



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

## Policy

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# Continual Professional Development (CPD) for annual recertification of Medical Imaging and Radiation Therapy Practitioners

Recertification includes several tools used by the Board to monitor the ongoing competence of all practising medical imaging and radiation therapy practitioners. Continuing professional development (CPD) is a critical feature of the Board's recertification programme.

This document sets out the Board's requirements for medical imaging and radiation therapy practitioners' engagement in CPD.

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<b>Policy Title</b>	<b>CPD for annual recertification of Medical Imaging and Radiation Therapy Practitioners</b>
<b>Reference number</b>	2024-July-V4-MRT CPD
<b>Scope</b>	This policy document applies to all medical imaging and radiation therapy practitioners in line with applying for an Annual Practising Certificate (APC)

Associated policy documents
Competence Standards for Medical Imaging and Radiation Therapy Practitioners in Aotearoa New Zealand

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## Overview

This publication sets out the Medical Radiation Technologists Board's (the Board) recertification programme for registered medical imaging and radiation therapy practitioners in New Zealand, with a particular focus on their engagement in Continuing Professional Development (CPD).

All medical imaging and radiation therapy practitioners will be subject to a recertification audit undertaken by the Board, irrespective of whether they have recently been audited by the provider of the CPD programme in which they may be enrolled. The Board will audit up to 40% of current Annual Practising Certificate (APC) holders **every two years**.

## Continuing Professional Development

As registered health professionals, medical imaging and radiation therapy practitioners are expected to maintain their competence in medical imaging and/or radiation therapy practice. They are responsible for keeping their knowledge current by undertaking relevant CPD.

### Legislative context of CPD

The Board's recertification programme is established under section 41 of the Health Practitioners Competence Assurance Act 2003 (the Act).

*"The principle purpose of this 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 practise their professions."*

Section 3 (1)

CPD is a critical component of the Board's recertification programme and provides a mechanism for supporting practitioners' practice to develop throughout their career. Failure to stay current, in a registered scope of practice, places the public at risk of harm. CPD helps to ensure the public get the best possible medical imaging and radiation therapy services from practitioners who continue to be competent and fit to practise.

### Definitions and principles

#### CPD defined

*Continuing professional development is where health practitioners actively engage in a range of learning activities throughout their career to ensure they continue to practise safely, effectively, and legally within their evolving scope of practice.*

Adapted from the Health Professions Council United Kingdom

## Principles of CPD<sup>1</sup>

<b>Continuity</b>	Practitioners should always be looking for ways to improve their performance.
<b>Accountability</b>	Management of CPD is owned by, and the responsibility of, the individual practitioner.
<b>Individual</b>	CPD is driven by an individual practitioner's learning needs and development.
<b>Evaluative</b>	CPD should be evaluative rather than descriptive of what has taken place.
<b>Essential</b>	CPD is an essential component of a health practitioner's life, it is never an optional extra.

## Recertification requirements

### An overview of mandatory recertification requirements

<b>Minimum of formally recorded CPD hours per biennium</b>	40 hours
<b>Minimum of formally recorded CPD hours in any one year</b>	15 hours
<b>Evidence of a minimum amount of substantive CPD activities in each biennium</b>	25 hours
<b>Declaration that a minimum number of clinical practice hours per biennium has been completed</b>	600 hours
<b>Maintain detailed and verifiable records for all CPD activities for a period of four years (for any one triennium)</b>	
<b>Provide supporting evidential documents confirming engagement in CPD activities</b>	At least six supporting documents and four of those for substantive CPD activities
<b>Confirmation of a peer performance review within the previous 12-month period.</b>	

CPD is mandatory

CPD must be undertaken by all registered medical imaging and radiation therapy practitioners who hold or have held an APC during the audit period.

Practitioners registered and practising in more than one medical imaging/radiation therapy scope of practice must undertake substantive CPD activities in each scope.

