

**Jessica Burns**

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**From:** Leisa Brown <leisa.brown@unitedworkers.org.au>  
**Sent:** Monday, 25 October 2021 2:27 PM  
**To:** DG correspondence  
**Cc:** Sharron Caddie  
**Subject:** Urgent  
**Attachments:** 10-25-Letter to John Wakefield-Equity and Recognition for RTs.pdf  
**Categories:** Follow up

**This email originated from outside Queensland Health. DO NOT click on any links or open attachments unless you recognise the sender and know the content is safe.**

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Dear Dr Wakefield,

Please find attached letter.

Kind regards,  
Leisa

**Leisa Brown**  
Public Sector Executive Assistant  
**United Workers Union**  
E: [leisa.brown@unitedworkers.org.au](mailto:leisa.brown@unitedworkers.org.au)  
W: [unitedworkers.org.au](http://unitedworkers.org.au)



Email disclaimer: [unitedworkers.org.au/emaildisclaimer](http://unitedworkers.org.au/emaildisclaimer)

RTI RELEASE



**BIGGER, STRONGER, UNITED.**  
TIM KENNEDY SECRETARY  
JO SCHOFIELD PRESIDENT

25 October 2021

Dr John Wakefield  
Director-General  
Queensland Health

By email: dg\_ccs.73 @health.qld.gov.au

Dear Dr Wakefield,

**Re: Equity and Recognition for Radiation Therapists within Queensland Health**

Please find attached the resolution unanimously passed by a state-wide meeting of UWU Radiation Therapists on Saturday 23<sup>rd</sup> October 2021. The meeting was held online and in person in Townsville, Sunshine Coast and South Brisbane.

The resolution calls on you to urgently meet with UWU RT representatives to determine how the untenable pay disparity between RTs and MPs will be addressed as a priority.

The joint working group that was convened as a result of your last meeting with UWU RT representatives has reached an impasse. While your representatives acknowledge there have been significant changes to the RT scope of practice they refuse to accept that equivalent attraction and retention issues have been demonstrated as led to the payment of the MPARI allowance; and advise that even if they did acknowledge those issues there is no appetite to invest in a similar allowance for RTs.

UWU Radiation Therapists have had enough. They demand equity with their MP colleagues through the extension of the attraction and retention allowance. In the absence of any genuine effort to meet and resolve this issue there is no faith that the medium-term issue around recognising the direct return to patients and the health system of expanded RT scope will be addressed either.

The scope expansion within Queensland has been verified by Radiation Oncologists and RT Directors. The interstate comparison with matched services also demonstrates that Queensland RTs are leading the way in Australia, undertaking significantly more complex work and in higher volumes than their interstate colleagues.

The RTs stand united and have committed to campaign industrially, politically and in their communities should their issues not be addressed.

I look forward to hearing from you in relation to setting up the meeting as a matter of urgency. Please do not hesitate to contact me on my mobile s.73 if you would like to discuss.

Yours sincerely

**Sharron Caddie, Public Sector Director**

## ***State-wide UWU Radiation Therapist Meeting 23 October 2021***

### **Background:**

In Queensland, Radiation Therapists (RTs) and Radiation Oncology Medical Physicists (MPs) are intrinsically entwined, both in their everyday roles, responsibilities and industrially.

Implementation of the MPARI (MP Attraction and Retention Incentive) allowance to all MPs linked to identification of recruitment issues in SCUH and Townsville by the 2018 MP Review has severed the industrial link with no reference at all to the implications for RTs and without any consultation.

The massive quantum of the allowance has created a two-classification level distortion in the HP classification structure that is unprecedented, inequitable and must be addressed. Professional boundaries have been tested and become strained which has hindered communication and fractured the team within radiation oncology.

The allowance also creates significant gender pay disparity between RTs who are 76% female and MPs who are 65% male.

From an RT perspective the disparity is made worse because of the massive system-wide expansion in the scope of RT roles since 2007. RTs have been instrumental in providing high level service improvements, better patient outcomes, increased revenues and cost savings to Queensland Health (QH) that has yet to be reflected in any adjustment to allowances, classification or progression structures.

### **RT Review:**

Following a meeting between UWU RT representatives and the Director General in October 2020 it was agreed to establish a joint working group to consider the above issues and make recommendations to address the issues.

UWU representatives in the Working Group have provided a detailed report regarding the outcomes of the work of the review undertaken since February 2021.

Through the review RTs have demonstrated an exponential increase in the scope of practice across all HP levels, including a significant increase in the level of complexity and responsibility for roles previously undertaken by Radiation Oncologists and other health professionals. The review has also identified that Queensland RTs are routinely undertaking more complex work and in higher volume than their interstate counterparts.

