

Responsible Authority Core Performance Standards Review Report

Authority Name	New Zealand Medical Radiologists Technologists Board
Date of Review Report	18 August 2021
Name of reviewing Designated Auditing Agency	BSI Group New Zealand Limited

Executive Summary

The New Zealand Medical Radiation Technologists Board (the Board) is the responsible authority under the Health Practitioners Competence Assurance Act (the Act), for the regulation of the medical radiation technology (medical imaging and radiation therapy practitioners) profession.

The Medical Radiologists Technologists Board has 13 staff (shared with the Medical Sciences Council) and 3,280 registered professionals. The Board membership consists of eight members, six of whom come from the profession (of medical imaging and radiation therapy), and two who are lay members. Professional members are representative of the scopes of practice defined for the profession. In 2006 the Board formed a business partnership with another responsible authority, the Medical Sciences Council and established a shared secretariat, the Medical Sciences Secretariat (MSS). MSS is a registered New Zealand limited liability company that is jointly owned by the Medical Radiation Technologists Board and the Medical Sciences Council.

The Board has eight defined scopes of practice. It accredits and monitors five New Zealand educational institutions which provide prescribed qualifications for the purpose of registration in the medical imaging and radiation therapy profession.

Processes and systems are well established to register applicants, issue practicing certificates, review and improve competence, and respond to complaints, conduct and health notifications.

There is a public website that contains key information on its role, functions and the core regulatory processes. This includes policies, newsletters, annual reports and the Board's five-year strategic plan. A new-look website was implemented in April 2021.

Policies are in place to support the setting of clinical and cultural competence and ethical conduct. Policies consistently recognise the Board's principal purpose to protect public safety. The Board demonstrates the principles of Right-touch regulation through its policies, processes, systems, consultations, plans and how it works with practitioners.

There is a five year Strategic Directions April 2021 – March 2026 implemented by way of an annual business plan. Priority initiatives include a scope of practice review and looking to strengthen its engagement with Māori to seek advice on the various elements of its regulatory framework to better ensure the framework is responsive to the needs of Māori as tangata whenua of Aotearoa New Zealand.

Recommendations for improvement identified from this performance review include completing the review of their scopes of practice, implementing a wider gender category for practitioners to self-identify (e.g., male/female/gender diverse), improvement to the Notifications Register, supporting the cultural initiatives, publicly reporting on the ethnicity breakdown and adding a general search function to the website.

Recommendations

The below table summarises the areas for improvement identified from this review with associated timeframes. Refer to the next section of the report for the full reviewer's comments associated with the recommendation.

Ref #	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)
1.1	the RA has defined clear and coherent competencies for each scope of practice	PA	L	Discussion with the Board and Chief Executive advised that the scope of practice review, inclusive of prescribed qualifications, has been paused mainly due to the impending health sector changes. However, the review of scope is to be completed.	6-12 months (up to 1 July 2022)
2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	PA	L	It was identified that an improvement for the registration process would be for the gender categories of male / female to also include the ability to select gender diverse (or similar). Could also include in all other areas where practitioner feedback is sought e.g. responses to consultation documents and an opportunity when they apply for their APC renewal to update their gender identity should they wish.	3 months (15 November 2021)
4.2	Identifying and responding in a timely way to any complaint or notification about a health practitioner Considering information related to a health practitioner's conduct or the safety of the practitioner's practice Ensuring all parties to a complaint are supported to fully inform the authority's consideration process	PA	L	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.	6 months (15 February 2022)
6.1	The RA sets standards of clinical and cultural competence and ethical conduct that are: <ul style="list-style-type: none"> Informed by relevant evidence Clearly articulated and accessible 	PA	L	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 (refer 10.1), and informed by the consultations and collaborations already planned.	6-12 months (up to 1 July 2022)

Ref #	Related core performance standards	Rating	Risk Level	Recommendation	Timeframe (months / date)
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	PA	L	<p>That the Board proceed with its planned review of the Cultural Competence policy document, and ensure that cultural safety is incorporated as a key element within the cultural competence requirement.</p> <p>That in partnership with Māori, the Board develop, adopt and promote tikanga best practice guidelines for its scopes of practice, and include these in the requirements on practitioners.</p> <p>That the Board (together with the Medical Sciences Council and the Medical Sciences Secretariat) develop a plan for developing te reo Māori and tikanga Māori practices within the organisations, commence activation of this plan and continue this activation over time.</p>	6-12 months (up to 1 July 2022 and ongoing)
9.2	Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes	PA	L	<p>That the Board report publicly on the ethnicity breakdown of its workforce and this could be included in its annual report.</p> <p>There is also an opportunity to add a general search function to the website.</p>	3 months (15 November 2021)
10.1	The RA: Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in <i>Whakamaua: Māori Health Action Plan 2020-2025</i>) are followed in the implementation of all its functions	PA	L	<p>That the Board shift its objective in this area from "better ensuring the framework is responsive to the needs of Māori as tangata whenua of Aotearoa New Zealand" to "aligning its regulatory framework to the principles of Te Tiriti o Waitangi (as articulated in <i>Whakamaua: Māori Health Action Plan 2020-2025</i>) and operationalising the principles of Te Tiriti in all its functions". The principles of tino rangatiratanga and of partnership can be used as the foundations of this alignment, bringing shape and focus to the principles of active participation, equity and options.</p> <p>Also, that the Board proceed with its planned work alongside the Medical Sciences Council to build a broad understanding of what cultural competence in Māori contexts and cultural safety in broader terms might look like within the scopes of the two RAs. The development and operationalising of this understanding can then be informed by the planned engagement with practitioners, alongside seeking information from other RAs, as well as other key thought leaders in the sector.</p>	6-12 months (up to 1 July 2022 and ongoing)

Functions under section 118 HPCA Act 2003 and their related core performance standards

Purpose and requirements

Responsible Authorities are designated under the Health Practitioners Competence Assurance Act 2003 (the Act) to fulfil certain functions. An amendment in 2019 to the Act adding section 122A, required a performance review of all Responsible Authorities be conducted within three years of enactment. The Ministry of Health (the Ministry) is responsible for the facilitation of these reviews.

