

	<p>I feel there is real disconnect between RTs and MRPs and ROs. MRPs since their pay rise I have seen an over reach of their importance and I feel a loss of professional integrity and respect as a RT</p>	<p>Lack of different pathways for career progression</p>			
	<p>Within my immediate profession I feel somewhat part of the team, however, due to significant differences in salary between disciplines such as medical physics I feel extremely undervalued within the multidisciplinary team. This is evident through the clinical decisions I am making on a daily basis which give our patients the best possible clinical outcomes. The decisions I am making are in some circumstances the same as the Radiation Oncologists. I also daily perform tasks that are well and truly beyond my pay scale and therefore feel not valued as a member of the multi-disciplinary team. It is inequitable and this is outlined in our recent scope of practice and how much this has increased from when this was reviewed last. The role of the Radiation Therapist has expanded and diversified significantly and it feels inequitable that colleagues are being numerated however, our profession is not.</p>	<p>Only sometimes and with some groups, there is so little place for career progression that it can get very competitive and nasty</p>			
	<p>Up until recently I felt like a part of an integrated team within the department and Qld health. This has been fractured due to qld health's payment of the physicist's allowance without following due process and thorough investigation. The disparity this now presents is intolerable</p>				
	<p>Not recognised as equals amongst my peers within my Team. there's a massive pay disparity between RTs and Physics despite same role description. Physics did not increase KPIs or responsibilities for their pay rise gain. They did not have a retention issues and RTs need to be equally recognised. RTs ability to transition within our profession is poor and pay parity would alleviate much of this issue.</p>				
	<p>I feel undervalued by metro north, based on the immense workload and continuing growth of my role. It is not recognised</p>				

	<p>I feel a part of the team within the radiation therapy group, however over the past year there have been power shifts within the MDT. For example, other professions (namely physics) have been expanding their professional role responsibilities to overlap with RTs and RT QA, and have been occupying clinical machine time taking away time from clinical patients. With these shifts, I feel that we as radiation therapists role have lost "our say" and become undervalued.</p>				
	<p>Currently, with the unfair pay disparity between radiation therapists and medical physicists, this is negatively impacting the working relationships of the two occupations</p>				
	<p>Pay disparity has caused tension within staff of department</p>				
	<p>Lack of recognition for my skills</p>				
	<p>Lack of recognition for the tasks and skills required to perform my role compared to the past 20years</p>				
	<p>I don't feel like our job has be recognised or respected as we should.</p>				
	<p>A team is only a team when there is equal remuneration for the tasks performed by that team</p>				
	<p>There appears to be a lack of understanding and therefore respect amongst the multidisciplinary team regarding the high level of responsibilities required of every Radiation Therapists despite HP level.</p>				
<p>17</p>	<p>6</p>	<p>0</p>	<p>3</p>	<p>2</p>	



Survey Question	Salary/Recognition with respect to Scope of Practice	Career Progression concerns- Department structure	Patient Outcome Related	Job Conditions -Related	Other
What do we do well as a RT service?	I feel as a group we genuinely love our profession. Not many people are suited to this profession, so the people that have worked here for a large number of years truly should be rewarded for their job excellence. The pride, courage and tenacity shown by my colleagues to continue to improve radiation focussed treatment for all cancer patients need to be recognised on a higher level	We achieve a near perfect record of patient care and clinical outcomes with a potentially lethal type of treatment. We have built in many levels of Quality Assurance and it would be disappointing for that to eroded as our job satisfaction is being due to the fact that only certain people in the department are being rewarded for the job that all of us are doing	Provide the best possible service and care for our patients and Community	Efficient teams and individual drive	Just wondering who 'we' is? Is this our profession within Qld health or our department?
	Radiation Therapists provide great clinical outcomes for patients and support for each other as part of a multidisciplinary team yet feel very undervalued and overlooked.		Very patient focused to ensure the patient has a good experience	Working in high stress and also take the blame	The response above depends on what section you are working in and also who you are working with. My responses are for the current section I am in.
	There is no reward or recognition				
			RTs are the glue that keeps everything working and I believe every RT that works here does what they can to make every patient journey the best it can be, while ensuring the highest standards from a technical perspective. We continuously receive amazing feedback on our care from patients and their loved ones. We also receive regular, positive feedback from our Radiation Oncologists on the high standard of plan quality produced in our planning area. We are the primary face to patients in Radiation Oncology and set the highest standard of care.		
			New technique implementation.		
			Patient focus and individualised gold standard care.		
			I feel as a group we genuinely love our profession. Not many people are suited to this profession, so the people that have worked here for a large number of years truly should be rewarded for their job excellence. The pride, courage and tenacity shown by my colleagues to continue to improve radiation focussed treatment for all cancer patients need to be recognised on a higher level		

			Strong focus on quality and safety.		
			Putting patients first, working hard to meet deadlines for patient treatments, researching better treatment options etc		
			Radiation Therapists provide great clinical outcomes for patients and support for each other as part of a multidisciplinary team yet feel very undervalued and overlooked.		
			Provide high quality care, pro-active in implementing new technologies with evidence based practice		
			We offer treatments that some other departments are either not capable of (due to equipment) or not willing to provide, opportunities to participate in research/projects, have a range of treatment modalities, are able to provide patients with a multi-disciplinary care approach, most of which are within our building or department. We work closely alongside our medical physicists, nurses, radiation oncologists, admin and wards staff.		
			Great patient care		
			Coordinated research support across QH RT		
			As we see the patients every single day of treatment, we're the key in the MDT that identify patient care opportunities and liaise with nurses, allied health, radiation oncologists, admin and planning teams to provide holistic patient care.		
			We achieve a near perfect record of patient care and clinical outcomes with a potentially lethal type of treatment. We have built in many levels of Quality Assurance and it would be disappointing for that to eroded as our job satisfaction is being due to the fact that only certain people in the department are being rewarded for the job that all of us are doing		

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RTI RELEASE



Survey Question	Salary/Recognition with respect to Scope of Practice	Career Progression concerns- Department structure	Patient Outcome Related	Job Conditions -Related	Other
What could we do better?	Provide appropriate remuneration for tasks performed.	Better management system. More opportunities for staff.	Cultural sensitivity training - teaching staff how to navigate & help patients presenting to our department from indigenous communities & other religious backgrounds	I feel that management needs to have a better "door open" policy for supporting staff.	
	Foster a better interdisciplinary morale by each group being valued equally and communicating better.	flexible working arrangements		Value staff	
		It would be beneficial to have areas for growth within our role with increased HP levels to promote our development. These levels should not be primarily based on the availability of a position to move into, however should be a natural step of progression if we are to aim for continuous professional development within this job.		Encourage and build-up ALL members of the team so that everyone feels like they are valued	
	Comparable to the medical physicists, what we are getting paid is nothing considering the responsibility that we have in radiation therapy treatment, planning and simulation. The amount of effort put in to what we are given is very lacking. There is no opportunity to increase between each level. There are temporary staff at this workplace who have been here for far longer than 2 years and still do not have a permanent position. There is little support for mentoring from senior staff to junior staff members. Each staff member should be appointed a senior RT as a mentor.	Often there are roles outside of Radiation Therapy that staff would be able perform, such as care co-ordinators but these are often limited to nursing staff.			
	Salary equity with other professions in Radiation Oncology Services.	We are losing so many talented Radiation Therapists due to pay inequality, lack of opportunities to move into specialised areas and higher levels of operations.			

<p>Who is 'we' in this question? RT's scope of practice and responsibility has increased over the past 10 years to the point where ~ 75% of plans are now done using technology that wasn't even available 10 years ago. Similarly, the introduction of stereotactic body and intracranial techniques in the past 8 - 10 years has completely changed the way we practice, with far greater responsibility on the RT team for the construction of high quality dose and the *safe* delivery of massive doses of radiation with image guidance and intra fraction monitoring - by RTs. As an RT team we have successfully adapted to these changes, educated our team and safely researched and developed protocol to underpin safe, quality practice, all the while continuing to plan and treat patients to the highest standards. Our team has absorbed a 10% increase in patient load over the past 2.5 years which is a testament to the flexibility of the team and our ingenuity in finding efficiencies and practice improvements. We also have a far greater research output than ever before, also assisting other teams in the MDT with their projects. There must be a higher value put on clinicians who have to get what they're doing right the first time every time because it's going directly into patients (i.e. RTs); and not on staff groups that can repeat everything they do if they don't get it right because none of it is attached to direct patient care. (i.e. physics).</p>	<p>Greater clarity regarding succession planning, workforce management and transparency on opportunities for ongoing employment especially in the case of new graduate and temporary staff members. We have a talented highly skilled team of temporary and new graduate staff members who are increasingly disillusioned with the lack of succession planning and clarity regarding ongoing employment that we are losing to other departments. At the same time we have a deskilling and aging workforce with no clear succession planning in place or at least no transparency around succession planning.</p>			
<p>We are performing duties of Radiation Oncologists and not being remunerated for this.</p>	<p>There is a distinct lack of opportunities for RTs to advance within the HP stream.</p>			
<p>For the profession to be recognised, acknowledged and remunerated for the advanced clinical decisions and increase in responsibilities that are now a part of our everyday expectations.</p>	<p>Staff are not rostered to all relevant areas by management. This inhibits and retards professional development</p>			
<p>We are losing so many talented Radiation Therapists due to pay inequality, lack of opportunities to move into specialised areas and higher levels of operations.</p>	<p>Allow staff a work life balance mix and allow for job progression.</p>			
<p>succession planning, reward and recognition program, help manage stress levels</p>	<p>improve succession planning. Allow higher duties (its in our award but not allowed departmentally - HP4s HP6s and HP7s in particular). Like pay for like duties and responsibilities (Physics vs RTs). Transition back to previous award where there is the ability to be recognised for advanced skills and</p>			
<p>I love my work and who I am working with but there are underlying problems in general in the department. Lack of recognition on merit, lack of respect from the Dr's delaying their volumes and lack of communication in passing on the delay. There is general staff unrest due to the feeling of not being listened too or respected from</p>				



