



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

Annual Report

1 April 2024 - 31 March 2025

Nau mai ki Te Poari Ringa Hangarau Iraruke - ko tō mātou haepapa he tiaki i te hauora me te haumarū o ngā tangata o Aotearoa mā te whakarite kia mōhio ngā mātanga kua rehitatia hei mātanga rongōā whakaata roto me te haumanu iraruke, e whai mana ana, e tika ana ki te mahi.

Welcome to te Poari Ringa Hangarau Iraruke | the Medical Radiation Technologists Board – we are responsible for protecting the health and safety of New Zealanders by ensuring practitioners registered in the profession of medical radiation technology are competent and fit to practise.

Throughout this report:

Te Poari Ringa Hangarau Iraruke | the Medical Radiation Technologists Board (MRTB/the Board)

Te Rangatapu Pūtaiao a Rongōā | Medical Sciences Secretariat (MSS/the Secretariat)

Health Practitioners Competence Assurance Act 2003 (HPCA/the Act)

Te Manu Mātārae | Māori Practitioners Advisory Committee

| | |
|-----------------|--|
| MIT | Medical imaging technologist |
| RT | Radiation therapist |
| NMT | Nuclear medicine technologist |
| REA | Registration examination assessment |
| MRIT | Magnetic resonance imaging technologist |
| Son | Sonographer |
| T-scopes | Training scopes of practice |
| PET-CT | Position Emission Tomography – computed tomography |

The Board is pleased to submit this report for the year ending 31 March 2025.

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The Chair and the Chief Executive

The Board's work in 2024-2025

It has been an eventful and busy year with the continuation of strategic projects that support the profession the Board regulates. This included a large work programme to support the effective regulation of practitioners. The following highlights some of the work that has been undertaken during the year.

The Year in review: 2024-2025

The last year has been a full and productive year for the Board. Our work has focussed on progressing our strategic priorities. That is work on the scopes of practice for the profession the Board regulates, meeting its commitment to Te Tiriti o Waitangi, and progressing work to support data driven insights and evidence retrieval systems for both decision-making and stakeholder accountability. The Board is aware of the changing landscape of practice and so timely but inevitably generic guidance has been published for practitioners on the use of AI within their practice context.

The Board has been actively involved in work that sits around the future of regulation regarding the workforce and has attended meetings with the Ministry of Health to progress this.

Representatives of the Board met with the Minister of Health to discuss matters affecting the workforce.

Scope of practice

As its key priority the Board has actively pursued the work on the scope of practice, and review of the standards of competence. Following work to align statements to ensure consistency across all scopes, refreshed standards of competence were published in 2024.

To support the work around the scope of practice review, the Board engaged an expert advisory group (EAG). Membership of the group includes representatives of the scopes of practice, a lay person and those from the education sector, the professional association and Te Manu Mātārae, the Board's Māori Practitioner Advisory Committee. The project will consider matters that relate to the scope of practice as well as the qualifications needed for practitioners to gain competence and be able to enter the Register.

Outputs from the EAG will be considered by the Board as it progresses this work. It is expected that there will be a number of consultations with practitioners, and these will occur in 2025.

Te Manu Mātārae – Māori Practitioner Advisory Committee

Established in 2023, **Te Manu Mātārae** has continued to provide the Board with advice to ensure it complies with section 118 of the Act – making sure practitioners have the competencies that enable effective interaction with Māori. Te Manu Mātārae have provided advice and guidance around the scope of practice for medical imaging and radiation therapy, as well as the competencies.

During 2024, members of Te Manu Mātārae met with Te Ama Tōtika, the Medical Sciences Council's Māori Practitioner Advisory Committee, and discussed matters of common interest.

Recertification

With changes to policy in 2022, the Board now audits a group of practitioners every two years. During 2024 a number of practitioners were randomly selected for audit. Compliance with policy requirements was generally high and most practitioners were able to easily demonstrate their ongoing competence to practise. Further information is provided in this report.

Engaging with the sector

The Board has actively engaged with representatives of its stakeholders during the year. This has included a meeting for education providers where the scope of practice was discussed. The Board has also met with the Medical Radiation Practice Board of Australia, the regulator of practice. The Board continues to take the opportunity to meet with representatives of practice and professional associations.

To support engagement with practitioners the Board has a presence at conferences for the scopes it regulates. Where possible, presentations are made to audiences that highlight the work of the Board or that have an impact on practitioners. Having a presence at conferences has enabled practitioners to ask questions and seek advice directly from staff of the Medical Sciences Secretariat, and the Board.

The Board has also published several newsletters to all practitioners and stakeholders and responded to consultations that impact practitioners in Aotearoa New Zealand.

During 2024 the Board co-hosted staff from the Malaysian Ministry of Health who came to Aotearoa New Zealand to learn about our regulatory system.

Education monitoring and accreditation

The Board continues to monitor those programmes that lead to registration within the scopes of practice. During the time of this report, the Board commenced the process to accredit a post-graduate programme that is specific to PET-CT.

In response to matters raised by the sector regarding the supervision of those registered in trainee scopes, the Board engaged with providers of post-graduate education to look at how this could be managed. Changes were subsequently made to the requirements for supervision by clarifying that those students enrolled with the education providers must follow their policies and guidelines.

The Board, through the MSS Chief Executive, has representation on the National Centre for Interprofessional Education and Collaborative Practice.

Data driven insights

A key strategic focus for the Board is using data to support better decision-making and stakeholder accountability. In 2024–2025, the Board invested in a new database to facilitate data driven insights and evidence retrieval systems to help with this. The database will be fully rolled out in 2025–2026.

Medical Sciences Secretariat updates

The Board's regulatory services are provided by **Te Rangatapu Pūtaiao a Rongōā** | the Medical Sciences Secretariat. After a restructure in 2023, new MSS staff were hired to improve and support the delivery of services provided.



Core functions

MSS staff supported the Board in its main responsibilities which includes ensuring that it is effectively and efficiently:

- Keeping the **Register of practitioners** accurate and up to date.
- Managing **Annual Practising Certificate** renewals so that practitioners continue to practise their profession.
- Registering suitably qualified applicants.
- Reviewing, approving, and monitoring **programmes of education**.
- Communicating with practitioners and stakeholders so there is knowledge and understanding about the work and role of the Board.
- Addressing concerns about practitioner **competence or health**.
- Providing administrative requirements in support of the effective and appropriate management of **complaints**.

Financial overview

In 2024–2025, the Board recorded a deficit of \$249,827. Each year when considering a change in fees the Board reviews its budget against actual performance. When making a decision the Board takes into consideration the reserves it holds, and any prospective issues that need to be considered and addressed. No fee change occurred during 1 April 2024 - 31 March 2025.

Looking ahead to 2025-2026

As the Board continues with the progress made in 2024-2025, the following will be its main priorities for the next financial year:

Scope of practice

The scope of practice project remains the Board's key strategic workstream. During 2025-2026 the Board will actively consult with the profession as it works towards any changes that may be required.

Building cultural safety skills

The Board will continue to work with Te Manu Mātārae to make sure cultural competence and cultural safety is a core part of practice. Its goal is for the health professionals that it regulates to have the knowledge and skills they need to work effectively and respectfully with all people receiving care and treatment.

Using technology to improve our work

The Board will introduce new technology in 2025 to help carry out its regulatory processes more efficiently. This will help better manage and protect the data that is held.

Acknowledgements

The Board acknowledges Billie Mudie, whose term as a Board member came to an end during 2025. Billie was a strong advocate for high-quality education for practitioners and brought valuable knowledge across all scopes of practice. Billie served on the Board for nine years, including three years as Chair and contributed to the examination, registration, and professional standards committees.

The Board also recognised the contributions of:

- Lizzie Macaulay who was Chair during 2024.
- Philip Thomas who was a member until May 2024.

The Board would also like to thank the Medical Sciences Secretariat staff for their ongoing support. They provide essential regulatory services. Throughout 2024–2025, changes within the Secretariat helped ensure that business as usual continued, enabling the Board to move forward on key strategic priorities.

Ngā mihi



Anthony Bow
Chair



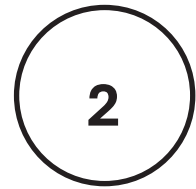
Dr Susan Calvert
Chief Executive

***Mā te mahi mō te painga o te katoa ka whakanui
mātou i tā mātou kawenga mahi ki te mahi tika mō te
painga o te tangata***

By acting for the benefit of the whole we honour our collective responsibility to do what's right for the benefit of people.



Tō mātou poara | Our governance



Board members

The Board is responsible for setting the overall direction for how health practitioners are regulated. Its members are appointed by the Minister of Health.

The Board is made up of registered health practitioners working in the areas it oversees, as well as three lay people who are not health practitioners.

Board members are appointed for terms of one to three years. They can be reappointed, but only for a maximum of nine years in total.

At its meeting in February 2025, the Board elected Anthony Bow as Chair and Ma'ifuna'i Shannon Ioane-Moala as Deputy Chair.

Members include:



Anthony Bow – Lay member and Chair

Anthony joined the Board in July 2017. He became Deputy Chair in February 2020 and was elected Chair in February 2025.

He is the Principal of Waimana Capital, where he advises growing businesses and works with iwi and financial organisations. Anthony has experience in leadership, business operations, investment, banking, finance, and auditing.



Ma'ifuna'i Shannon Ioane-Moala – Deputy Chair and Lay member

Shannon joined the Board in November 2022. In 2024, she represented the Board on Te Manu Mātārae and was elected Deputy Chair to the Board in February 2025.

She works as a hospital play specialist and clinical coach, with seven years of experience supporting children in radiology.



Lizzie Macaulay – Medical Imaging Technologist (MIT)

Lizzie joined the Board in May 2016 with over 24 years of experience in radiography. She was elected Chair of the Board in February 2024 (ending February 2025). She works at Hawke's Bay Regional Hospital as a team leader and is also involved in the hospital's radiology redevelopment project.



Philip Thomas – Medical Imaging Technologist (MIT)

Philip joined the Board in May 2021. He has worked as a MIT since 2003, in both general imaging and CT. Philip left the board at the end of May 2024.



Billie Mudie – Radiation Therapist

Billie joined the Board in July 2015. Serving as Chair from February 2021 to February 2024. She is the Director, Bachelor of Radiation Therapy at the University of Otago.

Her time on the Board ended on 1 July 2024.



Pru Burns – Nuclear Medicine Technologist (NMT)

Pru joined the Board in November 2019 and brings extensive experience in Nuclear Medicine.

She has been a qualified Medical Imaging Technologist (MIT) since 1993 and holds a postgraduate qualification in Nuclear Medicine.



Peter Dooley – Magnetic Resonance Imaging Technologist (MRIT)

Peter joined the Board in May 2017. He is a registered MRI technologist and was the MRI team leader at Canterbury District Health Board for ten years. Peter has helped design three new MRI departments in Christchurch and managed the purchase of five new MRI scanners.



Susan Yorke – Lay member

Susan joined the Board in April 2019 as a lay member. She holds degrees in Political Science, Law, a master’s in public management, and is a member of the Institute of Directors.

She spent many years working in private legal practice, including giving advice and serving on boards for various community organisations. Susan has a strong understanding of how regulation works in the health sector and why it’s important.



Carol Bagnall – Sonographer (Son)

Carol joined the Board in May 2021, having worked in sonography since 1995.

She has experience in both public and private healthcare settings. Currently, Carol is the Service Clinical Director for Women’s Health Ultrasound and the Ultrasound Team Leader at Auckland City Hospital. She represents sonographers on ultrasound advisory groups in Aotearoa New Zealand and is a technical expert for IANZ.



Allison Copland – Radiation Therapist (RT)

Allison joined the Board in July 2024. She became a qualified Radiation Therapist in 2005 and has worked in both public and private healthcare settings, here and internationally.

Allison has led several service improvement projects. She is currently the Radiation Therapy Manager at St George’s Cancer Care Centre and serves on several health sector boards.

Committees

The Board has several standing committees with delegated authority to oversee some of their regulatory functions. During 1 April 2024 to 31 March 2025 committee membership was as follows:

Committee

Membership

Professional Standards Committee

Billie Mudie (*until June 2024*)
Susan Yorke
Anthony Bow
Allison Copland (*joined during 2024/2025*)
Carol Bagnall (*joined during 2024/2025*)

Online Examinations Committee

Lizzie Macaulay (Chair)
Beryl Kelly
Jacob Cameron
Shelley Park
Catherine Sorensen
Karen Roeske
Billie Mudie

Te Manu Mātārae | Māori Practitioners Advisory Committee

In 2023 the Board established Te Manu Mātārae | the Māori Practitioners Advisory Committee (rōpū) which is made up of practitioners who come from the different scopes of practice, as well as lay members. Their role is to assist with reviewing key standards, the code of conduct and other policies, and to provide advice to the Board. During 2024-2025 the rōpū began by reviewing the statement of cultural competence, and planning for a hui.

Rōpū members include:

Pare Graham – Psychologist and Committee Co-chair until December 2024.
Appointed July 2023 - appointment ended March 2025

He uri ia noo Waikato-Tainui, Ngaa Puhi, Te Arawa, me Ngaati Kahungunu.

Pare has a background in education and developmental psychology. She is currently working as an intern psychologist at Te Tāhuhu o te Mātauranga.

Allanah Harrington – Cardiac sonographer and Committee Co-chair.
Appointed July 2023.

Allanah has been working in the cardiac sonography profession for over seven years, in both the public and private sectors. She has a master's degree in clinical neuroscience from the University of Otago.

