



# Radiation Therapists' Newsletter



Winter 2020



## Satellite Site Planning Begins

Midcentral DHB has begun planning for the expansion of radiation treatment to satellite sites at New Plymouth and Hastings. In line with Government plans for new linacs in regional centres, the DHB released a 15-page discussion paper.

**Read the Discussion Paper [here](#).**

The paper outlines current thinking around expanding RT and includes proposals such as:

- True beam or Halycon linac;
- RT staffing of 3.42 FTE per machine;
- Rotating staff from base hospital;
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- RTs doing on treatment reviews;
- Completing breast, prostate and limited palliative work at satellite sites.

Discussing the proposal in a recent tele-conference, RT APEX delegates thought the proposal for staff to rotate out from base hospitals was ridiculous, as most people are not in a situation where they can pack up their life for a week and live in another city. In addition the document raises as many questions as answers, including:

- Low numbers per machine - no buffer for sickness;
- Nursing support unclear for prostate, bladder, bowel;
- On treatment review clinics – not safe without someone who can prescribe available;
- Acute radiation issues cannot be dealt with by regional ED, have to have RO reg available;
- There would need to be greater teaching of staff at the satellite hospital on radiation therapy treatment issues;
- NHS screens patients for co-morbidities at satellite sites, should we do the same;
- Brain/chest patients could be done at satellite, greater range of cancers than just those listed;
- What engineering support available?

Send through your feedback on the document including whether you think the proposal for rotating RTs is workable or not to your [delegate](mailto:delegate@rt@apex.org.nz) or [rt@apex.org.nz](mailto:rt@apex.org.nz)

# Merit Progression Criteria for RTs

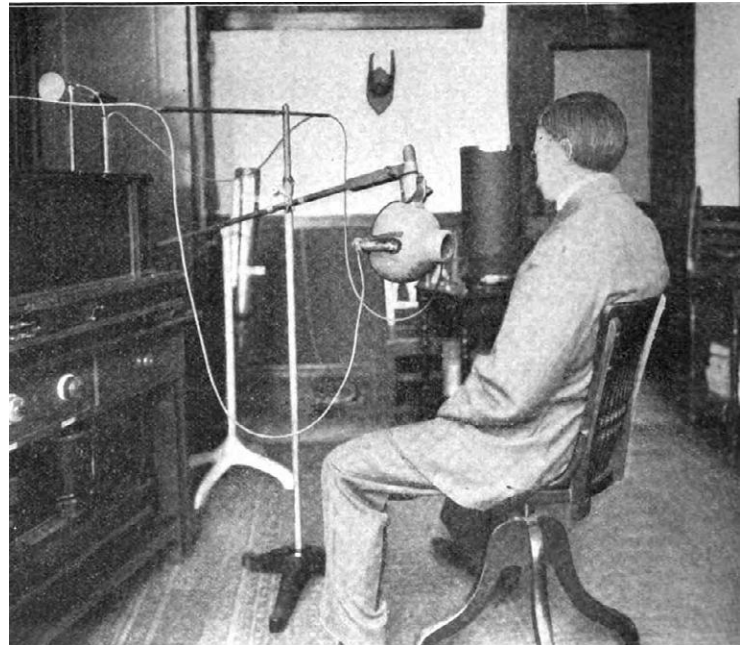
“The DHBs and APEX to establish a joint working group to review and determine merit criteria and progression at a DHB level, with the aspiration of developing a consistent approach across the DHBs under coverage of the MECA.”  
- 2019 RT MECA Terms of Settlement.

Work is now underway to get RT merit progression criteria agreed with DHBs.

Some draft criteria are now circulating that would set out advancement upon achievement of three (or two) of the following.

If you have additional tasks you think should be included – email [rt@apex.org.nz](mailto:rt@apex.org.nz)

- Has had a major role in the development of one or more significant programmes (e.g. a new clinical initiative) since last progression.
- Demonstrates advanced clinical or technical practice either by problem solving issues or clinical situations.
- Provides RT-led treatment review clinics for patients.
- Involvement in project work and or development of new radiation therapy initiatives with provision of evidence of implementation and success measures.
- Contributes to development of clinical policies, pathways, protocols, and guidelines at local or national level.



- Provides clinical leadership to other practitioners.
- Has had a substantial role in one or more research projects of relevance to the service since last progression.
- Site expert in a specialist radiation therapy field or senior RT at a satellite site.
- Develops clinical teaching material or delivers a formal teaching session to staff or students.
- Provides coaching, mentoring and development to other staff members and/or students.
- Takes leadership in promoting culturally appropriate delivery of services to Maori, Pacific People, and other cultural groups.
- Represents their profession while participating in working parties, professional groups, in areas of review, professional procedures.