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**UWU Radiation Therapists have had enough. We demand equity and we demand recognition.**

Should there be no shift in the position of the department at the working group meeting scheduled Monday 25 October, we call on the Director General to urgently meet with UWU RT representatives to determine how the untenable pay disparity will be addressed as a first priority.

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**MOVED & SECONDED: (UWU RT WORKING GROUP REPRESENTATIVES)**

Heather Rees      Daniel Bryant      Matthew Fairbairn      Heath Foley

**CARRIED**

**Jessica Burns**

---

**From:** John Wakefield  
**Sent:** Wednesday, 27 October 2021 3:47 PM  
**To:** Luan Sadikaj; Theresa Hodges; Liza-Jane McBride  
**Subject:** Fwd: URGENT : I understand UWU have written to you requesting a meeting. Do you know at this stage what your response is going to be?  
**Attachments:** 10-25-Letter to John Wakefield-Equity and Recognition for RTs.pdf

Hi all

Can you please draft respond to this and advise accordingly.

Thanks

J

**Dr John Wakefield PSM**  
**Director-General**  
**Queensland Health**

Phone: +61 (0) 7s.73

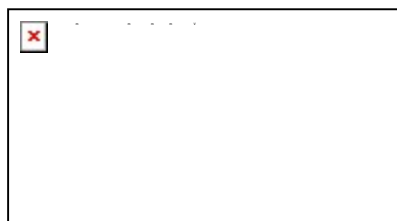
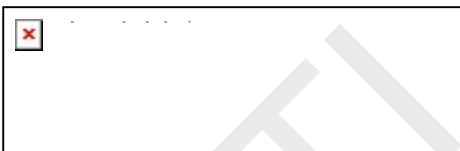
Address: [1 William Street, Brisbane 4000](#)

Email: s.73@health.qld.gov.au

**Queensland Health**  
Office of the Director-General



[www.health.qld.gov.au](http://www.health.qld.gov.au)



**Queensland's Health Vision: By 2026 Queenslanders will be among the healthiest people in the world.**

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

Begin forwarded message:

**From:** Trish Nielsen s.73@health.qld.gov.au>  
**Date:** 27 October 2021 at 12:00:06 pm AEST  
**To:** John Wakefield s.73@health.qld.gov.au>

**Subject: URGENT : I understand UWU have written to you requesting a meeting. Do you know at this stage what your response is going to be?**

John

Copy attached.

Trish

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**From:** Simon Zanatta s.73 [REDACTED]@ministerial.qld.gov.au>

**Sent:** Wednesday, 27 October 2021 11:40 AM

**To:** John Wakefield s.73 [REDACTED]@health.qld.gov.au>

**Cc:** Dawn Schofield s.73 [REDACTED]@health.qld.gov.au>

**Subject:** I understand UWU have written to you requesting a meeting. Do you know at this stage what your response is going to be?

This email, together with any attachments, is intended for the named recipient(s) only; and may contain privileged and confidential information. If received in error, you are asked to inform the sender as quickly as possible and delete this email and any copies of this from your computer system network.

If not an intended recipient of this email, you must not copy, distribute or take any action(s) that relies on it; any form of disclosure, modification, distribution and /or publication of this email is also prohibited.

Unless stated otherwise, this email represents only the views of the sender and not the views of the Queensland Government.

Please consider the environment before printing this email.

25 October 2021

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Queensland Health

By email: dg\_ccs.73 @health.qld.gov.au

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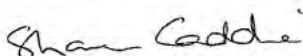
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Yours sincerely



**Sharron Caddie, Public Sector Director**

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UWU representatives in the Working Group have provided a detailed report regarding the outcomes of the work of the review undertaken since February 2021.

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**UWU Radiation Therapists have had enough. We demand equity and we demand recognition.**

Should there be no shift in the position of the department at the working group meeting scheduled Monday 25 October, we call on the Director General to urgently meet with UWU RT representatives to determine how the untenable pay disparity will be addressed as a first priority.

In the absence of any genuine effort to meet and resolve the immediate issue, we can have no faith the medium-term issues around recognising the direct return to patients and the system of expanded RT scope will be appropriately addressed either.

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**MOVED & SECONDED: (UWU RT WORKING GROUP REPRESENTATIVES)**

Heather Rees      Daniel Bryant      Matthew Fairbairn      Heath Foley

**CARRIED**

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

<input type="checkbox"/> Approved	Signed...../...../..... Date...../...../..... Dr John Wakefield, Director-General, Queensland Health Comments:
<input type="checkbox"/> Not approved	
<input type="checkbox"/> Noted	
<input type="checkbox"/> Further information required (see comments)	

**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.

7.

8. s.47(3)(b)

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 responsibilities.


