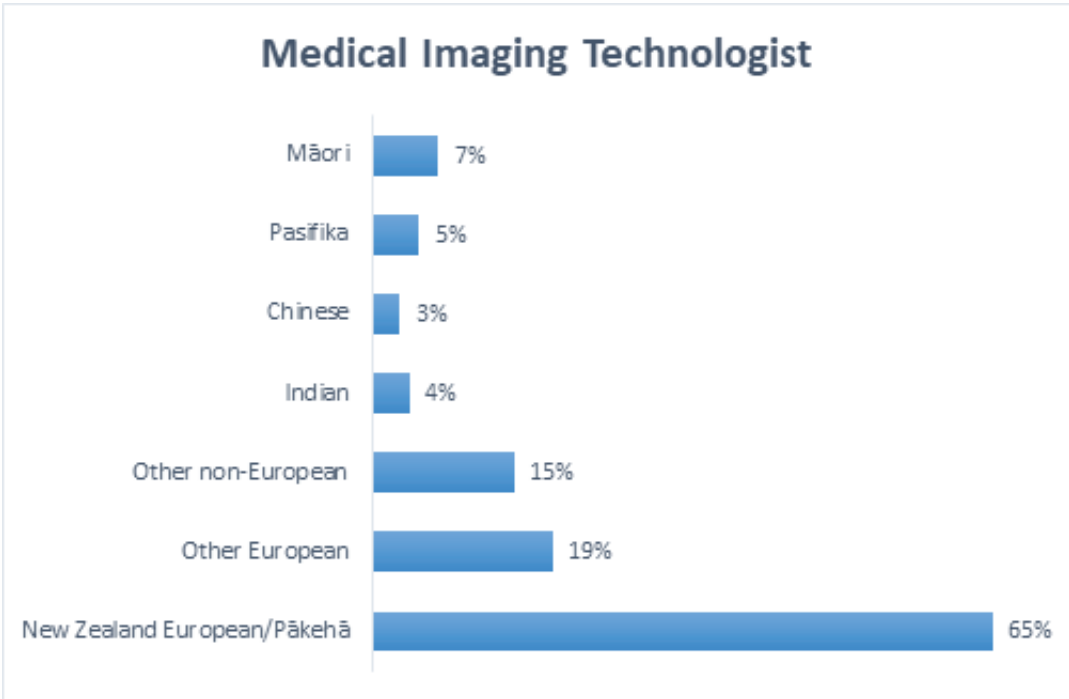


Figure G: Ethnicity of medical imaging technologist practising certificate holders 2023-2024

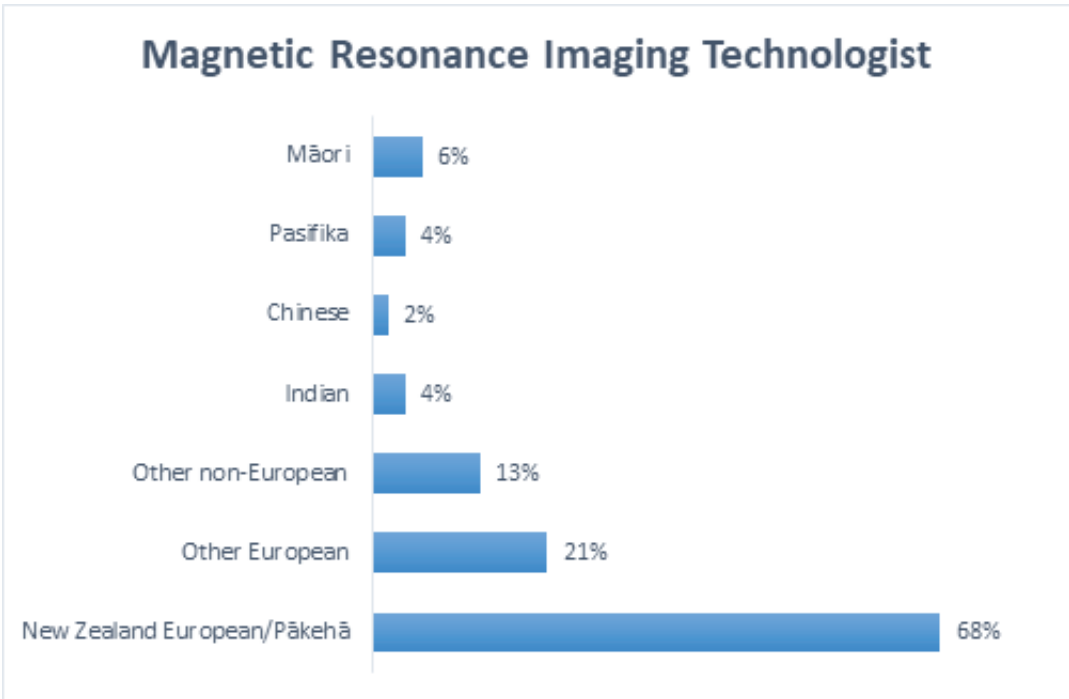


Figure H: Ethnicity of magnetic resonance imaging technologist practising certificate holders 2023-2024