- Has the knowledge, experience and training to handle the equipment, advanced maintenance and trouble shooting issues.
- Has been involved in the implementation of new technology within their department such as IGRT, SBRT/SABR.
- Safety Officer – Responsibilities for the department as the Health & Safety Representative.
- Has an active role with the NZIMRT or other professional group at either a local committee or national level.

Undertakes Post Graduate study, Certificate, Diploma, relevant to current area of practice or RT field of practice.

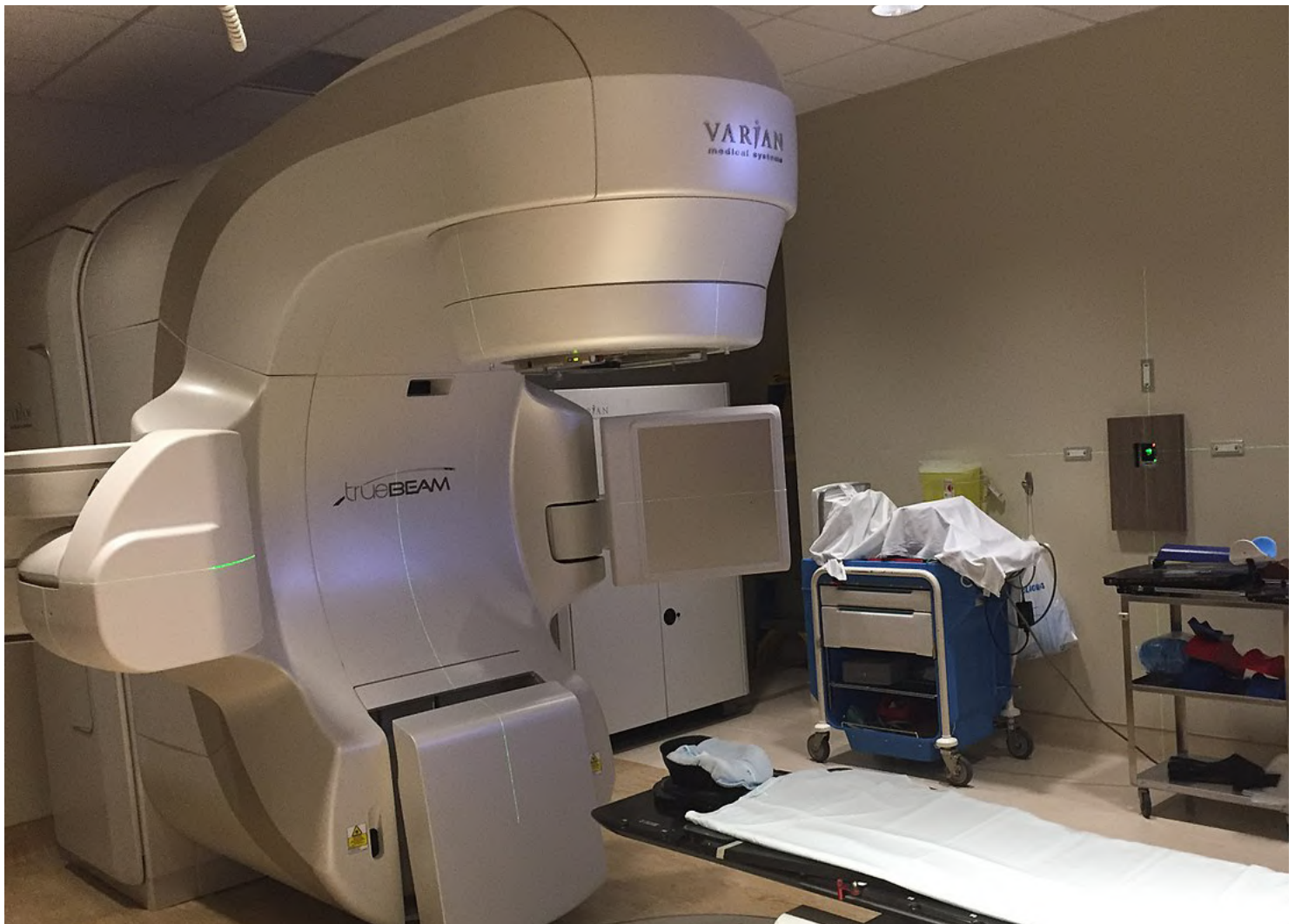
- Demonstrated ability to problem solve above that of a regular user (e.g. localisation, beam arrangement)
- Current IV cannulation certification.
- Any other criteria agreed between the parties.

