



## RADIOTHERAPY SERVICES FRAYING AT THE EDGES

Our public radiotherapy services are showing signs of being worn out by increased need and inadequate investment.

Recent indications the system needs investment in increased capacity of workforce and linacs include:

- Waiting list for FSAs at Southern is over 150 patients and patients being diverted to private.
- Waikato's cyber attack pushed some patients to Auckland but most others into private centres as DHBs did not have spare capacity.
- The timeframe for placing linacs in Hawke's Bay and Taranaki has blown out from 2021 to 2024 and Whangarei to 2025.
- Midcentral has suffered a major linac breakdown necessitating replacement.

- Management at Auckland were considering a Saturday shift to meet a recent spike in demand.

Restoring the network is going to require radiation therapists be employed by Health NZ in the right numbers with the right specialist skills in the right places to provide the treatments New Zealanders need and end the 'postcode lottery'.

As we prepare for collective bargaining in early 2022 its important for radiation therapists to start thinking what how can we improve the system to better meet both patient needs for better access to care and RTs need for iimproved work/life balance and career opportunities.

## TRON CONFERENCE A SUCCESS



Despite Waikato DHB being in the midst of a major cyber attack, the radiotherapy department hosted a hundred and forty radiation therapists for the TRON: Transforming Radiation Oncology conference at the end of May.

The conference highlighted some of the exciting and agile ways radiation therapists and physicists are improving patient outcomes and service delivery, including through the use of CPAPs in lung SABR, using 3D printers for bolus, improving patient appointment experiences, increasing equity and DIBH implementation.

APEX RT advocate Omar Hamed presented our view

on the future for radiation therapy during the Saturday programme, with four central themes – agreement of a national workforce development plan, improving career opportunities, increasing flexible working to support family friendly careers and sustainable staffing for expanded services.

We look forward to Auckland hosting the 2022 conference and to annual conferences of radiation therapists become the national fulcrum for the sharing of continuing professional development, ideas for service improvement and collaboration on safety, quality and equity.

## SICK LEAVE – YOUR RIGHTS

All RTs covered by the MECA or ADHB SECA are entitled to 10 days sick leave per year. But with Covid and the recent spike in winter bugs, illnesses and RSV – some members are running out of sick leave.



The contracts also provide for 10 days discretionary sick leave if you run out of sick leave. We expect all employers will take a flexible and reasonable approach to allowing discretionary sick leave especially as we are in the middle of a global pandemic and a local outbreak of RSV.

If you have any issues accessing sick leave contact your delegate or [APEX](#).

### Improving Career Opportunities

- Consistent and clear merit progression process and criteria in the collective agreement.
- Pathway to advanced practice RT roles and recognition of their value.
- Currently just 12% RTs practicing in specialist roles.
- Wanting a new challenge main cause of RT career disillusionment.

### Flexible Working Arrangements

- 52% of Radiation Therapists would like the opportunity to work part time.
- Frequently mentioned by our members that part time arrangements allow better work life balance especially for parents.
- Protective factor against burnout.
- Many departments prevent job sharing of senior and specialist roles

## MERIT WORKING GROUP

We have written to the MECA DHBs and suggested we convene the working group on merit progression on 23 August by Zoom. So far the DHBs have not responded... which shows you how much they are committed to advancing professional practice for radiation therapists! Not at all.

## PHYSICIST NEGOTIATIONS BEGIN



Collective agreement negotiations for medical physicists are due to begin in August with APEX members claiming pay increases, improvements in allowances and reimbursement for annual eye tests.

# WHAT HAVE RADIATION THERAPISTS GAINED THROUGH APEX?

If you are new to APEX or the profession of radiation therapy you might not know what RTs have been able to achieve through APEX. Radiation therapists have been APEX members since the 1990s and since the year 2000:

- The starting salary for RTs has gone from \$34,729 to \$60,654 and the automatic annual steps has gone from 5 to 7;
- Annual leave has increased from 17 days for new employees and 22 days for staff with five years service to 20 days and 25 days respectively;
- CPD has also improved markedly from being dictated by Board policy, to having our own entitlement to both reimbursement and

leave managed by a joint union management committee.

