New Zealand Medical Radiation Technologists Board

Consultation: *Proposed update to Medical Radiation Technologists Board practising certificate policy*

Australasian Sonographers Association (ASA) response – provided via the requested online survey template

Submitted: 2 July 2025

https://www.mrtboard.org.nz/news/consultation-proposed-update-to-medical-radiation-technologists-board-practising-certificate-policy

Online Survey Questions

New Zealand Medical Radiation Technologists Board
Te Poari Ringa Hangarau Iraruke

MRTB Survey Questions

1. **Do you support the definition of practice developed by the Board?**

   Proposed definition: *The Board defines practice as any role, whether paid or not, in which the registered practitioner uses their skills and knowledge. Practice is not restricted to the provision of direct clinical care and may occur in hospitals, clinics, community and/or institutional contexts. Practice includes using professional knowledge when working in teaching, research, health management or any other role that impacts on the safe and effective delivery of medical imaging and radiation therapy services.*

   We recognise that the new proposed definition of practice is similar to what currently exists in Australia, through the Medical Radiation Practice Board of Australia (MRPBA). Consistency between Australia and New Zealand has potential to support and enhance workforce flexibility and movement.

   Broadening the definition to capture competent practitioners involved in the practice of medical imaging and radiation therapy in all relevant ways may also help experienced professionals who step away from hands-on practice due to injury or career stage, to remain engaged in the profession.

   While acknowledging the potential benefits of expanding the definition to include non-clinical practice; we believe this should only include non-clinical practice that is directly related to the delivery of relevant health services within the prescribed profession. This is important as technology and practice protocols continue to evolve, particularly in sonography and ultrasound, and anyone holding a current annual practicing certificate must be familiar with current practice. Maintaining clear regulatory distinctions between clinical and non-clinical roles remains vital for patient safety and public confidence. Please refer to our suggested amendment in question 2.

   In Australia, under AHPRA/MRPBA, medical radiation practitioners also have other registrations options, which may be relevant for consideration in New Zealand. E.g.

> ***Limited registration for teaching or research*** *- This type of registration may be granted to practitioners who are not qualified for or do not intend to engage in clinical practice, but are qualified to fill a teaching or research position in the profession.*

In addition, it is vitally important that any practitioner who returns to a clinical role following a period of time in a non-clinical role adheres to their responsibilities under the Competence Standards for Medical Imaging and Radiation Therapy Practitioners, CPD and return to practice requirements, and relevant codes. This includes undertaking everything necessary to ensure they are competent and up to date with current practice. It is also vital that the employer supports the practitioner in this, including providing a period of reorientation and support.

2. **Is there <u>anything else you think should be included</u> in the definition of practice?**

To ensure 'practice' (be it clinical or non-clinical) is relevant, we request adding the text in brackets, which is used for statutory regulated professions in Australia, under AHPRA / NRAS. Without it, we believe the definition of practice could be too wide.

> ***Proposed definition:*** *The Board defines practice as any role, whether paid or not, in which the registered practitioner uses their skills and knowledge (as a practitioner in their regulated health profession). Practice is not restricted to the provision of direct clinical care and may occur in hospitals, clinics, community and/or institutional contexts. Practice includes using professional knowledge when working in teaching, research, health management or any other role that impacts on the safe and effective delivery of medical imaging and radiation therapy services.*

This enables practice to be broadly defined but, at the same time, remain appropriately bounded by the practitioner's scope of practice and professional responsibilities.

3. **Do you support the <u>removal of practice hours</u> required to hold a practising certificate? Why or why not?**

No. We do not support the removal of practice hours required to hold a practising certificate. We believe a significant level of practice hours is necessary to ensure patient safety. The requirement of practice hours provides a clear, consistent, and measurable risk-mitigation strategy.

While the requirement of practice hours is important across all modalities, we believe it is particularly important in sonography where (a) a range of scopes exists e.g. vascular, cardiac, and general - encompassing obstetric and musculoskeletal

ultrasound etc; and (b) technological advancements and evidence-based research continues to result in changes to protocols. Keeping up to date with these changes would be difficult to achieve if there was no requirement for practice hours.

The 'practice hours' requirement in New Zealand is comparable to the 'recency of practice' requirement in Australia. In Australia, sonographers are not currently regulated under national statutory regulation – that is, the National Registration and Accreditation Scheme (NRAS) through AHPRA. As set out in the Australasian Sonographers Association's (ASA) submission for sonographer regulation, one of the primary safety concerns we highlighted is that there is currently no mandated 'recency of practice' requirements for sonographers in Australia.