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
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**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. <b>s.47(3)(b)</b></p> <p style="background-color: #cccccc; height: 20px; margin: 5px 0;"></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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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. The current claim would be considered a breach of the no further claims provisions in HPDO3, and UWU would have difficulty in a tribunal defending the claim; traditionally, radiation therapists have undertaken public campaigns instead of legal avenues to achieve benefits.

6. Previous public campaigns have utilised significant media coverage focusing on their role in treating cancer as was the case when they campaigned for the Radiation Therapy Development Allowance.
7. They have further stipulated their intent to cause significant disruption to oncology services across Queensland Health. UWU has also unofficially threatened mass resignations and significant negative media coverage should their demands not be met.
8. Implementing the UWU proposed remuneration increases would significantly distort the current Queensland Health Practitioner and Dental Officer remuneration framework. Accepting this claim will be costly (approximately \$34 million) and provide a significant risk of precedent to other health practitioner disciplines, including nuclear medical technicians, radiographers, sonographers, optometrists, pharmacists, physiotherapists, and audiologists.
9. UWU has further indicated they intend to fracture the current HPDO3 and split radiation therapists off from the rest of the health practitioner workforce by demanding their own stream in HPDO4 or their own separate Certified Agreement.
10. A final report was being jointly written between the Department and UWU before the latest announcements were made.

#### BACKGROUND

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18. s.47(3)(b)
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s.47(3)(b)

Queensland Health  
DIRECTOR-GENERAL BRIEFING NOTEC-ECTF-21/19968  
Corporate Services Division

<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
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RTI RELEASE



**BIGGER, STRONGER, UNITED.**  
 TIM KENNEDY SECRETARY  
 JO SCHOFIELD PRESIDENT

25 October 2021

Dr John Wakefield  
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Heather Rees      Daniel Bryant      Matthew Fairbairn      Heath Foley

**CARRIED**

# 2 November 2021

Tuesday

November 2021

Mo	Tu	We	Th	Fr	Sa	Su
1	2	3	4	5	6	7
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15	16	17	18	19	20	21
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December 2021

Mo	Tu	We	Th	Fr	Sa	Su
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		TUESDAY
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Sydney Brisbane		
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12 PM	11	
1	12 PM	
2	1	
3	2	Meeting   Radiation Therapist Pay Equity Issues (brief attached) Microsoft Teams Meeting; John Wakefield
4	3	
5	4	
6	5	
7	6	

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

<input type="checkbox"/> Approved	Signed...../...../..... Date...../...../..... Dr John Wakefield, Director-General, Queensland Health Comments:
<input type="checkbox"/> Not approved	
<input type="checkbox"/> Noted	
<input type="checkbox"/> Further information required (see comments)	

**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.

### 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 I 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 Sadjik Position: Acting Deputy Director-General Division: Corporate Services Tel No: s.73 Date Verified:



Enquiries to: Katrina McGill  
Senior Director  
Employment Relations

Telephone: s.73  
Our ref: C-ECTF-21/20207

Queensland Health

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 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**  
xx/xx/2021

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

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

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

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

**SUBJECT: Radiation Therapist Review Findings**

<input type="checkbox"/> Approved <input type="checkbox"/> Not approved <input type="checkbox"/> Noted <input type="checkbox"/> Further information required (see comments)	Signed..... Date...../...../.....  Hon Yvette D'Ath MP, Minister for Health and Ambulance Services, Leader of the House  Comments:
--	--

**ACTION REQUIRED BY:** 5 November 2021 to notify the Minister statewide industrial action is expected to occur from Monday 8 November 2021.

**RECOMMENDATION**

It is recommended the Minister:

- **Note** findings from the interstate comparison of remuneration and entitlements and staff satisfaction survey:
  - i. Remuneration for Radiation Therapists employed by Queensland Health is higher than other states for most classification levels; and
  - ii. Responses to the staff satisfaction survey indicate three main issues amongst Queensland Health Radiation Therapists: perceived lack of career development/advancement opportunities, perceived lack of professional recognition of radiation therapy discipline, and perceived lack of remuneration.