Performance reviews provide assurance to the Crown and the public that responsible authorities are performing their functions efficiently and effectively. This includes the assurance that: the responsible authorities are carrying out their required functions in the interests of public safety, their activities focus on protecting the public without being compromised by professional self-interest, and their overall performance supports high public confidence in the regulatory system.

This initial performance reviews will assess a responsible authority's performance against the full set of *Core Performance Standards*. These standards are aligned with the functions under section 118 of the HCPA Act.

Risk management

Identify the degree of risk to patient safety and/or public confidence that is associated with the level of attainment the responsible authority achieves for each criterion. Review the 'risk' in relation to its possible impact based on the consequence and likelihood of harm occurring if the responsible authority does not fully attain the criterion. Use the risk management matrix when the audit result for any criterion is partially attained or unattained.

To use the risk management matrix, you need to:

1. consider what consequences for consumer safety might follow from the responsible authority achieving partially attained or unattained for a criterion, within a range from extreme/actual harm to negligible risk of harm occurring
2. consider how likely it is that this adverse event will occur due to the provider achieving partially attained or unattained for a criterion, within a range from being almost certain to occur to rare
3. plot the findings on the risk assessment matrix to identify the level of risk, and prioritise risks in relation to severity
4. approve the appropriate action the provider must take to eliminate or minimise risk within the timeframe. Note that timeframes are set based on full resolution of the requirement, which may include a systems change or staff training programme. Anything requiring urgent attention is identified in the report, along with any longer timeframe needed to make sustainable change.

The Risk management matrix uses a probability versus impact quadrant with the following risk categories: low, low-med, medium and high.

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Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
1.1	the RA has defined clear and coherent competencies for each scope of practice	<p>The Board has eight defined scopes of practice. They each share a set of generic competencies applicable to all scopes as well as a set of scope-specific clinical competencies.</p> <p>The scopes of practices are:</p> <ul style="list-style-type: none"> • Medical Imaging Technologist • Radiation Therapist • Nuclear Medicine Technologist • Sonographer • Magnetic Resonance Imaging (MRI) Technologist • Trainee Nuclear Medicine Technologist • Trainee Sonographer • Trainee MRI Technologist <p>Scope of Practice is identified in the New Zealand Gazette Notice - July 2018 (2018-Jul-MRT Scopes Gazette).</p> <p>In 2020 the Board commenced a review of the scopes of practice for the medical imaging and radiation therapy profession which includes a review of the associated qualifications. This includes reviewing the framework for the qualifications it prescribes for the purpose of registration as a component of an overall review of the scopes of practice for the medical imaging</p>	PA	L	Discussion with the Board and Chief Executive advised that the scope of practice review, inclusive of prescribed qualifications, has been paused mainly due to the impending health sector changes. However, the review of scope is to be completed.	6-12 months (up to 1 July 2022)

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		<p>and radiation therapy profession. A critical consideration of this review will be the minimum level of qualification required for all practice modalities (and whether this needs to remain at different levels for different practice modalities).</p> <p>The purpose of the review is to ensure the regulatory framework remains fit for purpose into the future, especially as practices within this profession continue to be influenced by rapidly changing technological advances. The review takes note of the 2020 Simpson Report (Review of the New Zealand Health System) which highlights the need for responsible authorities to move towards more consumer-focused and competency-based approaches to regulation.</p> <p>In 2021 the Board held two key pre-consultation forums to assist with its further planning of the scopes review project. These forums included discussions with representatives from key stakeholder groups, and a dedicated meeting with industry representation groups (unions). Information gathered from the two pre-consultation forums is currently being considered by the Board to inform their decision as to the next steps.</p>				

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1.2	the RA has prescribed qualifications aligned to those competencies for each scope of practice	<p>Each scope has prescribed qualifications for the purpose of registration, and these are set out in the Board's gazette notice for scopes and qualifications (Policy And Guidelines: Gazette Notices).</p> <p>In addition to accrediting and monitoring qualification programmes provided within Aotearoa New Zealand, the Board has a clearly documented process for considering the appropriateness of qualifications held by overseas-trained practitioners who are seeking registration here (Policy: qualification assessments for overseas-trained practitioners).</p>	FA			
1.3	the RA has timely, proportionate, and transparent accreditation and monitoring mechanisms to assure itself that the education providers and programmes it accredits deliver graduates who are competent to practise the relevant profession	<p>Policy: Accreditation Of Prescribed New Zealand Qualifications is in place. It includes accreditation and monitoring of a qualification programme. Standards are in place for Prescribed Medical Imaging and Radiation Therapy Qualification Programmes. Providers seeking accreditation of a medical imaging and/or radiation therapy qualification programme are currently assessed against five standards: 1. Governance and Quality Assurance, 2. Qualification Programme, 3. Public Safety, 4. Assessment and 5. The Student Experience.</p> <p>The Board accredits and monitors five New Zealand educational institutions which</p>	FA			

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		<p>provide prescribed qualifications for the purpose of registration in the medical imaging and radiation therapy profession. Four of the institutions provide undergraduate level 7-degree programmes, and one provides both an undergraduate level-7 degree as well as three level-8 post-graduate diploma programmes.</p> <p>Accreditation and monitoring of the programmes and the educational institutions are framed within a set of consistently applied standards. Accreditation Review Reports have been completed with the following education providers.</p> <ul style="list-style-type: none"> • University of Otago - Bachelor of Radiation Therapy. • University of Auckland - Postgraduate Diploma in Health Sciences (MRI, Ultrasound and Nuclear Medicine) • University of Auckland - Bachelor of Medical Imaging (Honours) • Universal College of Learning (UCOL) - Bachelor of Applied Science - Medical Imaging Technology • Unitec Institute of Technology - Bachelor of Health Science (Medical Imaging) • Ara Institute of Canterbury Ltd. - Bachelor of Medical Imaging 				