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<sup>1</sup> The principles statements are based on CPD information provided by the Chartered Institute of Personnel and Development (United Kingdom).

## Minimum CPD hours

Practitioners must complete 40 hours of CPD activity over a consecutive two-year period – *biennium* – with a minimum of 15 hours in any one year.

At least 25 hours of CPD activities within a biennium must be directly relevant to their scope(s) of practice. These are classed as *Substantive* CPD activities.

These minimum CPD hours apply despite the tenure of practitioners' employment. That is, if practising as a medical imaging and/or radiation therapy practitioner on a fulltime, part-time, or casual basis (whether practising for two-years or twenty), they must meet the Board's CPD requirements, including the minimum number of CPD hours.

## Pro-rata formula

Practitioners registered for the first time, or returning to practice, in many cases will commence CPD part-way through the term of a biennium. The Board has adopted a simple pro-rata method for determining the number of CPD hours to be recorded for the APC period and for the biennium.

The pro rata CPD rate is:

- Five hours per three-month period.

Practitioners may use this formula to determine the amount of CPD they are required to do for their first CPD year.

## Minimum clinical practice hours

When selected for a recertification audit, practitioners need to declare they have completed a minimum number of clinical practice hours over the previous two-year period:

Practising status	Minimum practice hours
<b>Single Scope of Practice (SOP)</b>	Total of 600 hours over two-years
	Approximately 200 of those hours must involve direct patient contact
	<ul style="list-style-type: none"> <li>- The remaining 400 hours may be a combination of               <ul style="list-style-type: none"> <li>○ patient contact</li> <li>○ direct supervision of staff in clinical practice</li> <li>○ delivery of educational activities</li> <li>○ quality assurance directly related to the delivery of medical imaging/radiation therapy</li> <li>○ research activities that inform medical imaging/radiation therapy practice</li> </ul> </li> </ul>
<b>Dual Scope of Practice (SOP)</b>	Total of 600 hours over two-years
	Approximately 200 hours of direct patient contact in each scope of practice (therefore 400 hours in total across both scopes)
	<ul style="list-style-type: none"> <li>- The remaining 200 hours may be a combination of               <ul style="list-style-type: none"> <li>○ patient contact</li> <li>○ direct supervision of staff in clinical practice</li> <li>○ delivery of educational activities</li> <li>○ quality assurance directly related to the delivery of medical imaging/radiation therapy</li> <li>○ research activities that inform medical imaging/radiation therapy practice</li> </ul> </li> </ul>

Practitioners issued with an APC that includes a condition of non-clinical practice do not need to meet the clinical practice hour minimums. They will, however, be required to meet all the other mandatory requirements of the Board’s recertification programme.

### CPD for practitioners who practise part-time

Practitioners working part-time must still complete the mandatory CPD requirements. Competence does not equate to the hours worked but to the standard of practice performed. Practitioners working only a few hours a week must be as equally competent during the hours they practise as their colleagues who work 40-hours a week.

### CPD for practitioners not currently practising

Practitioners who do not hold a current practising certificate are not required to meet the Board’s mandatory CPD requirements. That said, if they are planning to return to practice, the Board recommends they maintain some degree of CPD activity during their non-practising period.

Practitioners returning to practice after having more than three-years away from the profession, will have any relevant CPD activities they have undertaken (while away from practice) assessed as part of their APC application. They will need to ensure they are able to provide the supporting evidence for any CPD undertaken while not practising.

When returning to practise, meeting the mandatory CPD requirements may be calculated on a pro rata basis.

### CPD cycle

- Audits are linked to the CPD two-yearly cycle/biennium, with each year based on a calendar year (1 January to 31 December). For example:

CPD biennium	Audit dates	CPD records to be provided (minimum)		
		1 January 2023 – 31 December 2024	Two consecutive years of records	- CPD logbook - four reflective statements - six supporting documents

### CPD activities

CPD activities must be relevant to a practitioner’s scope and/or scopes of practice. The Board has adopted a two-tiered approach for classifying CPD activities:

- substantive CPD activities
- general CPD activities.

