THE PROFESSIONS OF MEDICAL IMAGING AND RADIATION THERAPY

A consultation on the scopes of practice defined for the purpose of registration in the profession of medical radiation technology (medical imaging and radiation therapy) under the Health Practitioners Competence Assurance Act 2003

New Zealand Medical Radiation Technologists Board
Te Poari Ringa Hangarua Irauke

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Welcome Back!
The Medical Radiation Technologists Board is seeking your feedback on a number of issues to do with the scopes of practice defined for the medical imaging and radiation therapy professions.

Your feedback is important to us so please take some time to consider our thoughts and proposals in respect of the scopes of practice for medical imaging and radiation therapy and then answer the online questionnaire.

How to respond to this consultation document:
The Board has prepared a series of questions related to each of the issues identified in this consultation document. The questionnaire has been set up online and a link to that is provided on the Board’s website at www.mrtboard.org.nz

The online questionnaire will be open until 23rd January 2015

Navigating your way through this document
This consultation document presents a number of issues pertaining to the scopes of practice for medical imaging and radiation therapy on which the Board is seeking your feedback.

First of all we have provided you with an overview of the key issues contained in this document.

Each issue is then presented in more detail:
- A brief overview of what happens now
- A summary of any Board’s proposal and the reasons for those
- The impact of proposals from a practical perspective

Alternatively some issues have been presented as a ‘Discussion Board’ as the Board is seeking further input before forming a stated position on these issues.

Why is the Board undertaking another consultation?
During the initial consultation a number of key themes pertaining to the configuration of the scopes of practice were identified. Since then the Board has hosted two discussion forums with representatives from key stakeholder groups (including professional bodies, education providers, employer advisory groups, and HWNZ). Those forums helped the Board to gain a better understanding of the various issues from an industry and workforce perspective. Information from those forums has been used to inform this wider consultation document.

This is the second consultation document the Board has published in respect of its review of the scopes of practice which commenced in 2012. The first consultation process focused on the definitions for each of the scopes of practice and the definitions for the required qualifications associated with each scope.

As a result of its 2012 consultation the Board revised its descriptive statements in respect of each scope of practice and the required qualifications. These have been published as a New Zealand Gazette notice which can be downloaded from the Board website at www.mrtboard.org.nz/publications
An Overview of the Issues Presented in this Consultation Document

- Have we got the ‘mix’ of scopes of practice right?

- Should practitioners who work in the profession but in a non-clinical role hold a current practising certificate?

- What about ‘crossover’ of scopes – are our current mechanisms for managing these appropriate and adequate for protecting public safety and health?

- Is there a case for introducing an advanced scope of practice?

- What about expanded practice – would this offer improved flexibility in the provision of health services while still protecting the public safety?

Memory Jogger!

Scopes of practice are to be defined only insofar as they protect public health and safety, rather than responding to professional preferences.

There is an expectation that scopes of practice will be broad enough in their definitions to allow for workforce flexibility as is compatible with protecting public safety.
The Current Situation:
There are 8 separate scopes of practice for the profession of medical imaging and radiation therapy. 2 of these scopes reflect the foundation practices of general diagnostic medical imaging and radiation therapy. There are then another 3 scopes for the discrete medical imaging practices of MRI, nuclear medicine, and ultrasound, and registration in any of these 3 scopes is currently through post-graduate study programmes. The remaining 3 scopes are training scopes that are linked back to the discrete imaging scopes within MRI, nuclear medicine, and ultrasound.

During the first consultation round some respondents recommended the Board considers making both CT and mammography separate scopes of practice.

The Board has also recently been advised of current and emerging workforce issues pertaining specifically to sonography and MRI services. It has been suggested that the current configuration of these scopes of practice and/or the associated qualification pathways are having a negative impact on the delivery of sonography and MRI services to patients, at least in some parts of the country.

CT and Mammography:
The Board proposes to retain the status quo in terms of both CT and mammography as they believe to add CT or mammography as separate scopes of practice would be unnecessarily restrictive.

CT is a technology that is being increasingly used in other scopes of practice rather than solely by Medical Imaging Technologists. The Board currently manages this by adding a condition to the practitioner’s practice to allow them perform CT. For example Nuclear Medicine Technologists have had CT added as a condition to their practice after completing a Board-approved diagnostic CT course and thereby enabling them to operate a Nuclear Medicine hybrid SPECT or PET/diagnostic CT.