Moana Tipene-Boyd – Medical imaging technologist (MIT).
Appointed July 2023.

Ko Ngāti Kahungunu, ko Rangitāne, ko Te Whānau-a-Apanui ngā iwi, ko Moana Tipene-Boyd ahau.

Moana completed her medical resonance imaging training in 2020. Moana is currently at Universal College of Learning (UCOL) as a lecturer.

Kiriana Maxwell (nee Rhind-Reedy) – Medical imaging technologist (MIT).
Appointed July 2023.

Kiriana has worked as a medical imaging technologist and magnetic resonance imaging trainee at Auckland City Starship and Greenlane Hospital since 2018.

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

Georgia Nankivell – Radiation therapist (RT).
Appointed July 2023.

Georgia has worked as a radiation therapist at Auckland City Hospital since 2016. During this time, she has 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 (MIT).
Appointed July 2023 - appointment ended March 2025.

Stephanie works as an advanced senior mammographer for Canterbury Breastcare based in Ōtautahi.

Melanie Laing – Medical imaging technologist (MIT).
Appointed October 2024.

Melanie is a senior mammographer with experience in assessment and mobile breast screening.

Ma'ifuna'i Shannon Ioane-Moala – Lay person (Board liaison).
Appointed May 2024.

Shannon is the Board representative.

Philip Thomas – Medical imaging technologist (Board liaison)
Appointed July 2023 – appointment ended May 2024

Philip was the Board representative.

Dr Te Tuhi Robust – Lay person.
Appointed February 2025.

Te Tuhi Robust has been involved in the education sector for more than 50 years, specialising in Māori education and indigenous studies.

He has had a long involvement in the establishment, audit, and review of kaupapa Māori education services from pre-school to tertiary level. He has also been actively involved in governance and management.

Charlotte York – Medical imaging technologist.
Appointed October 2024.

Charlotte has a career spanning nearly a decade at Te Toka Tūmai Auckland within Medical Imaging. Since 2014, she has served in various roles, including Clinical Specialist, and Clinical Practicum Supervisor.

She is currently MIT Team Lead for Starship Radiology – and was recently appointed as the Radiology Clinical Network Co-Lead for Te Whatu Ora – Health New Zealand.

Sandra Laing – Lay person.
Appointed March 2025.

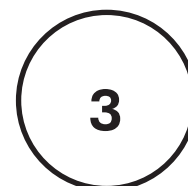
Sandra has worked for the Ministry of Education as an Early Intervention Teacher over the past 14 years in Kaitaia. She holds a Diploma of teaching, a Bachelor of education, and a Postgraduate diploma in special education.

Ka mahia e mātou tā mātou mahi mā te akiaki i ngā reo kanorau i whakanuia ai ngā tirohanga katoa, ma te whakatairangi i te ako tonu me te kōrero tūwhera

We do what we do by encouraging diverse voices where all perspectives are valued, by promoting continuous learning and open dialogue.



A mātou kaimahi | Our people



The Secretariat

The Board gets its secretariat services from Te Rangatapu Pūtaiao a Rongoā | the Medical Sciences Secretariat (MSS/the Secretariat), a company it co-owns with Te Kaunihera Pūtaiao Hauora o Aotearoa | the Medical Sciences Council (MSC/the Council), another responsible authority (RA). Regulatory and administrative services are provided under a formal service level agreement.

The Board and the Council are separate legal bodies responsible for regulating different health professions; they often have similar goals and priorities.

At the end of this financial year, the Secretariat had 23.5 full-time equivalent (FTE) staff handling its core work. In 2024–2025, the number of roles from the 2023 restructure were filled, increasing the team’s capacity and skills. This has helped move strategic projects forward.

Staff are encouraged to grow their regulatory knowledge and skills. They are given opportunities to learn more about the HPCA Act and their responsibilities. In 2024, several staff took part in an online regulation conference which enabled them to gain an understanding of the impact of their work and international perspectives on occupational regulation.

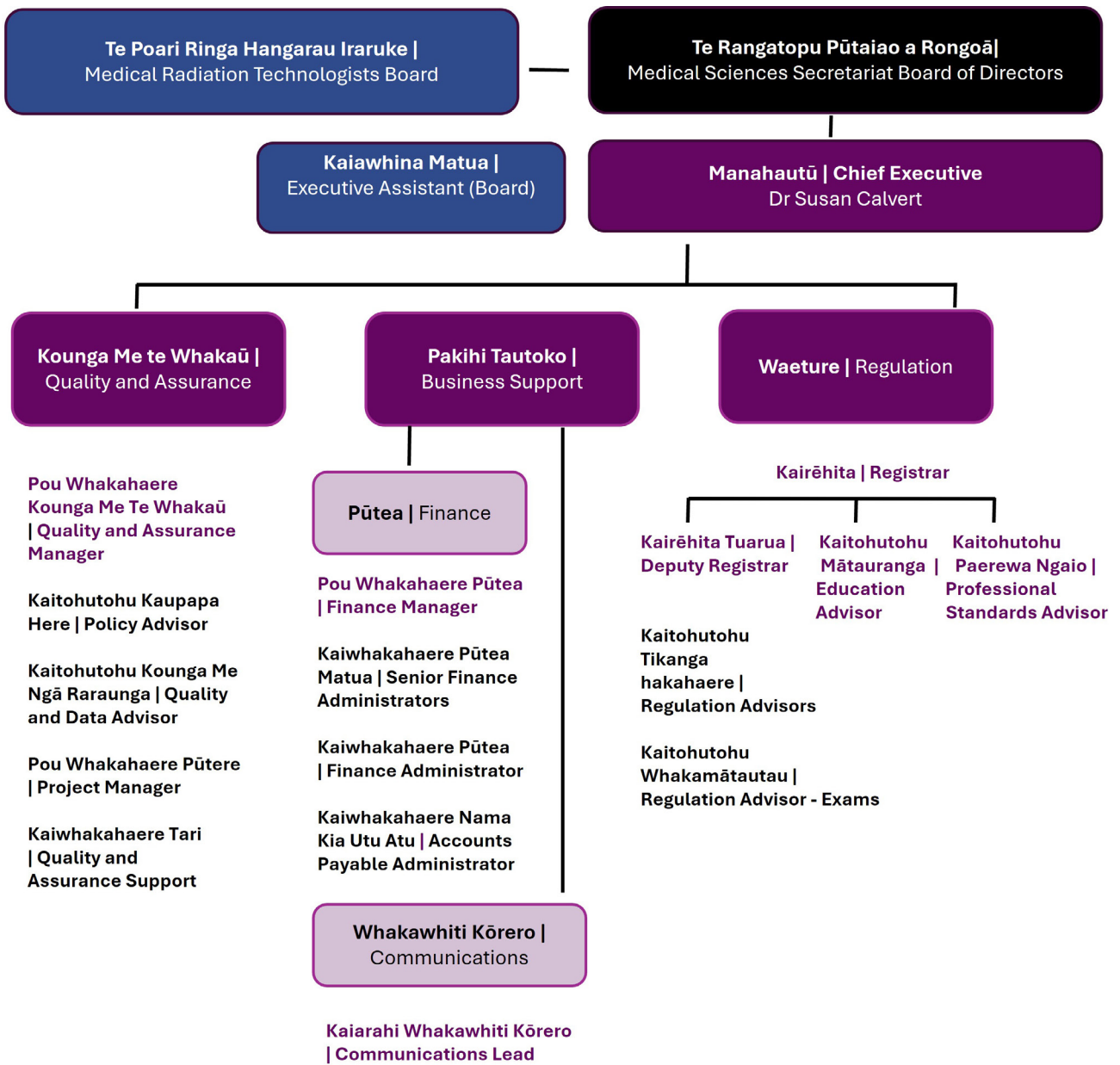
About us – who we are

All staff work for the Secretariat. The MSS Board of Directors is the governance board for this business. The MSS Board is made up of equal members of the Medical Radiation Technologists Board and the Medical Sciences Council.

In 2024–2025, the Secretariat focused on improving staff safety, security, and wellbeing. All staff were active participants in developing policy. During this time, the Secretariat:

- Worked to improve staff safety and reviewed its security measures
- Made sure health and safety equipment and emergency supplies were up to date
- Confirmed there were enough health and safety representatives, fire wardens, and first aiders
- Created a framework for staff pay and professional development
- Supported staff wellbeing by offering:
 - Access to the Employee Assistance Programme (EAP)
 - Access to influenza vaccines.

Secretariat staff – organisation chart



Secretariat staff - roles

Manahautū | Chief Executive

Dr Susan Calvert

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

Regulation

Kairēhita | Registrar

Caleb Bridgeman

Has delegated authority from the Board to manage the core regulatory functions under the Health Practitioners Competence Assurance Act (HPCA) 2003.

The Registrar is supported by the Deputy Registrar, and a team of regulation staff, professional advisors from within the scopes of practice, and those who support the regulatory functions of the Board. Functions include providing education and practitioner advice for the Board; administration of the notifications processes, reporting and monitoring; activities relating to registration, practising certificates and recertification; completing and processing activities relating to the online examinations, and registration examination assessments for the purpose of registration and recertification.

Business support

Pou Whakahaere Pūtea | Finance Manager

Manages the finance team – provides overall financial management for the Board, and the Secretariat.

Kaiarahi Whakawhiti Kōrero | Communications Lead

Manages the Board's communication/stakeholder and engagement strategies, media, brand/reputation, publications, website content and online initiatives.

Kaiawhina Matua | Executive Assistant

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

Quality and assurance

Pou Whakahaere Kounga me te Whakaū | Quality and Assurance Manager

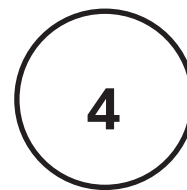
Manages and oversees Board policies, project management of strategic projects, and quality and assurance initiatives. The manager is supported by a team that provides analysis and interprets Board data; manages and leads Board projects; develops policy for the Board; provides office administration support.

**E mōhio ana mātou ki ō mātou takohanga ki e taiao,
ki ngā hāpori o ngā rohe, me te whaka tipuranga kei te
heke mai.**

We recognise our responsibilities to the environment,
local communities, and future generations. And we
acknowledge tino rangatiratanga as what makes
Aotearoa special in this world.



Ā mātou whakaarotau matua | Our priorities



Strategic priorities and goals

The Board's role is to protect the safety of the public through the proportionate and transparent regulation of practitioners. During 2022-2023 the Board reviewed its strategic priorities and refreshed its strategic plan. Those priorities are outlined in the revised document, 'Looking forward to 2026: The Board's three-year Strategic Plan 2023-2026'.

In its strategic plan the Board has described the work it will undertake. This builds on the progress that has been achieved through the previous strategic planning framework and ensures the focus is on public protection. The document is a critical tool for planning and for setting the foundation on which the Board will fulfil its responsibilities under the Act.

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:

- practitioners are fit and competent to practise their profession
- the framework that defines the standards and codes is robust and contemporary
- regulatory processes are proportionate and transparent
- 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 strategic projects which are focused on ensuring that regulation is fit for purpose have been progressed during 2024-2025.

Strategic Priority 1: Alignment of regulatory frameworks

The regulatory mechanisms used by the Board must be fit for purpose, now and into the future. With several challenges being experienced by the workforce, processes must be flexible and robust. The Board is responsible for making sure practitioners are competent and fit for practice. To do this, it needs to review the scope of practice regularly to keep it up to date.

The key work that the Board has undertaken with this project during 2024-2025 is:

1. Recommending the review of the scopes of practice for those practitioners in the medical radiation technology profession.
2. Refinement to the standards of competence to ensure consistency of shared standards across all scopes of practice.

In progressing this strategic priority, the Board has established an expert advisory group (EAG). The purpose of the EAG is to provide the Board with advice and guidance to assist it to form opinions on those matters under consideration. This work will then go through a process of consultation with practitioners and stakeholders. The Board will continue with this strategic project over 2025-2026.

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 has made it a priority to strive to build strong and enduring relationships with Māori to guide and support its regulatory work. It has continued to enhance its own understanding of te reo Māori, te ao Māori, and tikanga Māori. It has also been supported during 2024-2025 by Te Manu Mātārae, its Māori practitioner advisory committee.

The rūpū continues to operate under a co-chair arrangement. The co-chairs are Allanah Harrington and Kiriana Maxwell who commenced as a co-chair after Pare Graham resigned in December 2024. The Board acknowledges the significant contribution that Pare made to the rūpū during her time as co-chair.

Membership also changed to include Melanie Laing and Charlotte York, health practitioner members, and Te Tuhi Robust and Sandra Laing as lay members.

The rūpū regularly continues providing valuable cultural insights into Board policy and ensures the Board's commitment to cultural safety in practice is reflected in its work. The work around these has focused on cultural competence standards and the process of consultation with the sector. Planning is underway to host a hui in 2025 with Māori practitioners to consult and get feedback on the standards.

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

Work continues to progress the refinement of dashboards that provide evidence and information that can assist the Board in its decision making. During 2024-2025 the Board invested in a new practitioner database to support its information strategy. This went live in mid-2025 and will be integrated with a new finance system to support more efficient reporting. The Board continues to provide data to Manatū Hauora | Ministry of Health to support its workforce modelling project.

Responsible authority - core performance standards review

Progress against recommendations for improvement

The Board continues to address recommendations from its 2021 Ministry of Health mandated performance review. This focus was on the Board meeting the core functions and responsibilities as expressed in section 118 of the Act.