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		<p>Accredited providers are required to submit an annual report to the Board. Annual Reports of these education providers sighted from 2017 – 2020. The 2020 reports show the change from previously receiving the provider's annual report to receiving the "accreditation qualification programme – annual report template."</p> <p>All accredited programmes must demonstrate alignment with the clinical and cultural competence standards, and the ethical standards required of medical imaging and radiation therapy practitioners, as set by the Board.</p> <p>In keeping with the right-touch regulation principle of <i>proportionality</i>, the Board advised that its 2019 review of the accreditation standards for medical imaging and radiation therapy qualification programmes in Aotearoa New Zealand took cognisance of the substantial experience demonstrated by the qualification providers accredited at that point in time, and at the same time allowing for the entry of new (and previously non-accredited) qualification programmes.</p> <p>The Board does not accredit a qualification programme for a set period however, an accredited provider is subject to an ongoing programme of monitoring by the Board. A programme remains accredited</p>				

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		<p>only if the Board continues to be satisfied that both the programme and the qualification provider meet the accreditation standards. If, during the monitoring process, it is found that the standards are no longer being met, the Board may impose conditions or revoke accreditation of a programme.</p> <p>Commencing in 2020, each year the monitoring programme focuses on a particular quality aspect. For the 2020 year, the Board's monitoring programme focused on the impacts of the Covid-19 pandemic with a particular focus on strategies to ensure graduates were able to meet the requirements of the clinical practice papers. In 2021 the monitoring programme is focusing on student assessments.</p> <p>Ongoing monitoring work plan for 2021 includes standard message and reporting template for the accredited providers to complete and return with results being tracked in a spreadsheet.</p>				
1.4	the RA takes appropriate actions where concerns are identified	<p>The Board has processes in place to monitor an accredited education provider where concerns are identified.</p> <p>There has been one instance in recent years (2016/17) where concerns were identified and measures were put in place</p>	FA			

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		<p>whereby the provider was required to put a remediation plan in place to bring the programme up to the expected standards. This included a customised monitoring process with regular communications between the provider and the Board (2018 quarterly reports).</p> <p>The provider satisfied the Board the programme was meeting the accreditation standards and the standard monitoring process was reinstated.</p>				

Function 2: Section 118b) To authorise the registration of health practitioners under this Act, and to maintain registers.

Section 118c) To consider applications for annual practicing certificates

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2.1	The RA maintains and publishes an accessible, accurate register of registrants (including, where permitted, any conditions on their practice)	<p>The Board's register is published on its website and is updated automatically in real time. A printed copy of the register is available on request.</p> <p>Conditions on practice are specifically stated in all cases except for those related to health issues. Where a practitioner has conditions on their practice due to health concerns the condition on the register is normally stated as "please contact the Board for conditions regarding scope of practice". This alerts the reader to the fact that the practitioner is subject to conditions on their practice and therefore acts to protect public health and safety while at the same time protecting the privacy of the practitioner in terms of sensitive health information, when appropriate.</p> <p>There is a policy in place for Managing The Register. The currency of the register is reviewed on a regular basis with the last review completed in 2020.</p> <p>An overview of the registration process (practitioner facing) was provided to the review team. This included, but was not limited to, an overseas sonographer example, cultural competency, police clearance, first language and checking qualification status.</p>	PA	L	<p>It was identified that an improvement for the registration process would be for the gender categories of male / female to also include the ability to select gender diverse (or similar).</p> <p>Could also include in all other areas where practitioner feedback is sought e.g. responses to consultation documents and an opportunity when they apply for their APC renewal to update their gender identity should they wish.</p>	3 months (15 November 2021)

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2.2	<p>The RA has clear, transparent, and timely mechanisms to consider applications and to:</p> <ul style="list-style-type: none"> • Register applicants who meet all statutory requirements for registration • Issue practicing certificates to applicants in a timely manner • Manage any requests for reviews of decisions made under delegation 	<p>Registration applications are managed through a dedicated team within MSS who work under the supervision of the Board Registrar. The 4-member team manages all registration and recertification applications for both the Board and the Medical Sciences Council. Advised that over the five-year period from 2016 to 2020, registration applications for the Board averaged 447 per year, with an average "declined application" rate of 5%. 7% of applicants were offered an alternative pathway to registration through undertaking a registration examination assessment (REA). Registration applications from overseas trained practitioners averaged at 38% over this five-year period.</p> <p>Registrations can take from 3-12 weeks to make a decision as this depends on receiving the necessary documentation.</p> <p>In the 2020 business year, the Board issued a total of 3280 practising certificates. Between 2016 and 2020 the number of practising certificates issued by the Board increased by 9%.</p> <p>The registration process is articulated on the Board's website which was upgraded in April this year.</p>	FA			

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		<p>Following a public consultation process the Board introduced an online examination as another pathway to registration. Examinations for the MIT and RT scopes launched in 2019, with examinations for nuclear medicine, sonography, and MRI scopes rolling out in 2020. This pathway is primarily offered to overseas-trained practitioners who do not have a formal academic qualification that is deemed as equivalent to, or as satisfactory as, the New Zealand prescribed qualifications, but who have significant clinical experience. This mechanism recognises that many overseas countries have different structures in terms of regulating various practice modalities within their medical imaging and radiation therapy professions.</p> <p>The Board liaised closely with its Australian counterpart, the Medical Radiation Practice Board of Australia (MRPBA) when developing its online examinations framework. Through the collaborative relationship established between the two boards over a number of years, the Medical Radiation Technologists Board was able to align its New Zealand policy and examination framework to that used in Australia. This has allowed for a high level of consistency across the two countries in terms of the level of knowledge and skills required to demonstrate competence for</p>				

