

RADIATION THERAPISTS NEWSLETTER

SPRING 2022 EDITION

New Pay Rates Implemented



The new APEX and Te Whatu Ora contract has now been implemented or will shortly be implemented in all Districts. The second salary increase will come into effect in two weeks' time on 5 December 2022.

The contract implementation comes after a round of bargaining whereby RTs reformed a national collective agreement and notified strike action for the first time in a decade.

APEX RT membership has also grown substantially

over the bargaining, up by 10% since we initiated negotiations in February.

As a result of our bargaining, RTs were the first group in the health sector to successfully thaw the government's pay freeze on those paid over \$100k. We also secured:

- \$5700 increase on every step;
- New automatic step 8 for RTs;
- Removal of bottom 2 steps of RT assistant scale;
- Accelerated advancement provisions for those who complete post-graduate qualifications;
- Additional discretionary sick leave;
- Minimum step 12 for advanced practice RTs;
- Out of cycle progression able to move RTs up the automatic scale if indicated by advanced job content, skill shortage, position responsibility or performance.

Payroll was quickest in Canterbury and Auckland and slowest in Midcentral and Waikato. In the end, we had to warn Districts that dragging their heels on paying our members, would be seen as a breach of the Wages Protection Act 1983. Under the Act, a failure to pay wages in full when owed is considered a "serious breach of duty" by an employer of the wage-work bargain.

We have also been informed that a nationally consistent position has been adopted to move those who got to step 8 by merit progression to step 9. New

employees with more than seven years' experience as an RT will also move to step 8, effective 4 July 2022.

As part of the terms of settlement, Te Whatu Ora and APEX will be working to determine an agreed framework for merit progression which can be used nationally by 8 March 2023, six months after settlement. Work on this will begin shortly. One of the issues we will be seeking to address is a better process for movement for those in positions where the minimum step is outlined in the contract, i.e. supervisor, specialist and senior roles as well as

educators, PLs and CTLs.

One of the other things we will be keeping a close eye on is the development of advanced practice positions – Auckland is further ahead than the rest of the country with two pilot positions in place.

The new RT contract will expire in April 2024, so the next contract will be initiated in just under 14 months' time. If you have thoughts on the shape of that contract and future claims, let us know at rt@apex.org.nz

RO Shortage in the South

Radiation Therapists at Dunedin are increasingly concerned that management have no plans to deal with a worsening shortage of radiation oncologists. The full cohort of 6 RO FTE, is currently at 4.8, and with expected resignations and retirements will get to 2.8FTE by the new year. There are also shortages of Medical Physicists in Dunedin. How much worse do things have to get before senior management actually do something?

At the beginning of 2022 the Southern Blood and Cancer Service had a report from consultants ErnstYoung make recommendations for prioritisation of recruitment and succession planning for ROs, but has anything actually been done?

New Linacs in the North

Development of a new radiation therapy site at Whangarei Hospital is underway with the planning for the building to be finished in 2025, and the first patients treated in 2026.

There is also planning for a site to be established in Counties Manukau, but there is as yet no firm plans for either a site or funding for this.

Eagle-eyed RT Spots Unpaid Public Holidays

An eagle-eyed radiation therapist who recently resigned from Auckland spotted a discrepancy in her last paycheck, she was not paid for a public holiday which fell the day after her last working day but before the day when her accrued annual leave finished. Auckland had been applying only the rules in the Holidays Act, whereby public holidays are only paid if an employee have more than four weeks of accrued annual leave.

However, the APEX and HNZ RT Collective Agreement has a provision which covers situations where less than four weeks of accrued annual leave is paid out and a public holiday falls during that period: "When an employee ceases duty, salary shall be paid for accrued annual leave and the last day of service shall be the last day of such accrued leave."

We are requesting mediation on the matter.

“We are Stronger Together”



An interview with Eden Simpson, one of three APEX delegates at Auckland City Hospital.

Where do you work and what do you do?