At the time of review (in 2021), the Board was reviewed against 23 standards. Of this, 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 Board has continued to progress work on the recommendations. The following table provides an update.

| Related core performance standards | Recommendation | Status as at 31 March 2025 |
|---|--|---|
| <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 refined the Standards of Competence for the profession during 2024. The scopes of practice project was also reinitiated during 2024 with the establishment of an expert advisory group to assist in the provision of advice to the Board. This work is ongoing during 2025. |
| <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. The Board continues to receive analytic reporting at its meetings. |
| <i>Considering information related to a health practitioner's conduct or the safety of the practitioner's practice.</i> | | The Board is implementing a new practitioner database. Enhanced data collection, and therefore reporting will be included as minimal requirements in the practitioner database. |
| <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 Whakamaua (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 again as part of the scope of practice review. The Board has also asked Te Manu Mātārae to provide advice on its standards of cultural competence. Consultation with parts of the sector will continue in 2025. |
| <i>Includes one or more competencies that enable practitioners to interact effectively and respectfully with Māori.</i> | 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. | One of the first priorities of Te Manu Mātārae has been the review of the cultural competence standards. This has continued during 2024 and consultation with the sector is in the process of being developed. |
| | 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. | The Board continues to engage in extensive development regarding its knowledge of, and use of, te reo and te ao Māori. Although it does not employ staff, the Board has continued to support the development of knowledge of staff who provide services to practitioners. |
| | 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. | The Board actively participated in all responsible authority hui that discussed cultural safety, and competence of all registered health practitioners. |

Ā mātou mahi | Our functions

5

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).

What the Board does – roles 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 as 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 information from any person about the practice, conduct, or competence of health practitioners and, if appropriate, act on that information.

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.

Liase with other authorities appointed under the Act about matters of common interest.

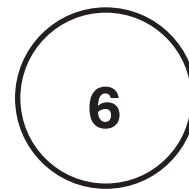
Promote and facilitate interdisciplinary collaboration and cooperation in the delivery of health services.

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.

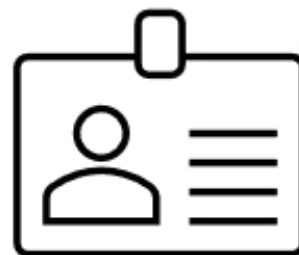
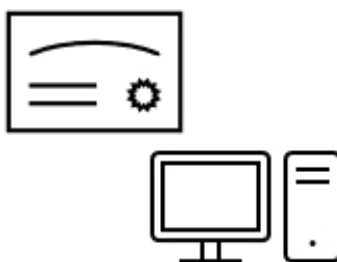
Te whakarāopototanga o ngā tatauranga | Numbers at a glance



1 April 2024 – 31 March 2025

The Board regulates **one profession** - Medical Radiation Therapy - which includes medical imaging and radiation therapy practitioners. Practitioners registered in this profession work under eight different scopes of practice.

Medical imaging and radiation therapy - overview



The Board is
1 of 18
Responsible
Authorities (RAs)

Regulating a
profession that
includes
8
scopes of
practice

3,989
Registered and practising
health professionals as at
31 March 2025

Medical imaging and radiation therapy

Workforce during 2024-2025



467

new approved registrations across
the **8** scopes of practice

Overall approved practitioner
registrations in 2024/2025 have
decreased by:

2%

Numbers practising during 2024-2025

MIT Medical Imaging Technology = 2188 ↑ 4%
MRIT Magnetic Resonance Imaging
Technology = 396 ↑ 4%
NMT Nuclear Medicine Technology = 90 ↑ 15%
SON Sonographer = 765 ↑ 1%
RT Radiation Therapy = 460 ↓ 3%
T-MRIT Trainee Magnetic Resonance Imaging
Technology = 44 ↓ 10%
T-NMT Trainee Nuclear Medicine Technology
= 7
T-Son Trainee Sonographer = 85 ↑ 10%

4

largest groups of
applications from
internationally qualified
practitioners were from:

South Africa 54
England 31
Australia 27
Canada 25

Of those
registered **55%**

qualified in
Aotearoa New Zealand



258

graduates from
Aotearoa New Zealand



209
internationally qualified

3989

practising certificate
applications approved



Professional standards

39

new notifications -

5 competence cases
22 health (fitness to
practice) cases
12 conduct cases

Ta mātou whaihua | Our performance



Professions we regulate

Registration and practising certificates

One of the Board's main roles is the registration of health practitioners. Medical radiation technology is a profession that focusses on patient care, and this involves medical imaging and radiation therapy.

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 different scopes of practice for registration in the profession of medical radiation technology. The scopes are:

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

Registration statistics

Between 1 April 2024 and 31 March 2025 the **Board received 527 new applications** from people seeking registration in one of the eight scopes of practice. A further **122 applications for registration were pending** on 1 April 2024.

Of the total 649 applications,

- **467 (72%)** were approved
- **36 (6%) were declined** due to the applicants not meeting the requirements for entry to the register.

Of the remaining applications:

- **39** were **offered an opportunity to sit an online examination as they did not meet other pathways**
- **Nine (1%)** applicants **withdrew** their application for registration
- **98 (15%)** applications were still being processed at 31 March 2025.

Table 1: Outcomes of applications for registration by scope 2024-2025

| Scopes | Approved | Declined | In progress | Withdrawn | Offered online exam | Total |
|--|------------|-----------|-------------|-----------|---------------------|------------|
| MIT Medical imaging technologist | 253 | 13 | 50 | 3 | 16 | 335 |
| MRIT Medical resonance imaging technologist | 37 | 5 | 6 | 1 | 14 | 63 |
| NMT Nuclear medicine technologist | 10 | 1 | 2 | | 3 | 16 |
| RT Radiation therapist | 42 | 3 | 4 | | 1 | 50 |
| Son Sonographer | 63 | 12 | 24 | 4 | 5 | 108 |
| T-MRIT Trainee Medical resonance imaging technologist | 22 | | 3 | | | 25 |
| T-NMT Trainee Nuclear medicine technologist | 6 | | 2 | | | 8 |
| T-Son Trainee Sonographer | 34 | 2 | 7 | 1 | | 44 |
| Total | 467 | 36 | 98 | 9 | 39 | 649 |

Figure A: Approved applications by scope of practice (2024-2025)

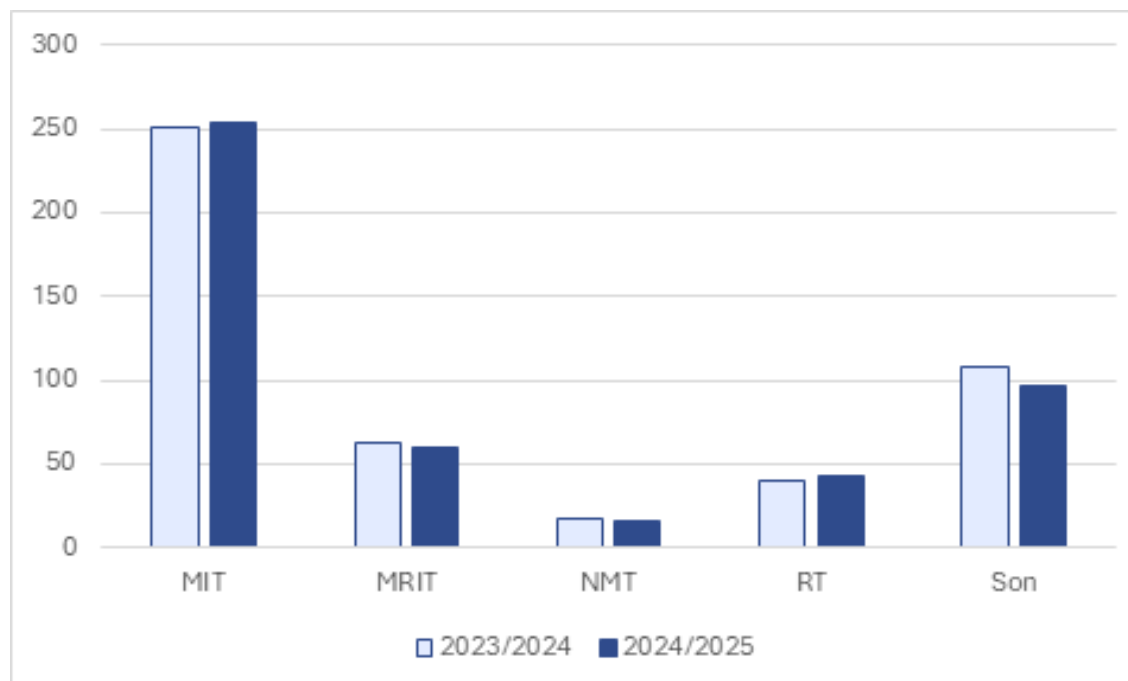
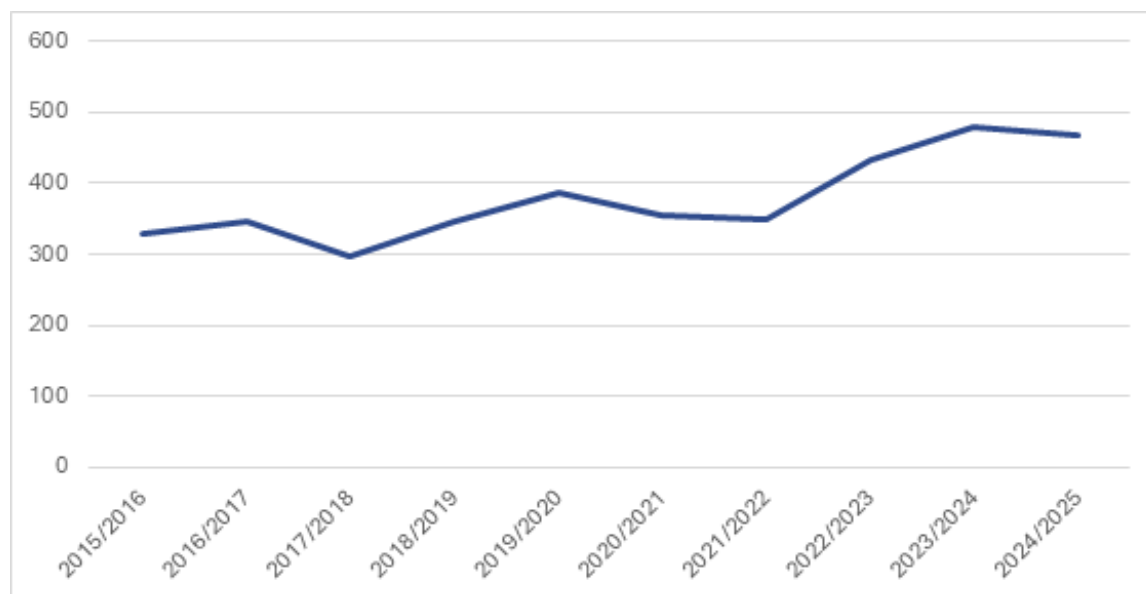


Figure A **above** shows there was a slight increase in the number of registration applications approved in the medical imaging technologist and radiation therapist scopes of practice in 2024-2025 when compared to 2023-2024. However, there has been a slight decrease in the number of applications approved in the MRIT, NMT and Sonography scopes of practice. Overall, there was a **2% decrease** in applications approved in 2024/2025 compared to 2023/2024.

Despite this slight decrease in 2024/2025, Figure B below shows an **overall increasing trend** in approved applications over the last 10 years.

Figure B: Number of approved registration applications in the period 2015-2025



Registrations by country of education

Table 2: approved registration for medical laboratory science by country of education

| Country | MIT | MRIT | NMT | RT | Son | T-MRIT | T-NMT | T-SON | Total |
|-----------------------|------------|-----------|-----------|-----------|-----------|-----------|----------|-----------|------------|
| Aotearoa New Zealand | 129 | 26 | 4 | 22 | 20 | 22 | 6 | 29 | 258 |
| Australia | 6 | | 1 | | 15 | | | 5 | 27 |
| Canada | 7 | 3 | | 3 | 12 | | | | 25 |
| China | | | | | 1 | | | | 1 |
| England | 13 | 2 | 4 | 8 | 4 | | | | 31 |
| Fiji | 14 | | | | | | | | 14 |
| Hong Kong | 1 | | | | | | | | 1 |
| India | 7 | | | 1 | | | | | 8 |
| Iran | 4 | 3 | | | | | | | 7 |
| Ireland (Republic of) | 2 | | | 1 | | | | | 3 |
| Italy | 1 | | | | | | | | 1 |
| Malaysia | 1 | | | | | | | | 1 |
| Mexico | | | | | 1 | | | | 1 |
| Myanmar | | | | | 1 | | | | 1 |
| Nigeria | 1 | | | | 1 | | | | 2 |
| Northern Ireland | 2 | 1 | | 1 | 1 | | | | 5 |
| Philippines | 6 | | | | | | | | 6 |
| Portugal | 1 | | | | | | | | 1 |
| Scotland | 7 | 1 | | 2 | | | | | 10 |
| Singapore | 1 | | | | 1 | | | | 2 |
| South Africa | 43 | 1 | 1 | 4 | 5 | | | | 54 |
| Sri Lanka | 1 | | | | | | | | 1 |
| USA | 2 | | | | 1 | | | | 3 |
| Wales | 3 | | | | | | | | 3 |
| Zimbabwe | 1 | | | | | | | | 1 |
| Total | 253 | 37 | 10 | 42 | 63 | 22 | 6 | 34 | 467 |

Table 2 above shows that **258** of the **467** approved applications were from Aotearoa New Zealand graduates – that is **55%**. The remaining **45%** of applications were from internationally qualified practitioners with the majority of these gaining their registration in South Africa, England, Australia and Canada. Applications for trainee registration include those applicants based in Aotearoa New Zealand who are completing qualifications provided in Australia.

