

# STUCK!

## SIXTY-SEVEN RADIATION THERAPISTS ON STEP 7 ACROSS NEW ZEALAND

**Data released to APEX under the Official Information Act shows that 67 radiation therapists are stuck on step 7 across New Zealand, the current top automatic step of the salary scale.**

The data shows not enough has been done to progress senior radiation therapists into advanced roles and into recognition as specialists. With 270 radiation therapists employed across the DHBs surveyed, this means almost a quarter of RTs are on step 7, with many stuck there for years.

A comprehensive survey of information about staffing numbers, remuneration, sick leave utilisation and treatment volumes sent to DHBs in August paints an increasingly concerning picture for radiation therapists around the country.

Although overall vacancy rates are low, turnover is high, particularly in the South Island, with Canterbury DHB clocking a 15% turnover rate. And the information shows patients in four DHBs are waiting longer than 3 months for a first specialist assessment.

Our analysis of the way DHBs recognise RTs in specialist roles shows at least one DHB is gaming

the MECA. Midcentral DHB recognizes only one RT - a planning specialist. That is despite Southern recognising 10 RTs as specialists and Auckland recognising 13 RTs as specialists. This suggests Midcentral is not properly recognising specialists.

Beyond planning there is no consistency about the specialties being recognised. For example, just one DHB recognises a palliative care specialty and another a brachytherapy specialty but the others do not.

As a reminder a specialist RT means: *a Radiation Therapist who is appointed as having clinical expertise related to specific area(s) of radiation therapy and may be called upon in an advisory capacity to assist other employees with difficulties encountered with specific situations relating to their area(s) of expertise.* For example, do you have a go to person for head and neck?

With merit progression processes now agreed across the country and less than four months before the initiation of collective bargaining for RTs it's time for us to start thinking about how we can promote better recognition of specialist RTs, and free up some movement for RTs currently stuck on step 7.

# ROAD TO RADIATION THERAPY BARGAINING 2022

The road to collective bargaining 2022 is going to be slightly different this year as we bring the two collective agreements for RTs back together for a national collective agreement ahead of the merger of DHBs into HealthNZ in July 2022. Here is what to expect and when:

**13-17 December 2021** – Survey Members on Bargaining Claims and Secret Ballot on MECA Arrangements

**20-24 December 2021** – Claims Sorted and Finalised.

**4 February 2022** – Notices of Initiation of Bargaining Sent.

**February/March – 2022** – First Rounds of Collective Bargaining

**7 April 2022** – RT Collective Agreements Expire



## OIA DATA FROM DHBS ON RT STAFFING

DHB	FTE	Headcount	Annual Turnover	Vacancy Rate
Auckland	72.9	81	9.1%	0
Waikato	41.0	47	7%	7.3%
Midcentral	42.16	55	3.77%	0
Canterbury	46.5	60	15%	4 FTE
Southern	ND	37	10.81%	1 FTE

## RT SPECIALIST NUMBERS AROUND NZ

**Auckland** has thirteen recognised as specialists – including as pre-treatment, applications and treatment specialists.

**Waikato** has eight recognised as specialists – 6 in pre-treatment, 1 in palliative care, and 1 in quality, development and research.

**Midcentral** has one RT recognised as specialist. A planning specialist.

**Southern** has ten recognised as specialists – 7 in pre-treatment, 1 in stereo radiation, 2 as specialist treatment review RTs.

**Canterbury** has six recognised as specialists – 4 in pre-treatment, 1 in research, quality and development and 1 in brachytherapy.

# MERIT PROGRESSION WORKING GROUP

The first two merit progression working groups between MECA DHBs and APEX have been held on 20 September and 22 October by Zoom. Representing APEX were Omar Hamed, advocate, Karen Else, RT divisional secretary, Nadia Smith, Southern, Carolyn Gunn and Greta Lewis, Canterbury, Chrissy Luke, Midcentral.