- And so much more.....

So if you are new to the workplace and find yourself working with a long serving RT, take a moment to thank them for the improvements they have achieved over their career.

## CONGRATULATIONS TO LOUISE SIMONSEN, ADHB CLINICAL DIRECTOR

APEX extends its congratulations to Louise Simonsen, who is the first radiation therapist appointed to be the clinical director of radiation oncology at ADHB. Louise was made a life member of APEX in 2013 for her role as a delegate representing radiation therapists. We trust Louise will do an excellent job in her new role.

# DELEGATE INTERVIEW: "WE ALWAYS THINK OUR DHB CAN DO BETTER"

*An interview with Brett Taylor, one of three APEX delegates at ADHB.*



### Where do you work and what do you do?

I work as a Treatment Senior Radiation Therapist at Auckland DHB. On a daily basis I work with a small team in a big organisation however a lot of our collaborative work requires the input of some or all of our 80 Radiation Therapy staff.

### Before Auckland where else have you worked?

I graduated in New Zealand in the last millennium and worked at Waikato for a few years before going to England for ten years where I

worked in the NHS. Back in those days it was a good place to base yourself for European travel. Then I went to Australia and worked at the Peter MacCallum Cancer Centre for ten years before coming to Auckland. At the MacCallum Centre we also worked in regional centres outside Melbourne. The centre had a focus on high end research and treatment which was an environment I really enjoyed.

### **What do you enjoy most about your job?**

As the largest radiation therapy department in the country we have a huge catchment area and very diverse range of procedures and complicated treatment techniques, we utilise high end equipment and some of our work areas are wall-to-wall computers, this job for me though has always been about the patients we care for and having a terrific multi-disciplinary team ensures we offer the best treatment and support for those in our care.

### **What do you do as a delegate?**

I'm one of three delegates based in our department as we have having nearly 80 employees at ADHB. Eden, Christie and I are always available to discuss working conditions and issues that come up for our members, we regularly attend meetings with senior management to discuss current practice and any areas for workplace improvement. As we approach bargaining in 2022 there is increased communication with other delegates across NZ to see if there are any departmental trends that the profession could approach collectively for the benefit of all practitioners. One of the big questions members ask us is where we can find our collective agreement and how many shifts do I need to qualify for one day of shift leave.

### **How did you find being part of the merit progression working group?**

I enjoyed being part of a collaborative group, our delegate team along with management did a lot of work to identify processes and practices as well as local achievements deemed meritorious. We helped guide the process to ensure it wouldn't be

prohibitive to staff and importantly we monitor and track the progress of those embarking on this process at regular 3 monthly intervals.

### **You were also involved in creating a patient booking platform at Auckland?**

Yes, we created a tool where people could indicate what times they preferred attending for treatment. It was a patient centred booking tool which we hoped would encourage patient centred care. Unfortunately the tool has not been implemented during Covid.

### **What do you think priorities for bargaining next year should be?**

This will be my first time going into bargaining as a delegate, the last few years have been challenging and I believe DHB's need to recognise the role of wellness and mental health in the workplace. Shining a light on this area I think is important to reduce the burden often placed upon staff who are balancing work/life stressors beyond their control.

There is also a tension in radiotherapy where it makes a lot of sense for us to all go into a nationwide collective agreement, but I wonder if it is also the case that Auckland always has to be the ones to lead as we are the biggest, most beautiful and stropky bunch of RTs in the country and we are well organised in the union and always think our DHB can do better!!

### **What do you enjoy outside work?**

As much as I love my job I try not to think about it when I'm away from work, I often enjoy going for a nice long run, eating my body weight in carbs and wash it all down with a few beers with friends.



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