APEX

AUTUMN 2021

Radiation Therapists

RT WORKFORCE RESEARCH WARNS:

"POTENTIAL MASS EXODUS"

Research published by Michael Taylor at Waikato DHB and John Oetzel from Waikato University at the end of 2020 on career intentions of New Zealand's radiation therapy workforce paints a stark picture of the state of the workforce with:

- Just 20 percent of RTs planning to remain in the profession until retirement;
- One quarter of RTs agreeing or strongly agreeing they would leave the profession if they could;
- One third of RTs are thinking of leaving their current workplace.

The research article 'The sustainability of the New Zealand radiation therapy workforce: Factors that influence intent to leave the workplace and profession' was published in the journal Technical Innovations and Patient Support in Radiation Oncology in December 2020 and presents the results of a survey in October 2019 which took feedback from 362 radiation therapists across both DHB and private sites.

In the discussion section of the article the authors write, "More than a third of New Zealand RTs stated they would change careers before they retire. This number is alarmingly high considering that only 13% of Australian RTs stated they would change careers. The reasons for leaving included working conditions, lack of challenge and variety of work."

"The majority of RTs are employed in a staff RT capacity and only 12% are practicing in specialist roles, with limited opportunities to advance within the current clinical environment. This needs to change to reverse the potential mass exodus of highly skilled RTs."

"Key stakeholders are now able to clearly understand the state of the workforce and prioritize areas for action. Supportive and flexible working conditions and opportunities for career advancement have the highest influence on RT workforce satisfaction and retention."

"Strategies that promote a positive workplace culture and develop new models of care for career advancement are likely to improve workforce satisfaction and retention of RTs in both the workplace and profession. Good workforce retention is crucial to ensuring a well-functioning, cost effective health service capable of delivering positive health outcomes for its population."

Read the article **here**.

3% PAY RISES EFFECTIVE FROM 8 APRIL 2021

Make sure to check your pay slips as new pay rates incorporating a three percent wage increase come into effect from 8 April 2021 for all members covered by the RT MECA + SECA.

The increases are the last round of salary changes under this collective agreement and take students wages to $41,720, RTAs to $47,311-$59,523 and RTs auto steps to a starting step of $60,654 and step 7 at $87,192. The merit step range now extends from $91,869 to $118,660.

AUCKLAND DHB FINALISES MERIT PROCESS; MECA DHBs MERIT WORKING GROUP UP NEXT

In February, after a year-long joint working group of management and APEX representatives Auckland DHB has finalised their merit progression process and criteria, with the aims of:

- Increasing the number of RTs engaging in meritorious activities, and therefore increase the number of RTs achieving merit;
- Creating a more user friendly pathway for RTs to apply for merit;
- Reducing the number of declined merit applications.

The working group was one of the outcomes of collective agreement negotiations in 2019 and the finalisation of the process and criteria allows for the new system to be tested and tweaked before being cemented into the collective agreement during bargaining in 2022.

ADHB merit criteria include:

- Leads/has a major role in the introduction and implementation of new technical practice;
- Presents a paper or poster at a local, national or international workshop or conference;
- Takes leadership to improve health outcomes for Māori patients;
- Leads/has a major role in the introduction and implementation of new clinical practice.

Over the next 18 months, the quarterly APEX delegates/ADHB managers meeting will monitor the efficacy of the new system, including looking at numbers applying, working on and completing merit processes.

> ***"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**

A similar merit working group provision was included in the terms of settlement of the RT MECA covering Southern, Canterbury, Waikato and Midcentral DHBs; and in early March, APEX wrote to the DHB's to convene the DHB MECA merit working group.

Making merit processes functional across New Zealand's public system of radiation oncology worksites is an essential first step towards ensuring proper recognition and support for advanced practice radiation therapists.