Reward and recognition	Have an opportunity to be able to move up the HP levels rather than being stuck at HP3 or HP4.	1		
Qld health has not recognised the magnitude and increase of RT scope of practice and responsibilities we have taken on as a profession. We have taken on roles from Doctors physics, nurses and other professional which has provided service improvements and saved Qld health 12-13million a year	Succession planning Ensure that adequate numbers of staff are trained in specific areas			
Increase in salary is essential to ensure equality between professions whom work so closely together and for a profession which provide exceptional clinical outcomes for the patients on a daily basis. The increase in clinical decision making and enormous increase in scope of practice are evidence that this is a necessity. Value of the work we do as Radiation Therapists should be numerated.	Succession plan			
Remuneration for increased scope of practice. Equal pay for different members of the multidisciplinary team working under the same HP pay scale. If an award is appointed to one group, it should be awarded to all who work under the same banner. Better clarification of "front line clinical staff".	I believe that QLD Health radiation therapists are under appreciated with the tasks we carry out on a daily basis. In that we are heavily involved in a patient's radiation therapy journey from simulation, planning and treatment. We liaise with other clinicians such as nurses, physicists and radiation oncologist to ensure optimal patient outcomes. We carry out various duties that overlap with other clinicians such as radiation safety and quality assurance. Moreover, I believe that QLD Health can improve their retention of staff given that temporary employees are consistently placed under pressure with worries about their employment opportunities. Moreover, training of constantly new staff will be more costly in the long run when there are current temporary employees trained up for the job. I hope there would be more permanent			
Offer us on-par or near on-par salary with our medical physicist counterparts. Over the years our skill base/tasks we conduct at work have increased dramatically, but with no reward and recognition for what we do. The executive team of RBWH most likely has no idea about who we are as radiation therapists and what it is that we actually do. We feel like we've been forgotten. I would love for the RBWH to advertise what we do, what we offer, the amazing technology we have and really promote how amazing our department is. Private centres such as ROC/ICON have for years now promoted their services on the	Flexibility			
Recognising additional tasks undertaken, and pivotal/critical role that RTs play in delivering radiation oncology services	Since we have such a wide range of knowledge and skillsets within our role as an RT, I think there is room for further opportunities in training and acting in different positions (specific roles e.g. research). I think this would help some of the staff with career progression opportunities as well.			
Reward & recognition	Standardise staffing profiles and roles, including leave relievers. Rad Onc specific KPIs in HHS service agreements. Pathways for career progression other than management. Focus on what matters, working collaboratively to achieve better outcomes.			
Recognition of specialist skills.	Improvement of departmental moral - common goal rather than competition focus			



<p>Q Health RT's are frontline healthcare workers who take great pride in the care provided to some of QLD's most vulnerable residents. We have always worked hard to improve our service and our roles and responsibilities have expanded more than ever before. The pay disparity between frontline RT's and physicists has caused large professional relationship rifts, potentially impacting the healthcare service and needs to be rectified to align with our scope of practice.</p>	<p>Removal of "favouritism" that allows certain members to advance in career by seemingly wanting to drive and improve services and silencing others and limiting their prospect of advancing</p>			
<p>I would like to receive a salary which is consistent with other HP professions in my department. I feel the scope of practice and complexity of the job has significantly increased and is increasing still yet the pay has not matched this at all.</p>	<p>Having actual pathways to advance in the department rather than waiting for older staff members to retire. Registering in house professional development to allow a less restrictive avenue of registering professional development. Deletion of the professional development programme as our jobs evolve so quickly the is no actual need for a compulsory professional development programme we just need credit for all the advancement that is dome year to year in the department.</p>			
<p>Our job/roles have exponentially increased both in complexity and responsibility however the remuneration has not. We need to be paid according to the high level work we do day in day out to keep our community healthy and happy.</p>	<p>I think there's massive problems from the top down, all the way from Exec. The culture within the department leadership team is so different to what it was when we first started. We were an enthusiast leadership team, with a vision to do incredible RT at our new service. Now it feels like everything is broken from the top down. It feels like the management team have little trust or respect for the HP3 team and the HP3/4 team have little respect for the management team. There are very infrequent staff rotations between planning, CT &amp; treatment which feeds into a divide between these areas. The longer this goes on the harder it is to move staff as they are significantly deskilled in the other areas.</p>			
<p>More recognition of the importance of the RT role within the service.</p>				
<p>Having actual pathways to advance in the department rather than waiting for older staff members to retire. Registering in house professional development to allow a less restrictive avenue of registering professional development. Deletion of the professional development programme as our jobs evolve so quickly the is no actual need for a compulsory professional development programme we just need credit for all the advancement that is dome year to year in the department.</p>				
<p>23</p>	<p>21</p>	<p>1</p>	<p>3</p>	<p>0</p>

Survey Question	Salary/Recognition with respect to Scope of Practice	Career Progression concerns- Department structure	Patient Outcome Related	Job Conditions -Related	Other
FEEDBACK	I believe our complex work requiring extensive science, health & support skills is undervalued	Needs more opportunity for acting up work or for work as a higher level, I feel like I'm constantly doing the work of a higher HP level but not being rewarded for this.	The role is a lot more stressful than many realise and our decisions can greatly affect a patient's outcomes.	Enjoy my work and colleagues, a couple of years from retirement.	I am sorry but I feel like providing feedback is pointless.
	Radiation therapy has changed a great deal as a whole over the past decade. I feel we need to be recognised for what we have achieved as a profession, where we are heading into the future and the vital role we play in Radiation Oncology. Our role expansion has greatly benefited both our patients and QLD Health (increased revenue) and I feel we should be properly remunerated and quite frankly appreciated for this.	I love my job and also the department I work in and staff with whom I work. I am disappointed, that having been in this profession now for over 10 years and actively advancing my knowledge and skills, that my experience is not valued by Qld Health as much as other professional groups within the service. I feel that we do not have adequate opportunities to advance our careers in line with our continued professional growth within this organisation.		Workplace culture could be improved.	On the whole allied health is paid very well and RTs sit higher than most with our incentive payments. When compared to interns and RMOs who carry a higher workload and more responsibility it is sickening to think our cohort could receive more without doing anything to increase the service for tax payers. A back dated pay increase would come at great cost without improving service and require no change in qualification. It would be a set of golden handcuffs securing the current cohort to the state. In rural Queensland the majority of radiation therapy is provided by private services who would in turn need to compete in the labour market. Potential scenarios would be a severely reduced staff in the private sector with the same expectations of output, a dis-investment throughout regional Queensland as the costs could not be justified or a vast increase in out of pocket expenses to regional Queenslanders for the same service. Central planning locations such as Greenslopes could simply shift to NSW to reduce labour costs if they could not staff appropriately. It may mean that Regional Queensland suffers a decrease in access to care and the total number of Radiation Therapists in the state decrease.
	It is very unfair that Physicists of less experience get paid more than RT's of higher levels. We are all HP staff and have specialised training. We do a lot of tasks that Physicists can't do. Radiation Oncology depts can't run without RT's	Opportunity to progress in career.		Succession planning is essential but not something that is considered. Working from home options especially for more senior/experienced members of staff transiting to retirement	I am seriously considering my options for early retirement and changing profession.
	Very very little career progression in the current role and quite dissatisfying for staff. A lot of clinical decisions made by RTs on behalf of the doctor and this is not recognised.	Very very little career progression in the current role and quite dissatisfying for staff. A lot of clinical decisions made by RTs on behalf of the doctor and this is not recognised.		Greater work/life balance- it's either all in or nothing	Define what this survey is trying to measure? There are no explanations or contact details on the header of the survey. Does this survey have ethics approval/exemption? Especially if results are being shared with any external bodies/entities? Offer better survey response options, particularly for Q4 and Q13. There is no 'neutral' option or Likert scale options that are graded highly emotive response options offered e.g. "Yes, but I am not happy" and "No, I don't care" Spell check Q13 dot point response 1-" Yes, but I am happy where I am currently"
	I stay in this role because I love the work that we do for the patients. Our role is diverse and interesting however we take far more responsibility than is recognised. I am actively seeking elsewhere because there is no job progression in Radiation Therapy or from RT to other roles within Qld Health. It is a dead end	I stay in this role because I love the work that we do for the patients. Our role is diverse and interesting however we take far more responsibility than is recognised. I am actively seeking elsewhere because there is no job progression in Radiation Therapy or from RT to other roles within Qld Health. It is a dead end		I would like to receive/ have access to a set amount of money for professional development each year that I could bank up (say over 5 years) and use to attend conferences overseas etc. This is done in NZ and also in the private sector in Australia. I am reluctant to spend large amounts of money to attend a conference if I have to pay for it and only get a % back from tax	I am concerned about the confidentiality ( or lack of) in this survey



<p>Equality across pay scales within the profession ie Medical Physicists to Radiation Therapist shows great disparity considering the role RT's play in the service</p>	<p>As a HP3 contract worker, it is very difficult to get a permanent position even though I have been working at QLD Health for 5 years. It is also unfair how HP3s often do the duties of a HP4 but won't get paid unless we have been in the position for 4 consecutive weeks, or for 8 consecutive weeks as a part time employee. We are constantly expected to perform at a level higher than our pay grade, and don't receive adequate pay increases to reflect the advances in our field of practice..</p>		<p>I am very new to the Queensland Health Service, and I am currently enjoying the work I do</p>	
<p>It is difficult to see all the issues as I have only just begun work - however, I have heard and appreciated the issues other staff have and do foresee it becoming more of an issue for myself in the years to come (ie. career progression, salary matching responsibility).</p>	<p>Re career path the issue is it is so rare for higher positions to come up.</p>		<p>I wish there are more information in teaching junior/new staff members about salary packaging/salary sacrifice.</p>	
<p>I believe that the skills RTs are required to obtain (post graduation) and use for each patient (not just occasionally each day) are over and above what would be considered natural advancement of the profession. This is because decisions that were once the sole domain of the Radiation Oncologist (RO) now firmly rests on the RTs. Not only that, ROs would have time to make (image match) decision whereby technological advances now mean that RTs have to make (image) decisions within strict timeframes (eg. imaging decisions in general while the patient is on the treatment couch and more importantly for QH Radiation Therapist Staff Survey - Responses 10 high dose SBRT patients). The technological advancements and decision making also adds an additional layer of anxiety and stress to the role for which RTs are having to find ways to address and manage (to minimise burnout).</p>	<p>This career is limiting in the lack of areas for career path development. It can be stagnant in its progression and is less attractive as a forever career.</p>		<p>Work as a Radiation Therapist is rewarding and the role is constantly growing and changing. Working within QLD Health has been a positive experience so far.</p>	
<p>Lack of ability to progress within the profession due to recognition of skills/experience creates conflict and demoralises staff. It leads to staff not fulfilling their potential. No pay progression after 2yrs at HPS which is a clinical team leader role with significant responsibilities. As many HPS staff have acted at this level before achieving a permanent position, this is made even worse. Radiation therapists do not feel that they are welcome to access private practice funding for training, even when they have depleted their CPD allowance. It is a source of frustration as Radiation Oncology creates much of this funding source. Radiation Therapists scope of practice and complexity of practice has not been recognised. RTs have taken on roles that were traditionally performed by other professions e.g. engineers (running up machinery, problem solving faults) / Radiation Oncologists (image review). No financial recognition for these changes. Lack of true workplace flexibility for staff. It is difficult to access anything other than 1.0 or 0.5 FTE. Outsourcing patient treatment to the private sector has reduced the patients access to the highest quality of care that the public sector provides at a financial cost to patients. The service that is provided in the public sector should not be compared to the public due to significant case-mix differences. When only looking at numerical throughput, it negates the time and professionalism of staff with regard to the CARE of patients. Patients are treated by people NOT machinery. Allowing Specialists to work both in private and public spheres creates the appearance of a conflict of interest.</p>	<p>It is difficult to see all the issues as I have only just begun work - however, I have heard and appreciated the issues other staff have and do foresee it becoming more of an issue for myself in the years to come (ie. career progression, salary matching responsibility).</p>		<p>I am happy with my role within QLD Health and aim to stay with this profession for the foreseeable future.</p>	
<p>I really love working for QLD health, but the employment opportunities are low and it is hard to stay focussed on working up the chain when there is very little possibility to be given a senior position. There is a chance in 5+ years that I would leave the department but for now I am happy. However, in January I will have served for 2 years in the department, therefore would be eligible for a permanent position. Also, I am dissatisfied with the payscale and I think radiation therapists deserve a higher pay, especially considering that the medical physicists have been given a huge payrise from when they claimed to be doing work that RTs have been largely doing.</p>	<p>There are very rare opportunities for career progression, so people of equal rank end up doing the same work for different pay.</p>		<p>My role, my work arrangements and responsibilities suit me and my life and I am extremely grateful for that; I enjoy my work.</p>	