Practitioners are expected to undertake a variety of CPD activity types which, where possible, include those involving interaction with peers. Sharing and discussing issues and professional experiences with colleagues provides valuable clinical and professional learning opportunities.



Reflection is a critical component of CPD. Reflecting on one's practice creates greater awareness and insight into factors that can improve patient experiences and/or outcomes. It allows practitioners to critically evaluate their own professional experiences.

It is expected that CPD activities will incorporate a degree of reflection where practitioners analyse experiences to learn from them and record that learning.

## CPD records

Practitioners must maintain detailed and verifiable records for all CPD activities undertaken. The Board may require an individual's CPD records to be submitted at any time.

Practitioners must retain their evidence of CPD activities (and reflection) for the current biennium, plus one additional year, that is a minimum of three-years.

Records of CPD activity should include both the details of the activity and reflection on the learning gained from the CPD activity.

Recording CPD activities
Date, time and location of the activity
Activity details – eg journal article, seminar, lecture, workshop
Source, reference or provider – eg journal name, provider name
Number of hours for the activity (not including breaks) and the type of activity hours – ie substantive or general
Evidence of participation – eg attendance certificate, copy of enrolment or sign-in sheet

## Reflection

**Reflective practice** happens when you explore an experience you have had to identify what happened, and what your role in this experience was – including your behaviour, thinking and related emotions. This allows you to identify changes to your approach for similar future events. If reflective practice is performed comprehensively and honestly, it will lead to improved performance.

Source: La Trobe University at [www.latrobe.libguides.com](http://www.latrobe.libguides.com)

## Recertification audits

Meeting the Board's recertification programme requirements is mandated under the Health Practitioners Competence Assurance Act 2003 (section 41). The Board undertakes biannual audits to monitor practitioners' compliance with meeting those requirements.

When applying to renew their annual practising certificate practitioners must make a statutory declaration that they have met the Board's mandatory recertification requirements.

The Board aims to audit up to 40% of current APC holders each audit. This means that within a five-year period a practitioner can expect to be called for a recertification audit.

It is imperative that practitioners maintain their CPD records in a timely manner, ensuring their completion and accuracy.

## Exemptions

The Board accepts that there may be specific, but limited, situations where it is appropriate for a practitioner to be exempted from the Board's audit of the recertification programme requirements for a specified time. Practitioners who believe that extenuating circumstances exist must apply in writing to the Board for an exemption. The Board determines exemptions on a case-by-case basis. Please note that as a rule of thumb, part-time employment is not considered an extenuating circumstance.

## Parental leave

The ability to take parental leave is detailed in New Zealand legislation. The Board accepts it is in the public interest to allow for flexibility in respect of practitioners who are on parental leave.

Practitioners on parental leave may be granted an exemption from the Board's mandatory CPD requirements for a period of 12 months. The Board is confident that the length of this exemption period will not, in the normal course of events, materially affect a practitioner's ability to practise safely on their return to practice.

## CPD activities

Registered medical imaging/radiation therapy practitioners have a responsibility to assess potential activities for suitability and relevance, and to determine whether their learning needs will be addressed by undertaking those activities.

While CPD activities are determined by each individual practitioner the Board strongly recommends they do that within the context of a personal/professional development plan.

### Substantive CPD activities

Substantive CPD activities are those activities that have significant intellectual or practical content, primarily directed to the relevant scope and/or scopes of practice (or expansion of practice). An activity can be meaningful or significantly connected to medical imaging/radiation therapy practice irrespective of the method or medium used.

These activities must comprise at least 25-hours of an individual practitioner's CPD activities over the relevant biennium.

### General CPD activities

General CPD activities are those activities that relate to learning in the healthcare environment. It is important to ensure that activities in this category are relevant to healthcare.