Figure C: Approved registration: Aotearoa graduate and internationally qualified 2020-2025

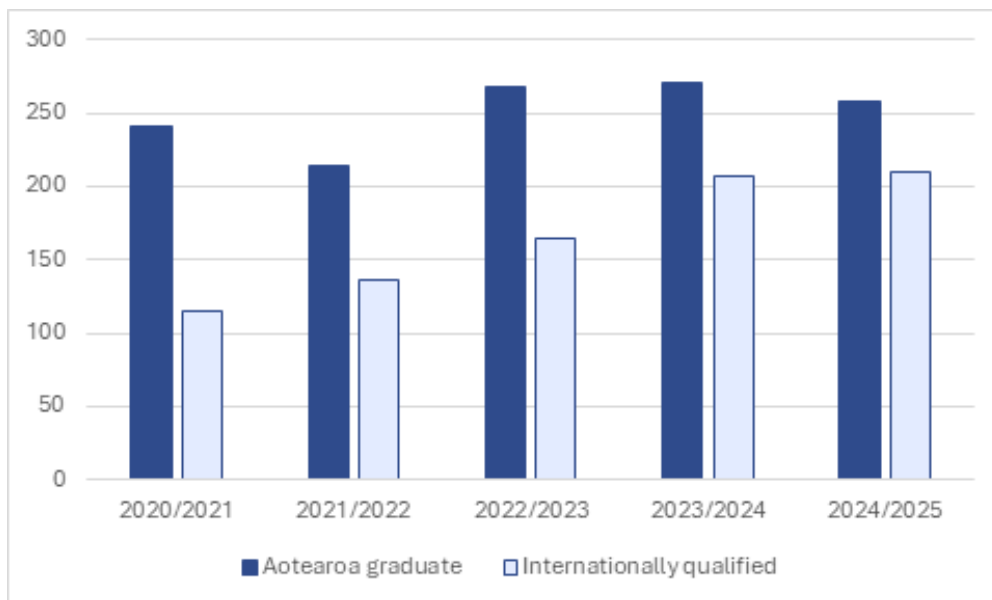


Figure C **above** shows there has been an increasing trend in the number of internationally qualified applicants gaining registration over the last five years with an 82% increase in 2024-2025 compared to 2020-2021. It will be important to monitor this to see if the changes continue.

While the total number of applications (during 2025-2026) shows that 45% are internationally qualified, the nuclear medicine technologist and sonographer scopes have a 60% and 68% proportion of new registrants who are internationally qualified. This may indicate a reliance on internationally qualified practitioners to meet service needs.

Unsuccessful applications

In the 2024-2025 year, 36 (6%) applications for registration were declined due to the applicant not being able to demonstrate the ability to meet the entry level registration requirements. Most of the majority of unsuccessful applicants were internationally qualified.

Of the 36 applicants who were declined, 19 were offered the opportunity to sit the online examination as part of their registration process. If an applicant does not accept the offer of examination within 12 months, or is unsuccessful in their attempts, their application for registration is declined, and they are included in these statistics.

The remaining 17 did not meet requirements for registration and were not offered the opportunity of the online examination.

Registration examinations

As part of its process for registration the Board may offer some applicants the opportunity to sit an online exam. The Board recognises that while some internationally qualified applicants may not have a qualification deemed to be equivalent to the New Zealand prescribed qualification, they do have significant clinical experience in the relevant scope of practice in an overseas setting.

As the Board does not currently have an online examination available for cardiac sonographers, they may be offered the registration examination (a practical exam) assessment as part of the a process for registration.

In 2024-2025, 60 applicants sat the Board’s online examination. Of these, 22 applicants were successful and were subsequently granted registration. After registration they were also required to complete a period of supervision. In addition, in 2024-2025 one candidate undertook the registration examination assessment and was successful.

Table 3 below provides a breakdown of online examination outcome statistics by scope of practice.

Table 3: Online exam statistics by scope 2024-2025

| Exams | MIT | MRIT | NMT | RT | SON | Total |
|--------------|-----|------|-----|----|-----|-------|
| sat | 25 | 17 | 4 | 4 | 10 | 60 |
| re-sat | 15 | 3 | 2 | 2 | 4 | 26 |
| successful | 12 | 6 | 1 | 0 | 3 | 22 |
| unsuccessful | 13 | 11 | 2 | 4 | 7 | 37 |
| rescheduled | 0 | 0 | 1 | 0 | 0 | 1 |

Numbers above report the number of times the examination was sat as opposed to the number of candidates.

The graph below shows a comparison of results for all scopes for the period 2020-2025.

Figure D: Online examination results for all scopes for the period 1 April 2020 – 31 March 2025



Practising certificates

All practitioners working in Aotearoa New Zealand must hold a current practising certificate which 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 2024-2025 the Board issued practising certificates to a total of 3,989 individuals. Of these:

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

Table 4 **below** shows the number of practising certificates that were issued by scope of practice.

Table 4: Practising certificates 2024-2025

| | MIT | MRIT | NMT | RT | SON | T-MRT | T-NMT | T-SON | Total |
|---|------|------|-----|-----|-----|-------|-------|-------|-------|
| Number per scope | 2352 | 418 | 94 | 505 | 812 | 47 | 8 | 86 | 4322* |
| Practising certificates with conditions | 90 | 7 | 43 | 34 | 164 | 0 | 0 | 12 | 350 |

* Because some practitioners hold certificates in more than one scope, the total count of certificates across all scopes is greater than the total number of practitioners.

Figure E: Total certificates issued across all scopes of practice (2020-2025)

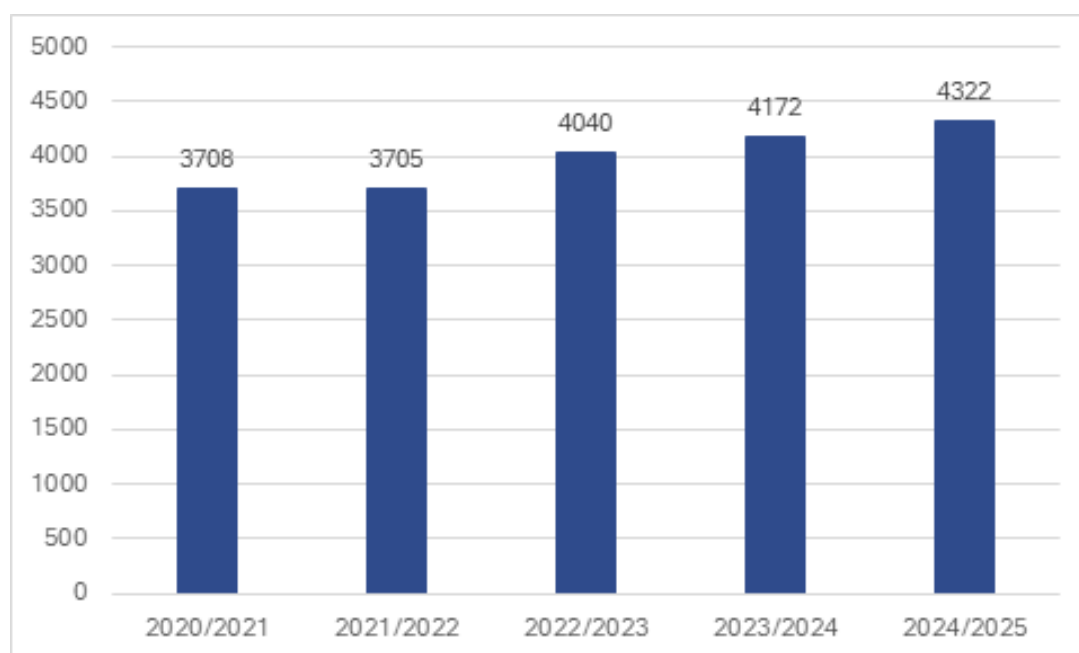


Figure E **above** shows that there has been a gradual increase in the total number of certificates issued to practitioners in the period 2020-2025. While the majority are issued in the annual renewal round (March each year) a number are also issued during the year. This is largely due to people being granted registration and commencing practice during the year, or those returning to or resuming practice.

Note: these numbers differ from previous reports, due to previous reports counting the number of practitioners.

Conditions on 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 a practising certificate is to restrict practice to a certain area, such as mammography, or to require 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 mainly 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.

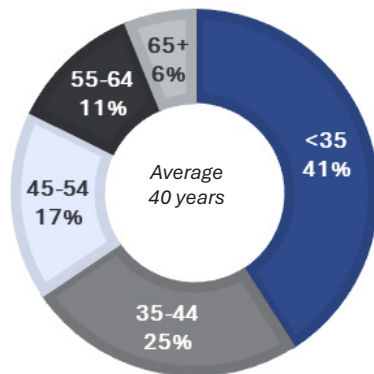
Demographics – Ethnicity – Age - Gender

Age

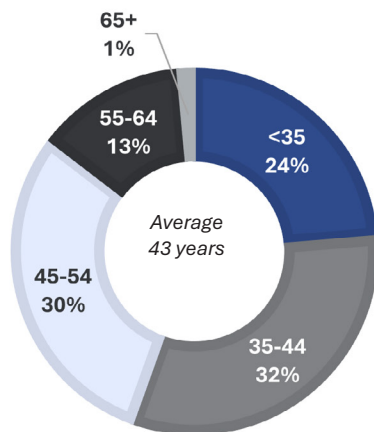
The following graphs show the age distribution for the various scopes of practice.

Figure F: Practising certificate holders by age for the 2024-2025 practising year (MIT, MRIT, NMT, RT, Son, T-scopes)