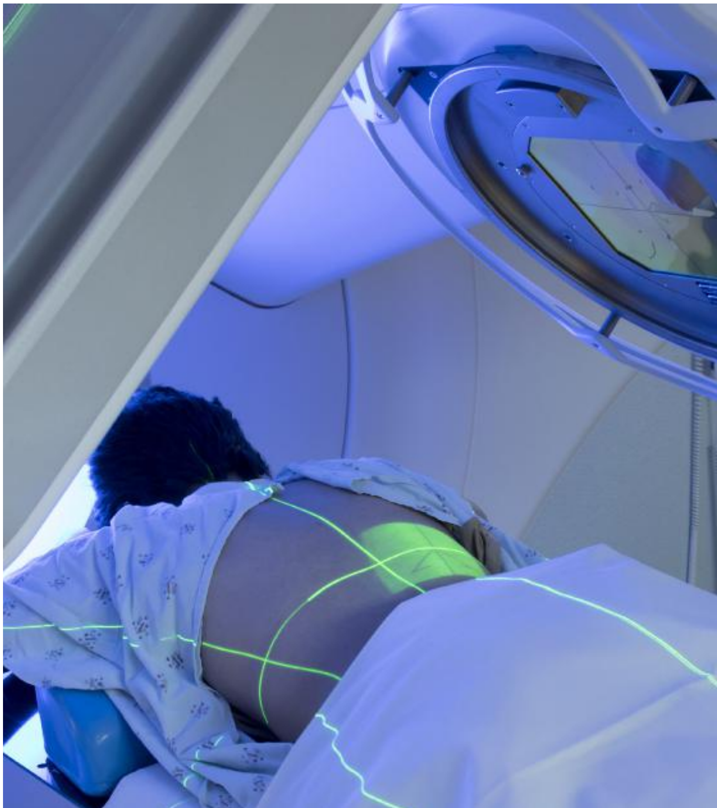
CANCER CONTROL AGENCY HIGHLIGHTS RT WORKFORCE CONCERNS

The newly established Cancer Control Agency – Te Aho o Te Kahu, has highlighted concerns about the radiation therapy workforce in its first report ***He Pūrongo Mate Pukupuku o Aotearoa 2020, The State of Cancer in New Zealand 2020:***

One example of sustainability concerns is in the radiation therapy workforce. The workforce is small, working across 10 public and private cancer centres. There are a low number of graduates each year and high vacancy and turnover rates, which place the workforce in a vulnerable position. In a recent study (Taylor and Oetzel 2020), only 20 percent of workforce survey participants planned to stay in their current career until they retired, with 35 percent expecting to change careers at some stage. The reasons for change included seeking a new challenge, better work conditions, more flexibility and career progression. The remaining 45 percent of survey participants were unsure of their plans for the future.

Concerns about the fragility of the RT workforce are not new but the Cancer Control Agency has helpfully highlighted for the Government what are critically structural weaknesses within the RT workforce – particularly the high turnover rates and absence of career development opportunities for radiation therapists. Read the report here.

ONCOLOGY AT NEW DUNEDIN HOSPITAL



APEX continues to engage with Southern DHB over the decision not to include radiation oncology within plans for the New Dunedin Hospital. The decision, which makes little sense, is deeply unpopular with oncology clinicians.

In December 2020 APEX requested that Southern DHB supply us with "All information, including reports and correspondence supplied to the Health Select Committee, related to the decision not to include radiation oncology (Southern Blood and Cancer Service) within the New Dunedin Hospital." The request was not responded to within the necessary timeframe, and was raised with the Ombudsman. The request is now being processed by the Ministry of Health.

COLLECTIVE BARGAINING IN 2022

There is less than one year to go before the radiation therapists MECA and ADHB SECA are back into negotiations. Both documents expire in early April 2022, and preparations for negotiations will begin in the second half of the year including the process of gathering and prioritising claims and putting together our bargaining teams.

But before we begin preparations for bargaining, we want to ensure any compliance issues are sorted out with DHBs. Compliance is a general term for issues related to DHBs not complying with the terms and conditions of collective agreements or legislative employment protections and rights.

This may include for example:

- Not paying salaries or allowances correctly;
- Not recognising roles or duties properly including the role of specialist radiation therapists;
- Incorrectly denying leave requests including Covid ILI leave;
- Giving less than 28 days' notice of rosters;
- Issues of inadequate health and safety.

If you are affected by any compliance issues you want resolved, get in touch with your delegate or the APEX office

TRON CONFERENCE - MAY 2021

APEX is proud to be a gold sponsor of the TRON conference being organised by our colleagues at Waikato DHB. We will be presenting a short presentation on our what we think the RT workforce needs to transform radiation oncology including through the development of satellite sites and the utilisation of the radiation therapy workforce to the top of the scope of practice.

Travel restrictions have brought to the fore the need for locally provided radiation therapy specific professional development opportunities and the TRON conference is an excellent step towards what will hopefully be an annual seminar for NZ radiation therapists.

APEX

RT DELEGATE INTERVIEW:

"ADVANCED PRACTICE IS A REALLY IMPORTANT ISSUE"

Karen Else is the RT representative on the APEX national executive and has been the Waikato DHB delegate for over a decade. Karen has just handed over her local delegate duties, but will remain on the APEX executive.

Where do you work and what do you do?