<p>The last year has been very depressing realising that our role has expanded outwardly image reviewing, greater consequences with SBRT treatments however we have not been reimbursed. Then to have one profession whom we work so closely together be remuneration while their role hasn't expended is soul destroying.</p>	<p>Career path opportunities are currently fairly limited and most relate to management type positions rather than other options such as advanced clinical practice or research roles.</p>		<p>A review of the temp to perm conversion would be appreciated.</p>	
<p>Radiation Therapist's are now performing many tasks and procedures that were previously covered by other groups in radiation oncology departments. There's been a major increase in the scope of practice and complexity of treatment/planning procedures, and I feel as though that needs to be further recognised</p>	<p>Lack of ability to progress within the profession due to recognition of skills/experience creates conflict and demoralises staff. It leads to staff not fulfilling their potential. No pay progression after 2yrs at HPS which is a clinical team leader role with significant responsibilities. As many HPS staff have acted at this level before achieving a permanent position, this is made even worse. Radiation therapists do not feel that they are welcome to access private practice funding for training, even when they have depleted their CPD allowance. It is a source of frustration as Radiation Oncology creates much of this funding source. Radiation Therapists scope of practice and complexity of practice has not been recognised. RTs have taken on roles that were traditionally performed by other professions e.g. engineers / running up</p>		<p>The view on flexible work arrangements is not at all flexible. Staff other than those with young children are actively discouraged from working anything other than full time. There is also a major issue with a large number of long term temporary positions. ROPART comes under PAH - personally I feel that we always come second in service planning and budget allocations. As a group the staff feel disenfranchised from PA. As an example the RT staff were not considered for either COVID vaccination or N95 mask fitting - essential health and safety</p>	
<p>The current situation is very sad. RTs are a highly intelligent, hard working group of people who have an enormous scope of practice and it just feels as though we have been completely undervalued. Radiation therapy does not exist without Radiation Therapists. We operate under the legitimate watch of AHPRPA, unlike physics who operate only under their professional body - made up of ... physicists.</p>	<p>I really love working for QLD health, but the employment opportunities are low and it is hard to stay focussed on working up the chain when there is very little possibility to be given a senior position. There is a chance in 5+ years that I would leave the department but for now I am happy. However, in January I will have served for 2 years in the department, therefore would be eligible for a permanent position. Also, I am dissatisfied with the payscale and I think radiation therapists deserve a higher pay, especially considering that the medical physicists have been given a huge payrise from when they claimed to be doing work that RTs have been largely doing.</p>		<p>• Thank you for reviewing the existing arrangements, I believe it is important that all staff are given the same opportunities.</p>	
<p>I am very unhappy and am actively looking at other employment opportunities due to the significant lack of salary related to our complex clinical duties being performed and increased responsibilities. We are constantly adapting and implementing new technologies and techniques which is providing a significant increase in money coming into the department and Queensland health as a result. We are not being supported and recognised for this contribution that we have clearly evidenced for more than 10 years. Our performance, duties and responsibilities have far outpaced other Allied health practitioners.</p>	<p>There is no room for progression in Radiation therapy, I have been at HP3 level for over 10years, comparing myself to other HP professions who are at similar or less yrs than myself have already achieved numerous promotions in their career. Due to my experience and years in the profession as well as many others are performing duties to that of HP4 and 5. There is a massive bottle neck of advanced staff who are at the top of the HP3 level with nowhere to go. Also to learn that our close colleagues 'medical radiation physicist's have somehow received a pay-rise that is equivalent to some peoples wages really affects and undervalues radiation therapist considering our Scope of practice far exceeds the responsibilities and risk of 10yrs ago</p>		<p>It is stressful knowing I may be kept as a temporary staff member for a long time, especially seeing as I am a woman and do want to have children when I am young and healthy, and this has to be put on hold until I know I have a stable permanent position with maternity leave. This is a significant disadvantage for women in this career when working with QLD Health, especially when women make up the majority of the staff numbers for RTs.</p>	
<p>The advances in our profession has meant that there has been a huge increase in our technical knowledge, clinical decision making and responsibilities. This has taken the load off other health professionals - i.e the Radiation Oncologists and physicists. The responsibility always falls back onto the Radiation therapist to make sure everyone else has done their part of the job. The Radiation Therapist job description has become</p>	<p>Struggling to find opportunities to progress.</p>			



<p>The hp structure as it exists is no longer compatible with the Radiation therapy profession. Our scope, complexity and the breadth of our work is beyond what anyone conceived when we became HPS in 2007. In HP there is no way to recognise clinical advancement and specialist knowledge. There are excellent highly motivated HP3 staff with specialist skills - stuck on base level, as there is no way to progress. I have been hps for 14 years, and though my skills, knowledge and responsibilities have grown immensely, there is no way in the current system to give recognition for this. As an example, I have worked in Global clinical and technical support for a radiotherapy vendor, and though my skills gained are used every day in my work for QH, again, there is no recognition. Having another profession that we work side by side with in the same department towards the same goal, receive a 40+% pay incentive with no extra responsibility or demonstrated change in scope, while we continue with our 'business as usual' has been devastating for morale in RT. It has eroded, and continues to erode team cohesion, both between RT and medical physics and also within the RT team. RT needs an entire restructure, to recognise our scope, and to at least reconcile the disparity with medical physics.</p>	<p>Divides between levels and professions</p>			
<p>Radiation Therapists has become a very important cog in the patient journey for Radiation treatment. Our roles have diversified, increased in complexity, taken on more responsibility from other health professions/Radiation Oncologists and made exponential service improvements. We have improved quality outcomes for patients and created large savings for Queensland Health. This has not been recognised and I believe our pay scale needs to reflect and change to an individual RT scale away from 'HP'. RT skills are similar to Medical Physicists and should remunerated the same way.</p>	<p>There is a need for a more structured training process within our department regarding specialty techniques and increased communication between management and staff regarding timelines, support and education for credentialing in these specialty techniques. The department is very segregated with respect to which staff are trained in certain areas of the department. This in itself has a negative impact on the overall staff morale, leaving many staff stressed and feeling under-supported and then others feeling very complacent and under qualified.</p>			
	<p>This was an amazing workplace especially considering the work that we do but it needs to be "fixed" to go back to what it was. There is no symmetry with management and it feels like we are a boat without a rudder.</p>			
<p>The role as a Radiation Therapist has expanded considerably in the past 10 years. The level of responsibility taken on by the RT from the RO for imaging, planning and treatment has increased beyond our expectations in the last 10years.</p>	<p>There is no certainty for the younger staff and they are the future of the department and Radiation Therapy. QUT should also be accountable and not take in so many students because the profession can't successfully support the graduates to the detriment of the profession and the young people.</p>			

<p>RTs workload has become complex over the decades as technology advances, roles overlapping and taking over from the medical physicists.</p>	<p>Sometimes opportunities only arise for some staff. Others are overlooked at times and this can cause some feelings of insecurity and diminish your feelings of self worth. I guess it also depends how much you rock the boat.</p>			
<p>Recognition of our profession would be a bonus</p>	<p>I feel as though RT can be very stagnant, based on the hierarchy which is created in working within Australia and Queensland particularly. I have worked in departments interstate and internationally, where I feel my personal skills and experiences are respected and listened too. But here because of the lack of career progression, you are often put into a box of your HP level, and even if you have experience within a certain area, your views are not considered due to your HP rank.</p>			
<p>I feel very undervalued by the organisation in that my physics counterparts get paid substantially more than I do for the same HP level and the same work that they were performing before their pay rise. There is massive inequity in this current situation</p>	<p>As a HP3 radiation therapist there are limited opportunities for career progression due to lack of positions higher up in the career level scale. As someone who has nearly completed my Masters degree I feel that there isn't much left for me to do or progress further in my career. Also as a HP3 we do the brunt of the work in treating patients, whilst I love this and wouldn't change it, recognition from my colleagues and the profession would be appreciated. A raise in our wage as a HP3 would be nice or opportunities for higher role work in the HP3 scale as a</p>			
<p>Radiation Therapy as a profession has advanced considerably in the last 10-15 years in terms of complexity of techniques and widening of scope of practice. This has led to greater demands on staff in terms of their day to day work coupled with the introduction of Radiation Therapist Staff Survey – Responses 14 of often complex software interfaces that must be learned in order to complete work in a timely/ accurate fashion</p>	<p>I have no means of progression, having been at HP3 level for 15 years, unless I happen to perform best at a higher level interview which happens maybe once every 2-3 years</p>			



<p>Recognition of good work is important. Staff members are developing great skills and we should look at keeping these people within the public sector for radiation therapy. Role responsibilities are expanding into what has been traditionally other professions (mainly medical). Perhaps the structure should look to support an additional level to reflect the skills developed within the profession. Other monetary gain may be appropriate as well.</p>	<p>Challenges of recruiting to a regional department need to be acknowledged.</p>			
<p>It is evident that the scope of practice of Radiation Therapists has continued to develop over the past 10 years and this now involves clinical decisions which effect patient outcomes on a daily basis. The diversity of the roles of Radiation Therapists is also evident, which has lead to enormous stress levels and under paid Radiation Therapy staff. When our colleagues were given a significant increase in salary this also felt like it was undermining our profession and made us feel under valued. However, we are the focus for the patient and we make critical decisions which directly affect our patients clinical outcomes and also emotional well being everyday. We perform roles of many</p>	<p>I think certain policies have ruined my job prospects as well as the prospects for all future temporary staff. Recently the union fought an appeal to make temporary staff who have worked here for more than two years permanent. This was not at all based on merit and now staff who have been here less time (but ranked higher in a previous interview/feedback/written application process) are almost definitely not going to have their contracts renewed. Now it is</p>			
	<p>Question 7 - While I feel a part of the team in our department/profession, I believe there could be some improvements between HP levels as a team.</p>			
<p>Flexibility is an issue for our job and the main reason many Radiation Therapists become part time to manage home/work balance. I am unable to return to full time work for this reason and will seek other employment on my non work days that better fits with my family life. This issue with flexibility is the nature of the profession, however compensation for this with an increase in salary and more incentive to stay full time would help</p>	<p>Flexibility is an issue for our job and the main reason many radiation Therapists become part time to manage home/work balance. I am unable to return to full time work for this reason and will seek other employment on my non work days that better fits with my family life. This issue with flexibility is the nature of the profession, however compensation for this with an increase in salary and more incentive to stay full time would help</p>			
<p>In relation to Question 13. I have reached where I want to be within the HP scale however I think the profession would benefit from additional avenues of further progression. Being able to pursue Cancer Care Co-ordination roles, combining with extra nursing training to be dual qualified or an engineering course. We are very specialised as a profession which does not facilitate a lot of extra opportunities. Increases in skills should also be remunerated</p>	<p>In relation to Question 13. I have reached where I want to be within the HP scale however I think the profession would benefit from additional avenues of further progression. Being able to pursue Cancer Care Co-ordination roles, combining with extra nursing training to be dual qualified or an engineering course. We are very specialised as a profession which does not facilitate a lot of extra opportunities. Increases in skills should also be remunerated</p>			
<p>Providing clinical advancement opportunities including advanced practice would improve job satisfaction. As would recognising the ever increasing complexity of the role of Radiation Therapists and addressing the disparity in wages unfairly created by Qld Health.</p>	<p>Communication needs to be improved between management and staff</p>			