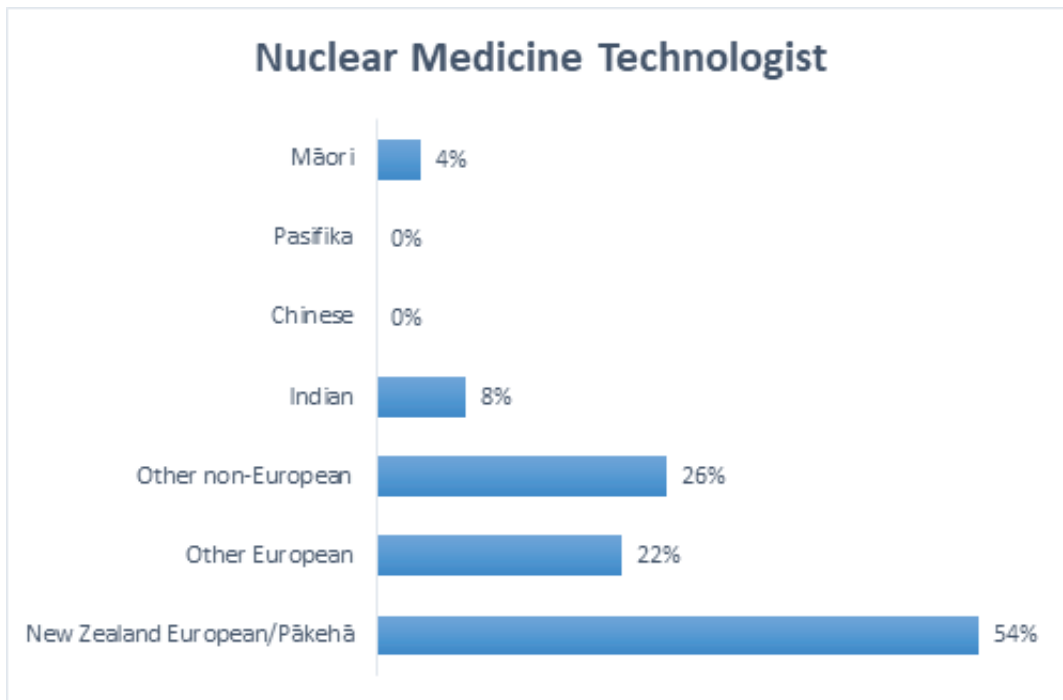


Figure I: Ethnicity of nuclear medicine technologist practising certificate holders 2023-2024

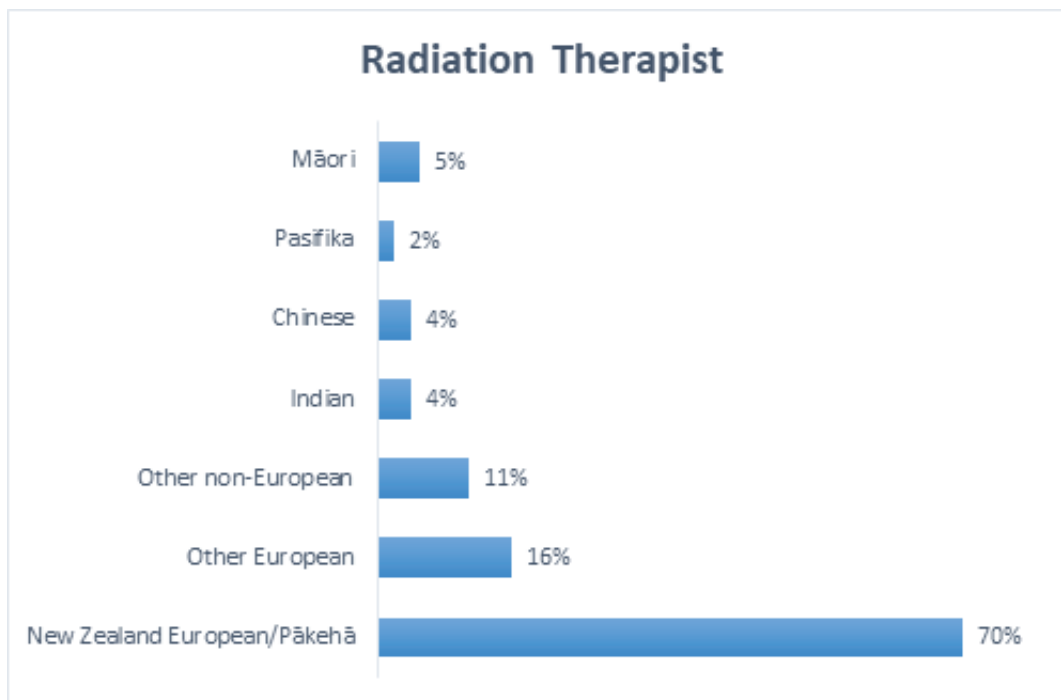


Figure J: Ethnicity of radiation therapist practising certificate holders 2023-2024