**ISSUES**

1. The Radiation Therapist Practice and Scope Working Group (the Working Group) undertook a number of activities in alignment with the Terms of Reference to inform a review report to be provided to the Director-General via the Chief Human Resources Officer. Two of these activities were:
  - 1.1 Interstate comparison of remuneration and entitlements for Radiation Therapists; and
  - 1.2 Staff satisfaction survey for Queensland Health Radiation Therapists.
2. Based on a review of interstate industrial instruments, an interstate comparison of remuneration and entitlements for Radiation Therapists was discussed at the Working Group meeting on 6 September 2021 (Attachment 1).
3. The document shows that remuneration for Radiation Therapists in Queensland Health is competitive with other states and is the most generous for most classification levels.
4. The document's figures and entitlements have been reviewed and confirmed by the Finance Models and Costings team and interstate Industrial Relations counterparts from Victoria and South Australia. As of 3 November 2021, New South Wales Industrial Relations counterparts have yet to review due to interruptions/other priorities relating primarily to the COVID-19 Delta variant outbreak and response.
5. United Workers Union (UWU) representatives indicated that they did not dispute the accuracy of the document.
6. UWU representatives expressed a desire, however, to alter the way interstate entitlements were compared and presented, preferring to only compare Queensland and New South Wales hourly rates and assuming personal progression options available in New South Wales were universally taken up at the earliest opportunity. Such a comparison gave the appearance that Radiation Therapists of some classification levels in New South Wales were better off than Queensland Health counterparts.
7. To date resolution on how to present interstate comparison of remuneration and entitlements has not been reached.
8. The staff satisfaction survey for Queensland Health Radiation Therapists was conducted from 3pm, 2 August 2021 to 5pm, 8 August 2021, with 195 of an estimated total of 330 Radiation Therapists having completed the survey in that time.
9. Survey results were shared with Working Group members for discussion at the Working Group meeting on 23 August 2021 (Attachment 2). Both Queensland Health and UWU representatives have analysed the free-text survey responses and compiled summaries that were discussed at the Working Group meeting on 6 September 2021 (Attachment 3 and Attachment 4).
10. There are some differences in interpretation of the staff survey results between Queensland Health and UWU representatives' summaries; however, there is agreement that the three main issues raised by Radiation Therapists through the survey are:
  - 10.1. Perceived lack of career development/advancement opportunities;
  - 10.2. Perceived lack of professional recognition of radiation therapy discipline; and
  - 10.3. Perceived lack of remuneration.

11. Survey results were also compared with responses to a staff satisfaction survey of Medical Physicists conducted in March 2018. A comparison document was presented and discussed at the Working Group Meeting on 20 September 2021 (Attachment 5).
12. There is a strong difference of opinion between Queensland Health and UWU representatives as to how to interpret the comparison document. UWU representatives claim the document supports claims of attraction and retention issues, whereas Queensland Health representatives are of the view the document refutes claims of attraction and retention issues.

## BACKGROUND

13. Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No.3) 2019 (HPDO3) was certified on 18 August 2020. The agreement included the accepted claim by Together Queensland for the Medical Physicist Attraction and Retention Incentive (MPARI).
14. Before HPDO3, Medical Physicists and Radiation Therapists received identical value retention incentives, with the Medical Physicists payment tied to the Radiation Therapists incentive created in 2003.
15. Radiation Therapists are aggrieved that the MPARI claim was accepted and included in HPDO3.
16. These issues were never tabled or discussed by the UWU during six months of negotiations for HPDO3.
17. Following certification, Ms Sharon Caddie, UWU Public Sector Director and a representative group of Radiation Therapists met with the Director-General on 2 October 2020 to discuss the perceived inequity between the total remuneration arrangements for Radiation Therapist and Medical Physicist roles.
18. The Director-General agreed to a review of the UWU claims. A working group was subsequently formed in February 2021, and terms of reference were developed and agreed upon.
19. The working group met fortnightly and consisted of representatives from Employment Relations, Allied Health Professionals Office of Queensland, Radiation Therapist Management and UWU.
20. During a meeting on Monday 25 October 2021, Ms Caddie stated the following:
  - 20.1. On Saturday 23 October 2021, there was a state-wide meeting of UWU Radiation Therapy members.
  - 20.2. The primary issue of concern was pay equity between Medical Physicists and Radiation Therapists.
  - 20.3. The disparity was discussed as being a gender equity issue as there is a higher proportion of females to males in Radiation Therapy roles than in Medical Physicist roles.
  - 20.4. A motion was put to members that if Queensland Health did not change their position regarding pay equity between Medical Physicists and Radiation Therapists, a meeting would immediately be called between UWU and the Director-General. At this meeting it would be demanded that the Director-General fix the egregious pay disparity or United Workers Union would immediately commence a significant industrial campaign.
  - 20.5. The motion was put to the members and was unanimously carried.
  - 20.6. Queensland Health should not underestimate how united and committed Radiation Therapists are in their fight for justice.
21. The Working Group was in the process of drafting a final report when the latest announcements were made.

s.47(3)(b)

## SENSITIVITIES/RISKS

28. UWU has made it clear that they expect the Director-General to exercise his delegated powers to provide more favourable terms and conditions and are not prepared to wait until the next round of enterprise bargaining commencing in April 2022 to make the additional claim.



29. s.47(3)(b)

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**ATTACHMENTS**

- 38. Attachment 1. Preliminary interstate comparison of remuneration and entitlements
- Attachment 2. Radiation Therapist staff survey responses
- Attachment 3. Queensland Health summary of staff survey free-text responses
- Attachment 4. UWU summary of staff survey free-text responses
- Attachment 5. Comparison of Radiation Therapy and Medical Physicist staff satisfaction survey responses.

