



MEDIA RELEASE

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Medical physicists take strike action.

Medical Physicists, who provide essential radiation services to cancer patients, have voted to go on strike after four months of negotiations that have failed to achieve a realistic offer from their employers.

APEX advocate David Munro says medical physicists have been offered only 1% for the current year in a proposed three-year agreement, and even that 1% won't be backdated to when the last collective agreement expired. "We are competing in an international market to attract and retain medical physicists," said Mr Munro. "When compared to Australia our salaries in NZ are 30 to 50% behind."

To address this gap APEX has proposed that salaries be increased by 4% every six-months in a two-year agreement. 'Our claim acknowledges that the gap can't be fixed overnight' said Mr Munro. "In the first year the union claim would cost an extra \$450,000 nationwide. Frankly that is a drop in the bucket compared to the more than \$5 billion budget of the six DHBs involved and is less than .008% of their total funding," he said.

'It is very disappointing to be in this position. Striking is the very last resort for health professionals. This is the first time medical physicists have gone on strike nationwide, demonstrating the urgency of the situation.'

The strikes will commence on Wednesday 27 May through to Sunday 31 May. For Capital and Coast DHB, Waikato DHB, Auckland DHB, Canterbury DHB and Southern DHB's this will mean medical physicists refusing to work any overtime during those days. For Mid-Central DHB it will mean medical physicists refusing to work on one of the machines (LA5) for the entire 5 day strike duration.

Medical Physicists are responsible for the delivery of radiation treatment in the correct dose to oncology patients. Mr Munro says it is the medical physicists' job to ensure that linear accelerators (which are used in the delivery of radiation) give the correct dose to millimetre accuracy.

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“If they make a mistake all the patients treated on that machine can be mistreated for any length of time. Unless there is a sufficient number of physicists available to ensure correct calibration of these machines, the results for patients can be catastrophic as has been seen in other countries. Our physicists do not want to risk that possibility for New Zealand cancer patients .”

The Ministry of Health acknowledges that the sector is facing a recruitment and retention crisis, but the DHBs refuse to face this reality. In June 2014 the Ministry of Health review of radiation oncology services concluded that there needed to be improved retention of existing staff across all work force groups and.....'**most urgently for medical physicists**'.

The report stated that in order to keep up with the ageing population and increased cancer cases, New Zealand will need to double its training of medical physicists to six per year and, most importantly, retain them in New Zealand.

“This is a small specialised workforce nationwide,’ Mr Munro says. ‘If we want to maintain our first world cancer service then we must pay these specialists who train for longer than doctors (at least 9 years) salaries that compete internationally. There is simply no other way to address the impending crisis.”

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Medical Physicists

Medical Physicists work in Radiation Oncology and are responsible for the delivery of radiation treatment in the correct dose to oncology patients. Radiation used in radiation therapy is powerful enough to kill cancer but conversely powerful enough to do a lot of damage to patients if delivered incorrectly. The effects of over irradiating patients can lead to burns and disfigurement, and life-threatening tissue damage, whilst under-treatment can also be fatal. It's the physicists' job to ensure that linear accelerators used in the delivery of radiation give the correct dose to millimetre accuracy. This involves extensive measurements when new equipment is put into use & regular quality assurance on all treatment devices. Physicists also assist radiation therapists & radiation oncologists in planning individual patient's treatment and checking that it is delivered correctly.