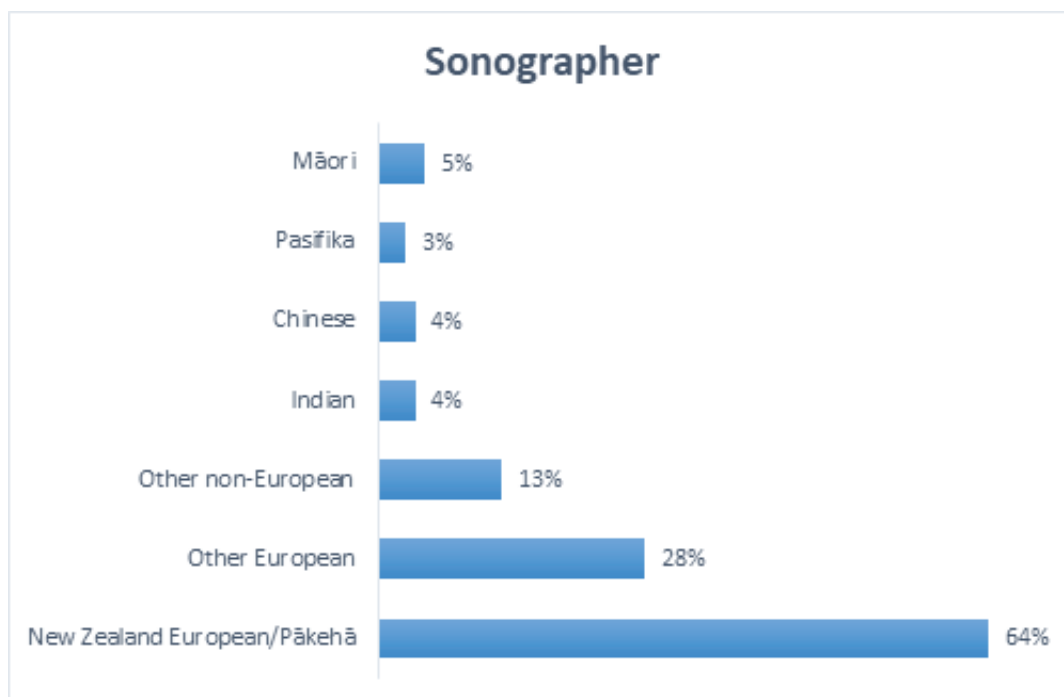


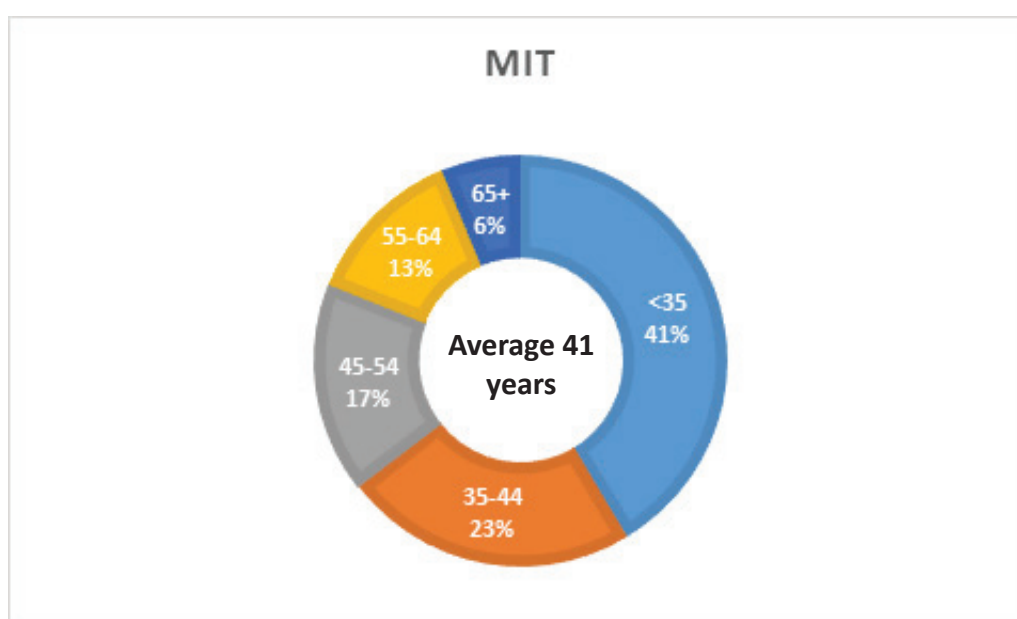
Figure K: Ethnicity of sonographer practising certificate holders 2023-2024

Figures G, H, I, J, K above show that regardless of scope of practice, most practitioners working in Aotearoa New Zealand identify as New Zealand European/Pākehā. However, there is variation across all scopes of other ethnicities. Māori practitioners account for 4-7% of each scope. Of note: there are no practitioners who work in nuclear medicine who identified as Pasifika or Chinese.

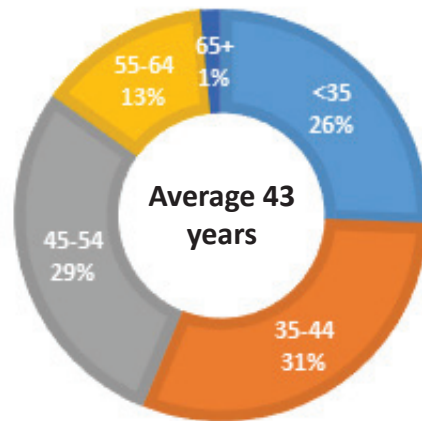
Caution should be taken in interpreting these figures as there may be some duplication given that a number of practitioners hold a practising certificate in more than one scope of practice.

Age

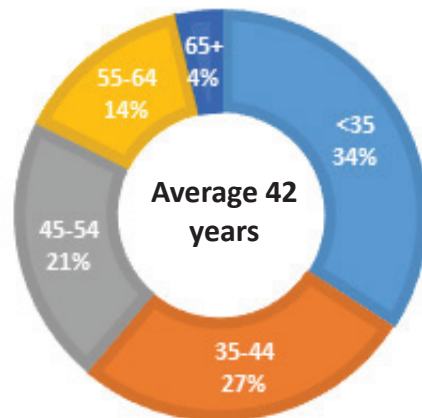
The following graphs show the age distribution for the various scopes of practice.