	<p>Radiation therapists have not been recognised or valued for the increased workload taken on over a number of years, and the degree of upskilling required for this. The multi disciplinary team has become more and more disjointed, and recognition and respect for radiation therapists professional knowledge and experience has been lost.</p>	<p>Re question 13- i answer "no, and i do care" especially on behalf of my junior colleagues. Their options are very limited at present.</p>			
	<p>RTs have greater retention issues than physics ever did and this can be demonstrated. RTs skills and knowledge and responsibilities have increased significantly compared to physics. RTs need to be recognised and remunerated accordingly. We are seeing much faster career progression within the private industry and have lost many quality staff for this reason</p>	<p>There appears to be bias within the department for particular staff to be afforded the opportunity for job progression without transparency or disparity. Staff who ask for work life balance with consideration of shifts, leave etc are then disadvantaged with rotations within the department.</p>			
	<p>The massive contribution that RTs are giving to QH is not being recognised or remunerated. We are losing staff to the private sector and interstate as a result of this.</p>	<p>Although i am pursuing a career path opportunity i think these are very limited and hard to come by.</p>			
	<p>I feel we are under recognised for the increased scope of practice we are performing. We are doing a lot of what the Radiation Oncologists jobs would be and the added responsibility, stress and QA that goes into it should be rewarded.</p>				

RTI RELEASED



<p>As a HP3.7 I feel that there are minimal ways to progress my career and be recognised for the skills I have developed and continue to develop with the ever changing nature of radiation therapy. I love my job and what we do for our patients, however this money focus of late has taken the spotlight away from all of that amazing work. Our higher level HPs within my department are nowhere near retirement age so there aren't many opportunities to climb the HP scale, even though my skills and daily expectations of performance from management greatly exceed my role description and scope. The scope of practice document reflects that of radiation therapists at EVERY level, therefore any remuneration granted as a result of this review needs to be applied across the board, otherwise there will be severe problems within the departments and a divide created, far worse than the current situation with the physicists. As radiation therapists (of any level), we often don't give ourselves enough credit for the highly specialised, precise work we do each day which carries with it huge responsibility as we are dealing with people's lives. Such responsibilities traditionally fell onto the radiation oncologists, however there is an ever growing list of key roles and requirements which are now transferred onto the radiation therapists but we are not being remunerated nor recognised for this.</p>	<p>It is very difficult to move up the levels when it depends purely on staff retiring or leaving to work elsewhere. Even if this does become a possibility, often just one position will open up, and there are a very large amount of staff vying for the same position. It is a very slow rate of progression for those who would like to have a higher position that includes furthering one's skills and increased responsibility. If it means that I'll never have the chance to progress through the levels, I would look at working within the private sector, and I have done this in past years. Outside of our department, there are no career pathways available.</p>			
<p>I work with a team of professionals who excel at their job. We have several Radiation Therapists who are experts in specialist clinical skills, some of whom are world experts. There is an overwhelming feeling of a lack of understanding of our professional role and the high level of technical and clinical responsibility that we perform to. There is a very valid concern that our role has been devalued when compared to some of the other professions in our multi disciplinary team. There is a feeling of being taken advantage of with the expansion of the scope of our profession without corresponding remuneration. I wish that there would be a greater effort made by people who can make a difference to understand how our service works and how we can apply new techniques to improve patient outcomes, not simply meet activity targets. I do however love my job. I love the team that I work with and I love that we are all passionate about providing the highest quality of treatment with positive outcomes for our patients</p>	<p>Career progression is difficult for HP3</p>			
<p>Compared to colleagues in other professions working similar HP levels I feel as though I am under paid and have not been recognised fully for the scope of my day to day work.</p>	<p>A review of the temp to perm conversion would be appreciated.</p>			
<p>There are many talented people within the profession and it would be great to be able to offer more extensive career path opportunities to keep these people engaged and in the profession. I also think there has not been sufficient acknowledgement or recognition for the expanding role of RTs in the Radiation Oncology profession. As a discipline we have extensively expanded the scope of our role to ensure the progression of the profession and improvement in treatment quality and efficiency for our patients (e.g. IGRT). Without RTs taking on these roles, much of this progression would not have been possible and I believe this should be properly recognised. This would go a long way to improve staff morale in the profession</p>	<p>Difficult to achieve career opportunities as higher positions rarely become available. Career pathway is focused on management of staff not clinical abilities or specialisation e.g. advanced practice</p>			

<p>The pay inequity has caused a high level of decreased morale in the workplace and the feeling of being under valued. As a result I am actively seeking work else where.</p>	<p>I hope that radiation therapists will be more appreciated through more job opportunities or potential salary changes. I believe that there are career opportunities in QLD Health however, with the instability of contracts/temporary position I am unsure whether I can stay within QLD Health.</p>			
<p>Generally feeling undervalued for the amount of work I do. Toxic nature of department from time to time which is fed from some parts of the management team.</p>	<p>As a HP3.7 I feel that there are minimal ways to progress my career and be recognised for the skills I have developed and continue to develop with the ever changing nature of radiation therapy. I love my job and what we do for our patients, however this money focus of late has taken the</p>			
<p>Feel undervalued as a profession with-in the Cancer Care department, and compared to the medical physicists, very little opportunity for promotion,</p>	<p>I would appreciate a pathway for HP3s to be elevated to HP4 on a merit basis, similar to the old PO2 to PO3 upgrade opportunity. There are many HP3 staff that have incredible clinical skills that should be recognised.</p>			
<p>Very happy as an RT but feel the job has changed and skills and responsibility are not always recognised.</p>	<p>Even though we get the opportunity to act in different positions (sporadically), I feel like there is not a lot of permanent progression available. Many of us have been qualified for over 15 years and if we had been in other departments would probably be acting in a more senior role. There is very little movement - we generally have to wait until people retire. I don't intend to leave, but if opportunities arose in another department then I'm sure this would need rethinking</p>			
<p>I have been qualified 16years and our profession as developed so much in that time. The responsibilities have increased along with our detailed knowledge of soft tissue image matching, image approval, monitoring patients well being. There has been a huge development in planning. Going from 2D manual calcs to vmat planning is massive. Contouring OAR, developing the best possible plan for the patient. The difference between 2005 and 2021 is huge.</p>	<p>I enjoy the work that I do and the colleagues I work with however I feel the lack of job security as a contracted employee and the minimal opportunities for career progression are definitely present with the HHS.</p>			
<p>I really enjoy what we do and care about patients however our role has changed significantly and we have a lot more clinical responsibilities and decision making adding to the stress of work</p>	<p>I have been working here for 5 years and still needs to interview every year to try to get my permanent position. Stressful and insecure.</p>			
<p>Thoroughly enjoy my work and contribution to health services in Metro North. I feel the professional recognition of my job has lagged the professional responsibility and development that I require to perform my role to a high standard</p>	<p>I would like to see more permanent positions available for staff that have been there 2+ years, as the instability after so long makes it harder and harder to stay at a job I truly love.</p>			

<p>While I think salary is clearly overdue to be looked at due to our increasing responsibilities and diversity of equipment we now have to operate - I do not necessarily agree with the amount of increase that is being proposed. I do not think we need to compare to other professions but just focus on us and what we do</p>	<p>Radiation Therapy is a very pigeon holed profession where there are limited opportunities for further study, or career progression. It's a concern for me that the longer I stay at this level, due to the limited opportunities to progress, the more likely I will get 'bored' of RT and sort out other professions.</p>			
<p>It's quite disappointing having another HP profession working in the departments that earn significantly more than the RTs.</p>				
<p>Parity of pay with physics</p>	<p>As an RT with 10 years experience, who has acquired advanced high level skills in all aspects of radiation therapy, been heavily involved in extra research projects, presented at international conferences, invested personal time and money to represent Metro South on the incredible work we do for our patients, yet to still be stuck on the HP3 level has been hugely frustrating and disheartening. These feelings are amplified from the unfair pay disparity between RT's and physics staff. The scope of practice and role of RT's has expanded tremendously, yet no extra remuneration has been given for the extra responsibility and risk we have taken on. If this is not amended as soon as possible, we will see our most skilled RT's leaving QLD health or the profession altogether, leaving behind a generational gap of knowledge, skills and leadership.</p>			
<p>It would be nice if we could receive the same recognition for our work that our close colleagues, physicists, receive. It's highly unfair that as RTs we do all of the CT, planning, treatment and patient care, but are paid an enormous amount less than the Physicists, QH Radiation Therapist Staff Survey – Responses 18 who arguably only maintain machines and check plans. They also seem to receive a lot more research time.</p>	<p>Would love acknowledgement of temporary staff in the form of permanent role conversion. Not that this should be an automatic conversion, but for staff that have been with the department for several years and have been invested in and trained in specialised areas - a way we can acknowledge and reward them is through permanent conversion; however there are not enough roles. This has been a reason that several valued temporary staff have left in the past as private centres have been able to offer permanent roles.</p>			
<p>Our scope of practice as RTs has extensively expanded and we are taking on a lot more responsibility than ever before. As a more junior HP3 level, I am still expected to perform highly skilled techniques and make clinical decisions e.g. SBRT matches. The level of responsibility and pay disparity between physics and RTs needs to be addressed due to the expansion in our scope of practice. As a HP3 there is limited career path opportunities or career progression, yet we are still expected to perform complex and highly skilled techniques as other higher RT HP levels.</p>	<p>The view on flexible work arrangements is not at all flexible. Staff other than those with young children are actively discouraged from working anything other than full time. There is also a major issue with a large number of long term temporary positions. ROPART comes under PAH - personally I feel that we always come second in service planning and budget allocations. As a group the staff feel disenfranchised from PA. As an example the RT staff were not considered for either COVID vaccination or N95 mask fitting - essential health and safety</p>			