Practitioners may contribute up to 15-hours of general CPD activities over the relevant biennium.

## Examples of CPD activities

Examples of substantive and general CPD activities include, but are not limited to:

<b>Substantive CPD activities</b> must be directly relevant to the scope of practice	<b>General CPD activities</b> of healthcare related learning that has a relevant impact on practice
Participating in postgraduate studies relevant to practice needs or scope of practice.	Private study – reading and reflecting on books and journals related to healthcare.
Accredited training or vocational courses with recognised skills or knowledge – eg IV cannulation.	Attendance at compulsory employer training sessions that address safety, eg basic life support.
Work-based learning contracts or other assessed activities.	Attendance at in-services, case presentations or reviews that are not specific to medical imaging/radiation therapy practice.
Conferences, forums, workshops and seminars.	Attending meetings and participating in the work of a committee or similar, related to the work of a medical imaging/radiation therapy practitioner.
Undertaking research and presentation of work or case studies. This needs to be substantive, referenced, and evidence-based.	Membership of, and attending meetings of, a committee or similar, within an organisation with an identifiable healthcare function.
Researching, preparing or editing an article published in a relevant professional publication, or an article in a related healthcare publication.	Examining and reflecting on evidence-based resources (systematic review, evidence-based guidelines, etc) and implementing changes in practice. A practitioner must ensure they document the activity. This should include notes on their findings and a reflection regarding what they learnt.
Authoring a book chapter.	Online learning about an identifiable healthcare function involving discussion, chat rooms, etc.
Making health related presentations of new or substantially reviewed material – eg poster presentations, lectures, seminars, workshops.	Providing general supervision or mentoring to supervised practitioners. This is supervision of staff where the supervision is a usual responsibility of the work role. To count as CPD the details of this activity must be documented.
Presenting in-service or training to health professionals or carers.	Internet research (without further application).
Attendance at in-services, case presentations or reviews specific to medical imaging/radiation therapy practice.	Managing or administering a CPD programme for 10 or more people.
Participation in journal clubs.	Time spent reflecting upon and recording learning from CPD activities.
Developing evidence-based practice resources – eg completing systematic reviews, developing evidence-based guidelines.	
Distance education or online learning that includes an examination and/or assessment providing evidence.	
Programme accreditation activities – eg accreditation teams, evaluation of accreditation reports.	
Activities to improve quality or reduce risk in practice, involving evaluation and reporting.	
Participating in a clinical audit or similar review activity.	
Formal supervision of students or practitioners under supervision.	
Private study – eg reading books and journals with a clear relationship to developmental goals and scope of practice.	
Reflection on practice – conscious analysis of a professional issue or experience, either individually or with colleagues. Evidence must include details of the identified issue, analysis of the issue from different perspectives, describing how changes to practice could improve patient experiences or outcomes.	
Attending applications training specific to medical imaging/radiation therapy practice.	
Attendance at compulsory employer training sessions and/or other learning opportunities that address cultural aspects of professional practice.	

## **A guide to maintaining CPD records**

### Mandatory requirements

Practitioners must maintain a continuous, up-to-date, and ongoing record of their CPD activities.

CPD records need to show the individual has demonstrated reflection, improvement, and positive impact on their practice as a registered medical imaging or radiation therapy practitioner.