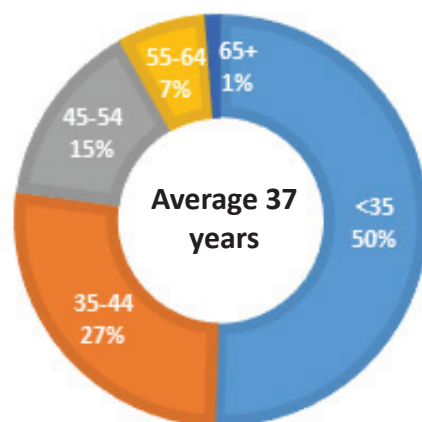
MRIT

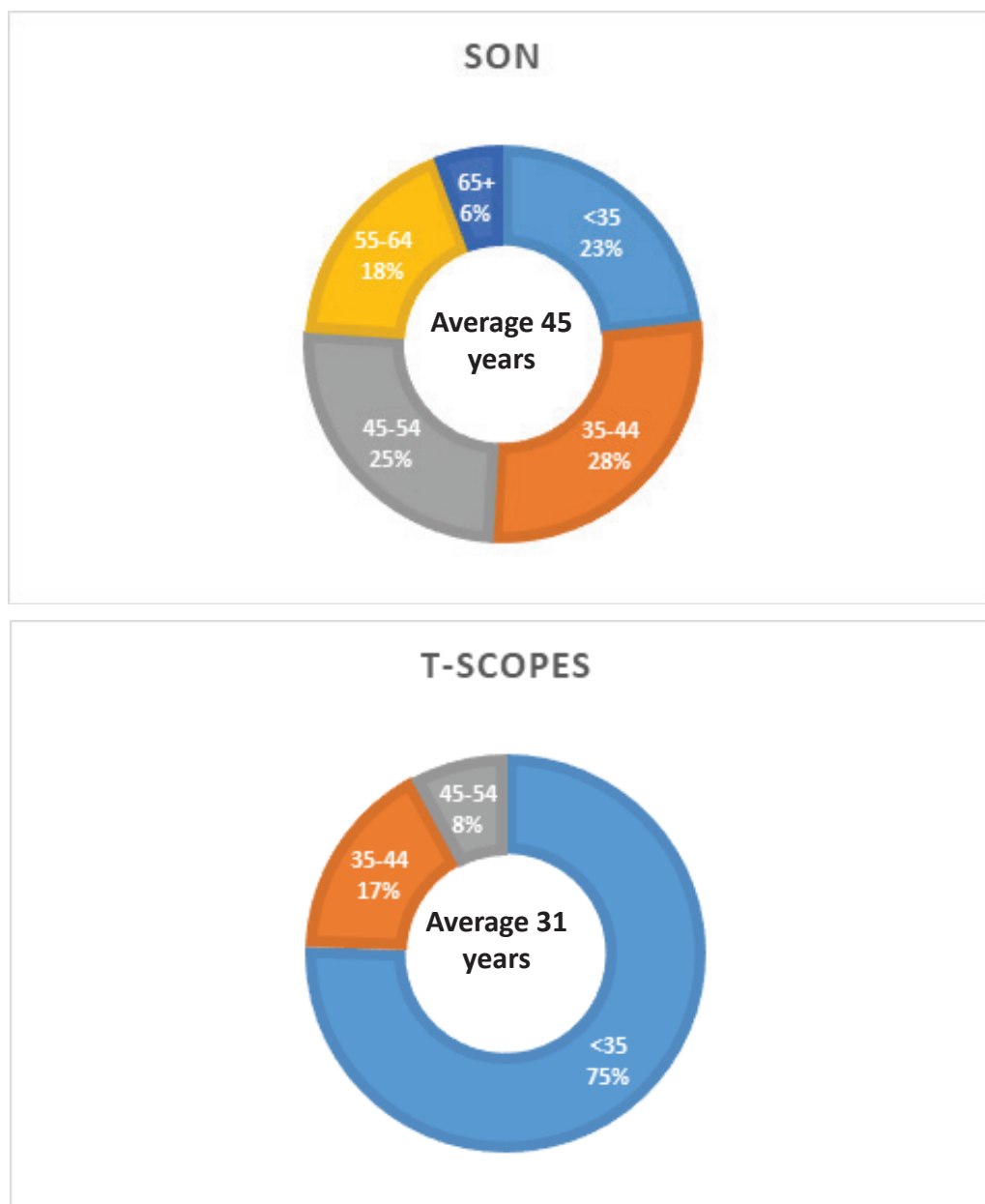


NMT



RT



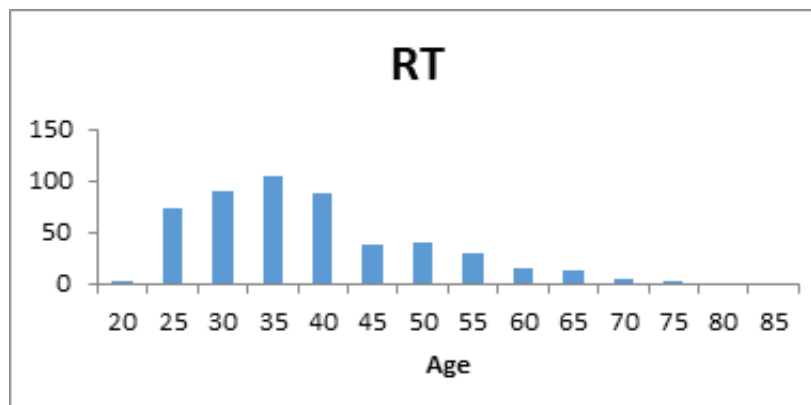
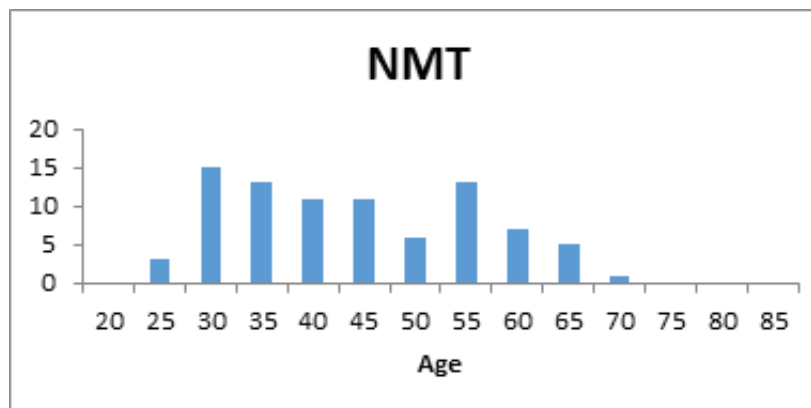
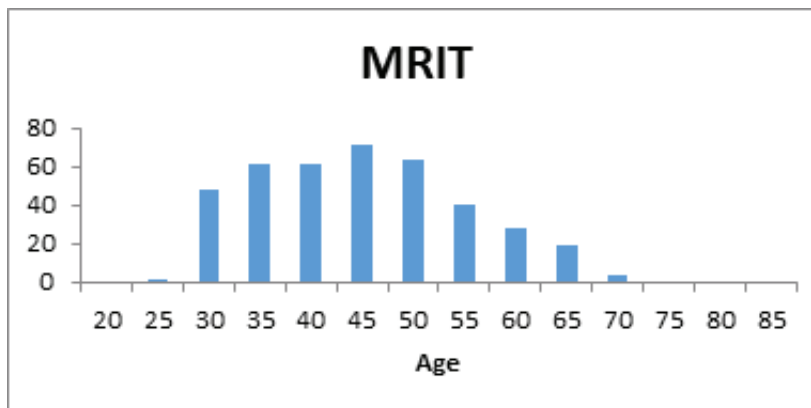
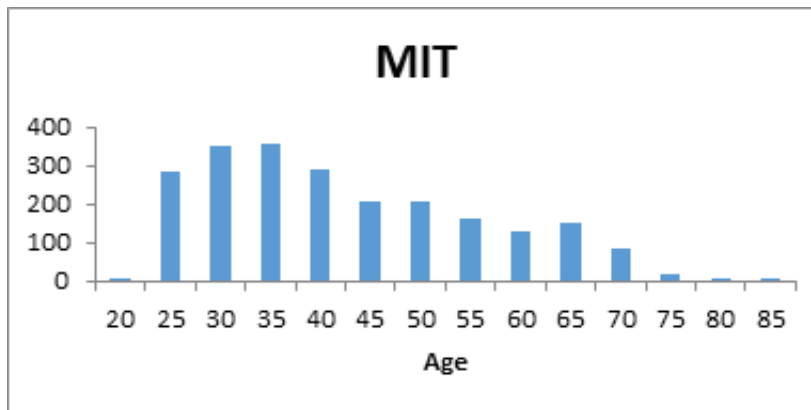