<p>As an RT with 10 years experience, who has acquired advanced high level skills in all aspects of radiation therapy, been heavily involved in extra research projects, presented at international conferences, invested personal time and money to represent Metro South on the incredible work we do for our patients, yet to still be stuck on the HP3 level has been hugely frustrating and disheartening. These feelings are amplified from the unfair pay disparity between RT's and physics staff. The scope of practice and role of RT's has expanded tremendously, yet no extra remuneration has been given for the extra responsibility and risk we have taken on. If this is not amended as soon as possible, we will see our most skilled RT's leaving QLD health or the profession altogether, leaving behind a generational gap of knowledge, skills and leadership.</p>	<p>I am at HP5.2 and from here, there is no clinical opportunity to progress. I am just expected to keep adapting and innovating and bringing in new technology with no further reward for effort. I have been in senior management before but have no desire whatsoever to do so here in QLD health due to layers and layers of bureaucracy, poor communication and support from executive and frequent changeover of executive leadership team. I do this for myself and for my patients but don't feel supported by QLD health to do anything further.</p>			
<p>In the past 10 years alone, the RT role has widened to cover responsibilities previously held by Radiation oncologists and physicists yet our salary has not been reviewed since. These responsibilities directly impact patient treatment and outcomes. We'd like to be acknowledged through fair remuneration for this. What speaks the loudest is the discrepancy in pay between teams in that staff that do not interact with patients nor work in a clinical setting are "valued" so much more substantially than RTs that actually provide direct care to patients.</p>	<p>Question 13 above does not allow a true answer. I do not feel that I have career path opportunities. I do care and I may leave but it will not be to move within the profession. It would be to exit the profession.</p>			
<p>I have been a radiation therapist for over 25 years. The last ten years has seen significant technological advancements in the profession which has dramatically increased our scope of practice. The impact of the advances can be seen in the quality of our plans resulting in improved patient outcomes and improved efficiencies. Although it has been very satisfying to be part of these improvements, recognition and remuneration for the hard work and effort is greatly overdue.</p>	<p>I feel undervalued and have no where to look for progression.</p>			
<p>With the increasing in treatment complexity due to advancement in technology (techniques &amp; imaging), RT have had to take on a considerably role in specialise training and responsibility in making clinical judgement call in regard to patients treatment which traditionally would be the role of the Radiation Oncologist. It would be good to see the RT profession being recognise for the added responsibility and role that they have to take on.</p>	<p>I am spending thousands of dollars on post graduate studies after 10 years of working experience with the knowledge that I likely won't progress from the same level (HP3) that a newly graduated Radiation Therapist will be appointed. I am asked to act beyond my level without and remunerative benefit and no recognition within my department.</p>			
<p>Currently, I feel radiation therapists are undervalued within MNHHS due to the continuing expansion of our scope of practice. Additionally, it does not appear that there is the ability to recognise and reward current existing staff for advanced skills and exceptional practice. Furthermore, I believe the working relationships between radiation therapists and medical physicists will continue to be negatively impacted due to the large pay disparity</p>	<p>There are no career path opportunities and there is not much personalized support to help individuals to branch out and find effective training to make a difference in the department.</p>			

<p>The general observations I've made in 3 years as a radiation therapist is in that time the sentiment across the profession towards coming to work and doing the job has become extremely negative. It's obvious people are unhappy, and rightfully so when considering the scope of work we do has significantly increased alongside the pay discrepancy between our profession and other HP professions in our department. I genuinely believe there needs to be radical change and this fundamental issue needs to be addressed. I am whole heartedly united with the sentiment of my fellow staff members and am personally pursuing other career paths currently.</p>	<p>HP level ceiling, and not well rewarded as private sector</p>			
<p>As Radiation Therapists we have expanded our scope of practice greatly (including Doctor roles) over the last decade with little recognition both professionally &amp; financially. There has been significant improvements in patients outcomes including a huge reduction in side-effects that leads to a better quality of life</p>	<p>Limited career opportunities, and without regular staff rotations through the department there is limited scope for applying for jobs elsewhere</p>			
<p>We are not recognized on the same par with Medical Physicists who are paid substantially more than us when our work techniques get more and more technical each year. Increasingly specialized. We are at front line with direct patient care which is not recognised.</p>	<p>Answer to Q13 - there are not opportunities within QH but I am not likely to leave as there are limited opportunities elsewhere.</p>			
<p>Firstly, I'm assuming that we is QLD health in questions throughout the survey. There needs to be recognition of the vital role that radiation therapists have within the healthcare system, let alone within cancer care services itself!! To be effective and efficient in all areas of our department, which is a requirement of our role, we need to have a huge amount of knowledge and skills with different technologies, treatment</p>	<p>Scope of practice needs to be reviewed, and more career opportunity pathways need to be explored</p>			
<p>There is also undeniably a lack of recognition for specialised skills that some of us have acquired and it seems there is currently no room for career progression opportunities. Additionally, our role certainly feels undervalued especially when other professions within our service have received huge pay rises when the requirements/demand of their roles are not even close to what we are required to do!</p>	<p>It is stressful knowing I may be kept as a temporary staff member for a long time, especially seeing as I am a woman and do want to have children when I am young and healthy, and this has to be put on hold until I know I have a stable permanent position with maternity leave. This is a significant disadvantage for women in this career when working with QLD Health, especially when women make up the majority of the staff numbers for RTs.</p>			
<p>Seems as though government organisations are operating like private enterprise in that getting paid more or being recognised for your work is only really for those who are friendly with upper management</p>	<p>While there are career pathways which I am technically actively pursuing, it is stress inducing knowing that it may take over 10 years to progress to a HP4 and again to a HPS position due to caps on staff numbers at specific levels.</p>			

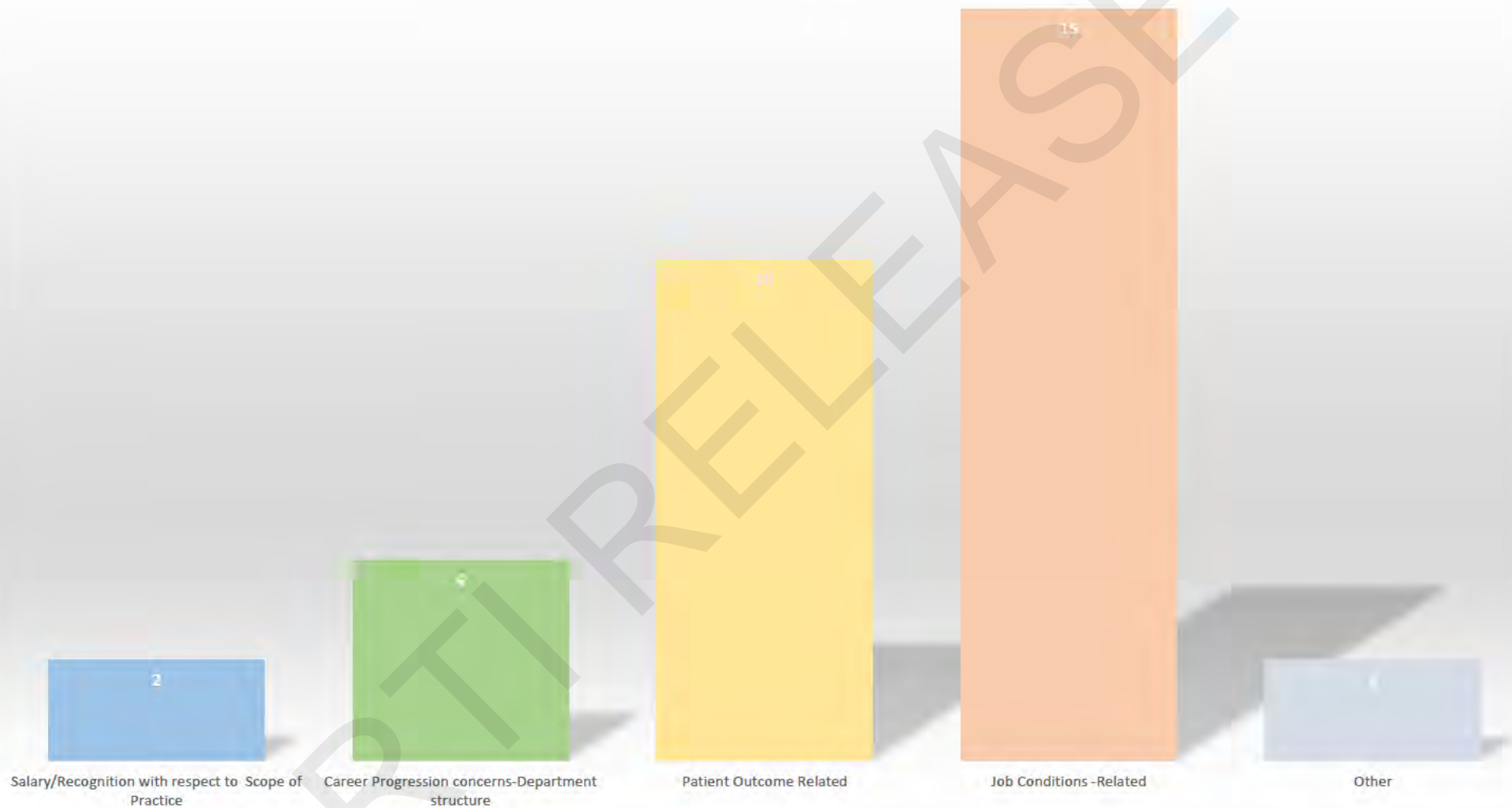
<p>There is no career progression, and being this specialised field of work means not being able to move around for work at different locations to pursue this. If this means getting paid more is the answer then all for it. Other professions we work with closely have been given a large pay rise when they perform not even half the work we as RTs do. It is now our turn.</p>	<p>I have reservations about how honest the team will be when completing this service. It would be interesting to see how negative the overall tone is as from day to day conversations and frustrations I would suspect many people are not very happy. I have heard many comments about the survey being confidential but not anonymous. There are concerns that if feedback can be linked back to an individual there may be consequences from this. There's definitely a feeling within the department that if you speak up and try to flag something you think needs to be addressed you get blacklisted and won't get any future opportunities, so now people just tend to stay silent and share their frustrations between themselves.</p>			
<p>There are very few opportunities to move up the ranks as an RT at Q Health and it is now predominately a wait for someone to retire to be able to advance. This is disappointing &amp; unsatisfactory given the current nature of our role that expands our duties without the compensation for doing so, which often involves our own time &amp; expense for education in order to keep up with new technology &amp; while ensuring that all our patients receive the best treatment possible/available</p>	<p>The problem of bottle necking and career opportunities will need to be addressed through various methods and interventions/supports for the broader HP3 level to retain great, knowledgeable and experienced staff within QLD Health. Whilst still need to address the salary differences among professions (i.e. between RTs &amp; medical radiation physicists) vs. amount of work performed to ensure a level playing field</p>			
<p>Knowing that nepotism will not change within the department, the pay equity with physics would go some way to improve moral, recognition and tension within the department</p>	<p>I have had no chances for higher duties for 15 years and no opportunities to progress despite post graduate study and representing my professional body on a national level</p>			
<p>Our pay is not reflective of the experience, knowledge and responsibilities required to be a current Radiation Therapist</p>	<p>Currently feeling a little unmotivated in my current position. Feeling like I have limited avenues to take from here</p>			
<p>I feel undervalued and have no where to look for progression.</p>				
<p>The department has developed as a cohesive unit, this is going to splinter due to the fact that some people in the department are being paid massive bonuses for providing services they claim to be achieving but the reality is that we as a team achieve these results and as such we should be remunerated with parity as lack of job satisfaction and deterioration of working conditions and patient outcomes is the only likely outcome from the present arrangement</p>				
<p>The massive increase in scope or practice and responsibility for radiation therapy staff has not been adequately remunerated or recognized on a department or state level. Radiation therapy has evolved significantly since 2007, and there needs to be recognition of these changes, and how our scope has encompassed roles and responsibilities that previously were held by other disciplines. This lack of</p>				