<p><b>Author</b>                  Name: s.73 Davis                  Position: Senior Project Officer                  Unit: Employment Relations                  Tel No: s.73                  Date Drafted: 21 September 2021                  Date Updates Drafted: 3 November 2021</p>	<p><b>Cleared by</b>                  Name: Theresa Hodges                  Position: Chief Human Resources Officer                  Branch: Human Resources Branch                  Tel No: s.73                  Date Cleared: 12 October 2021                  Date Updates Cleared: 4 November 2021</p>	<p><b>Content verified by</b>                  Name: Luan Sadikaj                  Position: A/Deputy Director-General                  Division: Corporate Services                  Tel No: s.73                  Date Verified: 18 October 2021                  Update cleared by Sean Conway                  OBO ODDG CSD                  4 November 2021</p>	<p><b>Director-General Endorsement</b>                  Name: Dr John Wakefield                  Signed                  Date ...../...../.....</p>
--	---	--	---

RTI RELEASE

HP3 and equivalent

\$66,000  
\$68,000  
\$70,000  
\$72,000  
\$74,000  
\$76,000  
\$78,000  
\$80,000  
\$82,000  
\$84,000  
\$86,000  
\$88,000  
\$90,000  
\$92,000  
\$94,000  
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\$124,000  
\$126,000  
\$128,000  
\$130,000  
\$132,000

**Queensland**  
From 17 October 2019 (2.5% increase)

HP3.1	\$95,873
HP3.2	\$101,034
HP3.3	\$106,971
HP3.4	\$110,734
HP3.5	\$115,241
HP3.6	\$119,744
HP3.7	\$125,195
HP3.7 (17 Apr 22)	\$131,113

Employee progresses pay point each year, reaches max pay point in seventh year.

2.5% increases are scheduled for 17 October 2021 and 17 April 2022.

**New South Wales**  
From 1 July 2021 (2.04% increase)  
Note amounts are estimates, 2021 rates are not yet published

Level 2 Year 1	\$76,079
Level 2 Year 2	\$86,299
Level 2 Year 3	\$98,134
Level 2 Year 4	\$102,912
Level 2 Year 5	\$106,236
Level 3 Grade 1 Year 1	\$114,278
Level 3 Grade 1 Year 2	\$118,095

Employee progresses pay point each year, reaches max pay point in fifth year.

Once employee reaches Level 2 Year 3, may apply to progress to Level 3 Grade 1 Year 1. Approval subject to outcome of assessment /review of employee.

Employee progresses to max pay point in second year.

**Victoria**  
From 1 July 2020 (2.5% increase)

AHP-1 Grade 1.1	\$68,607
AHP-1 Grade 1.2	\$72,947
AHP-1 Grade 1.3	\$76,646
AHP-1 Grade 1.4	\$81,340
AHP-1 Grade 1.5	\$84,876
AHP-1 Grade 1.6	\$88,745
AHP-1 Grade 1.7	\$93,200
AHP-1 Grade 2.1	\$88,745
AHP-1 Grade 2.2	\$93,247
AHP-1 Grade 2.3	\$97,528
AHP-1 Grade 2.4	\$103,519
AHP-1 Grade 2.5	\$107,189

Employee progresses pay point each year, reaches max pay point in seventh year.

Grade 1 and Grade 2 salary rates overlap, however employees do not progress between grades.

Employee progresses pay point each year, reaches max pay point in fifth year.

**South Australia**  
From 1 October 2019 (2% increase)

AHP-1 4th year degree	\$74,965
AHP-1 3rd	\$78,006
AHP-1 4th	\$82,527
AHP-1 5th	\$87,690
AHP-2 1st	\$92,520
AHP-2 2nd	\$95,519
AHP-2 3rd	\$98,899
AHP-2 4th	\$102,275
AHP-2 5th	\$106,024
AHP-2 6th	\$107,014

Employee progresses pay point each year, reaches max pay point in fourth year.

Once employee has worked at AHP-1 5th for 12 months, may apply to progress to AHP-2 1st. Approval subject to outcome of assessment /review of employee.

Employee progresses pay point each year, reaches max pay point in sixth year.

RTI RELEASE

HP4 and equivalent

\$94,000  
\$96,000  
\$98,000  
\$100,000  
\$102,000  
\$104,000  
\$106,000  
\$108,000  
\$110,000  
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\$150,000  
\$152,000  
\$154,000  
\$156,000

**Queensland**  
From 17 October 2019 (2.5% increase)

HP3.5	\$115,241
HP3.6	\$119,744
HP3.7	\$125,195

Note also comparison of higher level HP3 pay points to HP4 equivalent classification levels in other states

HP4.1	\$137,069
HP4.2	\$139,716
HP4.3	\$143,103
HP4.4	\$146,732
HP4.4 (17 Apr 22)	\$153,739

Employee progresses pay point each year, reaches max pay point in fourth year.