DHBs were represented by Kevin McFadgen, advocate, Michael Taylor, Waikato, Phillipa Daly, Canterbury, Marie Burnell, Midcentral. The proposed wording for an all of MECA merit progression process has now been agreed and circulated to all RTs covered by the MECA.

# DO WE NEED UNLIMITED SICK LEAVE?

We are increasingly seeing RTs running out of sick leave, especially parents whose children caught RSV. In data supplied under the OIA we can see that for the 1 July 2020 to 1 July 2021 period the median sick leave usage by RTs is high, especially at Auckland DHB. This reflects both the impact of Covid, RSV and better awareness of the need to stay home when symptomatic with influenza like symptoms.

APEX has been supporting a number of colleagues around the country to access discretionary sick leave under the MECA – which is up to an additional 10 days. We have had limited success, with Waikato being more open than Auckland to allowing this.

## RT Sick Leave utilisation rates by DHB

DHB	Average	Median
Auckland	8.1	7.5
Waikato	7.01	6
Midcentral	10.425	9.225
Canterbury	10.4	5.6
Southern	7.4	5.4

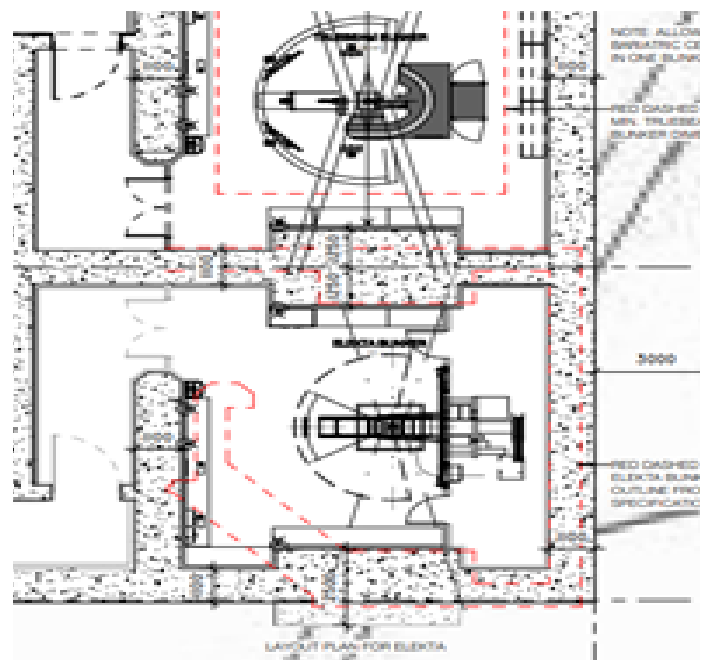
Obviously, if DHBs are going to block members, who work directly with immuno-compromised patients, accessing discretionary sick leave during a pandemic/public health emergency – it may be necessary to consider whether we claim for unlimited paid sick leave in the next round of bargaining.

# MAZE DISCUSSIONS FOR SATELLITE SITES

APEX has recently been in contact with the satellite site project team planning the Hawke’s Bay and Taranaki linac site development to make it clear we do not support designs for bunkers that do not include a maze.

We regard the maze as an absolutely crucial element of safe workplace design, and we were pleased to hear that after uming and aching, the DHBs have decided mazes will be part of the bunker design.

Excerpt from current Hawke’s Bay bunker plan attached.



## RT DELEGATE INTERVIEW:

# “THE WORKING CONDITIONS WE HAVE NOW, WE HAD TO FIGHT FOR”



**Greta Lewis is one of two APEX delegates for Canterbury DHB radiation therapists.**

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

I work four days a week as a staff radiation therapist at Christchurch Hospital. I do a little bit of everything – radiation treatment, and I've just come out of the dosimetry area where we do the planning. That was a little bit of a learning curve as I've spent most of my time on treatment and that's where I'm at my best I think. I've also had roles as a quality and research development and senior RT.