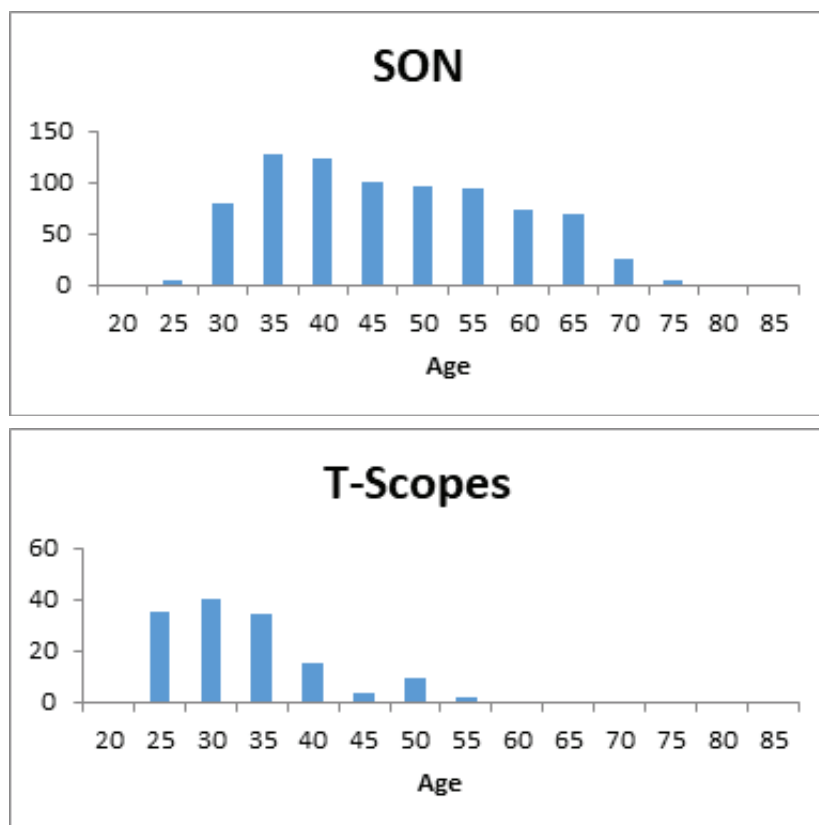
Figures L: Practising certificate holders by age for the 2023-2024 practising year

The above figures show that across most scopes approximately 20% of practitioners are over the age of 55-years. This excludes radiation therapy which has a lower proportion in this age group, and also trainee scopes. Those in trainee scopes already hold a health professional qualification and are completing education to enable them to register in a different scope.

Workforce planning is essential to ensure a continuous supply of practitioners across all scopes of practice.

The following graphs show the age distribution for the respective scopes of practice.





Gender

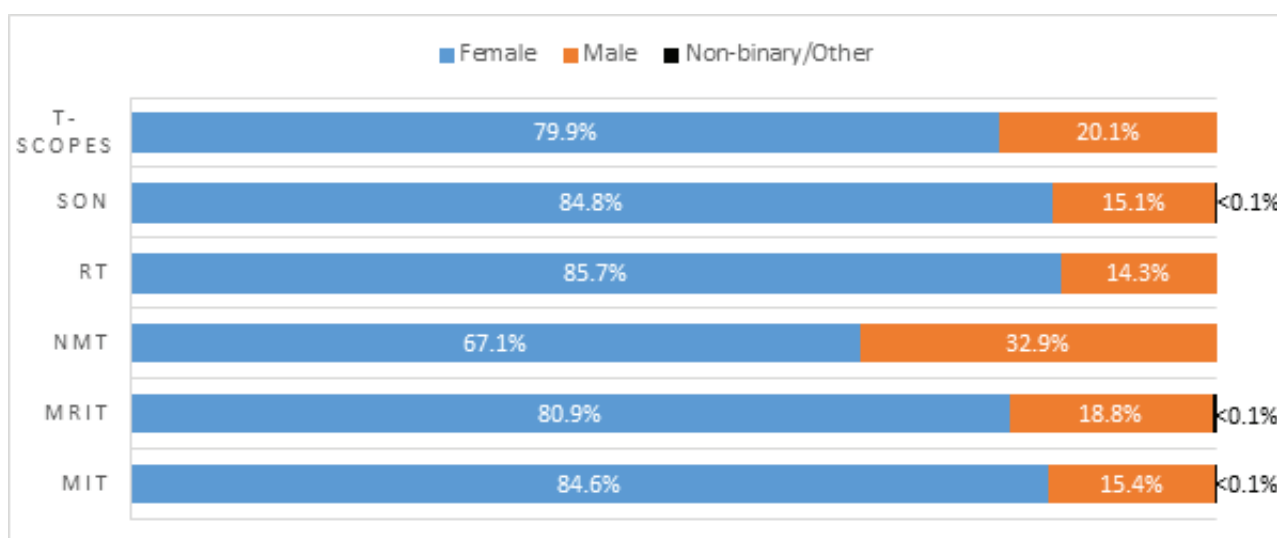


Figure M: Practising certificate holders by gender for the 2023-2024 practising year

Figure M above shows that across all scopes most practitioners are female. Since the introduction of additional codes, we now see that several practitioners identify as non-binary or other. Numbers remain small, however.

Education and continuing professional development

The Board accredits five Aotearoa 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. This is to ensure programmes leading to registration produce graduates capable of meeting the entry-level competence standards, for the practice of medical imaging and radiation therapy.

Table 6 below shows the education provider, programme of education, and relevant scope of practice for each accredited qualification.

Table 6: Accredited education providers and qualifications

Education provider	Qualification	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 iechnologist
Universal College of Learning (UCOL)	Bachelor of Applied Science (Medical Imaging Technology)	Medical imaging iechnologist
University of Otago University of Auckland	Bachelor of Radiation Therapy	Radiation therapist
	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 in Nuclear Medicine	Nuclear medicine technologist
	Postgraduate Diploma in Health Sciences in Ultrasound	Sonographer

Continuing professional development

The Board's recertification programme is established under section 41 of the Health Practitioners Competence Assurance Act 2003 (the Act). Continuing professional development (CPD) is a critical component of the Board's recertification programme and provides a mechanism for supporting practitioners' practice to develop throughout their career. Failure to maintain knowledge and skills as a practitioner places the public at risk of harm. The recertification programme helps to ensure the public get the best possible medical imaging and radiation therapy services from practitioners who continue to be competent and fit to practise.

The Board expects the practitioner will be able to demonstrate engagement in several different activities that include variation in type of learning opportunities. Medical imaging and radiation therapy practitioners must be able to reflect on education they have completed and identify how this has impacted on their professional practice.

Board audit of practitioners' engagement in the recertification programme

The 2022 audit was the last audit to be undertaken against the Board's previous recertification policy. Under this policy, 20% of practitioners in each of the gazetted scopes of practice were audited to review their engagement in continuous development activities.