### CPD logbook

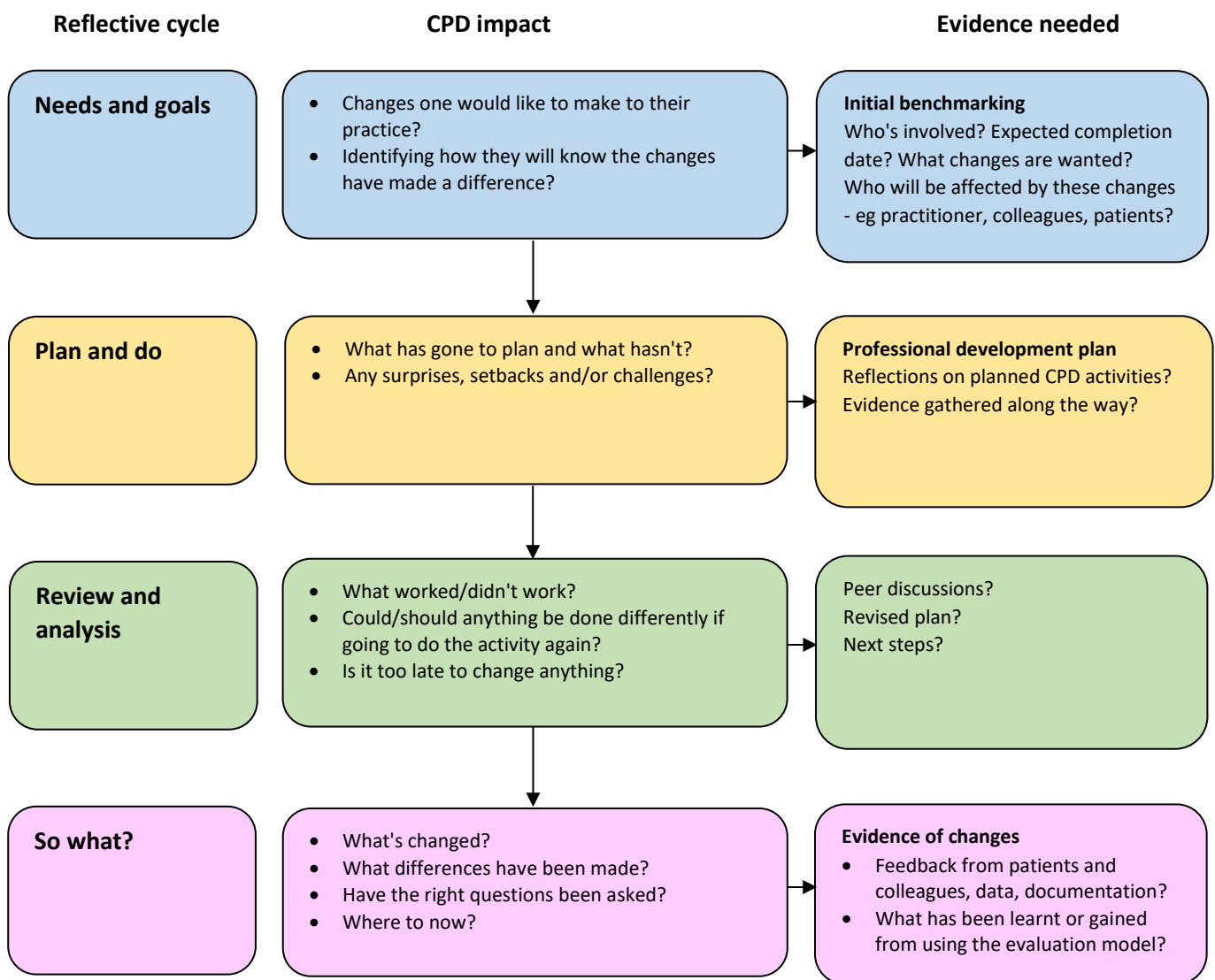
If the CPD record meets the Board's recertification requirements, it is the individual practitioner's decision as to the format of their CPD record. A sample logbook can be downloaded from the Board's website at [www.mrtboard.org.nz](http://www.mrtboard.org.nz)

### Professional development planning

The Board recommends practitioners use a systematic professional development process to manage their CPD.

### CPD impact evaluation model

The following model can be used to critically reflect on the impact of what a practitioner has done. It involves deciding what they want to achieve at the outset of their professional development activity and then measuring how far they have done that.