<p>Scope of practice needs to be reviewed, and more career opportunity pathways need to be explored</p>				
<p>Radiation Therapy service delivery has dramatically increased in complexity over recent years and conditions/support have not kept pace (certainly not in comparison to other disciplines which do not appear to carry the same burden)</p>				
<p>The role is a lot more stressful than many realise and our decisions can greatly affect a patient's outcomes.</p>				
<p>The problem of bottle necking and career opportunities will need to be addressed through various methods and interventions/supports for the broader HP3 level to retain great, knowledgeable and experienced staff within QLD Health. Whilst still need to address the salary differences among professions (i.e. between RTs &amp; medical radiation physicists) vs. amount of work performed to ensure a level playing field</p>				
<p>There is a lack of recognition in the work we do as radiation therapists, both financially and in our role descriptions. There are many instances where I am making clinical decisions that were in the past considered part of the radiation oncologists scope of practice. Particularly in the area of analysing a patient's cancer treatment plan / imaging to determine the validity and safety of their radiation therapy delivery. This is often done in a pressurised environment (interacting with patients) using an array of advanced technologies that require highly specialised knowledge to operate. I feel it is an insult that the government is allowing others to claim financial reward for work that radiation therapists routinely perform while also failing to recognise how the profession has evolved.</p>				
<p>70</p>	<p>62</p>	<p>1</p>	<p>14</p>	<p>5</p>
<p>152</p>				

	Salary/Recognition with respect to Scope of Practice	Career Progression concerns- Department structure	Patient Outcome Related	Job Conditions -Related	Other	Totals
What is your reason for staying with Qld Health?	2	4	10	15	2	33
Do you feel part of the team?	17	6	0	3	2	28
What do we do well as a RT service?	3	1	15	2	2	23
What could we do better?	23	21	1	3	0	48
<b>FEEDBACK</b>	70	62	1	14	5	152

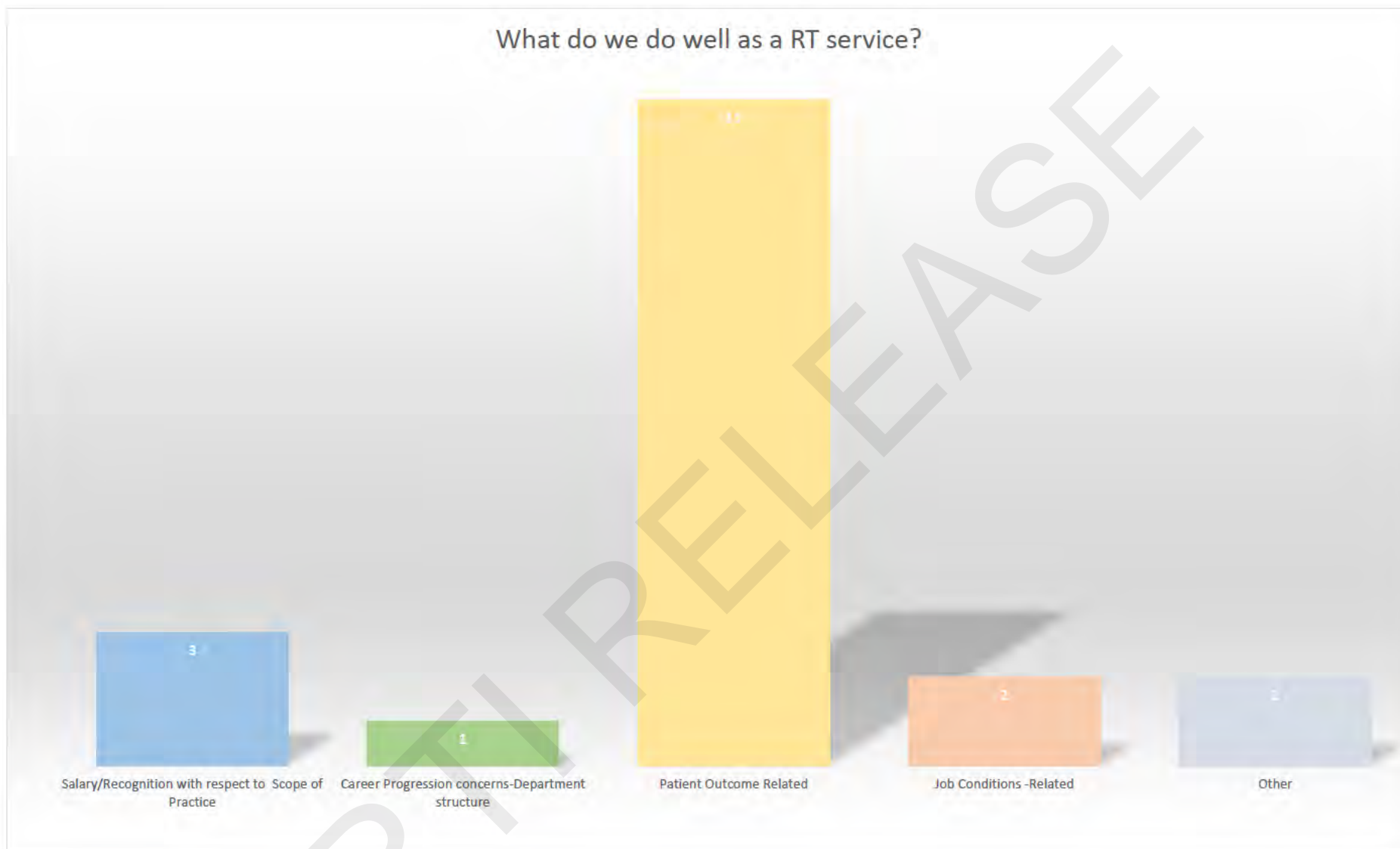
### What is your reason for staying with Qld Health?