In September 2022, the Board consulted on changes to the CPD cycle, and the percentage of practitioners being audited. Support for the changes was overwhelming, therefore, the Board decided to change from a three-year to a two-year cycle, and from a 20% to a 40% audit rate.

To transition from a three-year cycle to a two-year cycle, 20% of practitioners were audited in 2023 and were required to provide one year's worth of continuing professional development relating to the activities they undertook between January to December 2022.

From 2025, up to 40% of practitioners in each of the gazetted scopes of practice who hold a practising certificate will be required to engage in a two-yearly audit of their compliance with the recertification policy.

Audit results

The following results from 2018 to 2023 demonstrate that practitioners are actively engaging in ongoing learning and professional development, with most audited practitioners meeting the Board's ongoing competence requirements. Indeed, only 1% did not meet requirements.

Practitioners who successfully completed the audit met the minimum requirements set out in the recertification policy for the period being audited. Practitioners who did not successfully meet all minimum CPD requirements will, in the first instance, be recalled for audit.

Table 7: Audit results 2018–2023

	2018		2019		2020		2022		2023	
Called for audit	552		615		619		641		375	
Audited*	500	91%	544	89%	566	91%	532	83%	304	81%
Met requirements	498	99%	532	98%	552	98%	520	98%	300	99%
Did not meet requirements	2	< 1%	12	2%	14	2%	12	2%	4	1%

*The number called for audit and the number audited may differ. There may be specific, but limited situations, where it is appropriate for a practitioner to be exempted from the Board's recertification programme requirement for a specified period. This can be due to health reasons or parental leave, etc.

Competence and fitness to practice

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 processes focus on supporting a practitioner through appropriate 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.

The Board received three new competence notifications during the 2023-2024 year. Of these notifications, two were received from an employer and one was received from the Health and Disability Commissioner. There were also seven active notifications received prior to the 2023-2024 year.

Tables 8 and 9 below provide a breakdown of competence referrals in the 2023-2024 year, and a summary of their outcomes.

Table 8: Competence referrals

Source	New	Existing	Still active	Closed
Employer	2	7	2	7
Health and Disability Commissioner	1		1	
Total	3	7	3	7

Table 9: Outcomes of competence notifications

Outcome	Competence review	Ongoing - Health and Disability Commissioner investigation	Competence programme including supervision	Ceased practice
New	0	1	2	0
Existing	0	0	2	5

Of the two new competence notifications where practitioners were required to undertake competence programmes - including supervision - one successfully completed a period of supervision, and the other was completing a period of supervision at the end of the reporting period.

The Health and Disability Commissioner advised they were investigating complaint into a practitioner. The HDC matter was ongoing at the end of the reporting period.

Of the existing notifications, one practitioner successfully completed a competence programme, one is required to complete a course of education, and five have ceased practise.

Members of competence review panels during the 2023-2024 year were: Naomi Rasmussen and Catherine Sorensen.

Health/fitness to practise

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

The Board received nine new fitness to practise notifications in the 2023-2024 year. Of note: this year most referrals were made by practitioners including self- referrals.

Tables 10 and 11 below provide a breakdown of new and existing fitness to practise notifications and their outcomes.

Table 10: Notifications of inability to perform required functions due to mental or physical (health) condition

Source	New	Existing	Still active	Closed
Employer	1	2	2	3
Health practitioner including self	8	2	8	0
Total	9	4	10	3

Table 11: Outcomes of fitness to practise notifications

Outcome	Health assessment	Conditions on practice	No further action	Monitoring	Ceased practice	Registration suspended
New	1	0	2	6	0	0
Existing	1	1	0	1	1	0
Total	2	1	2	7	1	0

Of the two notifications requiring a health assessment, one practitioner ceased practice - processes will continue should they return to practice. One practitioner had undergone a health assessment and was subject to monitoring at the end of the reporting period. The practitioner with conditions is no longer practising.

The two notifications that resulted in no further action were declarations of long-standing conditions that are not currently impacting the practitioners' ability to practise.

For the seven notifications that require ongoing monitoring, the Board receives fitness to practise updates as the practitioners progress in their rehabilitation and recovery.

Complaints and discipline

The Act enables the Board to appoint a professional conduct committee (PCC) to investigate a complaint that alleges the practice or conduct of a health practitioner registered with the Board may pose a risk of harm or serious harm to the public.

The Board received three new conduct-related complaints during the 2023-2024 year. Tables 12 and 13 below provide a breakdown of new and existing conduct complaints and initial processes for these complaints.

Table 12: Conduct complaints

Source	New	Existing	Still active	Closed
Health practitioner	1	2	3	0
Employer	1	2	0	3
Other	1	0	0	1
HDC	0	0	0	0
Total	3	4	3	4

Table 13: Conduct outcomes

	PCC	Health	No further action	Education	Ceased practice
New	1	0	1	1	0
Existing	1	1	0	0	1
Total	2	1	1	1	1

Of the three new conduct notifications, one required no further action, one was resolved with the practitioner engaging in a programme of education. One practitioner was referred to a professional conduct committee (PCC). Of the existing notifications, one was referred to a PCC, one was referred to health processes, one ceased practice and will be referred to a PCC should they return.

The two PCCs were ongoing at the end of the reporting period.

The practitioner referred to health processes, subsequently had their registration suspended under section 50 (3) (b) of the Health Practitioners Competence Assurance Act.

PCC members during this time were: Marj Noble; Naomi Rasmussen; Rex de Ryke.

Tā mātou whaihua a-ahumoni | Our financial performance 2023-2024

Our finances

This year we have recorded a surplus of \$243,197.

The Board purchases regulatory services from Te Rangatapu Pūtaiao a Rongoā | the Medical Sciences Secretariat (MSS/the Secretariat). The Board is a 50% shareholder in MSS with the other shareholder being a separate responsible authority (RA) – the Medical Sciences Council (MSC/the Council). Staff providing all regulatory services are employed by the MSS and, except for the professional education advisors, provide services for both RAs. This means that many of the operational overhead costs are divided across both RAs.

The Council operates with different types of reserves. These are operational, disciplinary, and capital asset reserves. The operational reserves are those funds that are allocated for meeting the ongoing regulatory functions of the Board, regulation, education, and its share of operational expenses. In 2023 the Board consulted on, and implemented, a separate disciplinary levy. This levy is used for meeting costs associated with matters of conduct that are referred to a professional conduct committee (PCC), and the funding of the Health Practitioner Disciplinary Tribunal.