## Recertification audit

An annual recertification audit enables the Board to measure compliance, assuring the public and the Minister of Health, that medical imaging and radiation therapy practitioners are engaging in appropriate CPD that supports their ongoing competence to practise.

### Selection of practitioners for audit

Each year the Board selects up to 40% of all medical imaging and radiation therapy practitioners currently practising (holding an Annual Practising Certificate), to participate in a recertification audit.

Selection is managed by the Medical Sciences Secretariat (MSS) – employed by the Board – staff team in consultation with the Registration and Recertification Committee.

Health practitioners may also be called for an audit due to other circumstances, including (but not limited to) practitioners:

- deferred from a previous audit recently returned to practice after being away from the profession for more than three years

- previously selected for an audit but did not respond or participate, and now wish to practise in New Zealand
- directed by the Board to participate in the audit, subsequent to a competence review, or a disciplinary hearing.

Health practitioners are to be advised at least two months prior to an audit that they will need to submit their CPD records for audit.

## Audit timelines

Timeline	Audit activity
<b>12 weeks prior to audit</b>	Board/MSS selects practitioners for audit and checks individuals have not been selected for audit within the previous biennium.
<b>Eight to nine weeks prior to audit</b>	Practitioners receive written notification of their selection for audit (including an audit declaration form).
<b>Four to five weeks prior to audit</b>	Follow-up email sent to practitioners who are yet to provide their audit documents.
<b>Two weeks prior to audit</b>	A final notification is sent to practitioners who have either not responded or whose documentation is incomplete.
<b>Audit</b>	Audits are undertaken by Board members and staff who have received training in auditing practice in accordance with the Board's pre-determined audit evaluation criteria.
<b>Two weeks after the audit</b>	Practitioners who did not meet the audit requirements are notified in writing and advised of what they need to do to achieve a 'meets requirements' status.
<b>Four weeks after the audit</b>	Practitioners who successfully met the Board's recertification audit requirements are notified.

## Meeting recertification audit requirements

When selected for an audit, practitioners need to forward all their CPD records for the two years prior to the audit date. Notification letters will specify the dates that their records need to include.

Practitioners are provided with a recertification audit declaration form, requiring them to complete:

1. a signed declaration
2. an employment history summary
3. confirmation of a peer review/performance appraisal within the previous 12 months.

In addition, practitioners are required to provide:

4. a log-book listing their formally recorded CPD activities
5. reflective statements
6. evidential supporting documents.

These last three requirements can be presented in a format of the individual practitioner's choice, if the information provided is legible and logical.

### Recertification declaration

The recertification declaration provides the Board with an assurance that the CPD information supplied is a true and accurate record.

### Employment history

Having an employment history overview enables auditors to align logged CPD activities with the practitioner's professional role, as well as tracking practice hours over the last two-years.

A full CV is not required, but rather a brief description of key responsibilities in the practitioner's current and previous roles over the relevant biennium is sufficient.

### Confirmation of a peer review

Practitioners are required to sign a declaration that they have undergone a peer review/performance appraisal within the previous 12 months.

### Logbook

Logbooks must be typed/digital file. How a logbook is formatted is up to the individual practitioner. However, the Board has developed a sample logbook recording template that includes an overview of the critical information required in respect of recording a CPD activity. This can be adapted by practitioners for their personal use.

### Reflective statements

A minimum of four reflective statements must be provided:

- one must be related to ethical practice
- one must be related to the practitioner's registered scope and/or scopes of practice
- one reflective statement must relate to culturally appropriate practice
- the remaining reflective statement can relate to any of these elements of practice.

While there are several approaches to articulating reflective statements and a range of situations to reflect on, as a minimum, three critical elements/questions must be included:

1. What did the practitioner do?
2. What did they learn?
3. How did the activity impact on their practice?

### Supporting documents

Practitioners must provide a sample of documents that provide evidence against a selection of their logged CPD activities. Practitioners are required to provide at least **six** documents as evidence:

- At least four of these documents must be related to substantive CPD activities.