A separate scope of practice in mammography would be unnecessarily restrictive. The Board is confident that the current arrangements for mammography are appropriate and sufficient for the protection of public health and safety. Mammography is encapsulated within the Medical Imaging Technologist scope of practice and many practitioners practise both mammography as well as general medical imaging. Many hospitals/ practices have established on-the-job training programmes in mammography and many employers support practitioners to complete a graduate certificate in mammography which is offered as a distance learning programme of study through one of the New Zealand universities accredited by the Board.

MRI – Ultrasound – Nuclear Medicine:
The Board is keen to hear your views on whether, in the longer term, MRI should continue to be practised as a separate scope. With the exception of Canada, most other countries with health systems comparable to New Zealand do not have a separate scope for MRI – the practice of MRI is included into the practice of the equivalent of a Medical Imaging Technologist.
The introduction of a separate scope for MRI was introduced prior to the HPCA Act at a time when this was an emerging technology and it was considered the safe delivery of that was dependent on a highly skilled and specialised workforce. With over 10 years of knowledge and experience under our belts, it is timely to ask if having MRI remain as a separate scope is critical to protecting public health and safety, or could this practice be incorporated into other scopes of practice.

Another consideration in respect of MRI is the current qualification pathway into this scope of practice. Currently set at a postgraduate diploma level, the New Zealand accredited programme of study is of 2-years duration. Entry into the MRI training scope of practice requires applicants to have an undergraduate medical imaging degree. The Board is interested in hearing your views on whether the current level, duration, and entry criteria for the qualification pathway into MRI is appropriate and necessary within the framework of defining scopes of practice for the purpose of protecting public health and safety.

Likewise, the prescribed qualification pathway into the Sonographer scope of practice is currently set at a postgraduate diploma level, with practitioners registering as a Trainee Sonographer being required to have an undergraduate degree in either medical imaging or another relevant health discipline. Similarly, practitioners registering as a Trainee Nuclear Medicine Technologist are required to have an undergraduate degree in medical imaging.

The Board is encouraged that a New Zealand based study programme in nuclear medicine has recently been established. This has been a major milestone after many years of having mixed success with sourcing suitable overseas-based study programmes which often had a negative impact in terms of accessibility and affordability.

Again we are interested to hear from the industry and interested stakeholders as to whether it is appropriate and necessary for Nuclear Medicine Technologist and Sonographer prescribed qualifications to be set within a postgraduate diploma framework.

**Principles for Guiding the Prescribing of Qualifications**

Under the Act the Board must ensure qualifications:

- Are necessary to protect public health and safety
- Do not unnecessarily restrict the registration of health practitioners
- Do not impose undue costs on health practitioners or the public

Health Practitioners Competence Assurance Act 2003, Section 13
The Current Situation:
The Board does not have any specific requirement for medical imaging or radiation therapy practitioners who work in the profession but in non-clinical roles to hold a current practising certificate. We are aware that in many other professions the term “practising” is defined as using knowledge and skills of the profession in a direct relationship with patients/clients but also other roles which impact on public safety.

It has been suggested that the Board’s current policy is not conducive to practitioners working in non-clinical roles who want to hold a practising certificate. Explicit requirements for a minimum number of “direct patient hours” precludes many practitioners working in management and educational roles from applying for a practising certificate.

Proposal and Rationale:
The Board proposes that the definitions of the profession and associated scopes of practice are modified to include reference to the practice of medical imaging and radiation being wider than clinical work and practitioners using their expertise to manage, teach, evaluate and research medical imaging and/or radiation therapy practice.

This proposal is based on the premise that the practice of practitioners working within these non-clinical roles does have an impact on public safety and therefore these persons need to be able to demonstrate that they continue to have the required competencies to protect public health and safety.

Practical Implications:
In addition to amending its criteria for issuing of practising certificates, the Board would need to revise its current competencies for each of the scopes of practice to include specific reference to competencies for practitioners practising outside of a direct clinical relationship with patients/clients.
The Current Situation
There are many instances where practitioners may be approved to include other medical imaging technologies into their scope of practice. Similarly, there are a number of practitioners whose practice may require to have their practice contained to a particular aspect within the same scope of practice. The Board has used a number of strategies to manage these situations in an effort to allow for flexibility while continuing to maintain protection of public health and safety.