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		<p>the purpose of registration. This is of significance in terms of the provisions of the Trans-Tasman Mutual Recognition Act.</p> <p>Advised that ultimately online examinations will replace the Registration Examination Assessment (REA) registration pathway. An REA is a practical-based assessment of a practitioner's competence in respect of a particular scope of practice. The Board recognised that the process had some inherent barriers and consequently invested in the development of a different examination format which significantly reduced those barriers.</p> <p>Board correspondence clearly sets out applicants' rights to have delegated decisions reviewed by the Board. There is a well-established process for considering requests for reviews of registration and/or recertification decisions which includes the practitioner being given opportunities to meet with Board representatives to discuss their case. Reviews are undertaken by Board members who were not involved in the initial decision, thereby ensuring impartiality. In a number of instances these face-to-face meetings have provided the Board with additional information which has led to a subsequent decision to grant registration. In some cases this has involved the imposition of conditions on</p>				

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		<p>practice as a mechanism for protecting public health and safety.</p> <p>The management of registration and practising certificate applications is guided by a series of policy and procedure documents which, as a minimum, are reviewed on a two-yearly cycle. Policies are aligned to the relevant sections of the Act and include a reference to other related documents to ensure the various rules and standards are joined up and implemented fairly (in alignment with the right touch regulation principle of consistency). Examples of policy documents include but are not limited to: Registration, Practising Certificates, Examinations Policy And Guidelines, Locum Practice, Criminal History, English Language Proficiency, Return To Practice, etc. All new polices and revised polices where it is proposed to make significant changes to the intent of the current version, are subject to a public consultation process to assist the Board with issuing a final version.</p> <p>All overseas applications are subject to a qualification assessment which is managed through the MSS staff team and based on a set of standard criteria consistently applied to all applications. The assessment utilises international databases of educational information.</p>				

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		The Board has clearly stated delegations that are applied to all regulatory functions as well as corporate functions.				

Function 3: Section 118d) To review and promote the competence of health practitioners.

Section 118e) To recognise, accredit, and set programmes to ensure the ongoing competence of health practitioners.

Section 118k) To promote education and training in the profession

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3.1	<p>The RA has proportionate, appropriate, transparent and standards-based mechanisms to:</p> <ul style="list-style-type: none"> • Assure itself that applicants seeking registration or the issuing of a practicing certificate meet, and are actively maintaining, the required standard • Review a health practitioner's competence and practice against the required standard of competence • Improve and remediate the competence of practitioners found to be below the required standard • Promote the competence of health practitioners 	<p>There are established Registration And Recertification Procedures - Reference Booklet For The MSS registrations And Recertification Team.</p> <p>Polices are in place for CPD for Annual Recertification of Medical Imaging and Radiation Therapy Practitioners and Supervision.</p> <p>For some practitioners, registration is granted with the inclusion of a condition that they fulfil a specified period of supervised practice which requires sign-off from a nominated supervisor attesting that the practitioner meets the required competencies for the relevant scope of practice. This mechanism helps the Board to satisfy itself that, in addition to meeting the qualification and fitness to practise pre-requisites, the practitioner is safe and competent to practise within Aotearoa New Zealand.</p> <p>The Board is currently undertaking a review of its framework for supervised practice. The first step is to review the policy document on supervision to ensure it is easily understood by all practitioners and employers. A second stage of the review project will involve the development of a menu of support resources for practitioners</p>	FA			

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		<p>who provide supervision and those receiving supervision. This project has an expected timeline of 12-18 months.</p> <p>Professional Standards Competence Review Operational Manual Nov 2020 provides for: Competence reviews which are designed to assist practitioners to improve their practice. They are based on a collegial and educative approach. Competence reviews are to be fair, constructive, supportive and educative. Reviews may be general, focused or mixed depending on the terms of reference. The methods adopted will depend on the nature of the review to be undertaken.</p> <p>Practising certificates (APC) are issued on an annual cycle and a core component of the renewal process requires practitioners to make a statutory declaration that they have undergone a performance appraisal in the previous 12-month period and there have been no concerns raised as to their competence. This is checked by the Board as a component of the annual CPD audit programme.</p> <p>All practitioners are required to undertake continuing professional development (CPD) and the Board audits 20% of all current APC holders each year. The</p>				

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		<p>sampling of practitioners is spread across all scopes of practice and includes a sample of overseas-trained practitioners who were registered in the previous 12-month period as well as a sample of recent New Zealand graduates. The registrations team mark each CPD portfolio to criteria and follow-up with the practitioner as necessary. CPD audit report is provided to the Board.</p> <p>The Board has published a set of CPD standards that practitioners are expected to meet. Practitioners manage their own CPD and they can do this through self-management and/or through participating in a formal CPD programme offered by a third party (usually a medical imaging/radiation therapy-related professional body). Minimum CPD Hours that Practitioners must complete is 60 hours of CPD activity over a three-year period – triennium – with a minimum of 10 hours in any one year. At least 35 hours of CPD activities within a triennium must be directly relevant to their scope(s) of practice.</p> <p>In its 2021-2022 business year the Board plans to review its requirements in terms of CPD and demonstration of cultural competence. This is in alignment with the</p>				

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		Board's strategic focus on reviewing its standards framework for cultural competence in respect of the ongoing competence of health practitioners registered with the Board.				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

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4.1	<p>The RA has appropriate, timely, transparent, fair, and proportionate mechanisms for:</p> <p>Providing clear, easily accessible public information about how to raise concerns or make a notification about a health practitioner</p>	<p>The MRTB website includes how the public can raise a concern about a practitioner. This includes categories of competence, conduct or health. The complaints process is explained and a complaints document can be accessed by the public.</p> <p>Notifications policy is available to the public under resources on the website.</p> <p>Any decisions by the Health Practitioners Disciplinary Tribunal (HPDT) are published on the website.</p>	FA			
4.2	<ul style="list-style-type: none"> Identifying and responding in a timely way to any complaint or notification about a health practitioner Considering information related to a health practitioner's conduct or the safety of the practitioner's practice Ensuring all parties to a complaint are supported to fully inform the authority's consideration process 	<p>Advised that while the number of notifications received by the Board are relatively small, some of those have presented with a degree of complexity and a corresponding impact on the resources required to manage them.</p> <p>There are documented policies and procedures in place to guide Board members and staff through the processes to ensure public health and safety is maintained and there is compliance with the requirements of the Act.</p> <p>This includes Policy And Guideline: Notifications that sets out the policy and</p>	PA	L	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.	6 months (15 February 2022)