- At least one evidential document for each of the two years of the biennium must be provided.

The Board only accepts **electronic** copies of all CPD information.

Each supporting document must be **dated and include the practitioner's name**.

**NOTE:** The minimum number of reflective statements and supporting documents may be calculated as a pro rata depending on how long a practitioner has been practising.

## Audit documents summary

Audit date	Practitioners	CPD records date range	Content of CPD records
<b>Current biennium (2023-2024)</b>  <b>Request for information:</b> May to August (indicative only)	All practitioners	1 January 2023 – 31 December 2024	CPD information must meet the revised recertification requirements. Must provide total minimum of four reflective statements and six supporting documents.  CPD relates to the full two-year biennium. Pro-rata formula can be applied when practitioner has been practising for less than two years.
<b>Next Biennium</b>  <b>Request for information:</b> May to August (indicative only)	All practitioners	1 January 2025 – 31 December 2026	



# Appendix I

## Frequently Asked Questions (FAQs)

### **I work as a casual and on average only work about one or two days in a month. Do I have to do CPD?**

Yes. CPD is a mandatory requirement under section 41 of the Health Practitioners Competence Assurance Act 2003. It applies to all medical imaging and radiation therapy practitioners working in New Zealand, irrespective of your hours of work. If you hold a practising certificate, you must complete CPD.

### **Is the amount of CPD I'm required to do reduced in line with my reduced work hours?**

No. The minimum amount of CPD hours in any one biennium is the same for all practitioners. There is no reduction in the amount of CPD hours required if practitioners work in a part-time and/or casual capacity.

### **I am practising in two scopes of practice. Is there a minimum percentage of the total 25 hours substantive CPD for each of these scopes?**

No. It is your responsibility as a health practitioner registered under the Health Practitioners Competence Assurance Act 2003 to ensure you manage your CPD to benefit your ongoing practice, in any and all scopes of practice in which you are practising.

Auditing your CPD records would consider whether you have provided evidence of how your CPD activities have impacted on your practice for each of the relevant scopes.

### **I am enrolled in a CPD programme that counts CPD activities in terms of credits or points. Can I just use those same points or credits when recording my CPD in my logbook records?**

No. While you can choose to continue to record your CPD activities in terms of credits/points as used by your CPD provider, you must also translate the credits/points for each CPD activity into hours.

This is very important, as when you are called for a Board audit of your CPD records you will need to be able to demonstrate that you met the required number of minimum of hours for the relevant biennium (as set out earlier in this document).

### **I have been practising medical imaging/radiation therapy for many years. Why should I have to do CPD?**

As a registered health practitioner, you have an obligation to demonstrate that you remain competent and fit to practise, to protect the health and safety of the public. Lifelong learning has long been recognised as a critical element in being able to demonstrate that. While having extensive work experience may well be a contributor, it cannot be considered as the sole evidence of continuing competence.

### **I work in a smaller regional practice, and it can be difficult to access CPD activities. I end up having to do CPD in my own time and that's hard when I have to balance that with working and my personal life.**

As with many other professional groups, there is a worldwide expectation that registered health professionals will actively engage in CPD. Ongoing and lifelong learning is the hallmark of a professional. It serves to not only better protect the health and safety of the public, but also

provides a structured framework for you to improve your practice. It can be a positive influencer in terms of your career aspirations.

Balancing several areas in one's life is typical for the majority of people in today's busy world and is not restricted to those who have chosen to work in the area of health service delivery. When revising its recertification programme requirements, the Board has endeavoured to provide a broad range of examples that can count as CPD activities. The Board is confident this will assist practitioners with being able to access sufficient and appropriate CPD activities, as will the fact that as a minimum, an individual only has to complete 40 hours of CPD over a two year period. On average this equates to less than two hours per calendar month. The Board does not consider this to be onerous.