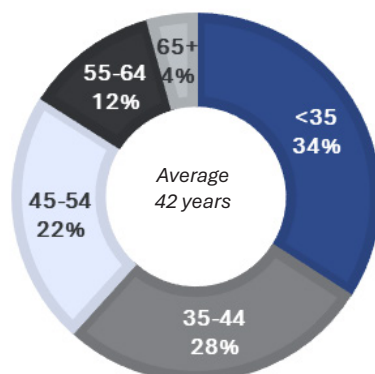
Medical imaging technologist



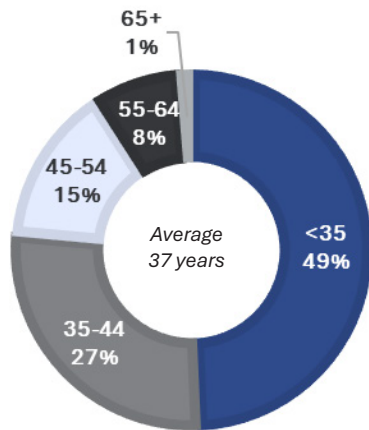
MRIT



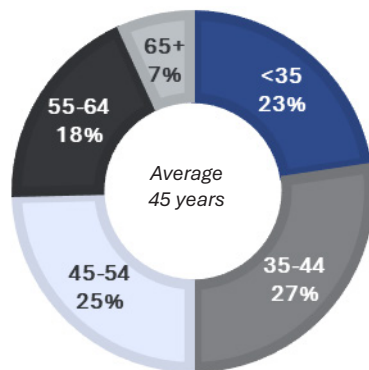
Nuclear medicine technologist



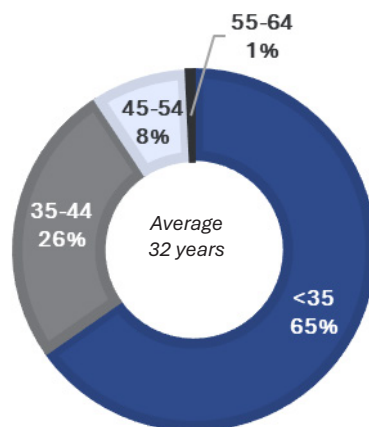
Radiation therapist



Sonographer



Trainee scopes



KEY
 < greater than
 > less than

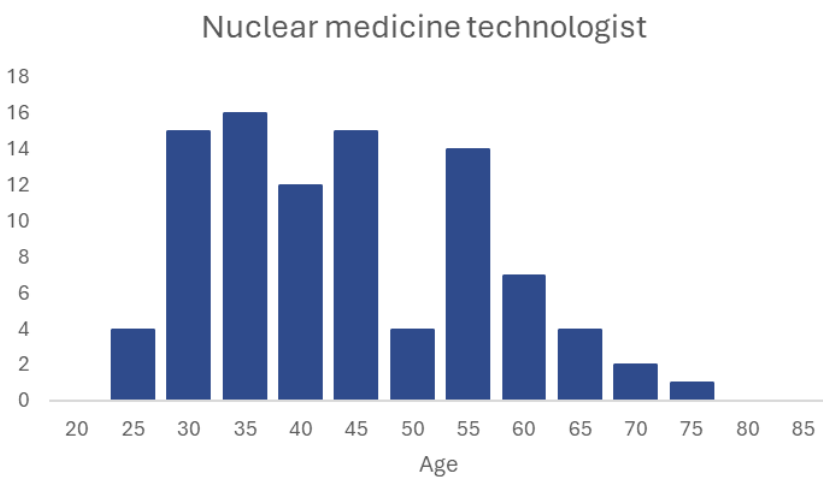
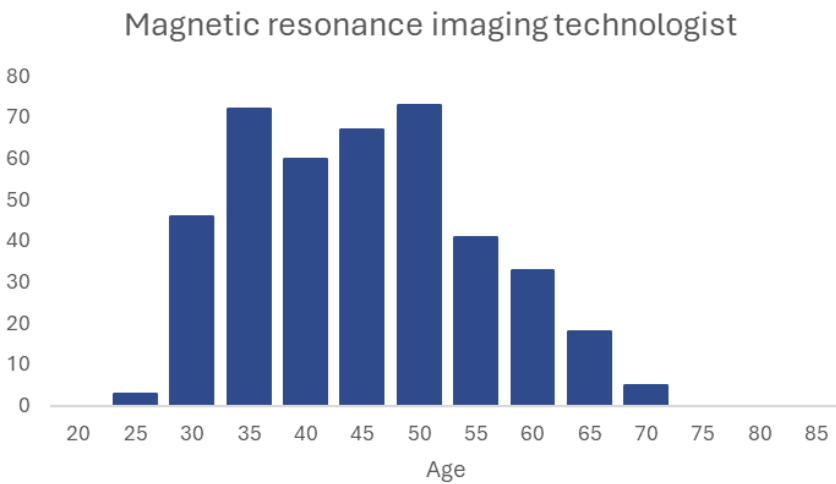
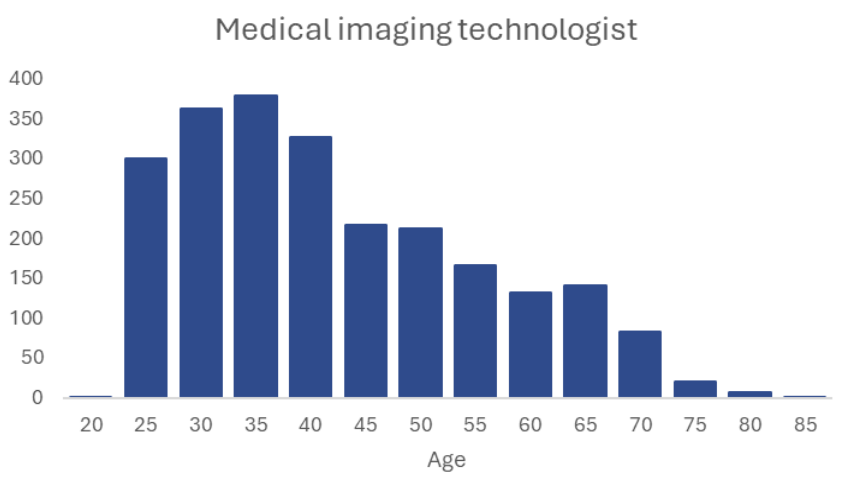
The **above** figures show that across most scopes of practice more than 83% of practitioners are under the age of 55 years, with the average age varying from 37 years. This excludes sonography where 77% are less than 55 years of age. Those in trainee scopes are completing education to enable them to register in a different scope, and therefore the average age is less than those registered in the other scopes.

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

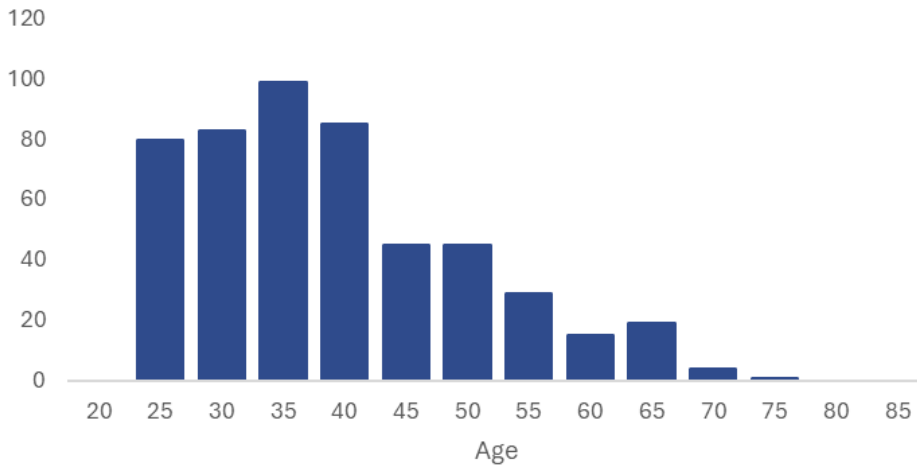
Figure G **below** shows the age distribution for those practising in the respective scopes.

Of note: a number of scopes have practitioners over 70 years, with some including those over 80 years. The graph for those in training scopes shows that while most practitioners completing programmes of education are between 25-40 years, there are a number of people over 60 years who are studying towards qualifications that will enable practice in new scopes.

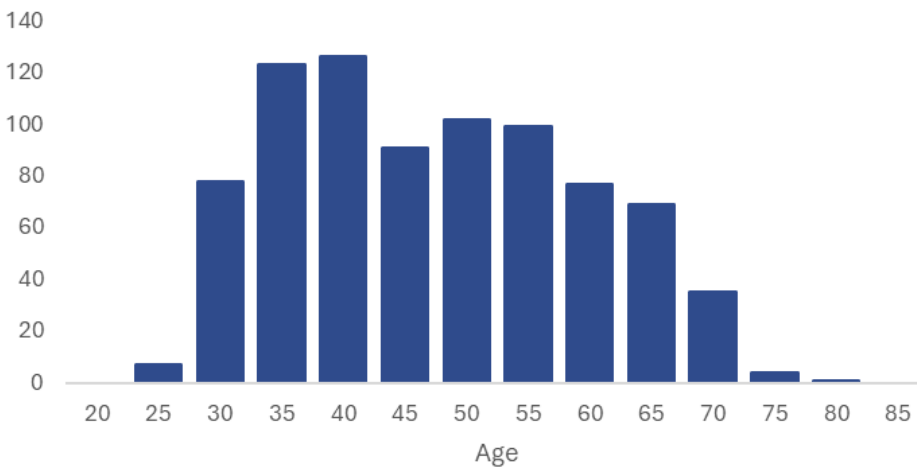
Figure G: Age distribution of practising certificate holders for the 2024-2025 practising year (MIT, MRIT, NMT, RT, Son, T-scopes)



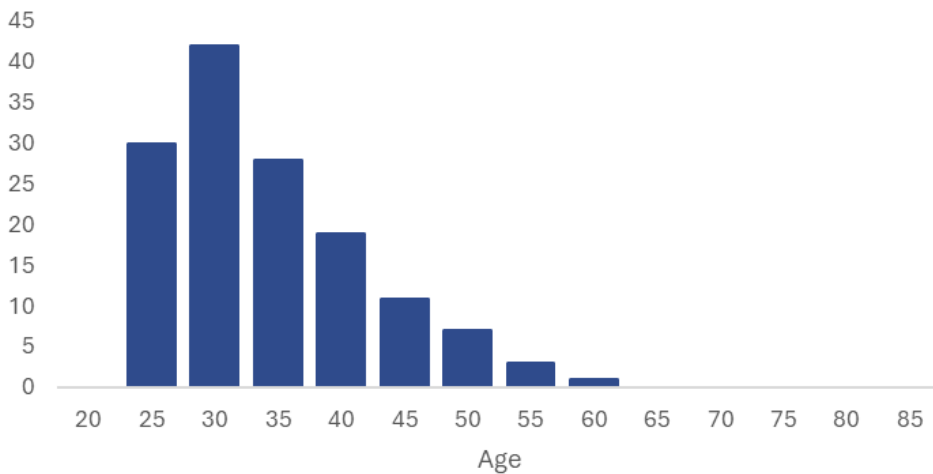
Radiation therapist



Sonographer



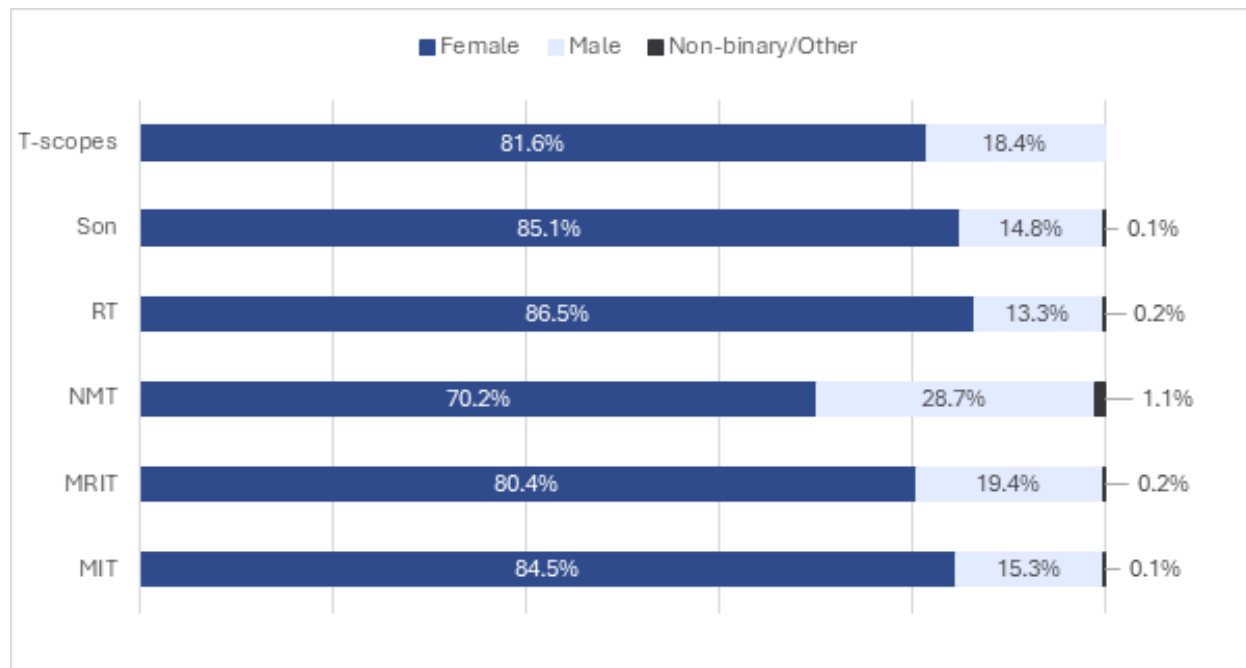
Trainee scopes



Gender

Figure H below shows that across all scopes of practice most practitioners are female. Since the introduction of additional codes, we now see that several practitioners identify as non-binary or other, although numbers remain small.

Figure H: Practising certificate holders **by gender** for the 2024-2025 practising year



Ethnicity

The following graphs show ethnicity information for those practising across all scopes of practice. When applying for registration, practitioners can report up to three ethnicities.

The 2024-2025 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. Ethnicity data has been collated to protect individual information as it may be that within the data there is a single practitioner of one ethnicity.

The Board has adopted the StatsNZ 'Ethnicity New Zealand Standard Classification' for grouping and reporting on ethnicities. These groups are:

- Māori
- European (including NZ European)
- Pacific peoples
- Asian
- Middle Eastern/Latin American/African
- Other Ethnicity

This is a change from how we previously grouped and reported on ethnicities. In our reports for 2024 and prior, groups were Māori, Pasifika, Chinese, Indian, Other non-European, Other European, New Zealand European.

Over 72% of practitioners within each scope of practice identify as European (this includes New Zealand European) with Māori making up between 4-7% of the different scopes.

Figure I (i): ethnicity of Medical imaging technologist practising certificate holders 2024-2025

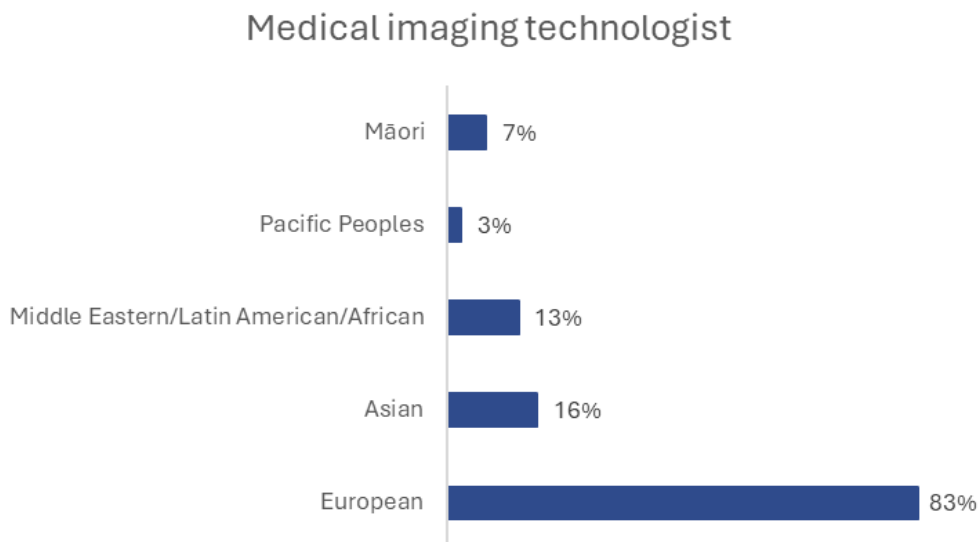


Figure I (ii): ethnicity of Magnetic resonance imaging technologist practising certificate holders 2024-2025

