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sonographer expertise

## **New Zealand Medical Radiation Technologists Board**

### **Consultation: *Draft gazette document – scope of practice***

**Australasian Sonographers Association (ASA) response** – provided via email to [mrtconsultations@medsci.co.nz](mailto:mrtconsultations@medsci.co.nz) (subject line: MRTB SOP consultation).

**Submitted: 28 January 2026**

<https://www.mrtboard.org.nz/news/mrtb-scope-of-practice-consultation>

## MRTB Consultation (survey) questions - with ASA Response



1. **Your name:** Elissa Campbell, Australasian Sonographers Association (ASA) General Manager – Policy and Advocacy
2. **Which scope(s) of practice are you registered in?** Sonography (on behalf of members)
3. **Are you completing this survey as an individual or on behalf of an organisation? If you are completing the survey on behalf of an organisation, please name the organisation.** The Australasian Sonographers Association (ASA).

### Trainee scopes

4. **Do you agree with the proposal to remove trainee scopes for Sonographers? (Agree/ disagree/ neither agree nor disagree). Why or why not?**

The ASA understands the reasoning behind the proposed removal of the trainee scope and supports the proposal on the condition that the legal liability for students sits with education providers, and/or the employer/supervisor, as not all students will be covered by another scope or another profession with similar requirements.

If the proposal goes ahead, we support the development of a transition plan to ensure those registered are appropriately managed and the responsibility of each party is clearly defined.

The ASA requests clarification on whether the MRTB would continue to keep a register of students, if the trainee scope is removed, as we believe this is vital for workforce planning purposes. This includes recording the number of students studying and graduating, by course, per year, as well as a range of geographic and socio-demographic variables.

5. **Do you agree with the proposal to remove trainee scopes for Magnetic Resonance imaging practitioners? (Agree/ disagree/ neither agree nor disagree). Why or why not?**

N/A – no comment

6. **Do you agree with the proposal to remove trainee scopes for Nuclear medicine practitioners? (Agree/ disagree/ neither agree nor disagree). Why or why not?**

N/A – no comment

### Endorsements

7. **Do you agree with the use of endorsements to show to the public which practitioners have qualifications and skills? (Agree/ disagree/ neither agree nor disagree). Who or why not?**

The ASA supports the use of endorsements that allow the public to easily identify which practitioners' have additional skills and qualifications beyond the core scope of practice.

As per our submission to the MRTB consultation on *practising certificate endorsements* (May 2025), we believe it is appropriate for MRTB to extend the current use of endorsements for the PET-CT program, to other applicable areas in line with the following:

- Endorsements offer a clear and consistent mechanism to formally acknowledge a practitioner's advanced, accredited training beyond the core scope of practice. They also offer a structured pathway for practitioners seeking to develop advanced capabilities while maintaining a clear baseline scope of practice for all registrants.
- The application of endorsements should be carefully limited to well-defined areas supported by accredited postgraduate education or equivalent formal training that has been approved by the Board.
- Endorsements should not become a requirement for routine practice within a practitioner's existing scope—particularly in generalist areas—where additional credentialing may unnecessarily restrict workforce flexibility. We encourage the Board to ensure that the introduction of endorsements strikes an appropriate balance between recognising professional expertise and supporting the practical realities of workforce capacity and service delivery.
- Using endorsements and recording them on the public register benefit and protect the public by providing employers, other practitioners, and the public with clear, accessible information about a practitioner's qualifications and competence. This transparency helps ensure patients receive safe, high-quality care from appropriately trained professionals.

## Scope of practice

*These questions relate to the draft gazette notice that has been provided as part of the consultation process.*

**Medical imaging technologist** ----- N/A – no comment

8. Do you agree with the proposed 'introduction and 'profession of medical radiation technology' sections for the medical imaging technologist scope? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to these sections?
9. Do you agree with the proposed updated scope for Medical Imaging technologists? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to this scope?
10. Do you agree with the proposed qualification pathways for Medical Imaging technologists? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to the qualifications?

**Radiation therapist** ----- N/A – no comment

11. Do you agree with the proposed 'introduction and 'profession of medical radiation technology' sections for the radiation therapist scope? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to these sections?

12. Do you agree with the proposed updated scope for radiation therapists? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to this scope?
13. Do you agree with the proposed qualification pathways for radiation therapists? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to the qualifications?

**Nuclear Medicine technologist** ----- N/A – no comment

14. Do you agree with the proposed 'introduction and 'profession of medical radiation technology' sections for the nuclear medicine technologist scope? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to these sections?
15. Do you agree with the proposed updated scope for nuclear medicine technologists? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to this scope?
16. Do you agree with the proposed qualification pathways for nuclear medicine technologists? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to the qualifications?

**Sonographer**

17. Do you agree with the proposed 'introduction and 'profession of medical radiation technology' sections for the sonographer scope? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to these sections?

The ASA considers that the proposed 'introduction' and 'profession of medical radiation technology' sections for the sonographer scope is appropriate. The proposed changes reduce duplication, and introduce some valuable additions, such as the importance of delivering care that is responsive to patient needs.