I work at Te Toka Tumai (Auckland City Hospital) and I'm a staff radiation therapist. I'm in treatment at the moment, on the late shift. We have a whole host of patients who come down to us from Northland who we don't have space for in the day, so we've got two late shifts at the moment. I qualified in 2014 in London from Southbank University, and then I went up to Edinburgh and worked there for six years before coming to New Zealand at the end of 2019.

What makes a good day of work for you?

The machines are running, is always a good start. It's

nice coming in and seeing our patients each day, seeing how they're getting on, developing that relationship with them, helping them through what's a very difficult time in their life and bringing them that little bit of normality—as much as you can—and seeing them as a person. Here in Auckland, we have people coming in from all over the world so just getting to know them and learning their stories. I enjoy learning new things and there's always something new to learn in radiation therapy, whether it's a new technique or a new shortcut, or something to make things more efficient.

What do you find most challenging about your job?

There's too much to do. The role has grown so much over the years and so has the workload, both here and internationally. Being able to safely deliver treatment, evaluate images while you have patients coming in and trying to ask you questions, making sure that the patient on the bed is not in too much pain and that they're safe and secure. We're just pulled in too many directions and there's not enough of us—that's what I find hardest.

How long have you been an APEX delegate for?

Nearly three years now. I arrived in the country in December 2019 and was called into a potential members meeting letting us know about the union and its roles and why we should join. Having already been done over by a previous housing contract, I'd made sure to read my way through the contract and I had lots of questions. Afterwards, one of the previous delegates asked if I was interested in the role and I took it as an opportunity to learn more about how things work here—get an understanding

of how radiation therapy is different in New Zealand, how can I understand what it is I'm doing and the structure that I fit into.

What have you learnt through being a delegate?

I've learnt to listen and to advocate for opinions that are not necessarily my own feelings. I'm here to represent members and the interests and concerns that they bring to me. Also, trying to help lift people up. We can do things and make it work; we don't have to take no for an answer. That's what I've learnt.

How did you find this last round of bargaining)?

The overall negotiation process was a lot smoother than I expected, but things were moving at the speed of Enterprise. Members were coming to me with questions that I didn't have the answers to or there were no answers yet, trying to give reassurance, reporting back on a very changing landscape and feeling accountable to that. I really didn't like having things change quickly under my feet, but it made me focus on actually paying attention to what we can do, how I can support myself and my colleagues.

What do you think APEX needs to focus on in the next two years, leading up to the next round of contract bargaining?

I think we really need to focus on valuing the skills that our colleagues bring—I think there's been a lot of really good work at the lower end of the scale. We need to recognise, for example, people in the automatic steps who are doing well, recognising Master's work, recognising all sorts of fantastic things that are coming into the contract. But I feel like a lot of the senior and specialist roles largely come few and far between, so we need job-sizing, we need to create more opportunities for people to go into these roles so they feel valued for the work that they do and they feel challenged. I don't mean challenges of just "we've got too many patients to treat and not enough time", I mean actual things that help them think and grow—there are so many people who come to me and say they don't feel that

their skills or desires for career growth and progression are being met. I think finding more opportunities, whether it's advanced practice or site specialists or information specialists, that we can do to make the best of our workforce and give them something to work towards and be recognised for.

In Auckland, we have quarterly meetings with management—how useful are they as a way of resolving staff management issues collaboratively?

It's really good to have that face-to-face across the table, actually talking to people face-to-face, having a laugh and hammering down on these issues is really good to keeping that relationship alive. Without a relationship, I don't think you can do much.

Why is it important for radiation therapists to belong to APEX?

We are stronger together. The number of people that think what they're going through—if they're having a contractual issue or whatever else—think that they're the only one going through it, but you're never alone. We can look after each other and we can fight to get good recognition for our profession, advance our profession, and make it an attractive place to work and to be.

What do you enjoy doing when you're not at work?

I enjoy baking and I enjoy playing video games. I like baking cakes mainly, I'm good at doing this with my eyes closed. My go-to cake is chocolate cake with either orange or dark cherries.