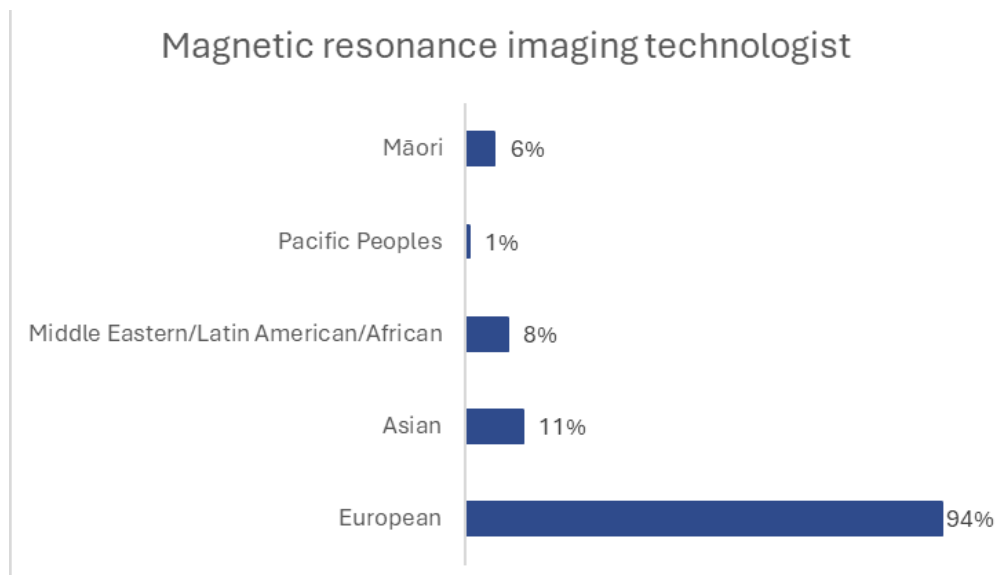


Figure I (iii): ethnicity of Nuclear medicine technologist practising certificate holders 2024-2025

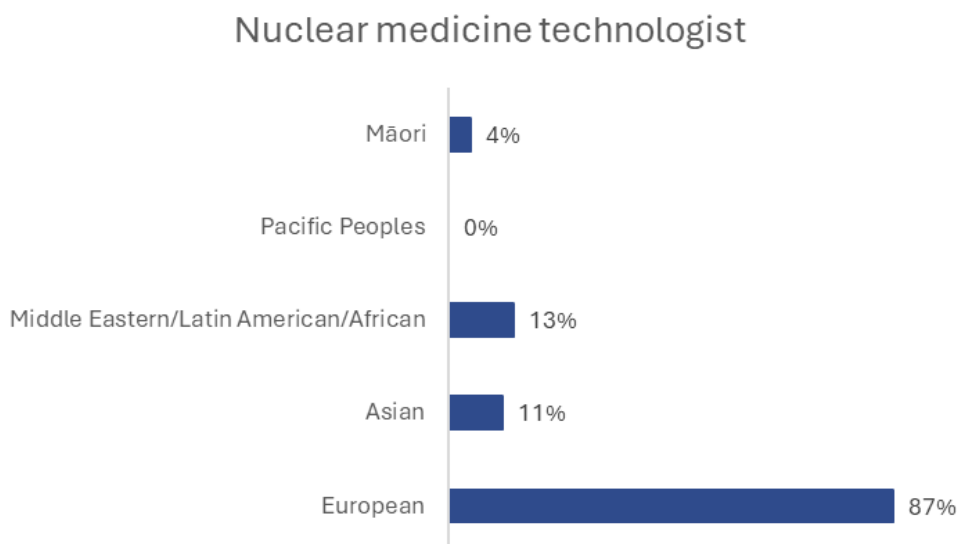


Figure I (iv): ethnicity of Radiation therapist practising certificate holders 2024-2025

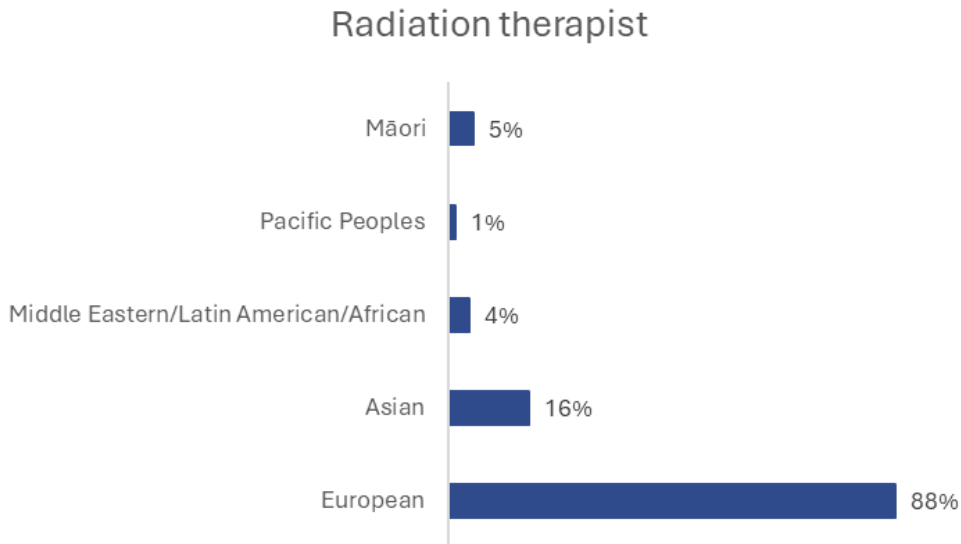


Figure I (v): ethnicity of Sonographer practising certificate holders 2024-2025

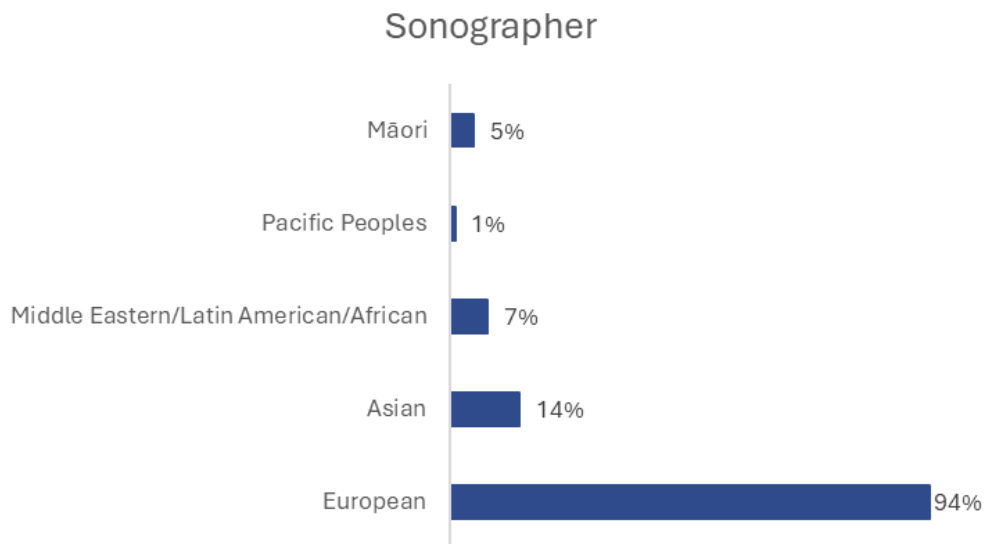
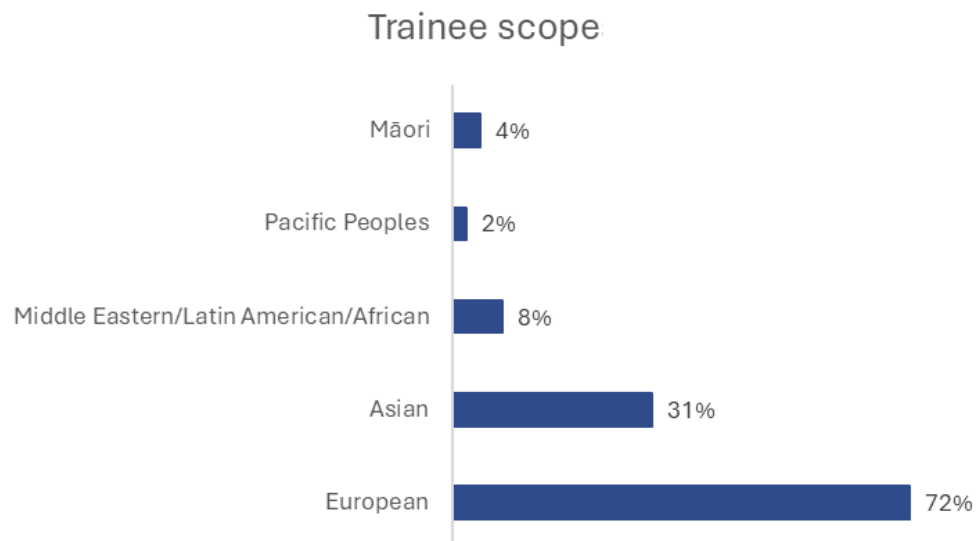


Figure I (vi): ethnicity of Trainee scope practising certificate holders 2024-2025



Education and continuing professional development

The Board accredits five education providers in Aotearoa New Zealand that offer qualifications prescribed for registration in medical imaging and radiation therapy. It also accredits one programme in the Pacific.

All accredited providers are subject to an ongoing monitoring process to ensure programmes leading to registration produce graduates from the programmes capable of meeting the entry-level competence standards for the respective profession.

Approved programme of education

University of Auckland: Position emission tomography – computed tomography (PET – CT)

During 2024 the Board was approached to accredit the above programme of education. Successful completion of this programme would enable suitably qualified practitioners to provide imaging, however, does not lead to registration in the nuclear medicine scope of practice. Following the accreditation processes this programme was approved.

As at 31 March the Board is considering the regulatory mechanism that it will use to capture this information on the register.

The table **below** shows the education provider, programme of education, and relevant scope of practice for each accredited qualification, approved for the purposes of entry to the register.

Table 5: Education - Accredited qualifications

| Education provider | Qualification | Scope of practice |
|--------------------------------------|--|---|
| University of Auckland | BMI Bachelor of Medical Imaging (Honours) | Medical imaging technologist |
| University of Auckland | PGDip HSc (MRI) Postgraduate Diploma of Health (Cardiac Ultrasound) | Sonographer (Cardiac) |
| University of Auckland | PGDip HSc (MRI) Postgraduate Diploma of Health Science (Magnetic Resonance Imaging) | Magnetic resonance imaging technologist |
| University of Auckland | PGDip HSc (NMT) Postgraduate Diploma of Health Science (Nuclear Medicine Technology) | Nuclear medicine technologist |
| University of Auckland | PGDip HSc (US) Postgraduate Diploma of Health Science (Ultrasound) | Sonographer (General) |
| University of Otago | BRT Bachelor of Radiation Therapy | Radiation Therapist |
| Universal College of Learning (UCOL) | BAppSc (MIT) Bachelor of Health Science (Medical imaging technology) | Medical imaging technologist |
| Unitec | BHSc (MI) Bachelor of Health Science (Medical imaging) | Medical imaging technologist |
| Ara Institute of Canterbury | BMI Bachelor of Medical Imaging | Medical imaging technologist |
| Fiji National University | BMIS Bachelor of Medical Imaging Science | Medical imaging technologist |

During 2024-2025 the Board undertook its annual monitoring of these programmes, focusing on Standard 2 Qualification Programme (2.4 -2.5). Results from this monitoring confirmed compliance by all education providers.

Recertification and ongoing professional development

The Board’s recertification programme is established under section 41 of the Health Practitioners Competence Assurance Act 2003. Continuous professional development 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 gets 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 a variation in learning and development opportunities.

The Board audits a proportion of practitioners every two years to ensure compliance with the recertification policy. The last audit was in 2023. The next one will take place between July and October 2025.

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 and fitness to practice of the health practitioners it regulates.

All notifications about practitioners are referred in the first instance to the Professional Standards Committee. This is a subcommittee of the Board that triages notifications and manages all notifications regarding competence and health.

Competence

Competence processes focus on supporting the practitioner by putting in place appropriate education and safeguards to assist them in improving their standard of practice. Competence reviews undertaken by the Board are based on principles of natural justice, support, and education.

Table 6: Sources

| | Health Practitioners Competence Assurance Act 2003 | New 2024/2025 | Existing | Closed | Still active |
|---------------------------------------|--|------------------|----------|--------|-----------------|
| Source | Section | | | | |
| Health practitioner ¹ | 34(1) | 1 | 2 | 3 | |
| Health and Disability Commissioner | 34(2) | 1 | 1 | 2 | |
| Employer ² | 34(3) | 3 | | 2 | 1 |
| Total | | 5 | 3 | 7 | 1 |

1 Note that all notifiers in this column were **current** employers of the practitioner at the time of the notification.

2 Note that all notifications in this column were made by **former** employers of the practitioner, as HPCAA s 34(3) refers only to when a practitioner resigns or is dismissed from employment.

Table 7: Outcomes

| Outcomes | Section | Closed | | Still active |
|---|---------|--------|----------|--------------|
| | | New | Existing | |
| No further action | | 3 | - | |
| Orders concerning competence | 38 | 1 | | |
| Interim suspension/conditions | 39 | | 1 | |
| Competence Programme | 40 | | 1 | 1 |
| Unsatisfactory results of competence or recertification programme | 43 | | 1 | |
| Competence review | 36 | 1 | 1 | 1 |
| Ceased practice | | 2 | 2 | |

Members of the competence review panels during 1 April 2024–31 March 2025 were: Jiatian (Justin) Wang, Sarah Stansfield, and Janet Martin.

Health

The Board has the responsibility to protect the public by ensuring that medical imaging and radiation therapy practitioners are fit to practise.

As at 1 April 2024, 10 practitioners were under health monitoring following referrals in previous years. The Board received 21 new notifications during the 2024-2025 year with the majority being self-disclosures from the practitioner themselves. Of the 33 notifications received or active during 2024-2025, 25 were also closed during this reporting period.