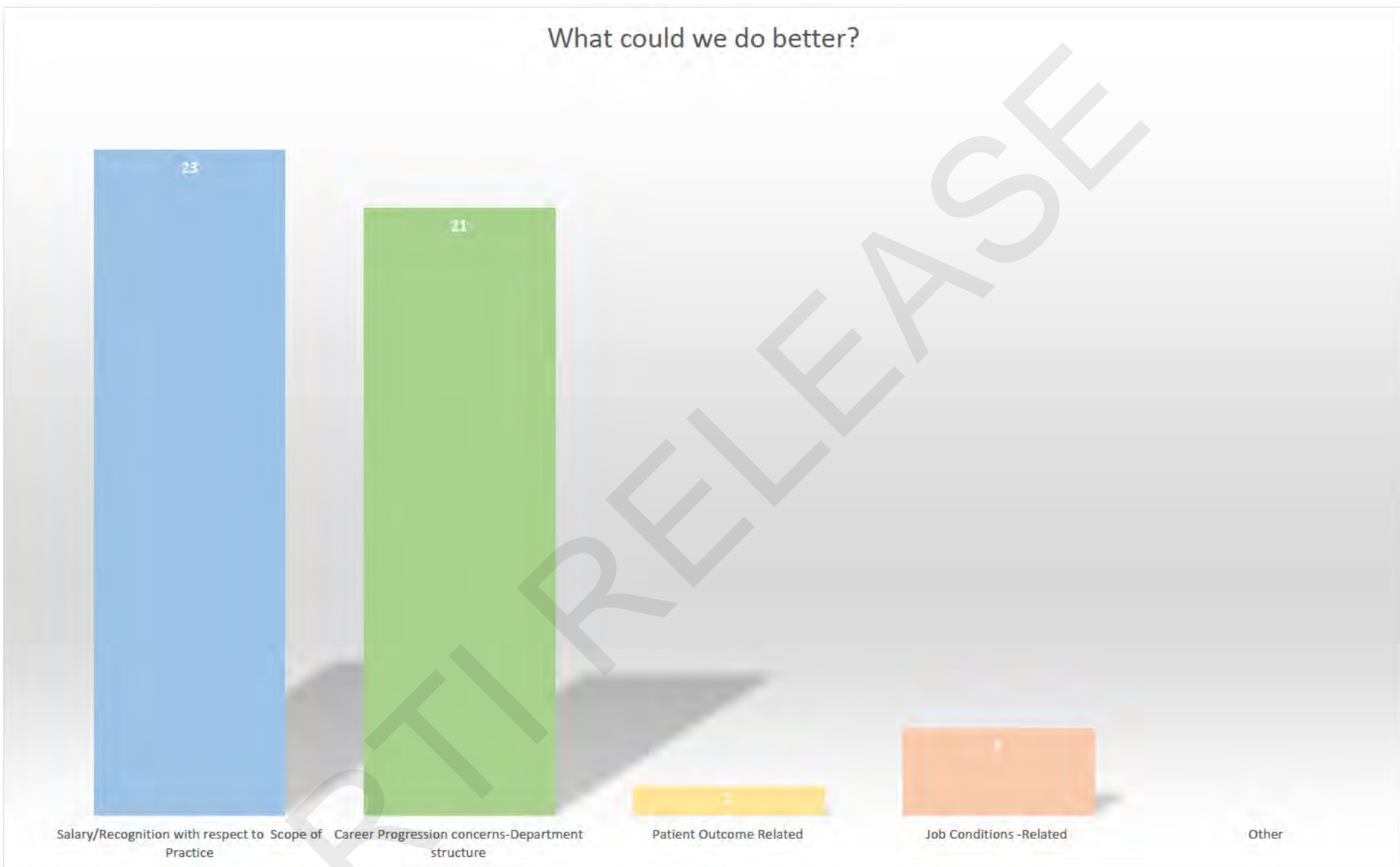


### Do you feel part of the team?

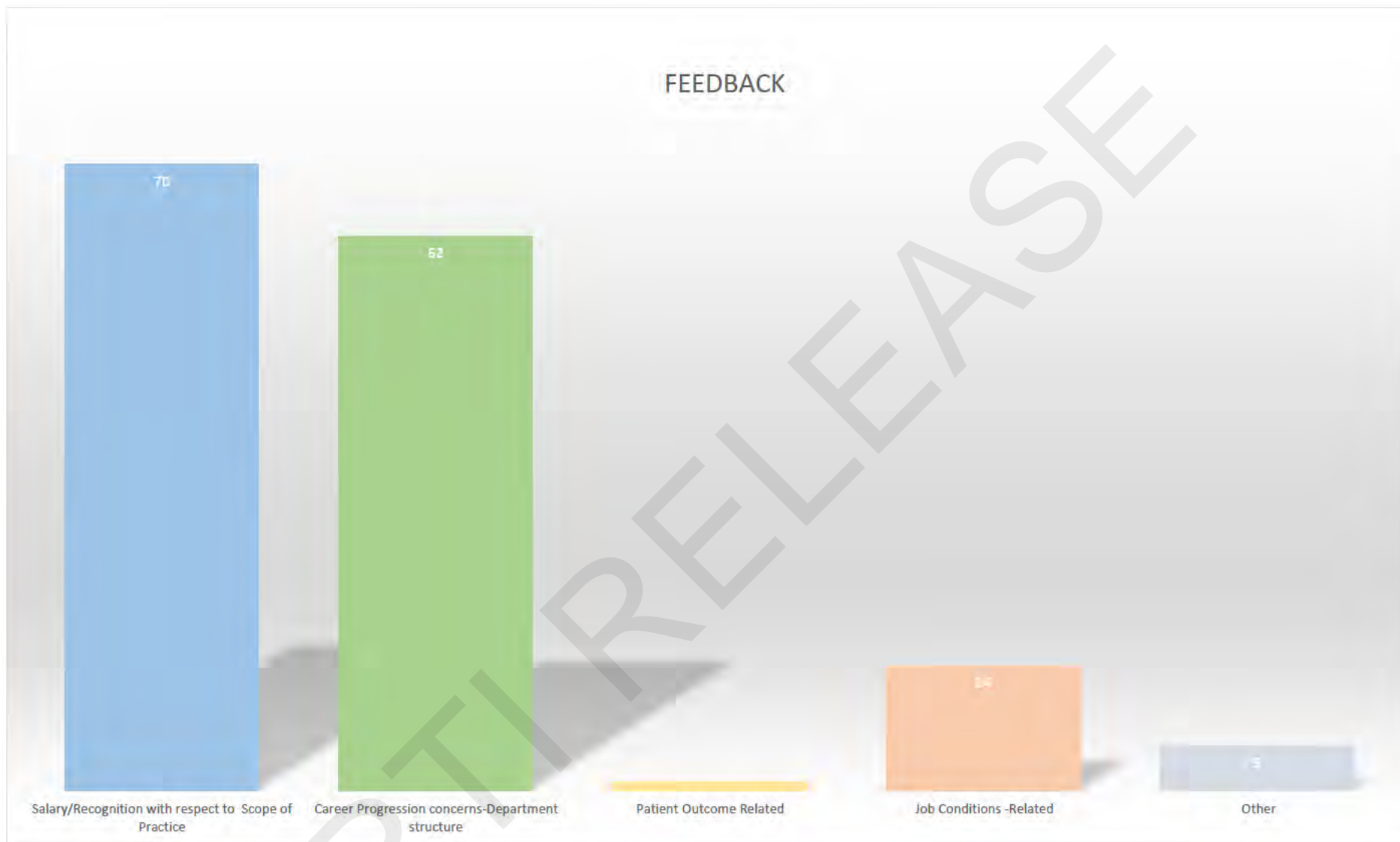




### What could we do better?







## Comparison of Medical Physicist and Radiation Therapist Staff Satisfaction Surveys

The Medical Physicist staff satisfaction survey was conducted from 6 March 2018 to 13 March 2018. There were a total of 65 respondents.

The Radiation Therapy staff satisfaction survey was conducted from 2 August 2021 to 8 August 2021. There were a total of 195 respondents.

How long have you been with Queensland Health in total?	MP Responses	RT Responses	% RT vs % MP
Less than 3 years	22 (33.8%)	24 (12.3%)	-21.5%
3 to 5 years	5 (7.7%)	33 (16.9%)	9.2%
Over 5 years	14 (21.5%)	35 (17.9%)	-3.6%
10 years and over	24 (36.9%)	103 (52.8%)	15.9%

What level is your current position?	MP Responses	RT Responses	% RT vs % MP
HP3	17 (26.2%)	95 (48.7%)	22.6%
HP4	13 (20.0%)	43 (22.1%)	2.1%
HP5	22 (33.8%)	43 (22.1%)	-11.8%
HP6	8 (12.3%)	9 (4.6%)	-7.7%
HP7	5 (7.7%)	5 (2.6%)	-5.1%

### Are you planning on staying in your position or Qld Health for the foreseeable future (next 5 years)?

	MP Response s	RT Response s	% RT vs % MP
Yes, I am happy	31 (47.7%)	80 (41.0%)	-6.7%
Yes, I am waiting to retire	2 (3.1%)	17 (8.7%)	5.6%
Yes, but I am not happy	13 (20.0%)	70 (35.9%)	15.9%
No, I am actively seeking a job elsewhere	15 (23.1%)	22 (11.3%)	-11.8%
No, I intend to retire	4 (6.2%)	6 (3.1%)	-3.1%

### What is your reason for staying with Qld Health (can have more than 1 response)?

	MP Response s	RT Response s	% RT vs % MP
I enjoy coming to work (MP only)	31 (47.7%)		
I enjoy the work that I do (RT only)		146 (74.9%)	
Career progression (MP) / Professional development / career opportunities (RT)	21 (32.3%)	31 (15.9%)	-16.4%
It fits in with my lifestyle (eg. flexible, close to home) (MP only)	26 (40.0%)		
Employment location (MP only)	28 (43.1%)		
It fits with my lifestyle (flexibility, proximity to home, location) (RT only)		91 (46.7%)	
Don't know what else I would do	8 (12.3%)	33 (16.9%)	4.6%
My colleagues	25 (38.5%)	114 (58.5%)	20.0%
The clinical outcome of my works	32 (49.2%)	112 (57.4%)	8.2%
The manager (MP only)	9 (13.8%)		
The pay (including salary packaging Benefits) (MP only)	12 (18.5%)		
Employment conditions (RT only)		54 (27.7%)	
Multi-disciplinary and diverse nature of the role (RT only)		60 (30.8%)	
Other	19 (29.2%)	25 (12.8%)	



<b>Do you feel part of the team (can have more than 1 response)?</b>	<b>MP Responses</b>	<b>RT Responses</b>	<b>% RT vs % MP</b>
Yes, within my profession	42 (64.6%)	113 (57.9%)	-6.7%
Yes, in my Department	45 (69.2%)	125 (64.1%)	-5.1%
Yes, as part of the HHS Queensland Health team (MP) / Yes, as part of the Hospital and Health Service team (RT)	5 (7.7%)	22 (11.3%)	3.6%
Yes, as part of the Qld Health wide team	4 (6.2%)	13 (6.7%)	0.5%
None of the above	4 (6.2%)	24 (12.3%)	6.2%

<b>What do we do well at your workplace? (MP) / What do we do well as a Radiation Therapy Service (RT) (Can be more than one response)</b>	<b>MP Responses</b>	<b>RT Responses</b>	<b>% RT vs % MP</b>
Clinical outcomes for patients (RT only)		184 (94.4%)	
Strong team focus	21 (32.3%)	99 (50.8%)	18.5%
Support each other	37 (56.9%)	106 (54.4%)	-2.6%
Manage stress levels	5 (7.7%)	22 (11.3%)	3.6%
Laugh a lot	15 (23.1%)	75 (38.5%)	15.4%
Communication	12 (18.5%)	84 (43.1%)	24.6%
Succession planning	2 (3.1%)	31 (15.9%)	12.8%
Reward and recognition program	1 (1.5%)	4 (2.1%)	0.5%
Other	19 (29.2%)	14 (7.2%)	-22.1%


**What could we do better? (Can be more than one response)**

	<b>MP Response s</b>	<b>RT Response s</b>	<b>% RT vs % MP</b>
Communication	26 (40.0%)	82 (42.1%)	2.1%
Support staff	23 (35.4%)	93 (47.7%)	12.3%
Training and education for staff	37 (56.9%)	91 (46.7%)	-10.3%
Integrate services	9 (13.8%)	40 (20.5%)	6.7%
Salary	53 (81.5%)	136 (69.7%)	-11.8%
Listen	15 (23.1%)	65 (33.3%)	10.3%
Opportunities to act in different positions/centres	16 (24.6%)	110 (56.4%)	31.8%
Manage stress levels	14 (21.5%)	85 (43.6%)	22.1%
Lifestyle programs for staff (MP only)	11 (16.9%)		
Mentoring	26 (40.0%)	44 (22.6%)	-17.4%
Orientation	6 (9.2%)	13 (6.7%)	-2.6%
Simplify management processes	19 (29.2%)	65 (33.3%)	4.1%
Other	22 (33.8%)	39 (20.0%)	-13.8%

**Do you feel there is a career path for you as a medical physicist within Queensland Health? (MP) / Do you feel there are career path opportunities for you as a Radiation Therapist within your Service or Qld Health? (RT)**

	<b>MP Response s</b>	<b>RT Response s</b>	<b>% RT vs % MP</b>
Yes, but I am happy where I am currently	8 (12.3%)	48 (24.6%)	12.3%
Yes, and I am actively pursuing it	23 (35.4%)	29 (14.9%)	-20.5%
No, and I may leave as a result	27 (41.5%)	95 (48.7%)	7.2%
No, but I don't care	7 (10.8%)	23 (11.8%)	1.0%

**SUBJECT: Radiation Therapist Review – Pay Equity Issues**

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Noted <input type="checkbox"/> Further information required (see comments)	<p>Signed  Date 27/10/2021</p> <p>Dr John Wakefield, Director-General, Queensland Health</p> <p>Comments: I note the brief. s.47(3)(b)</p> <p>I need advice on a solution to this issue, rather than a description of the problem. Urgent meeting with IR and Prof Chief.</p>
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**ACTION REQUIRED BY 28 October 2021** - United Workers Union (UWU) are requesting an immediate meeting with the Director-General to demand pay equity between Radiation Therapists (RT's) and Medical Physicists (MP's), or they will commence widespread industrial action and a community/media campaign in pursuit of their claim.

**RECOMMENDATION**

It is recommended the Director-General:

- **Note** the current status of Radiation Therapist pay equity issues.
- **Note** a request from UWU is expected to be forwarded to the Director-General to arrange an immediate meeting.
- **Note** the potential risks associated with the UWU demand pay parity between the Medical Physicists and the Radiation Therapists (RTs).

**ISSUES**

1. During a meeting of the Radiation Therapy working group on 26 October 2021, the UWU Public Sector Director, Sharon Caddie stated the following:
  - On Saturday 23 October 2021, there was a state-wide meeting between the UWU and their radiation therapy members.
  - The primary issue of concern was pay equity between medical physicists and radiation therapists.
  - UWU also believed there is a gender equity issue as there was a far higher proportion of females practicing in radiation therapy than males, whereas medical physicists have a far higher ratio of males to females.
  - A motion was put to members that if Queensland Health did not change their position of pay equity between the radiation therapists and medical physicists, a meeting would be immediately called between UWU and the Director-General. At this meeting, the UWU would demand the Director-General fix the egregious pay disparity or UWU would immediately commence a significant industrial campaign.
  - The motion was put to the members, which was unanimously carried.
  - Queensland Health should not underestimate how united and committed the radiation therapists are in their fight for justice.
2. Radiation therapists are aggrieved about the new Medical Physicists Attraction and Retention Incentive (MPARI) created under the *Health Practitioner and Dental Officers Certified Agreement (No. 3) 2019* (HPDO3) and pay equity with this group is the only resolution acceptable to UWU.
3. The UWU are not prepared to wait until the next round of bargain commencing in April 2022 and have made it clear that they expect that the Director-General will exercise his delegated powers to provide terms and conditions more favourable than those currently contained under HPDO for RTs.
4. Queensland is already at the forefront of remuneration for radiation therapists nationally.
5. s.47(3)(b)



6. s.47(3)(b)

7.