2.5% increases are scheduled for 17 October 2021 and 17 April 2022.

**New South Wales**  
From 1 July 2021 (2.04% increase)  
Note amounts are estimates, 2021 rates are not yet published

Level 3 Grade 2 Year 1	\$121,377
Level 3 Grade 2 Year 2	\$134,678
Level 4 Grade 1 Year 1	\$138,423
Level 4 Grade 1 Year 2	\$143,118

Once employee reaches Level 3 Grade 1 Year 2, may apply to progress to Level 3 Grade 2 Year 1. Approval subject to outcome of assessment /review of employee.

Employee progresses to max pay point in second year.

Employee progresses to max pay point in second year.

**Victoria**  
From 1 July 2020 (2.5% increase)

AHP-1 Grade 3A 1	\$107,358	AHP-1 Grade 3 1	\$107,614
AHP-1 Grade 3A 2	\$108,859	AHP-1 Grade 3 2	\$111,344
AHP-1 Grade 3A 3	\$110,036	AHP-1 Grade 3 3	\$114,283
AHP-1 Grade 3A 4	\$113,416	AHP-1 Grade 3 4	\$122,749

Employee progresses pay point each year, reaches max pay point in fourth year.

**South Australia**  
From 1 October 2019 (2% increase)

AHP-3 1st	\$109,025
AHP-3 2nd	\$112,028
AHP-3 3rd	\$115,778
AHP-3 4th	\$116,866

Employee progresses pay point each year, reaches max pay point in fourth year.

RTI RELEASED

HP5 and equivalent

\$116,000  
\$118,000  
\$120,000  
\$122,000  
\$124,000  
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\$158,000  
\$160,000  
\$162,000  
\$164,000  
\$166,000  
\$168,000

**Queensland**  
From 17 October 2019 (2.5% increase)

HP5.1	\$153,741
HP5.2	\$159,983
HP5.2 (17 Apr 22)	\$167,664

Employee progresses to max pay point in second year.

2.5% increases are scheduled for 17 October 2021 and 17 April 2022.

**New South Wales**  
From 1 July 2021 (2.04% increase)  
Note amounts are estimates, 2021 rates are not yet published

Level 4 Grade 2 Year 1	\$147,469
Level 4 Grade 2 Year 2	\$151,178

Employee progresses to max pay point in second year.

**Victoria**  
From 1 July 2020 (2.5% increase)

AHP-1 Grade 4 1	\$125,912
AHP-1 Grade 4 2	\$146,316

Employee progresses to max pay point in second year.

**South Australia**  
From 1 October 2019 (2% increase)

AHP-4 1st	\$119,528
AHP-4 2nd	\$122,529
AHP-4 3rd	\$125,908
AHP-4 4th	\$130,032

Employee progresses pay point each year, reaches max pay point in fourth year.

RTI RELEASED

\$130,000  
\$132,000  
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\$136,000  
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\$212,000  
\$214,000  
\$216,000

**Queensland**  
From 17 October 2019 (2.5% increase)

HP6.1	\$170,142
HP6.2	\$175,772
↓	
HP6.2 (17 Apr 22)	\$184,249

Employee progresses to max pay point in second year.  
  
Two 2.5% increases are scheduled for 17 October 2021 and 17 April 2022.

HP7.1	\$192,421
HP7.2	\$205,490
↓	
HP7.2 (17 Apr 22)	\$215,475

Employee progresses to max pay point in second year.  
  
2.5% increases are scheduled for 17 October 2021 and 17 April 2022.

**New South Wales**  
From 1 July 2021 (2.04% increase)  
Note amounts are estimates, 2021 rates are not yet published

Level 5 Year 1	\$161,974
Level 5 Year 2	\$166,016
Level 5 Year 3	\$174,472
↓	
Level 6 Year 1	\$178,648
Level 6 Year 2	\$182,771
Level 6 Year 3	\$186,935

Employee progresses pay point each year, reaches max pay point in third year.  
  
Employee progresses pay point each year, reaches max pay point in third year.