In addition, the MRPBA itself emphasises the importance of this requirement for the modalities that are currently captured under the NRAS:

> *The registration standard for recency of practice requires practitioners to ensure that they are competent and fit to practise in the profession through the making of an annual declaration that their practice is current and in keeping with contemporary practice*.

Reference to the ASA submission for sonographer regulation:
https://www.sonographers.org/advocacy/sonographer-regulation

Reference to the MRPBA recency of practice requirements:
https://www.medicalradiationpracticeboard.gov.au/Registration-Standards/rop.aspx

4. **Do you support the reduction in practice hours required to hold a practising certificate? Why or why not?**

We strongly believe that a significant level of mandatory practice hours is required to ensure patient safety. We also believe there is significant merit in the current recertification requirements for clinical practice, that require a sizeable amount of *direct* patient contact.

Currently this equates to at least 360 hours (~40%) out of the total 880 'patient contact' hours to involve 'direct patient contact'; with the remainder being a combination of:

- patient contact
- direct supervision of staff in clinical practice
- delivery of education activities
- quality assurance directly related to the delivery of medical imaging/radiation therapy
- research activities that inform medical imaging/radiation therapy practice.

If any changes were to be made, we believe evidence is needed to ensure there is no increased risk to the public from any reduction; and that the other risk-mitigation

strategies (such those in the Competence Standards, CPD and return to practice requirements) are strongly upheld to ensure all practitioners are competent, practising within their area of professional expertise, and up-to-date with current practice.

It is well recognised across health professions that prolonged periods away from direct clinical work can lead to "de-skilling". This risk is even more pronounced in operator-dependent modalities like ultrasound where maintaining practical, hands-on competence in image acquisition, interpretation, and the use of evolving technologies requires regular patient contact. Removing or reducing mandatory practice hours increases the likelihood that practitioners may return to clinical roles without the necessary practical proficiency, which presents a direct risk to patient safety.

If a reduction was to occur, at minimum it should align with what occurs in Australia, through the MRPBA, for medical radiation practitioners regulated under the Board. As also occurs in Australia, we advocate for an auditing function of practice hours to be incorporated – to ensure this is not merely a tick-box exercise.

If a reduction in practice hours is proposed, consideration could be given to the professional's role and years of clinical experience. For example, a new graduate should be subject to different conditions than a practitioner with more than 5 years of direct clinical experience.

In the event of a reduction in practice hours, we understand that there are other risk-mitigation strategies in place including the requirements set out in the Competence Standards for Medical Imaging and Radiation Therapy Practitioners, Code of Ethical Conduct, Code of Health and Disability Services Consumers' Rights; as well as CPD and return to practice requirements. However, reducing the requirements for practising hours has the potential to increase the likelihood of risks only being identified once a problem has occurred and a patient has been negatively or permanently impacted.

Reducing the requirement for practice hours increases the importance of these other risk-mitigation measures. It is vital that these measures are understood and enforced, including audits where relevant. In addition, it places a high onus on the employer to support a practitioner returning to clinical practice after working in non-clinical role to ensure they are competent and undergo appropriate reorientation.

5. **Do you support the removal of the 'non-clinical' definition? Why or why not?**

   To better respond to this question, we request to know how many medical imaging and radiation therapy practitioners this change would impact. That is, how many practitioners are in a non-clinical role and currently hold certificates that state they 'not practising', that are expected to gain a general APC because of this change?

Of high importance here is the process for when practitioners in non-clinical roles seek to return to a clinical role. We understand that there are return to practice requirements, and other requirements in place such as the competence standards – but this places a high level of responsibility on the employer to ensure the sonographer's knowledge and skills are up-to-date, and they are fit to practice. In a health system suffering from significant workforce shortage, this may present risk.

6. **Is there <u>anything we have not explained clearly that you require additional clarification on?</u>**

   As above, we would like to understand the number of practitioners expected to be impacted by the removal of the non-clinical definition.

   We would like confirmation that practice hours (regardless of level) would be subject to auditing.

7. **Do you have any other feedback?**

   Our primary concern is that this change in regulation may result in harm to patients and may reduce quality of sonography practice. Patient safety is our paramount concern, and any proposed change must be undertaken with care and evidence that it will not increase the risk to the public.

   We recognise that the workforce shortage across the wider medical imaging and radiation therapy profession is a significant issue. However, standards should not be lowered to address this.