### **Why did you become an RT?**

Originally there was no way I was going to work in a hospital. I couldn't stand the thought of it when I was younger! And then I did my gold Duke of Edinburgh award and had to work in a retirement home. I ended up working casually there until I was accepted into the radiation therapy programme back in 1985. I'm from Timaru so had done a work exploration week at Christchurch Hospital, and we went round different areas and had a look and that's when I came to radiation therapy and had a look. Really liked it and that was that!

### **How has radiation therapy changed since 1985?**

It has changed massively, especially the difference technology has made. When I started we used computers but not to the extent we do now. A lot of manual stuff was done - planning and recording measurements and now a lot of it is computerised. The workload as well. More, always more. And because the technology has improved, you've got

more complex treatments. Keeps my brain working!

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

It's a combination of things. Radiation therapy is a good balance of technology (planning of treatment, how the machines work, all the information you need to know to deliver the treatment) but also the balance of working with patients, caring for patients and helping them get through their treatment as best as you can.

### **What do you find challenging about your job?**

Time, resource. I don't like to use the word busy. But we are. We have a lot of patients coming but there is so much more we could do. The way we are treating patients is great, but I have an interest in supportive care, and while we do an excellent job, we could do more. In Christchurch a multi-disciplinary group has put together some supportive care resources with a view to having a wellbeing questionnaire for patients like they use in private. But we just don't have the time and resources to get it off the ground.

### **What has been the impact of Covid on care?**

I guess it has been the fear of both patients and staff of what if I give it to, or catch it from someone. The big thing for patients is not having their support people in the hospital and we miss a lot not being able to talk to their support person. You get a lot from them on how the patient is coping with treatment.

### **How did you come to be the APEX delegate?**

I've been the delegate on and off over many years and I enjoy it. How bargaining and contracts work is

## “WE NEED TO FOCUS ON STAFF WELLBEING AND STAFFING NUMBERS”

really interesting, and I like supporting Carolyn who is our main delegate at Canterbury.

### **Why is it important for RTs to belong to APEX and be active in bargaining?**

I had a talk to the new staff about the exact same thing. I've been a member of a union since I started in radiation therapy. A lot of the conditions we have now we have had to fight pretty hard to get. The last few years we've been a lot more comfortable with where we sit. But that's from the prior hardwork and I recognise and appreciate that from those who came before. And strength in numbers. The more people we have on board the more we can do to help ourselves which then helps the patients.

### **Bargaining is coming up shortly, what should we focus on in negotiations?**

Staff wellbeing, particularly Auckland and Waikato

with the length of lockdowns. It makes everything so much harder. Staffing numbers is another thing we need to look at, especially with the move to Health NZ. As you get older you realise how important Kiwisaver is, and younger RTs are stuck in a situation where they were going to travel but now they are not. But they don't have enough money to buy a home, so that makes people think more about Kiwisaver too. Six percent is a good amount to put people in a good position when they reach retirement age. It would be great if employers could contribute more.

### **What do you like doing when not at work?**

Gardening, catching up with friends, hanging out with family, exercising our two border collies. It's been a different kind of year, Covid has changed a lot of the social interactions we usually would have had. But we are looking forward to that relaxing over the next little while.

## VOLUNTARY BONDING SCHEME EXTENDED TO 2022

The Ministry of Health has confirmed radiation therapists will be included in the voluntary bonding scheme (VBS) for 2022.

Fourteen radiation therapists applied and were accepted as part of the 2021 intake.

Earlier this year we wrote to the Ministry of Health and asked for the VBS to be extended to allow retrospective eligibility for RT graduates between 2017 and 2019.

## CPD POOL FUNDS WILL CARRY OVER

One DHB has agreed to roll over unused CPD pool funds for the 2020-2021 year to the 2021-2022 year, and we have written to two other DHBs to ensure they roll over their unused funds. We believe rolling over unused CPD funds, which are quite significant in some DHBs is consistent with DHB Covid FAQ advice:

“What happens to CME or Professional Development funds that are expiring? We will carry-over any expiring CME or Professional Development funds that are at risk due to the governments travel restrictions.”