**Victoria**  
From 1 July 2020 (2.5% increase)

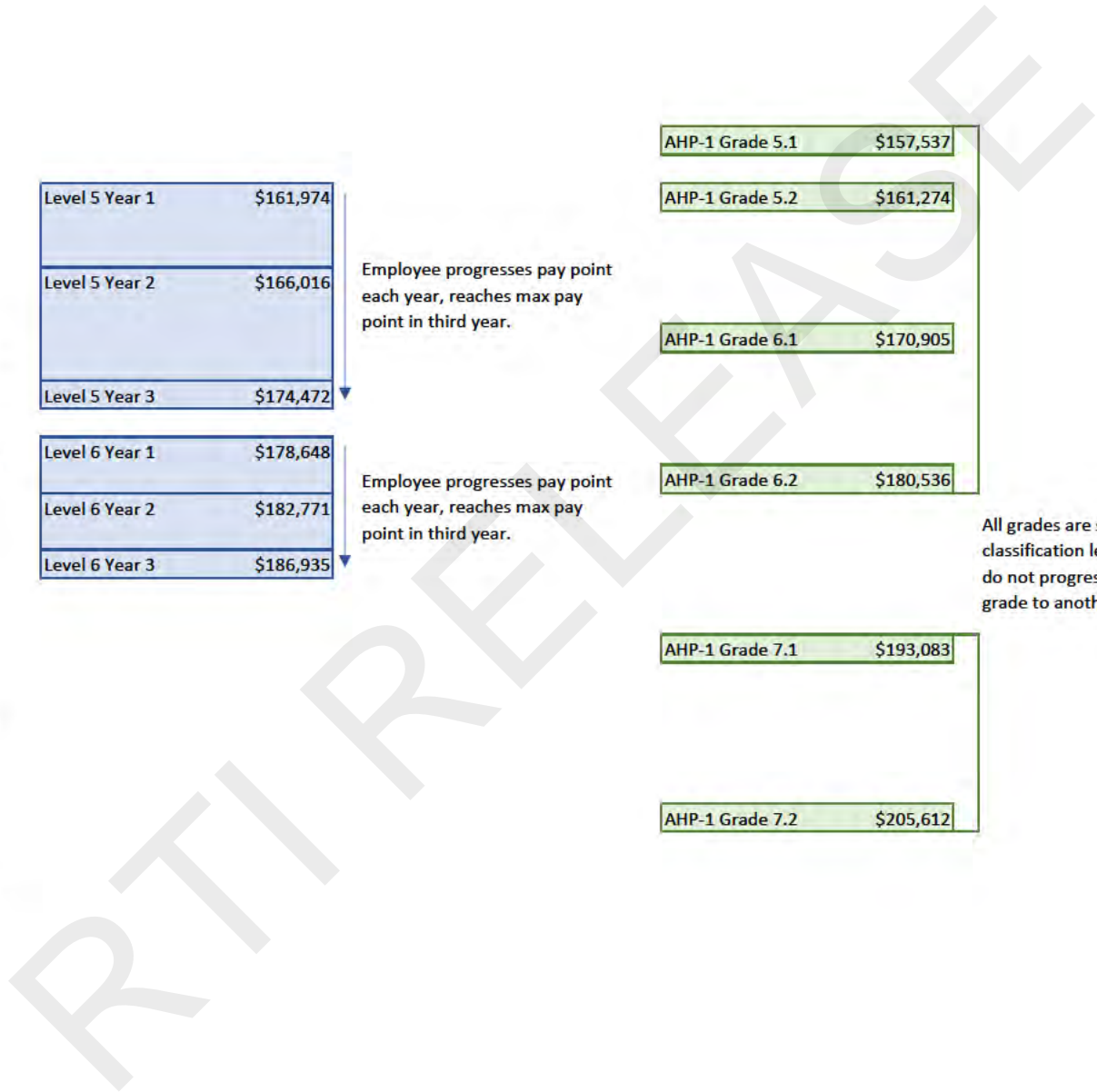
AHP-1 Grade 5.1	\$157,537
AHP-1 Grade 5.2	\$161,274
↓	
AHP-1 Grade 6.1	\$170,905
AHP-1 Grade 6.2	\$180,536
↓	
AHP-1 Grade 7.1	\$193,083
AHP-1 Grade 7.2	\$205,612

All grades are separate classification levels. Employees do not progress from one grade to another.

**South Australia**  
From 1 October 2019 (2% increase)

AHP-5 1st	\$133,034
AHP-5 2nd	\$136,047
AHP-5 3rd	\$140,669
AHP-5 4th	\$145,403
↓	
AHP-6	\$159,553

Employee progresses pay point each year, reaches max pay point in fourth year.



# Queensland Health Radiation Therapist Staff Survey

195

Responses

16:39

Average time to complete

Closed

Status

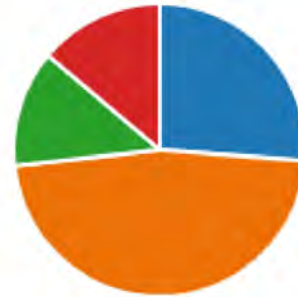
## 1. How long have you been employed with Qld Health in total?