### Survey on Merit Progression

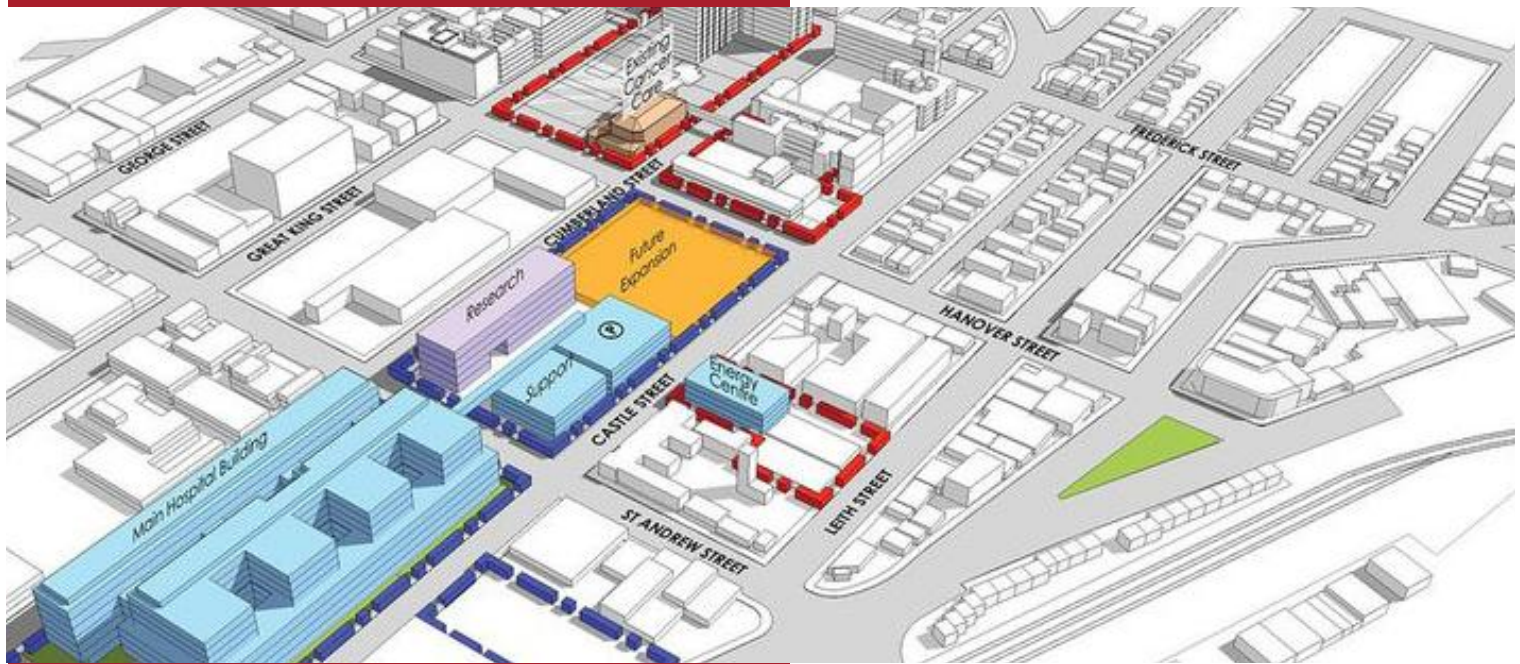
We will also be sending out a survey to all RTs on merit progression asking questions which will help when it comes to discussing the process and criteria to go in the collective agreements.

We will be asking you:

1. Are you eligible for merit progression (step 7 or above)?
2. Have you applied for merit progression in the last 12 months?
3. Were you successful in your application?
4. If you were unsuccessful, what was the reason given?
5. Apart from the tasks listed in the draft criteria, what other merit criteria should be included in the merit process?



# Around the Country



A letter to the New Dunedin Hospital (plan above) clinical leadership group has been sent to raise concerns at **Southern** over the decision to separate out the radiation therapy department from the main hospital including the new oncology inpatient unit.

Under the proposed rebuild ambulance trips for radiation therapy inpatient treatment are estimated at 1500 per year for approx. 750 patients ie. one patient, 1-30 treatments, 2 journeys per day. Some RT inpatients would require 4 ambulance journeys as they have treatment once in the morning and once in the afternoon.

**Auckland** RTs will soon receive a proposal from management for them to take over from medical physicists the task of running the linac's up each morning and another proposal to reconfigure on call arrangements. Keep an eye out for these.

Nominations are open for **MidCentral** RT APEX delegate after Nicole Fedorenko stepped down from the role. Thanks Nicole for your work on behalf of your colleagues.

## Part-time and Job Sharing

As well as looking at merit progression we are also beginning to look more closely at improving the options for part-time employment including job sharing. In our survey on merit progression you will also see a number of questions such as:

1. Do you currently work part time?
2. Would you like to work part time?
3. If you do work part time, what are the main benefits and the disadvantages?
4. If you do not work part time, and would like to, what are the main reasons for you not applying to work part time?
5. Are there options to job share all roles in your department?

## CPD Pools

Professional development pools are due to be topped up again by DHBs as the next financial year begins on 1 July. Because of Covid, unspent money from the 2019-2020 budgets should be being carried over into the 2020-2021 allocation. CPD pools are jointly administered by APEX delegates, managers and charge RTs.