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>guidelines for the investigation process for complaints or concerns relating to competence, health and conduct made under the Act.</p> <p>The Professional Standards Committee, which comprises Board members from the profession plus a lay member, has delegated authority to make decisions in respect of notifications received and advise the Registrar on the approach to be taken with each notification. The delegations are in accordance with the provisions under the Act (Included in the Professional Standards Operational Manual).</p> <p>The Board's Professional Standards Committee (the Committee) has delegated authority to oversee the processes for all notifications.</p> <p>The Board is updated at each of its two-monthly meetings on the status of notifications with calls for formal resolutions to be made in respect of any individual case as required. If a full Board discussion and/or decision is required outside of the two-monthly meeting schedule, the Registrar arranges for an extraordinary</p>				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>meeting to be convened via video conferencing.</p> <p>Discussion with Board representatives confirmed the Professional Standards Committee's processes and reporting to the Board.</p> <p>Professional Standards Professional Conduct Operational Manual states that Professional Conduct Committees (PCC) undertake investigations into a practitioner's alleged professional misconduct. Following its investigation, a PCC can order that the practitioner appears before the Health Practitioners Disciplinary Tribunal (HPDT). The Committee has delegated authority to determine whether a notification is to be investigated by a PCC and approve the appointment of a PCC. The Board's input into the PCC process ceases upon appointment of the PCC. The PCC takes full responsibility for the management of the investigation process and any subsequent referral to the HPDT.</p> <p>The Registrar's regular report to the Board includes updated information regarding complaints, a Professional Standards</p>				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>Committee update, and HPDT decisions (if any).</p> <p>MRTB Competence Case Sample and MRTB Conduct Case Sample provided for this performance review. Also, examples reviewed and discussed with the Registrar for competence notification, conduct notification, and PCC.</p> <p>Advised that in 2020, and in accordance with the 2019 edition of the Health Practitioners Competence Assurance Act 2003 (sections 157 and 157A-157I), the Board consulted on, and subsequently adopted a new policy on the <i>Publication of Practitioners Subject to an Order or Direction</i>. Development of the policy was assisted through a collaborative approach with other responsible authorities, inclusive of legal expert review and advice prior to finalising and publishing the policy. This policy document articulates the principles and processes the Board will follow when considering whether to publish the name of a practitioner about whom an order or direction has been made. The Board may use a variety of media to publish a notice including (without limitation): websites,</p>				

Function 4: Section 118f) To receive information from any person about the practice, conduct, or competence of health practitioners and, if it is appropriate to do so, act on that information.

Section 118g) To notify employers, the Accident Compensation Corporation, the Director-General of Health, and the Health and Disability Commissioner that the practice of a health practitioner may pose a risk of harm to the public.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>newsletters, news media, online publications, and social media.</p> <p>The Board maintains a "Notifications Register" inclusive of both historical and current cases. This register is in an excel spreadsheet with information transferred manually to the practitioner database.</p>				
4.3	Enabling action, such as informing appropriate parties (including those specified in section 118(g)) that a practitioner may pose a risk of harm to the public	<p>Professional Standards Operational Manual includes: If the Board believes the practitioner under review may pose a risk of harm to the public, they must notify the following people: - The Accident Compensation Corporation - The Director-General of Health - The Health and Disability Commissioner - Any person who, to the knowledge of the Board, is the employer of the practitioner. There is a threshold test to determine the risk of harm.</p> <p>Advised that this mechanism has rarely been used.</p>	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
5.1	<p>The RA has clear and transparent mechanisms to:</p> <ul style="list-style-type: none"> Receive, review, and make decisions regarding notifications about health practitioners who may be unable to perform the functions required for the practice of the profession Take appropriate, timely, and proportionate action to minimise risk 	<p>The Board has received a small number of notifications over recent years in respect of concerns raised about a practitioner's health and the impact of those concerns on their ability to practise.</p> <p>Advised that a pastoral approach is often taken as a first step in the Board's review process, with the practitioner being contacted via a phone call rather than a formal written letter being the starting point of communications with the practitioner. This has been found to be a good way of engaging the practitioner and has sometimes led to the voluntary surrendering of their practising certificate while they access the necessary medical care to address their health concern.</p> <p>As per Policy And Guideline: Notifications, the Board decides whether an issue of competence, health or conduct exists and takes appropriate action, including determining whether the practitioner poses a risk of serious harm to the public. The Board has the power to restrict a practitioner's scope of practice or suspend their registration on an interim basis, during an investigation.</p> <p>A full risk assessment is always undertaken before any decision is made as</p>	FA			

Function 5: Section 118h) To consider the cases of health practitioners who may be unable to perform the functions required for the practice of the profession.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		to the approach to be used with each health-related notification. Also, example reviewed and discussed with the Registrar for a health notification.				

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
6.1	<p>The RA sets standards of clinical and cultural competence and ethical conduct that are:</p> <ul style="list-style-type: none"> • Informed by relevant evidence • Clearly articulated and accessible 	<p>Polices are in place to support the setting of clinical and cultural competence and ethical conduct include: A) Cultural Competence that sets out the Board's expectations of all registered medical imaging and radiation therapy practitioners in respect of cultural competence. It acknowledges Te Tiriti o Waitangi and cultural competence in practice by way of self-reflection, information and education and skills. B) Competence Standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand that identify the minimum knowledge, skills and professional attributes necessary for practice. Key competencies are arranged within a number of integrated themes called Domains. Domain 1: Professional and Ethical Conduct Domain 2: Communication and Collaboration Domain 3: Evidence-Based Practice and Professional Learning Domain 4: Safety of Practice and Risk Management Domain 5: Specific scope of practices. C) Code Of Ethical Conduct For Medical Imaging And Radiation Therapy Practitioners In Aotearoa New Zealand to describe the conduct or behaviour expected of registered medical imaging and radiation therapy practitioners. The Code is set out</p>	PA	L	<p>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 (refer 10.1), and informed by the consultations and collaborations already planned.</p>	<p>6-12 months (up to 1 July 2022)</p>