8.

9.

10. A final report was being jointly written between the Department and UWU before the latest announcements were made.

#### BACKGROUND

11. Before HPDO3, medical physicists and radiation therapists received identical value retention incentives, with the medical physicist payment tied to the radiation therapist incentive created in 2003.
12. HPDO3 was certified on 18 August 2020. The agreement included the accepted claim by Together Queensland for the MPARI.
13. Following certification, UWU Public Sector Director Sharron Caddie and UWU delegates met with the Director-General to discuss the perceived inequity between the total remuneration arrangements for radiation therapists and medical physicist roles.
14. Following this meeting, the Director-General agreed to sponsor a review of the UWU claims.
15. The Radiation Therapy working group was formed in February 2021, at which time the terms of reference were agreed upon, and the review commenced.

#### RESULTS OF CONSULTATION

16. A working party was formed, which consisted of representatives from the UWU officials and delegates, Employment Relations, Allied Health Professions Office Queensland, and radiation therapy management.
17. Over the last few months, meetings have been held weekly to review and examine the following:
  - Role clarity and scope of practice,
  - Inter-relationship with medical physicists and other radiation oncology health practitioner disciplines in Queensland and interstate,
  - Recruitment, attraction, and retention arrangements,
  - Interstate wage and comparisons/benchmarking against positions with similar roles and

18. s.47(3)(b)

19.

s.47(3)(b)


<b>Author</b> Name: s.73 Turner Position: Manager Unit: Employment Relations Tel No: s.73 Date Drafted: 26/10/2021	<b>Cleared by (CHRO)</b> Name: Theresa Hodges Position: Chief Human Resources Officer Branch: Human Resources Branch Tel No: s.73 Date Cleared: 27 October 2021 <i>*Note clearance contact is also key contact for brief queries*</i>	<b>Content verified by (DDG/CE)</b> Name: Sean Conway obo Luan Sadijk Position: A/Deputy Director-General Division: Corporate Services Tel No: s.73 Date Verified: 27 October 2021
---	---	---

RTI RELEASE



**From:** [Renaie Tesch](#)  
**To:** [Theresa Hodges](#); [Katrina McGill](#)  
**Subject:** RE: UWU letter  
**Date:** Friday, 5 November 2021 6:40:37 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)



Thanks Theresa,

Ren

Queensland Government  	<p><b>Renaie Tesch</b>  <b>A/Senior Director</b>          Office of the Director-General and Executive Director          Office of the Director-General and System Strategy Division          Queensland Health</p>	<p><b>M</b> s.73  <b>E</b> s.73 @health.qld.gov.au  <b>W</b> health.qld.gov.au</p>
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[campaign image](#)

Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

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**From:** Theresa Hodges s.73 @health.qld.gov.au>  
**Sent:** Friday, 5 November 2021 6:40 PM  
**To:** Renaie Tesch s.73 @health.qld.gov.au>; Katrina McGill s.73 |@health.qld.gov.au>  
**Subject:** Re: UWU letter

Renaie

I am happy with the DGs wording.

regards

Theresa Hodges  
 Chief Human Resources Officer  
 Human Resources Branch  
 Corporate Services Division  
 p. s.73 s.73  
 e. s.73 @health.qld.gov.au

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**From:** Renaie Tesch s.73 @health.qld.gov.au>  
**Sent:** Friday, November 5, 2021 6:29:24 PM



**To:** Theresa Hodges <[redacted]@health.qld.gov.au>  
**Subject:** UWU letter

Hi Theresa,

Comments from John re this letter. Can you please advise so I can have this one finalised?

*"Friday, 5 November 2021 at 6:24:58 PM (GMT+10:00) Wakefield, John (Dr.):"*

*I approve use of my e signature on the brief and correspondence.*

*However, there is a need to adjust the grammar of the following sentence:*

*"I have received copies of all documents produced by the group and I am satisfied that payment of an attraction and retention allowance to Radiation Therapists have not been substantiated."*

*Change to ...*

*"I have received copies of all documents produced by the group and I am satisfied that claims for payment of an attraction and retention allowance to Radiation Therapists have not been substantiated."*

*Please have Theresa confirm that the sentence is correct before sending.*

DG

Thanks

Ren



**Renaie Tesch**

**A/Senior Director**

Office of the Director-General and Executive

Director

Office of the Director-General and System

Strategy Division

Queensland Health

M [redacted]

E [redacted]@health.qld.gov.au


W health.qld.gov.au

campaign image



Queensland Health acknowledges the Traditional Owners of the land, and pays respect to Elders past, present and future.

**SUBJECT:** Sharron Caddie - United Workers Union - Equity and Recognition for Radiation Therapists within Queensland Health

<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Noted <input type="checkbox"/> Further information required (see comments)	Signed  Date 05/11/2021 Dr John Wakefield, Director-General, Queensland Health Comments: Approved with slight change to letter as per notes in CM container.
---	---

**ACTION REQUIRED BY 8 November 2021** - owledge and provide a response to correspondence from United Workers Unions to the Directed General under the signature of Ms Caddie, prior a public campaign commencing.

**RECOMMENDATION**

It is recommended the Director-General:

- **Sign** the attached letter to Ms Sharon Caddie – Public Sector Director United Workers Union (Attachment 1).

**ISSUES**

1. The United Workers Union (UWU) Public Sector Director, Ms Sharron Caddie, has written to the Director-General to request an immediate meeting before industrial action relating to a wage parity dispute.
2. The Director General established a Radiation Therapy Working Group to explore
  - Role clarity and Scope of Practice
  - Inter-relationship with Medical Physicists and other radiation oncology health practitioner disciplines in Queensland and interstate.
  - Interstate wage and comparisons / benchmarking against positions with similar roles and responsibilities.
3. Ministerial Brief number 21/17007 (Attachment 2) provided all the data related to the work of the working group. A working group was never produced as the UWU refused to continue the work.
4. On Saturday 23 October 2021 a statewide meeting of the United Workers Union and their Radiation Therapy members occurred. The motions moved at this meeting were reported to the Director-General in Brief number 21/19968 (Attachment 3)
5. The primary issue of concern was pay equity between Medical Physicists and Radiation Therapists.
6. UWU also believes there is a gender equity issue as there is a far higher proportion of females employed as Radiation Therapists than males, whereas Medical Physicists have a far higher ratio of males to females.
7. A motion was put to members that if Queensland Health did not change their position regarding pay and gender equity between Radiation Therapists and Medical Physicists that members would immediately begin an industrial and public/media campaign.
8. Queensland Health position is that essentially there is no evidence base for the UWU demands for an Attraction and Attention allowances consistent with the Medical Physicists Attraction and Retention Incentive (MPARI) that range between \$23,812.00 to \$65,184.00 per annum.
9. At a meeting on the 2 November, 2021 between the Mr Luan Sadajik, A/Deputy Director General, Corporate Services Division, Ms Theresa Hodges, Chief Human Resources Officer, Ms Liza-Jane McBride the Chief Allied Health Professionals Officer and Ms Katrina McGill, Senior Director, Human Resources it was decided that due to the evidence and any flow on issues it was not sustainable or desirable for Queensland Health to meet UWU demands.
10. s.47(3)(b)

11.

12. s.47(3)(b)

### BACKGROUND

- In 2020 the Director General proposed a Radiation Therapy working group to explore scope of practice, interaction with other radiation oncology health practitioners, interstate wages comparisons among other matters.
- Employment Relations along with representatives from Radiation Therapy management and the Chief Allied Health Professional Officer represented Queensland Health on the Working Party.

### RESULTS OF CONSULTATION

13. No consultation was required for this brief.

s.47(3)(b)

### SENSITIVITIES/RISKS

15. s.47(3)(b)

16.

17.

### ATTACHMENTS

18. Attachment 1. Letter to Sharon Caddie – Public Service Director, United Workers Union  
Attachment 2. Ministerial Brief C-ECTF-21/17007 - Radiation Therapist Review Findings (unsigned)  
Attachment 3. Director-General Brief C-ECTF-21/19968 - Radiation Therapy Review - Pay Equity Issues

Author	Cleared by	Content verified by
Name: s.73 Turner Position: Manager Unit: Employment Relations Tel No: s.73 Date Drafted: 2 November 2021	Name: Theresa Hodges Position: Chief Human Resources Officer Branch: Human Resources Tel No: s.73 Date Cleared: 5 November 2021 <i>*Note clearance contact is also key contact for brief queries*</i>	Name: Luan Sadjk Position: Acting Deputy Director-General Division: Corporate Services Tel No: s.73 Date Verified:



**Queensland Health**

Enquiries to: Katrina McGill  
Senior Director  
Employment Relations  
Telephone: s.73  
Our ref: C-ECTF-21/20207

Ms Sharron Caddie  
Public Sector Director  
United Workers Union

Email: sharron.caddie@unitedworkers.org.au

Dear Ms Caddie

Thank you for your letter dated 25 October 2021 regarding equity and recognition for Radiation Therapists employed by Queensland Health. I have read and noted both your letter and the resolution passed at the Statewide United Workers Union Radiation Therapist meeting held on 23 October 2021.

Queensland Health recognises and appreciates the vital work undertaken by Radiation Therapists across the state. Through Radiation Therapists' dedication and hard work, Queenslanders can access quality radiation oncology services using the latest medical technology.

I also acknowledge your belief that the joint working group has reached an impasse; therefore, I will formally close the Radiation Therapist Practice and Scope Working Group. I have received copies of all documents produced by the group and I am satisfied that claims for payment of an attraction and retention allowance to Radiation Therapists have not been substantiated.

I acknowledge that there are seasonal recruitment and retention issues for radiation oncology services in the Townsville Hospital and Health Service; however, I do not accept that these issues are limited to Radiation Therapists but exist as a consequence of geographical location and are experienced by other health practitioner disciplines and in other clinical streams.

I also acknowledge that there is some work to do in reviewing Radiation Therapist roles to ensure they are classified correctly. To this end, I have called for a clinical review of all radiation and oncology services to be undertaken. The purpose of the review will be to ensure that the workforce mix of radiation oncology teams is appropriate to meet requirements and provide the best possible patient outcomes, both now and in the future.

Should you require further information, the Department of Health's contact is Ms Katrina McGill, Senior Director, Employment Relations on telephone s.73 .

Yours sincerely



Dr John Wakefield PSM  
**Director-General**  
5/11/2021

RTI RELEASE

Prepared by: s.73 [redacted] Turner  
Manager  
Employment Relations/ Human Resource Branch  
s.73 [redacted]  
3 November 2021

Cleared by: Katrina McGill  
Senior Directory  
Employment Relations Unit  
s.73 [redacted]  
5 November 2021

Cleared by: Theresa Hodges  
Chief Human Resources Officer  
Human Resources Branch  
s.73 [redacted]  
5 November 2021

Cleared by: Luan Sadikaj  
a/Deputy Director-General  
Corporate Services Division  
s.73 [redacted]  
XX November 2021