Table 8: Sources

| Source | HPCA reference | Section | New | | Existing | | Closed | | Still active | |
|--------------------------------|----------------|------------|-----------|----------|----------|----------|---------------|----------|--------------|---|
| | | | 2024-2025 | Existing | New | Existing | New 2024-2025 | Existing | | |
| Employer | | 45 (1) | 1 | 1 | 1 | 1 | | | | |
| Self-notification | | | 21 | 9 | 15 | 8 | | 6 | | 1 |
| Professional Conduct Committee | | 80 (2) (b) | | 1 | | | | | | 1 |
| Total | | | 22 | 11 | 25 | | | 8 | | |

Table 9: Outcomes

| Outcomes | Closed | | Still active | |
|----------------------|---------------|----------|---------------|----------|
| | New 2024/2025 | Existing | New 2024/2025 | Existing |
| No further actions | 8 | 3 | | |
| Restrictions imposed | | 1 | | |
| Voluntary monitoring | 1 | 3 | 7 | 1 |
| Ordered monitoring | | | | 1 |
| Alteration of scope | 1 | | | |
| Ceased practise | 7 | 3 | | |

A single notification can result in multiple outcomes that span an extended period.

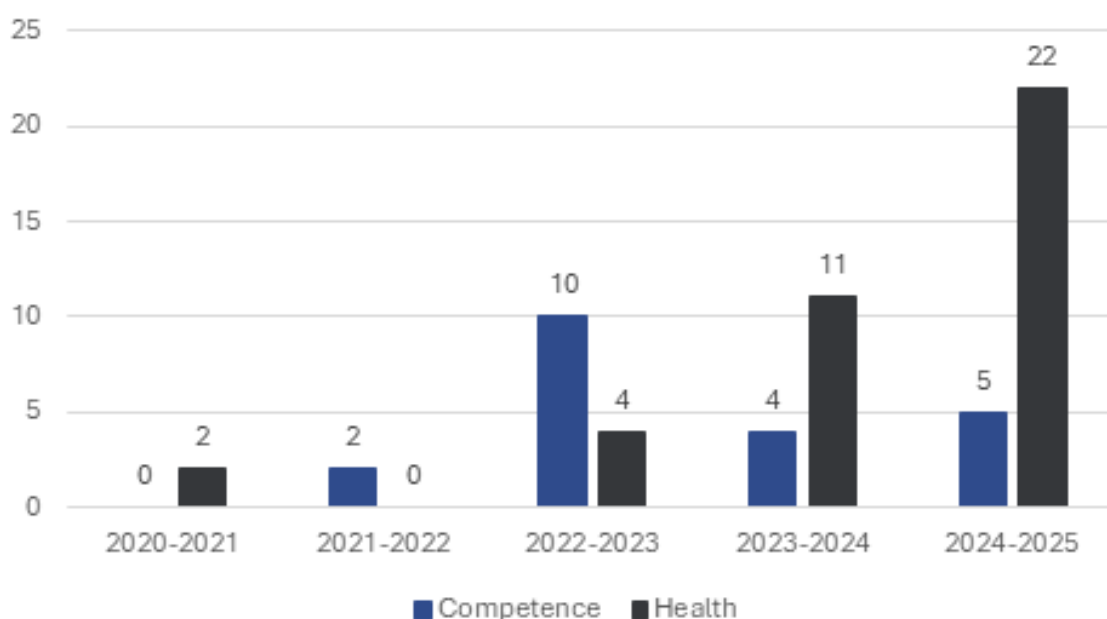
While the number of notifications made were small, ten practitioners stopped practising in the profession following the notification.

It appears from the information provided that the Board is applying a proportionate response to matters related to health, in that it has used the regulatory mechanisms in a small number of cases. Further, that it continues to monitor a relatively low number of practitioners. Monitoring provides the Board with ongoing reassurance of a practitioner’s ability to remain in practice or otherwise.

Last five years

The following table shows the change in health notifications over the course of the last five years. While the number of competence notifications has remained relatively low and static over this period, the number of health notifications has increased. This is largely due to a change in Board practice which has been to actively promote the health sections of the Act. By doing this it is expected that more practitioners will make a self-disclosure if their ability to practise is impacted by their health and that this number will continue to increase.

Figure J: Number of health and competence notifications received over last five years



Complaints and discipline

The Board has the responsibility to act on information received about the conduct of a medical imaging or radiation therapy practitioner.

During this reporting period the Board received 12 new notifications regarding matters of conduct. The information below provides information around the source of these notifications and initial processes undertaken. Compared to previous years there is an increase in the number of matters considered by the Board.

Table 10: Sources

| Source | No. | Outcome | | | | Still active |
|---------------------|-----|--|--|---------------------------|------------------------|--------------|
| | | Referred to Professional Conduct Committee (PCC) | Referred to Health and Disability Commissioner (HDC) | Recertification programme | Registration cancelled | |
| HDC | 3 | 1 | | 1 | | 2 |
| Health Practitioner | 2 | | | | | 2 |
| Employer | 3 | 2 | 2 | 2 | | 3 |
| Self-notification | 6 | 4 | | | | 5 |
| Other | 1 | | | | 1 | |

Matters referred to a Professional Conduct Committee

| | |
|-----------------------------------|---|
| Conviction | 4 |
| Inappropriate workplace behaviour | 3 |

Outcomes of cases closed

Of the five Professional Conduct Committee investigations that concluded during the reporting period, and noting that one notification may have multiple outcomes, one had a recommendation to review the practitioner's fitness to practise, four had a recommendation to counsel the practitioners, and four had a determination of no further action.

Two Professional Conduct Committees were ongoing as of 31 March 2025.

Professional Conduct Committee

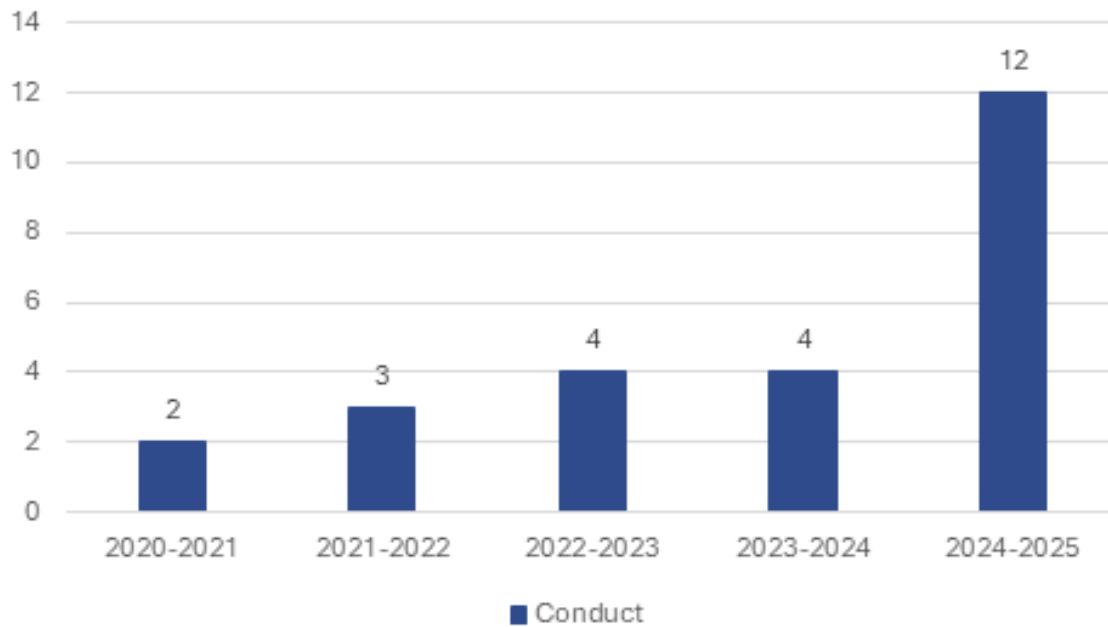
The Board has a pool of experienced practitioners and lay people that it uses for Professional Conduct Committees. Each committee is comprised of two health practitioners and a lay member of which one member is the Chair. During 2024-2025 members of the Professional Conduct Committees were:

| | |
|------------------|--------------------|
| Marj Noble | Jim Lindsay |
| Bruce McLachlan | Naomi Rasmussen |
| Phyllis Huitema | Rex De Ryke |
| Hilary Hopkinson | Sally McMillan |
| Sarah Stansfield | Martin Necas |
| Joan McCann | Catherine Sorensen |

Last five years – complaints and discipline

The attached figure shows that there has been an increase in the number of complaints and discipline matters brought to the Board’s attention over the past five years.

Figure K: Number of complaints received over last five years



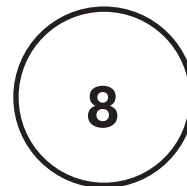
Health Practitioner Disciplinary Tribunal (HPDT)

There were no cases involving medical imaging and radiation therapy practitioners before the Health Practitioners Disciplinary Tribunal. When a charge is laid about a medical imaging or radiation therapy practitioner, a tribunal panel is established. This panel includes a Chair, three practitioners and a lay member. All Tribunal members are appointed by the Minister of Health. All are required to hold practising certificates and to be in good standing with the Board.

Appeals and judicial reviews

There were no appeals or judicial reviews of decisions made by the Board during 2024-2025.

Tā mātou whaihua a-ahumoni |



Our financial performance 2024-2025

Our finances

This year we have recorded a loss of \$249,827.

The Board purchases regulatory services from Te Rangatapu Pūtaiao a Rongoā | the Medical Sciences Secretariat (MSS/the Secretariat). The Medical Radiation Technologists Board (the Board) is a 50% shareholder in the MSS with the other shareholder being a separate Responsible Authority (RA) – Te Kaunihera Pūtaiao Hauora | 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 Board 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 2024 the Board 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 itemised in financial statements. 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 for Board professions 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. During 2024-2025 considerable work and expenditure has occurred on the new practitioner database which will be implemented in 2025. The cost of this service has impacted on the loss incurred by the Board during this financial year. The Board has also managed a number of term deposits on a short and revolving basis. This has led to changes noted in the investments.

Separate to this, while the number of notifications and complaints received each year is difficult to predict, the number of notifications including self-notifications made by practitioners requires resourcing to be managed. There can also be associated costs - for example, if a practitioner is referred for a health assessment or competence review. In addition the Board has invested in enhanced stakeholder engagement with associated increased cost. Therefore, the fee structure reflects both external and internal service costs, combined with costs derived from project work designed to enhance the board's practitioner experience, in addition to meeting HPCA requirements.

Financial report

Te Poari Ringa Hangarau Iraruke |

Medical Radiation Technologists Board

Entity information

for the year ended 31 March 2025

| | |
|--|---|
| Legal name | Medical Radiation Technologists Board |
| Entity Type | Body Corporate & Registered Charity |
| Charities registration number | CC35408 |
| 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 | A nine member governance board. Allison Copland (Start date 15/7/24) Carol Bagnall Philip Thomas (Finish date 31/5/24) Anthony Bow Peter Dooley Billie Mudie (Finish date 1/7/24) Prudence Burns Susan Yorke Shannon Ioane-Moala Elizabeth Macaulay |
| Main method used by entity to raise funds | Practitioners and applicants for registration comprising: fees and levies (refer section 130 and 131 of the Health Practitioners Competence Assurance Act (HPCA/the Act)) |
| Physical address | Level 7, Perpetual Guardian House, 99 Customhouse Quay, Wellington 6011 |
| 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

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 OF NEW ZEALAND'S PERFORMANCE REPORT FOR THE YEAR ENDED 31 MARCH 2025

The Auditor-General is the auditor of the Medical Radiation Technologists Board of New Zealand ('the Board'). The Auditor-General has appointed me, Zirus Zuber, 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 on pages 1 to 9, that comprises the entity information and the statement of financial position as at 31 March 2025, 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 2025; 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 Tier 3 (Public Sector) Standard.

Our audit was completed on 11 March 2026. 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.

Baker Tilly Staples Rodway Audit Limited, incorporating the audit practices of Christchurch, Hawkes Bay, Taranaki, Tauranga, Waikato and Wellington.

Baker Tilly Staples Rodway Audit Limited is a member of the global network of Baker Tilly International Limited, the members of which are separate and independent legal entities.

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.



Zirus Zuber
Baker Tilly Staples Rodway Audit Limited

On behalf of the Auditor-General
Wellington, New Zealand

Te Poari Ringa Hangarau Iraruke | Medical Radiation Technologists Board

Statement of financial performance

How the business was funded - what it cost

for the year ended 31 March 2025

| | Note | Current year \$ | Last year \$ |
|--|------|------------------|------------------|
| Revenue | | | |
| Revenue from service delivery | | 126,257 | 67,360 |
| Practitioner Levies and Fees | 1 | 2,082,337 | 1,771,437 |
| Interest, dividends and other investment revenue | | 104,904 | 114,744 |
| Other revenue | | - | 3,417 |
| Total revenue | | 2,313,498 | 1,956,958 |
| Expenses | | | |
| Expenses related to service delivery | | 2,499,022 | 1,673,121 |
| Other expenses | 2 | 64,303 | 40,640 |
| Total expenses | | 2,563,325 | 1,713,761 |
| Surplus (deficit) for the year | | (249,827) | 243,197 |

This performance report has been approved by those charged with governance.