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>in a framework of 5 principles: 1) Patient Health and Wellbeing, 2) Patient-Centred Service Delivery, 3) Collaborative Practice to Optimise Health Outcomes, 4) Honesty and Integrity, and 5) Responsibility for Professional Decisions.</p> <p>The Board has explicit policy and processes for consulting on core regulation standards. This helps to ensure its regulatory frameworks are well informed by current practice and the lens of a wide range of stakeholders. The Board is currently considering what can be done to improve their approach to ensuring ongoing regulatory framework reviews are inclusive of a Māori perspective. This has involved seeking expert advice from a national Māori advisory agency within the health sector (Te Tumu Whakarae). This work is being managed as a joint initiative with the Medical Sciences Council. The Board is also engaged with the other 15 RAs who are collectively considering potential collaborative approaches to various aspects of health regulation.</p> <p>A revision of the competence standards is scheduled for 2021, and this will include input from members of the profession to</p>				

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		develop a proposed revised version prior to being issued for public consultation.				
6.2	Developed in consultation with the profession and other stakeholders	<p>Policy for Consultations states the commitment to having open, transparent, and consistent communication with registered practitioners, stakeholders, and members of the public. A key aspect of this is to consult when reviewing or developing standards, guidelines, and policies. Consultation allows the Board to seek information and/or feedback from relevant parties that it will consider when making a decision.</p> <p>Advised that in 2016 the Board undertook a major revision of the competence standards documents. Prior to 2016 the standards were articulated as separate documents for each of the five scopes of practice which resulted in reiterations of common standards in each set of documents. The current standards are articulated within a single document that integrates competencies common to all scopes of practice with additional competencies that are specific to each of the scopes.</p> <p>The drafting of the 2016 integrated competence standards document was</p>	FA			

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>managed through workshops with representatives from the profession with the final draft of the proposed revised standards then being issued for public consultation.</p> <p>The 2016 iteration of the competence standards also took into consideration recent work that had been done by the Board's Australian counterpart, the Medical Radiation Practice Board of Australia. This allowed for a New Zealand document that used the same structure for the articulation of key competencies and the performance indicators aligned with each of those. This not only strengthened the two Board's ties under the provisions of the Trans-Tasman Mutual Recognition Act, having similarly articulated competence standards has allowed for a more seamless transition of medical imaging and radiation therapy practitioners wanting to practise in either of the two countries.</p>				
6.3	Inclusive of one or more competencies that enable practitioners to interact effectively and respectfully with Māori	The Board has published a Code of Ethical Conduct, and this was reviewed in 2019. Both the Code and the Competence Standards include explicit reference to the expectation for practitioners to engage in professional behaviour that demonstrates respect of cultural difference. There are	PA	L	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.	6-12 months (up to 1 July 2022 and ongoing)

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>specifically articulated requirements for practitioners to:</p> <ul style="list-style-type: none"> • Include application of the Treaty of Waitangi with an understanding of its principles within the context of Aotearoa New Zealand and medical imaging and radiation therapy practice and its practical application within the profession; and • Uphold tikanga best practice guidelines when working with Māori patients and their whānau. <p>A Cultural Competence policy document sets out the Board's expectations of practitioners in terms of embracing cultural competence as a cornerstone of their professional practice. A review of this policy is planned for later in 2021 and planning is underway as to the best way to engage Māori practitioners in this process.</p> <p>In its five-year strategic plan, the Board states a commitment to working to improve cultural safety for patients and medical imaging and radiation therapy practitioners to help facilitate health equity. This overarching objective is reflected in the Board's business plan for 2021-2022:</p>			<p>That in partnership with Māori, the Board develop, adopt and promote tikanga best practice guidelines for its scopes of practice, and include these in the requirements on practitioners.</p> <p>That the Board (together with the Medical Sciences Council and the Medical Sciences Secretariat) develop a plan for developing te reo Māori and tikanga Māori practices within the organisations, commence activation this plan and continue this activation over time.</p>	

Function 6: Section 118i) To set standards of clinical competence, cultural competence (including competencies that will enable effective and respectful interaction with Māori), and ethical conduct to be observed by health practitioners of the profession.

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<ul style="list-style-type: none"> • Consult on a revision of the Board's standards and resources relating to cultural competence; and • Work with education providers, professional bodies, and employers to ensure cultural safety is embedded in all training and recertification programmes. <p>Building the Board's collective understanding of cultural competency is ongoing and in 2021 members undertook to complete two online courses that focus on Māori healthcare and cultural competence. Secretariat staff are also engaging in the same professional development opportunities.</p> <p>The Board also participates in joint workshops on Māori Cultural Competency with its colleagues from the Medical Sciences Council.</p> <p>Discussion with Board representatives and the Chief Executive confirmed the Board's strong interest, focus and commitment on improving cultural competencies and working with Māori.</p>				

Function 7: Section 118j) To liaise with other authorities appointed under this Act about matters of common interest						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
7.1	The RA understands the environment in which it works and has effective and collaborative relationships with other authorities.	<p>The Board's partnership arrangement with the Medical Sciences Council through their joint ownership of a shared secretariat, the Medical Sciences Secretariat (MSS) provides the platform for sharing of resources and joint initiatives in respect of their regulatory frameworks.</p> <p>The Board has had an ongoing collaborative relationship with other authorities and continues to liaise with colleagues from other authorities. Advised that this is primarily at the operational level with the Registrar and/or Chief Executive engaging in ongoing forums to discuss matters of common interest. Meetings are typically scheduled for three-times a year.</p> <p>The Board is part of the whole-of-RAs collective that has a Memorandum of Understanding with the Health Practitioners Disciplinary Tribunal (HPDT) and work is in progress amongst the RAs to update this important document.</p> <p>As part of its ongoing collaboration efforts, the collective responsible authorities met early 2021 to discuss potential collaborative initiatives for the upcoming year. This includes topics of cultural safety, equity, and Te Tiriti o Waitangi obligations for responsible authorities and working to agree the top three collaborative projects.</p>	FA			