The Board is required to pay fees towards the tribunal, even if no cases are brought against a practitioner. This levy is shown in the financial statements as part of income received in advance. The capital assets reserve is used to purchase assets – this is funded by the Board. While the Board does not employ staff or enter into agreements such as leases etc, it is required to pay - and therefore hold - a reserve for capital assets including its practitioner database. The operational reserve is funded by the annual practising certificate (APC) fee. The setting of the APC fee involves considering expected costs associated with the regulatory functions of the RA. This includes consideration of costs associated with complaints, before they are referred to a PCC, as well as matters of competence and health that are referred regarding practitioners.

Each year when considering change to the fees set, the Board reviews its current budget. When it makes a decision around consideration of fees, it looks at the reserves it holds and any prospective issues that need to be actioned and addressed. In 2023-2024 the Board reviewed the fees, and after consultation raised them.

Medical Radiation Technologists Board

Entity Information

Who we are and why we exist

for the year ended 31 March 2024

Legal name:	Medical Radiation Technologists Board
Entity type:	Body Corporate and Registered Charity
Charities registration number:	CC35408
Entity's purpose or mission:	To protect the health and safety of the public by providing mechanisms to ensure that medical imaging and radiation therapy practitioners are competent and fit to practise.
Entity structure:	<p>A nine member governance board comprising of:</p> <p>Carol Bagnall Philip Thomas Anthony Bow Peter Dooley Billie Mudie Prudence Burns Susan Yorke Shannon Ioane Elizabeth Macaulay</p>
Main source of the entity's cash and resources:	Practitioners and applications for registration.
Main method used by the entity to raise funds:	Fees and levies (refer to section 130 and 131 of the HPCA Act).
Physical address:	Level 7, Perpetual Guardian House, 99 Customhouse Quay, Wellington
Postal address:	PO Box 11-905, Wellington 6142
Phone:	+64 4 801 6250
Email:	mrt@medsci.co.nz
Website:	www.mrtboard.org.nz

INDEPENDENT AUDITOR'S REPORT

TO THE READERS OF MEDICAL RADIATION TECHNOLOGISTS BOARD OF NEW ZEALAND'S PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2024

The Auditor-General is the auditor of the Medical Radiation Technologists Board of New Zealand ('the 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 Board on his behalf.

Opinion

We have audited the performance report of the Board that comprises the entity information and the statement of financial position as at 31 March 2024, the statement of financial performance, and the statement of cash flows for the year ended on that date, and the statement of accounting policies and notes to the performance report.

In our opinion, the performance report of the Board:

- present fairly, in all material respects,
 - its financial position as at 31 March 2024; and
 - its financial performance and cash flows for the year then ended; and
- comply with generally accepted accounting practice in New Zealand and have been prepared in accordance with Public Benefit Entity Simple Format Reporting – Accrual (Public Sector).

Our audit was completed on 30 October 2024. 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 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 are fairly presented and that comply with generally accepted accounting practices in New Zealand.

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

In preparing the performance report, the Board is responsible for assessing the 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 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, are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance but is not a guarantee that an audit carried out in accordance with the Auditor-General's Auditing Standards will always detect a material misstatement when it exists. Misstatements are differences or omissions of amounts or disclosures and can arise from fraud or error. Misstatements are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of readers taken on the basis of these 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 Board.
- We conclude on the appropriateness of the use of the going concern basis of accounting by the governing body and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Board's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the 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 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 responsibilities arise from the Public Audit Act 2001.

Independence

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

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



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

Medical Radiation Technologists Board

Statement of Financial Performance

How it was funded and what it cost

for the year ended 31 March 2024

	Note	Actual this year \$	Actual last year \$
Revenue			
Fees, subscriptions and other revenue from practitioners	1	1,838,797	1,729,115
Interest, dividends and other investment revenue	1	114,744	47,446
Other revenue	1	3,417	3,152
Total revenue		1,956,958	1,779,713
Expenses			
Costs related to providing good or services	2	1,673,121	1,594,050
Other expenses	2	40,640	55,000
Total Expenses		1,713,761	1,649,050
Surplus for the year		243,197	130,663

Medical Radiation Technologists Board

Statement of Financial Position

What we own and what we owe

for the year ended 31 March 2024

	Note	Actual this year \$	Actual last year \$
Assets			
Current Assets			
Bank accounts and cash	3	1,342,616	892,829
Debtors and prepayments	3	182,072	150,976
Term deposits		2,550,000	2,550,000
Total current assets		4,074,688	3,593,805
Non-current assets			
Investments	3	50	50
Total non-current assets		50	50
Total assets		4,074,738	3,593,855
Liabilities			
Current liabilities			
Creditors and accrued expenses	3	203,037	174,858
Income in advance	3	1,622,087	1,374,674
Other liabilities	3	-	37,906
Total current liabilities		1,825,124	1,587,438
Non-current liabilities			
Total assets less total liabilities (net assets)		2,249,614	2,006,417
Accumulated funds			
Accumulated surpluses		2,249,614	2,006,417
Total accumulated funds		2,249,614	2,006,417

This performance has been approved by the Board, for and on behalf of the Medical Radiation Technologists Board:

Date: 30/10/2024

Date: 30/10/24

Signature: 

Signature: 

Name: Elizabeth Macaulay
Position: Chair

Name: Dr Susan Calvert
Position: Chief Executive

Medical Radiation Technologists Board

Statement of Cash Flows

How we received and used cash

for the year ended 31 March 2024

	Actual this year \$	Actual last year \$
Cash flows from operating activities		
Cash was received from:		
Fees, subscriptions and other receipts from practitioners	2,076,693	1,702,244
Interest, dividends and other investment receipts	106,900	31,641
Cash was applied to:		
Payments to suppliers and employees	(1,733,806)	(1,547,314)
Cash advances to related parties	-	(50,000)
Net Cash Flows From Operating Activities	449,787	136,571
Cash flows from investing and financing activities		
Cash was received from:		
Term deposits	-	(450,000)
Net cash flows from investing and financing activities	-	(450,000)
Net Increase / (Decrease) in Cash	449,787	(313,429)
Opening Cash	892,829	1,206,258
Closing Cash	1,342,616	892,829
This is represented by:		
Bank Accounts and Cash	1,342,616	892,829

Medical Radiation Technologists Board

Statement of Accounting Policies

How we do our accounting

for the year ended 31 March 2024

Basis of preparation

The 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 has been no policy changes (last year - classification and presentational changes).