Date: 11 March 2026

Signature:



Name: Shannon Ioane-Moala

Position: MRT Board Chair

Date: 11 March 2026

Signature:



Name: Anthony Bow

Position: MRT Board member



Te Poari Ringa Hangarau Iraruke | Medical Radiation Technologists Board

Statement of financial position

What we own and what we owe

for the year ended 31 March 2025

| Assets | Note | Current year \$ | Last year \$ |
|---|------|------------------|------------------|
| Current assets | | | |
| Cash and short-term deposits | | 3,436,274 | 1,342,616 |
| Debtors and prepayments | 3 | 2,161 | 155,866 |
| Investment | | 500,000 | 2,550,000 |
| Other current assets | | 3,116 | 26,206 |
| Total current assets | | 3,941,551 | 4,074,688 |
| Non-current assets | | | |
| Investments | 3 | 50 | 50 |
| Total non-current assets | | 50 | 50 |
| Total Assets | | 3,941,601 | 4,074,738 |
| Liabilities | | | |
| Current liabilities | | | |
| Creditors and accrued expenses | 4 | 261,210 | 203,037 |
| Income received in advance | | 1,680,604 | 1,622,087 |
| Total current liabilities | | 1,941,814 | 1,825,124 |
| Total assets less total liabilities (net assets) | | 1,999,787 | 2,249,614 |
| Accumulated funds | | | |
| Accumulated surpluses (or deficits) | 5 | 1,880,393 | 2,249,614 |
| General reserves | | - | - |
| Disciplinary reserves | | 119,394 | - |
| Total accumulated funds | | 1,999,787 | 2,249,614 |



Te Poari Ringa Hangarau Iraruke | Medical Radiation Technologists Board

Statement of cash flows

How we received and used cash

for the year ended 31 March 2025

| | Current year \$ | Last year \$ |
|--|------------------|------------------|
| Cash flows from operating activities | | |
| Operating receipts (money deposited into the bank account) | | |
| Funding from practitioner levies and fees | 2,295,020 | 2,076,682 |
| Interest, dividends and other investment receipts | 127,994 | 106,900 |
| Goods and Services Tax (GST) | - | 25,313 |
| Total receipts | 2,423,014 | 2,208,895 |
| Less operating payments (money withdrawn from the bank account) | | |
| Payments related to service delivery | 2,379,356 | 1,759,108 |
| Total payments | 2,379,356 | 1,759,108 |
| Net cash flows from operating activities | 43,658 | 449,787 |
| Cash flows from other activities | | |
| Cash was applied to: | | |
| Payments to purchase/(receipts from) investments | (2,050,000) | - |
| Net cash flows from other activities | 2,050,000 | - |
| Net increase/(decrease) in cash | 2,093,658 | 449,787 |
| Opening cash | 1,342,616 | 892,829 |
| Closing cash | 3,436,274 | 1,342,616 |



Te Poari Ringa Hangarau Iraruke | Medical Radiation Technologists Board

Statement of accounting policies

How we do our accounting

for the year ended 31 March 2025

Basis of preparation

This performance report is prepared in accordance with the XRB's Tier 3 (PS) Standard. The entity is eligible to apply these requirements as it does not have public accountability and has total annual expenses of less than \$5,000,000. All transactions in the performance report are reported using the accrual basis of accounting. This performance report is prepared under the assumption that the entity will continue to operate for the foreseeable future.

Treatment of Goods and Services Tax

Medical Radiation Technologists Board is registered for Goods and Services Tax (GST). All amounts are recorded on a GST exclusive basis, 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

Cash and short term deposits in the Statement of Cash Flows comprise cash balances and bank balances (including short term deposits) with original maturities of 90 days or less.

Original maturities of 90 days or less

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.

Revenue Recognition

Revenue is received during February and March, relating to the next financial year. Therefore, receipts are shown on the Statement of Financial Position as revenue in advance and recognised in the statement of financial performance in the next financial year.

Annual Practising Certificate

APC fees are generally received during the months of February and March and are initially recorded as deferred revenue and recognised as revenue in the period in which the certification belongs. Fees received for the issue of APCs are recognised in the year which the fee relate. Fees derived from the delivery of service are recognised when the service is delivered. All other fees are recognised on receipt.

Interest Income

Interest revenue is recognised as it accrues, using the effective interest method.

Disciplinary Levies

Disciplinary Levies are recorded as revenue when it is probable that future economic benefits will flow to the entity and the fair value can be measured reliably.

Examination Revenue

Examination Revenue is recorded as revenue when the fees are invoiced.

Investment

Investments are valued at cost. Investment income is recognised on an accrual basis where appropriate. The investment in MSS has been assessed and the MRT does not have control or significant influence over MSS. Accordingly, the investment is accounted for at cost.

Accounts Receivable

Accounts Receivable are stated at net realisable value having taken into account any doubtful debts.

Accounts Payable

Accounts Payable are stated at amortised cost. The amounts are unsecured.

Income Received in Advance

Income received in advance are amount received prior to the period in which they are to be recognised as income. These amounts are moved to revenue in the period the revenue relates to.

Expenses (principal vs agent)

The Medical Radiation Technologists Board (MRTB) has some expenditure that is paid for by the Medical Sciences Secretariat Ltd (MSS). This expenditure is categorised as either Principal or Agent. Expenditure classified as Principal reflects a 50% share of MSS costs. Expenditure classified as Agent is expenditure directly attributed to MRTB but paid for by MSS.

Changes in Accounting Policies

The Medical Radiation Technologists Board applied the Tier 3 (PS) standard for the first time this year. There have been no other changes in the Medical Technologists Board accounting policies since the date of the last audited performance report (last year - nil).



Te Poari Ringa Hangarau Iraruke | Medical Radiation Technologists Board

Notes to the performance report

How we do our accounting for the year ended 31 March 2025

Note 1: Analysis of revenue

| Category | Analysis | Current year \$ | Last year \$ |
|--|--------------------|------------------|------------------|
| Revenue from service delivery | Examination Income | 121,858 | 61,710 |
| | Misc Income | 4,399 | 5,650 |
| | Total | 126,257 | 67,360 |
| Practitioner Levies and Fees | Registration | 264,977 | 244,429 |
| | APC | 1,697,966 | 1,527,008 |
| | Disciplinary Levy | 119,394 | - |
| | Total | 2,082,337 | 1,771,437 |
| Interest, dividends and other investment revenue | Interest | 104,904 | 114,744 |
| | Total | 104,904 | 114,744 |
| Other revenue | Other | - | 3,417 |
| | | - | 3,417 |



Te Poari Ringa Hangarau Iraruke | Medical Radiation Technologists Board

Notes to the performance report
for the year ended 31 March 2025

Note 2: Analysis of expenses

| Category | Analysis | Current year \$ | Last year \$ |
|--------------------------------------|--|-----------------|------------------|
| Expenses related to service delivery | MSS Provided Services | 1,980,811 | 1,377,389 |
| | MSS Arranged Services * | 78,548 | (21,469) |
| | Board Member Fees | 215,000 | 155,834 |
| | Catering | 3,750 | 5,122 |
| | Conferences, Workshops, Seminars | 20,630 | 13,172 |
| | Consultancy Fees | 525 | - |
| | Examinations, Assessors, Registrations | 35,148 | 40,121 |
| | Insurance | 12,900 | 12,270 |
| | IT | 27,889 | 14,538 |
| | PCC-Personnel Costs and Expenses | 44,807 | 22,958 |
| | Printing and Stationery | 1,626 | 1,217 |
| | Projects | 52,457 | 41,536 |
| | Publications | 3,336 | 1,825 |
| | Travel and Accommodation | 21,595 | 8,608 |
| | Total | | 2,499,022 |

* MSS arranged services are negative for the 2023/24 year, because expenses incurred during MSS's office renovations were overstated in the prior year and the difference was refunded on completion. The difference related to costs that were capitalised by MSS.

| Category | Analysis | Current year \$ | Last year \$ |
|----------------|------------------|-----------------|---------------|
| Other expenses | Audit Fees | 9,164 | 8,482 |
| | Bank Charges | 34,728 | 29,625 |
| | General Expenses | 175 | 2,533 |
| | Legal Fees | 20,236 | - |
| Total | | 64,303 | 40,640 |



Te Poari Ringa Hangarau Iraruke |

Medical Radiation Technologists Board

Notes to the performance report
for the year ended 31 March 2025

Note 3: Analysis of assets

| Category | Analysis | Current year \$ | Last year \$ |
|------------------------------|-----------------------|------------------|------------------|
| Cash and short-term deposits | Westpac working | 1,585,809 | 1,342,161 |
| | Cash – short deposits | 1,850,000 | - |
| | Westpac saving | 465 | 455 |
| | Total | 3,436,274 | 1,342,616 |
| Category | Analysis | Current year \$ | Last year \$ |
| Debtors and prepayments | MSS intercompany | - | 125,796 |
| | Debtors | 2,161 | 30,070 |
| | Total | 2,161 | 155,866 |
| Category | Analysis | Current year \$ | Last year \$ |
| Investment | Term Deposit | 500,000 | 2,550,000 |
| | Total | 500,000 | 2,550,000 |
| Category | Analysis | Current year \$ | Last year \$ |
| Other current assets | Accrued income | 3,116 | 26,206 |
| | Total | 3,116 | 26,206 |
| Category | Analysis | Current year \$ | Last year \$ |
| Investments | Shares in MSS | 50 | 50 |
| | Total | 50 | 50 |

Note 4: Analysis of liabilities

| Category | Analysis | Current year \$ | Last year \$ |
|--------------------------------|--|------------------|------------------|
| Creditors and accrued expenses | Accounts payable | 18,614 | 4,744 |
| | GST | 124,025 | 172,049 |
| | Accrued expenses | 39,030 | 21,213 |
| | MSS intercompany | 67,855 | - |
| | Withholding tax | 11,686 | 5,031 |
| | Total | 261,210 | 203,037 |
| Category | Analysis | Current year \$ | Last year \$ |
| Income received in advance | Practitioner fees received in advance | 1,660,369 | 1,622,087 |
| | Overseas registration fees received in advance | 20,235 | - |
| | Total | 1,680,604 | 1,622,087 |



Te Poari Ringa Hangarau Iraruke | Medical Radiation Technologists Board

Notes to the performance report
for the year ended 31 March 2025

Note 5: Accumulated funds

| Current year | | | |
|------------------------|----------------------|-----------------------------------|------------------|
| Description | Disciplinary reserve | Accumulated surpluses or deficits | Total |
| Opening balance | - | 2,249,614 | 2,249,614 |
| Surplus/(deficit) | 119,394 | (369,221) | (249,827) |
| Closing balance | 119,394 | 1,880,393 | 1,999,787 |
| Last year | | | |
| Description | Disciplinary reserve | Accumulated surpluses or deficits | Total |
| Opening balance | - | 2,006,417 | 2,006,417 |
| Surplus/(deficit) | | 243,197 | 243,197 |
| Closing balance | - | 2,249,614 | 2,249,614 |

Disciplinary reserve

This reserve represents the disciplinary reserve that MSC maintains specifically to fund the costs associated with carrying out its statutory disciplinary functions. This includes costs related to Professional Conduct Committee (PCCs) and the Health Practitioners Disciplinary Tribunal (HPDT). Disciplinary levies collected from practitioners are allocated to this reserve and used solely for these purposes.



Note 6: Commitments and contingencies

| Commitment | Explanation and timing | Current year \$ | Last year \$ |
|--|--|-----------------|--------------|
| Commitments to lease or rent assets: 99 Customhouse Quay, Wellington | Current portion | 73,070 | 73,070 |
| | Non-current portion | 58,192 | 131,262 |
| Commitment to photocopier lease | Five-year lease signed January 2022 with right of renewal for a further five years | | |
| | Current portion | - | 1,404 |
| | Non-current portion | - | - |
| | There is a photocopier lease which expires in March 2025 | | |

There is no current lease on the Photocopier. Currently on a month by month basis until a new lease is agreed.

Contingent liabilities guarantees

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

Te Poari Ringa Hangarau Iraruke | Medical Radiation Technologists Board

Notes to the performance report
for the year ended 31 March 2025

Note 7: Commitments and contingencies

| Description of related party relationship | Description of the transactions (whether in cash or amount in kind) | Value of transactions | | Amount outstanding | |
|--|---|-----------------------|--------------|--------------------|--------------|
| | | Current year \$ | Last year \$ | Current year \$ | Last year \$ |
| Medical Sciences Secretariat (MSS) Limited | Secretariat services | 1,915,286 | 1,247,399 | 299,418 | 128,276 |
| Board member | Elizabeth Macaulay | 41,099 | 14,284 | 4,320 | 2,923 |
| Board member | Billie Mudie | 5,400 | 40,905 | - | 700 |
| Board member | Carol Bagnall | 18,090 | 13,759 | 135 | 131 |
| Board member | Peter Dooley | 14,635 | 8,225 | 2,160 | 1,225 |
| Board member | Prudence Burns | 10,440 | 7,350 | - | 394 |
| Board member | Susan Yorke | 20,610 | 16,341 | 135 | 1,072 |
| Board member | Anthony Bow | 49,590 | 44,910 | 4,802 | 7,263 |
| Board member | Philip Thomas | 2,160 | 13,388 | - | 875 |
| Board member | Allison Copland | 13,298 | - | 4,725 | - |
| Board member | Shannon Ioane-Moala | 19,710 | 8,903 | 5,355 | - |

The Medical Sciences Secretariat processed payments valued at \$248,912 in total on behalf of the Medical Sciences Council and the Medical Radiation Technologists Board as their agent (last year - \$235,412). Commencing April 2022 the Medical Sciences Council and 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: Anthony Bow \$23,535, Susan Yorke \$6,480, Elizabeth Macaulay \$5,467.

Notes 8: 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.





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