Function 8: Section 118ja) To promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
8.1	The RA uses mechanisms within the HPCA Act such as competence standards, accreditation standards, and communications to promote and facilitate inter-disciplinary collaboration and cooperation in the delivery of health services.	<p>An integrated set of competence standards are in place for each of the Board's five scopes of practice. Key competencies are arranged within a number of integrated themes that apply to all scopes with an additional set of clinical competencies that apply to each specific scope of practice. The Code Of Ethical Conduct is set out in a framework of five principles that supports the competence standards.</p> <p>Inter-disciplinary cooperation, collaboration and communication across the professions regulated by the Board (medical imaging and radiation therapy profession) and the Medical Sciences Council (medical laboratory science profession and anaesthetic technology profession) is promoted and facilitated through both authorities having a common construct for the competence standards required for each of these professions.</p> <p>The Board's accreditation standards include a specific requirement for principles of inter-professional learning and practice to be embedded in the curriculum.</p> <p>In 2021-2022 the Board is planning to develop a guideline for registered practitioners on teamwork and inter-professional collaboration. This will be managed as a joint initiative with the Medical Sciences Council.</p>	FA			

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
9.1	<p>The RA:</p> <ul style="list-style-type: none"> Demonstrates its understanding of that the principal purpose of the HPCA Act is to protect the health and safety of members of the public by providing for mechanisms to ensure that health practitioners are competent and fit to practice their professions 	<p>The Board has a very good understanding of its role in protecting public health and safety which includes an informative and comprehensive website for the public, competency standards, CPD audits and health notification processes.</p> <p>The discussions with the Board representatives, Chief Executive and staff demonstrated their understanding of the importance to protect public safety.</p> <p>Policies consistently recognise the Board's principal purpose to protect public safety.</p> <p>Advised of a recent initiative that demonstrates the strategic approach it takes in meeting its responsibilities and functions under the Act: In 2019 the Board presented a case to the Minister of Health for a name change to The Medical Imaging and Radiation Therapy Sciences Council of New Zealand. The current title is inaccurate in terms of the health practices the authority is responsible for regulating. <i>Medical radiation technology</i> is an outdated term that is not used widely in contemporary health services. Rather, medical imaging and radiation therapy are more common and widely understood terminologies used to describe these health practices, both within New Zealand and international contexts. Incorporating both medical imaging and radiation therapy into the authority's title better recognises</p>	FA			

Function 9: Section 118I) To promote public awareness of the responsibilities of the authority.						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		the competencies required of practitioners. Ministerial approval for a name change was agreed in principle and the Board is now waiting for this to be enacted through the next Statutes Amendment Bill.				
9.2	<ul style="list-style-type: none"> Provides clear, accurate, and publicly accessible information about its purpose, functions and core regulatory processes 	<p>The Board has a public website that contains key information on its role and functions and the core regulatory processes that are in place. The website is structured for key audience groups with specific pages containing critical information for the public, practitioners, and other key stakeholders such as education providers. This includes policies, newsletters, annual reports and the Board's five-year strategic plan.</p> <p>The website is subject to regular reviews (responsibility of designated member of the secretariat staff team) in respect of its design and structure, with the latest review being completed with a new-look website rolled-out in April 2021. Reviews of the design and structure of the website are managed as a joint initiative with the Medical Sciences Council as both websites have the same infrastructure but their own branding and content. The register can be searched.</p> <p>Ethnicity data is collected for the MoH but the Board does not report on the ethnicity of the workforce to practitioners or the public.</p>	PA	L	<p>That the Board report publicly on the ethnicity breakdown of its workforce and this could be included in its annual report.</p> <p>There is also an opportunity to add a general search function to the website.</p>	3 months (15 November 2021)

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.1	<p>The RA:</p> <ul style="list-style-type: none"> Ensures that the principles of equity and of te Tiriti o Waitangi/ the Treaty of Waitangi (as articulated in <i>Whakamaua: Māori Health Action Plan 2020-2025</i>) are followed in the implementation of all its functions 	<p>Discussed that in 2021 the Board is looking to strengthen its engagement with Māori to seek advice on the various elements of its regulatory framework to better ensure the framework is responsive to the needs of Māori as tangata whenua of Aotearoa New Zealand. This work is a joint initiative with the Medical Sciences Council. As a starting point some discussion forums with Māori practitioners from the professions are to be arranged to look at practical ways the Board can promote improved culturally competent practices across the medical imaging and radiation therapy workforce.</p> <p>The Board participates in joint workshops with the Medical Sciences Council to build a collective understanding of Māori cultural competence. The two authorities are also planning to develop a joint policy statement in respect of right-touch-regulation (scheduled for late 2021/early 2022).</p>	PA	L	<p>That the Board shift its objective in this area from "better ensuring the framework is responsive to the needs of Māori as tangata whenua of Aotearoa New Zealand" to "aligning its regulatory framework to the principles of Te Tiriti o Waitangi (as articulated in <i>Whakamaua: Māori Health Action Plan 2020-2025</i>) and operationalising the principles of Te Tiriti in all its functions". The principles of tino rangatiratanga and of partnership can be used as the foundations of this alignment, bringing shape and focus to the principles of active participation, equity and options.</p> <p>Also, that the Board proceed with its planned work alongside the Medical Sciences Council to build a broad understanding of what cultural competence in Māori contexts and cultural safety in broader terms might look like within the scopes of the two RAs. The development and operationalising of this understanding can then be informed by the planned engagement with practitioners, alongside seeking information from other RAs, as well</p>	<p>6-12 months (up to 1 July 2022 and ongoing)</p>