We note that the existing sonographer scope already includes a statement about extending exams where appropriate and in accordance with clinical and workplace guidelines, and so does not represent a change for sonographers. It is appropriate that this discretion continues, and that it includes the important qualifier for all practitioners of '*where appropriate and in accordance with clinical and workplace guidelines.*'

18. Do you agree with the proposed updated scope for sonographers? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to this scope?

- **Defined responsibilities:**

- The new proposed scope of practice states: *Sonographers are responsible for the facilitation of the procedure, outcome, and diagnostic interpretation of ultrasound findings and for conveying the results to other health and medical practitioners.* In relation to these defined responsibilities, we provide the following feedback:
- The ASA strongly supports reference to **diagnostic interpretation of ultrasound findings** as being one of the key responsibilities of a sonographer, as it appropriately recognises the role ultrasound practitioners have in diagnostic interpretation.

- In terms of sonographers being responsible for the **outcome**, we recognise that this is included in the current scope for sonographers, and now also in the scope for all modalities except radiation therapists; however, we would like to seek clarification on the intended ‘outcome’ that sonographers are responsible for. The diagnostic outcome can be confounded for many reasons outside a sonographer’s control, due to the limitations of ultrasound from a physics perspective. For example, image quality and diagnostic outcomes can be influenced by patient-specific factors, such as undertaking exams on patients that are obese, have limited mobility, or have not followed preparation instructions appropriately. These factors have the potential to impact ultrasound more than other modalities. Where a sonographer is aware that the outcome has been confounded by these or other factors, a sonographer should highlight this in their report.
  - The ASA has significant concerns about sonographers being held responsible for **conveying the results to other health and medical practitioners**. The way in which results are conveyed can differ significantly by practice / employer and by the IT system in place. Many practices do not allow their sonographers to convey results to referrers and other health professionals, and only allow radiologists to do so. In terms of IT systems, sonographers will submit reports but don’t necessarily routinely check that reports are actioned unless it relates to an urgent case requiring immediate attention.
- **Ultrasound competencies**
    - The new proposed scope of practice states: *Sonographers must demonstrate a high level of understanding of the physics of ultrasound instrumentation, ultrasound bioeffects, anatomy and physiology. They must be able to recognise and interrogate normal and abnormal anatomy.*
    - Regarding the rewording of the description to reflect current practice and ultrasound-specific competencies:
      - The ASA seeks clarification on how the appropriate physics knowledge is to be measured, to enable a sonographer to demonstrate they have ‘a high level of understanding of the physics of ultrasound instrumentation, ultrasound bioeffects, anatomy and physiology.’
      - While we agree with the second sentence ‘They must be able to recognise and interrogate normal and abnormal anatomy,’ we also note that there are wide variations on what is considered ‘normal’ anatomy, which can come down to an individual sonographer’s experience.
- **Disciplines and job titles**
    - The proposed scope of practice states: *Sonographers may practice in a variety of disciplines including general, cardiac and vascular ultrasound. They may use the following titles in accordance with their area of education and competence: sonographer, cardiac sonographer, echocardiographer, echocardiographic sonographer, general sonographer, and vascular sonographer.*
    - The ASA recommends that the prescribed disciplines and titles are reviewed and updated to reflect contemporary areas of practice, in particular, to include obstetrics

and gynaecological sonography. This reflects the ongoing evolution and increasing differentiation of practice within the profession, employment positions that requires discipline-specific expertise, and knowledge and expanding discipline-specific post-graduate education opportunities (including by distance from Australian education providers). This change would help employers assess suitability of candidates, including those with overseas qualifications.

- Recognition of obstetric and gynaecological sonography as a discipline would support public safety and regulatory clarity by more clearly aligning scope of practice, education, and clinical risk. While formal postgraduate programmes in obstetric and gynaecological sonography are not currently available in New Zealand (as is also the case for vascular sonography), recognised postgraduate education pathways are available through Australian providers. These pathways, together with appropriate assessment of competence by the regulator, can support safe practice without imposing unnecessary barriers to workforce mobility.

19. Do you agree with the proposed qualification pathways for sonographers? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to the qualifications?

Yes, the ASA supports the proposed introduction of a possible undergraduate pathway to the profession, should a suitable course be developed in New Zealand. Among other things this may help attract students from a wider range of backgrounds to the profession.

As highlighted by the MRTB, it is vital that any such program is accredited to the same standard as existing qualifications to ensure graduates were fit and competent to practice and that current competency standards are maintained. The ASA would like to highlight that this must include the completion of appropriate clinical placement(s) given the importance of this.

The ASA supports the proposed change - updating the term 'relevant experience' in the current qualification pathways to 'competence' to reflect that the practitioner must meet the Aotearoa New Zealand competence standards for practice. We believe demonstrated competence is more appropriate than 'relevant experience'.

## **Magnetic Resonance Imaging ----- N/A – no comment**

20. Do you agree with the proposed 'introduction and 'profession of medical radiation technology' sections for the magnetic resonance imaging technologist scope? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to these sections?

21. Do you agree with the proposed updated scope for magnetic resonance imaging technologists? (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to this scope?

22. Do you agree with the proposed qualification pathways for magnetic resonance imaging technologists (Agree/ disagree/ neither agree nor disagree). What additions or changes do you think should be made to the qualifications?

23. Is there anything that is not clear that you require further information about?