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

The 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 an onerous lease, or in the year of any adjustment to the value of the lease. The onerous lease was paid in full in May 2023 and no outstanding balance remaining.

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.

Medical Radiation Technologists Board

Notes to the Performance Report

for the year ended 31 March 2024

Note 1: Analysis of expenses

Expense item	Analysis	This year \$	Last year \$
Fees, subscriptions and other revenue from members	Registration	244,429	202,839
	APC	1,527,008	1,451,715
	Interest income	114,744	-
	Examinations income	61,710	-
	Accreditation income	5,650	125,159
	Other	3,417	-
	Total	1,956,958	1,779,713

Note 2: Analysis of expenses

Expense item	Analysis	This year \$	Last year \$
Costs related to providing goods or services	MSS arranged services *	(21,469)	140,311
	MSS provided services	1,377,389	1,150,023
	Personnel and other costs	22,958	14,267
	Board member fees	155,834	164,060
	Conference, meetings, workshops	13,172	10,322
	Catering	5,122	387
	Examinations, assessors, registrations	40,121	87,361
	Insurance	12,270	11,650
	IT	14,538	1,615
	Printing and stationery	1,217	1,341
	Project	41,536	5,861
	Publications/subscriptions	1,825	317
	Travel and accommodation	8,608	6,535
	Total	1,673,121	1,594,050

*MSS arranged services are negative for the year as MSS carried out office renovations. This was initially expensed via monthly recharges, however, as some of these were capital in nature, they were then capitalised in MSS, with the final washup resulting in a negative figure for MSS arranged services.

Expense item	Analysis	This year \$	Last year \$
	Audit fees	8,482	16,572
	Bank charges	29,625	35,746
	General expenses	2,533	896
	Legal fees	-	1,786
	Total	40,640	55,000

Medical Radiation Technologists Board

Notes to the Performance Report

for the year ended 31 March 2024

Note 3: Analysis of assets and liabilities

Asset item	Analysis	This year \$	Last year \$
Bank accounts and cash	Westpac bank - current	1,342,161	892,386
	Westpac bank - saving	455	443
	Total	1,342,616	892,829

Asset item	Analysis	This year \$	Last year \$
Debtors and prepayments	Debtors	30,070	27,608
	MSS intercompany	125,796	105,005
	Accrued income	26,206	18,363
	Total	182,072	150,976

Asset item - non current	Analysis	This year \$	Last year \$
Investments	Shared in MSS	50	50
	Total	50	50

Liability item	Analysis	This year \$	Last year \$
Creditors and accrued expenses	Accrued expenses	21,213	22,080
	GST due for payment	172,049	146,737
	Accounts payable	4,744	822
	Withholding tax	5,031	5,219
	Total	203,037	174,858

Liability item	Analysis	This year \$	Last year \$
Income received in advance	Practitioner fees relating to 2024-2025	1,622,087	1,374,674
	Total	1,622,087	1,374,674

Liability item	Analysis	This year \$	Last year \$
Other liabilities	Onerous lease	-	37,906
	Total	-	37,906

Medical Radiation Technologists Board

Notes to the Performance Report

for the year ended 31 March 2024

Note 4: Accumulated funds

Description

Opening balance

Surplus

Closing balance

Accumulated	
surpluses	Total
2,006,417	2,006,417
243,197	243,197
2,249,614	2,249,614

Description

Opening balance

Surplus

Closing balance

Accumulated	
surpluses	Total
1,875,754	1,875,754
130,663	130,663
2,006,417	2,006,417

Note 5: Commitments and contingencies

Commitment

Explanation and timing

Lease commitment: 99

Customhouse Quay, Wellington

Current portion

Non current portion

At balance	At balance
date this year	date last year
\$	\$
73,069	73,069
131,263	208,418
204,332	281,487
-	37,906
-	37,906
1,404	1,404
-	1,404
1,404	2,808

Onerous lease commitment: 80 The

Terrace, Wellington

Current portion

Non current portion

Photocopier lease

Current portion

Non current portion

Commitments

The Medical Sciences Secretariat Limited has a lease commitment at 80 The Terrace, Wellington in the names of the Physiotherapy Board of New Zealand, the Dental Council, the Medical Sciences Council of New Zealand, the Medical Radiation Technologists Board and the Pharmacy Council of New Zealand (five health regulatory authorities), all of whom have joint and several liability. This has been fully paid in May 2023.

On 1 January 2022, the Medical Sciences Secretariat Limited signed a new five-year lease at 99 Customhouse Quay, Wellington. There is a right of renewal for a further five-years.

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

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

Medical Radiation Technologists Board

Notes to the Performance Report

for the year ended 31 March 2024

Notes 6 - 9

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 the Medical Sciences Secretariat Ltd. Three members of the Medical Radiation Technologists Board are directors of the Medical Sciences Secretariat Ltd. The Medical Radiation Technologists Board owns 50% of the share capital of the Medical Sciences Secretariat Ltd. The Medical Sciences Council of New Zealand owns the remaining 50% of the Medical Sciences Secretariat Ltd.	Secretariat services	1,247,399	1,150,023	128,276	120,842
	Elizabeth Macaulay	14,284	18,939	2,923	1,356
	Billie Mudie	40,905	39,374	700	3,098
	Carol Bagnall	13,759	20,548	131	634
	Peter Dooley	8,225	10,850	1,225	-
	Prudence Burns	7,350	9,966	394	88
	Susan Yorke	16,341	20,956	394	88
	Anthony Bow	44,910	73,435	7,263	4,375
	Philip Thomas	13,388	9,708	875	-
	Shannon Ioane	8,903	2,144	-	423

There were no other transactions involving related parties during the financial year (last year- nil). The Medical Sciences Secretariat processed payments valued at \$235,412 in total on behalf of the Medical Sciences Council and the Medical Radiation Technologists Board as their agent (last year- \$217,577). Commencing April 2022 the Medical Sciences Council and the Medical Radiation Technologists Board directly paid their costs where applicable. Included in the above table, are the Medical Sciences Secretariat Board fees for the following: Billie Mudie \$5,950; Anthony Bow \$34,169; Susan Yorke \$7,984.

Note 7: Events after the balance date

No events 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 to the following year beginning 1 April. Revenue in advance for the current year was \$1,595,989 (last year - \$1,374,674).

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 Hangarau Iraruke