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
					as other key thought leaders in the sector.	
10.2	<ul style="list-style-type: none"> Ensure the principles of Right-touch regulation are followed in the implementation of all its functions 	<p>The six principles of Right-touch regulation are proportionate, consistent, targeted, transparent, accountable, and agile. The Board demonstrates these principles through its policies, processes, systems, consultations, plans and how it works with practitioners.</p> <p>Advised that ensuring continuous quality improvement across all their regulatory and corporate functions is an important component of both the Board's and the Medical Sciences Council's business priorities. The organisation has a commitment to strengthening a results-approach to its business and in 2021 the MSS team has introduced a schedule for reporting the secretariat's performance in meeting agreed measures across both regulatory and corporate functions.</p> <p>An annual strategic and business planning process has been in place for the last 12-years. Strategic plans are framed within a five-year period and currently is the Strategic Directions April 2021 – March 2026. It is revised every year, taking into consideration emerging issues and trends. An annual business plan is documented for each financial year, prioritising the initiatives that are linked back to the</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		strategic plan. The Board monitors the annual business plan regularly and includes this in meeting minutes.				
10.3	<ul style="list-style-type: none"> Identifies and addresses emerging areas of risk and prioritises any areas of public safety concern 	<p>There are Policy And Guidelines: Risk Management and a Risk Register. The risk management process provides a set of tools to help minimise threats to the Medical Radiation Technologists Board's business as well as to maximise opportunities for business enhancement. The described risk management process is to be applied to all business activities including regulatory functions, back-office (corporate) functions, and projects.</p> <p>The Risk Register applies a consequences versus likelihood matrix for low, medium, high and extreme risk ratings. Risk contexts include: 1) regulation of practitioners, 2) governance, 3) information management, 4) business operations and 5) financial. Includes a section that summarises changes to the register over time.</p> <p>The Board maintains the Risks Register and it is updated on a bi-annual schedule. The risk register includes categories of risk to be reviewed bi-monthly. The discussion with the Board representatives showed they are very aware of their risks.</p>	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment						
Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
		<p>Advised that as a shareholder owner of a registered New Zealand company (Medical Sciences Secretariat Limited), the Board has mechanisms in place to check ongoing compliance with the Companies Act 1993. In 2020/2021 the Board, along with its colleague shareholder, the Medical Sciences Council, engaged in a review of the company's Constitution and Shareholders Agreement to ensure the framework for the governance and management of the secretariat remains current, relevant, and fit for purpose.</p> <p>As a gatekeeper of a significant volume of personal information regarding health practitioners, the Board must ensure compliance with the Privacy Act 2020. In addition, information is primarily managed through digital means and the Board has various cybersecurity measures in place to protect the information in its stewardship. There have been no known data breaches in recent times in respect of personal information held by the Board.</p> <p>For Covid-19 the Board closed the office and staff worked from home until at alert level one. There are Covid precautions in the office for health and safety.</p>				
10.4	<ul style="list-style-type: none"> Consults and works effectively with all relevant stakeholders across all its functions to identify and 	Policy for Consultations states the commitment to having open, transparent, and consistent communication with	FA			

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
	<p>manage risk to the public in respect of its practitioners</p>	<p>registered practitioners, stakeholders, and members of the public.</p> <p>The Board has a well-established approach for consulting with relevant stakeholders on matters relating to the regulation of medical imaging and radiation therapy practitioners. Consultations are planned and communicated to allow respondents sufficient time to submit their feedback. Different methods of consultation have been used to account for different levels of complexity.</p> <p>The Board engages with the profession to assist with execution of key components of the regulatory framework to ensure appropriate expertise is utilised and applied. Some examples of this are:</p> <ul style="list-style-type: none"> • 2016 revision of the competence standards • Registration Examination Assessments • Online examination questions writers • Online Examination Committee <p>The Board maintains a list of key stakeholders who are alerted to the release of publications pertaining to the Board's work.</p>				

Function 10: Section 118m) To exercise and perform any other functions, powers, and duties that are conferred or imposed on it by or under this Act or any other enactment

Ref #	Related core performance standards	Reviewer's comments	Rating (FA/PA/UA)	Risk Level if PA /UA (L, L-M, M, H)	Recommendation	Timeframe (months / date)
10.5	<ul style="list-style-type: none"> Consistently fulfils all other duties that are imposed on it under the HPCA Act or any other enactment 	<p>There are policies and procedure in place for financial management, Role And Responsibilities Of Medical Radiation Technologists Board Members, Board Members' Remuneration and Good Governance Practice Within A Statutory Authority.</p> <p>Advised that the Board's fiscal prudence and sustainability is monitored through external audits under the Public Audit Act 2001. All annual audits to date have returned an untagged result.</p> <p>The Board has adopted a three-year budgetary cycle which includes an annual forecasting of the required level of practitioner fees. This allows the Board to take a proactive approach in engaging with the profession and employers in respect of any fee increases.</p> <p>With the potential for membership changes on a three-year rolling cycle, the Board needs to ensure incoming members are brought up-to-speed relatively quickly in respect of gaining a good understanding of their key roles and functions. All incoming members receive an orientation session prior to their first meeting. All members are subject to a Code of Conduct and a Delegations policy clearly sets out the different levels of delegations.</p>	FA			

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		<p>Professional development that focuses on their governance role and responsibilities is critical for the ongoing collective strength of the Board. Members are expected to engage in professional development opportunities to develop and enhance their governance skills. Some of these opportunities are managed as joint initiatives between the Medical Radiation Technologists Board and the Medical Sciences Council. This has helped to facilitate a consistency in thinking and approaches to various regulatory issues that are then applied across three different health professions.</p> <p>Within 12-18 months of their initial appointment, Board members are expected to attend professional development workshops on the core functions of the HPCA Act. As the workshops are accessed by many of the responsible authorities, they provide an opportunity for Board members to liaise with members from other authorities and learn first-hand about similar issues and challenges of serving on a statutory authority.</p>				