I work at the oncology department at Waikato DHB, I'm a supervisor RT running a treatment machine and looking after the workload of patients on that machine, co-ordinating their appointments and care along with the team. I've been working at Waikato DHB since 2008. I trained at Sheffield Hallam University and originally practiced in the NHS. The NHS radiotherapy practice was quite different to NZ as it is really hierarchical and rigid. Dosimetry is not as widely practiced by RTs, and it is mostly physicist based.

What do you enjoy most about being an RT?

I love meeting a huge variety of people from all walks of life and you are able to support them through a very difficult part of their journey and hopefully make it a little easier.

What do you find the most challenging about being an RT?

Probably the increasing pace of technological changes at the moment. Keeping pace with new techniques, imaging and software which comes with the machines and ensuring that is put to best use for gold standard patient care. It's been a big period of change over the last 18 months at Waikato and it has been hard yakka keeping up and making sure procedures are up to date and your team are trained and feel supported in introducing new techniques. We have Varian linacs and we use every bit of their hardware and software we have been given, utilising the machines to their fullest ability. Ultimately it makes the patients treatment and care much better but does require a lot of input, training and thought by us as a team.

How did you become involved in APEX?

I got involved with APEX a year after I started work at Waikato. A colleague approached me who had stepped down as delegate, she said she thought I would be a good fit for the delegate role. I took it up without really understanding the role. It was a baptism of fire! I was new to the country and new to the political health care system. And very soon after I took up the role, we were into contract negotiations which were fiery and feisty.

At the time Waikato had low RT union membership numbers and there was a perception from other delegates that we had been poor at supporting other departments, so I faced an uphill challenge to prove myself and my department were committed union members and we would be standing with our colleagues. The proof is in the pudding, because since I became delegate our union membership has increased significantly and we've stood up to the plate, supporting other departments when they need it.

How have you found representing RTs on the national executive of APEX?

I really love seeing the next step up within healthcare and having the umbrella view of healthcare nationwide for all allied, scientific and technical health professions. It's not just about RTs, but all allied, scientific and technical trying

to be seen and heard, and having recognition of of our role alongside nurses and doctors. I enjoy helping make AST groups more visible.

What do you think APEX should priorities for the next round of RT contract negotiations?

We fractured at the last contract negotiations. Auckland went off to their SECA, and Wellington went as well. I would like to see RTs come together and stand together and ensure our contracts are not diminished. There is a risk of being dragged down to the lowest common denominator if we do this. We need to fight for staying where we are and going up.

What needs to be done to keep RTs in the workforce?

Advanced practice is a really important issue and something NZ RTs have not been able to do. There are many areas we could move into and become advanced practitioners if we can get around the politics and get a decent theoretical education. NZ being small, we do not have several universities to choose from, so we are forced to look overseas. We need to look at what advanced practice could and should look like and include this within the RT MECA. There are roles people are currently doing which are advanced practice but they are not recognized as such. We need to recognize these as advanced practice RTs with their own remuneration table in recognition of their particular skill base.

Do you think the MRTB should look at an advanced practice scope of practice?

The MRTB should look at a lot of things in our scope of practice as it is not particularly fit for purpose in the modern world and a bit like NZIMRT, the focus is more on medical imaging than radiation therapy. They need to talk to RTs about advanced practice, what we can do – and act on it. Not just create documents from a distance, ask for submissions on and then do nothing about it. We also need a scope of practice for RTs no longer in clinical roles. We have highly skilled RTs in specialist roles, having to complete clinical hours to remain registered, including managers, and research and quality RTs.

How do we support part-timers and greater flexibility in the workplace?

I think managers need to stop looking at them as a financial issue and start valuing their experience, and giving them the same opportunities as full timers get, including opportunities for promotions and advancement, and to job share senior roles. It is disgraceful they cannot and an area that needs urgent attention. We are seeing highly skilled RTs either being downgraded to staff RT roles, or leaving the profession entirely.

Your department is organising the TRON conference. What are you folks hoping to get out of this conference?

This is the first ever only RT national conference. For us it is about networking and finding out what everyone is doing best and finding those problems and areas people want to develop and being able to identify other departments which can help them. Then we can bring the whole country's quality of radiation therapy up. We practice to a high standard in New Zealand and I do not think we always realise we do. Getting together and talking and presenting to each other, and being free to be honest about problems, or areas we want to develop, having face to face conversations and problem solving groups is far more effective than email. Hopefully this will become an annual thing and other departments will take up and run with it.

What do you enjoy doing outside work?

I love walking the dog with my partner, we have a Huntaway cross. It's a great way to get out, exercise and relieve stress. We have recently become empty nesters, so are enjoying getting our house back. We also love travelling around New Zealand - particularly to wine regions!

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