Some examples are:

- Nuclear Medicine Technologists who have completed a Board-approved course of study that allows them to practice diagnostic CT within their nuclear medicine practice.

- Medical Imaging Technologists who have completed appropriate post-qualification study or work under supervision being able to use ultrasound to guide lithotripsy within their practice.

These examples have been considered by the Board on a case-by-case basis and are dependent on the practitioner being able to demonstrate they have completed an appropriate course of study and have appropriate resources within the clinical environment to support their ongoing practice in these areas.

Discussion Board
The Board is keen to hear from members of the profession and other stakeholders as to other possible areas where we could expect to see an increasing blending of technologies within the profession.

Also, is it appropriate to continue to manage these sorts of issues on a case-by-case basis or is/should there be a particular threshold at which point there is a move to incorporating those particular technologies as minimum competencies within specified scopes of practice?

In terms of current strategies used by the Board to enable practitioners to utilise particular technologies from one scope of practice into another – are these adequate? Is there sufficient information available to practitioners and employers on these options?

Is there sufficient flexibility under the current structure to accommodate the breadth and pace of change in our evolving professions? Should there be an increased reliance upon self-regulation or credentialing?
Is there a case for introducing an advanced scope of practice?

The Current Situation
Scopes of practice defined for the medical imaging and radiation therapy profession in New Zealand do not currently include a specific scope for advanced practice.

In comparison, the United Kingdom has adopted a framework for practitioners to be registered in an advanced scope of practice. The Canadian Association for Medical Radiation Technologists has recently published a framework for advanced medical radiation technology practice which is intended to set the stage for discussion of new roles for practitioners in the future. At this point in time there is no advanced scope of practice within the medical radiation profession in Australia.

Discussion Board
We would appreciate on hearing your thoughts on whether there is a case for the introduction of an advanced scope of practice within the New Zealand medical imaging and radiation therapy profession. In saying that, a reminder that from a regulatory perspective, there would need to be evidence that an advanced scope of practice is necessary to protect public health and safety.

To help you focus your thinking on this issue, the Board recommends that you frame your responses within the following parameters: Role extension is the post qualification acquisition and development of skills and responsibilities with resultant associated professional accountability. In comparison, an advanced role assumes the attainment of a higher level of professional qualification and ability.
Current Situation
Within some health professions in New Zealand a framework that allows practitioners to work in expanded practice roles has been introduced as a mechanism to help address identified gaps in health services (either within a national or local context). For example the Nursing Council has adopted a framework that allows registered nurses to work in expanded practice roles. The Medical Sciences Council has also developed a model of expanded practice that allows for anaesthetic technicians to work in specific expanded practice activities as approved by the Council.

Discussion Board
From the Board’s perspective any introduction of expanded practice would need to be based on a number of underlying principles:

- Is focused on meeting patient needs and improving patient outcomes
- Meets an identified gap in health services
- Is lawful and consistent with standards acceptable to the profession and with the policies of health service providers
- Patient safety is paramount when deciding if expansion of practice is appropriate
- Practitioners working in an expanded practice role have the required knowledge and skills and have the necessary supports to continue in the role

A proposed definition of expanded practice in respect of the professions of medical imaging and radiation therapy is:

_Expanded practice applies to practitioners with demonstrated medical imaging and/or radiation therapy expertise, and who assume responsibility for a healthcare activity or role that is currently outside their scope of practice. This may include areas of practice that have not previously been included in the sphere of medical imaging/radiation therapy or may have been the responsibility of other health professionals._

The Board is interested the views of the profession and interested stakeholders as to whether the concept of expanded practice would be likely to add particular value especially in terms of improved flexibility in health service provision which still protects public safety.

If so, are there any particular areas of practice that could be considered as appropriate for medical imaging/radiation therapy practitioners?
The Medical Radiation Technologists Board very much appreciates the time you have taken to read this consultation document.

We are sure this will have raised lots of thoughts and ideas and we are keen for you to now tell us about those.

So what are the next steps for you to do that?

The Board has prepared a series of questions in respect of the issues raised in this document. These can be answered by you clicking on the hyperlink on the Homepage of our website – this will take you to an online questionnaire. We respectfully ask that all responses are provided through this medium (this will help us with collating and considering everyone’s contributions)

You have 8 WEEKS to complete the online questionnaire

The questionnaire will close on FRIDAY 23rd January 2015