

APEX POSITION PAPER ON DEVELOPING RADIATION THERAPY SATELLITE SITES

The APEX position paper on the development of radiation therapy satellite sites has been published on our website, and provided to the Regional Cancer Treatment Service and the Ministry of Health. The paper was the result of feedback from RT members and delegates around the country and discussed and refined by Midcentral RTs during a stop work meeting in September.

The recommendations of the paper are:

1. Radiation oncology becomes a national service;
2. Satellite site linacs are additional to current DHB linac numbers;
3. Staffing of satellite sites is by permanently located staff;
4. Safe staffing of satellite sites requires 6 RTs, 2 Physicists and 2 Admin FTE;
5. Workforce discussions for satellite sites should begin before 2021;
6. Lack of workforce investment risks compromising the success of the expansion of radiation oncology.

The service has indicated it will be staffed by permanently located staff in the satellite regions with some rotation back to the base site for professional development and a range of cancers will be treated but with screening for co-morbidities.

One issue unresolved so far is around how many RTs will be attached to the site. The service is suggesting three RTs plus an RT co-ordinator

and planning done from base. However even without a planning RT, our view is that five RTs would be the minimum required to allow adequate leave, including short notice leave cover.



In all of the circumstances it would seem more than sensible for the service to err on the side of caution when deciding staffing model and numbers for these sites, especially where RTs will be expected to take on tasks such as on treatment reviews. We will continue to discuss with the service and the Ministry our views on the future development of RT sites, their configuration and the best way to organise the national radiation oncology grid. With the new Government promising structural change in the health sector, we have to ensure the interests of the radiation therapy workforce and our patients are protected during this process.

You can read the position paper [here](#).

MRTB PROPOSED CHANGES TO SCOPES OF PRACTICE

The Medical Radiation Technologists Board is proposing changes to qualifications required for registration for MRI and nuclear medicine technologists as well as sonographers. The proposed changes would loosen the requirements for postgraduate qualifications in the areas of practice and open the door to DHBs relying even more heavily on our overseas trained colleagues.

The discussion document suggests, "The Board has been advised of workforce shortages in at least some parts of the country which have been ongoing for some time, particularly for the practice of MRI and sonography."

But the MRTBs primary role is protecting the public by regulating qualifications and safe practice, not alleviating workforce shortages which are the product of years of underinvestment in medical imaging workforces to alleviate lagging salary rates and unsafe staffing resulting in burnout.

Radiation therapists should consider the proposal as the thin end of a wedge that could weaken public safety protection, particularly as the MRTB does not consider any risks to patients or the public in their proposal document.

You can read APEX's response to the MRTB proposal [here](#).

ADHB MERIT PROGRESSION WORKING GROUP

Working group meetings have begun with Auckland DHB to develop a merit progression process for RTs. Both parties have now swapped drafts of process and criteria and we will continue to work towards agreeing a suitable framework

that recognises and encourages RTs to work to the top of their scopes of practice and help their services meet the needs of patients including through technical expertise, professional development and service development.



LOOKING AFTER YOURSELF AND YOUR COLLEAGUES

2020 has been one of those years and with a new Australian survey of 10,000 healthcare workers finding that 58% report feeling burnt out, it is a timely reminder for us to ensure we continue to keep ourselves and our colleagues well by:

- Ensuring we get sufficient annual leave for rest and recreation;
- Ensuring we treat our colleagues with respect in the workplace, even when we disagree with them;
- Ensuring our colleagues and patients treat us with respect, and we address incivility, snarkiness, bullying, harassment and discrimination in the workplace promptly – either direct, or with support from our union delegates.
- Building a culture of respect in the workplace and working together to ensure DHBs are a good place to work.

SATELLITE SITES STAFFING UPDATE

Numerous working groups have been setup to assess the various requirements and challenges of establishing the Taranaki and Hawke's Bay centres.

Currently there is a lot of discussion around the impact the satellite centres will have in the regions regarding wrap around services such as psycho-social support, dietetics, and the impact on inpatient medical and nursing as well as ED.

Things are progressing quickly and we look to be finalising the staffing model by the end of the year.

HOLIDAYS ACT UPDATE

APEX continues to engage in the Holidays Act compliance and remediation working groups at a national and local level. A number of issues such as around casuals and MECA annual leave transfers are being worked through, and there is a hope that by the end of 2021 remediation payments will be beginning.

PAY EQUITY UPDATE

We are meeting with central TAS to train our delegates, including an RT delegate, to work through the pay equity process. The first step will be to describe and explain the different roles covered by the claim including RTs as a precursor to finding appropriate comparator(s), which then guide evaluation of the extent of the pay discrimination RTs may have been suffering.

COLLECTIVE BARGAINING- THE NEW ENVIRONMENT

Although MECA and SECA bargaining for RTs is not due to kick off until 2022, it's worth reflecting on some of the changes to the collective bargaining environment since 2019's round of negotiations.

"NZNO bargaining with DHBs is in progress now and the expectations of the government may hit the hard road of significant expectations of nurses that pay equity issues are addressed now, rather than kicked down the road. All eyes will be on how the nurses bargaining resolves, because of its role as a pacesetter agreement in health."

There are revised expectations from the State Services Commission setting out a restrained approach to June 2021. ASMS did a 1.9% rollover for 12-months just before Covid, but NZNO bargaining with DHBs is in progress now and the expectations of the government may hit the hard road of significant expectations of nurses that pay equity issues are addressed now, rather than kicked down the road. All eyes will be on how the nurses bargaining resolves, because of its role as a pacesetter agreement in health.

Making merit progression work, including by making applications for it under the current MECA/SECA framework dovetails with the Government's agenda for change in the health sector, including by encouraging initiatives that address health inequalities and experimenting with digital and electronic opportunities for innovation in the prevention and treatment of disease.