Less than 1 year	14
1 - 2 years	10
3 - 5 years	33
5 - 10 years	35
More than 10 years	103



## 2. Which Service do you work for?

Metro North / Other	51
Metro South / Other	92
Sunshine Coast HHS	25
Townsville HHS	27



## 3. What is your HP level?

HP3	95
HP4	43
HP5	43
HP6	9
HP7	5



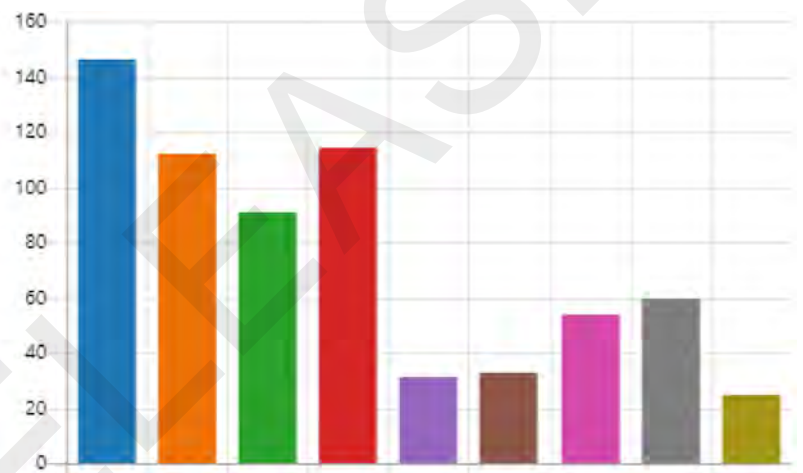
4. Are you planning on staying in your position or Qld Health for the foreseeable future (next 5 years)?

<span style="color: blue;">●</span> No, I intend to retire	6
<span style="color: orange;">●</span> Yes, I am happy	80
<span style="color: green;">●</span> Yes, I am waiting to retire	17
<span style="color: red;">●</span> No, I am actively seeking empl...	22
<span style="color: purple;">●</span> Yes, but I am not happy	70



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

<span style="color: blue;">●</span> I enjoy the work that I do	146
<span style="color: orange;">●</span> Clinical outcomes of my work	112
<span style="color: green;">●</span> It fits with my lifestyle (flexibili...	91
<span style="color: red;">●</span> My colleagues	114
<span style="color: purple;">●</span> Professional development / ca...	31
<span style="color: brown;">●</span> Don't know what else I would ...	33
<span style="color: pink;">●</span> Employment conditions	54
<span style="color: grey;">●</span> Multi-disciplinary and diverse ...	60
<span style="color: olive;">●</span> Other (please specify below)	25



6. If you answered 'Other' to question 5, please provide details here:

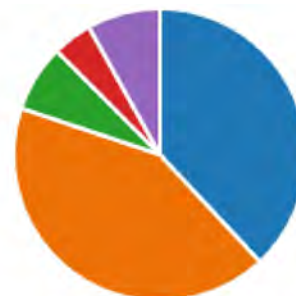
💡 Insights  
28  
 Responses

Latest Responses

*"The expertise/treatment and quality of care that we are able to provid..."*

7. Do you feel part of the team (can have more than 1 response)?

<span style="color: blue;">●</span> Yes, within my profession	113
<span style="color: orange;">●</span> Yes, within my department	125
<span style="color: green;">●</span> Yes, as part of the Hospital an...	22
<span style="color: red;">●</span> Yes, as part of the Qld Health ...	13
<span style="color: purple;">●</span> None of the above (please spe...	24





8. If you answered 'None of the above' to question 7, please provide details here:

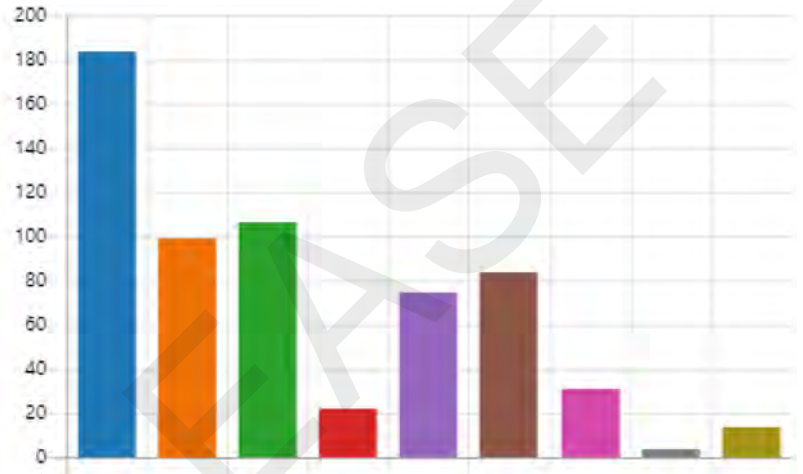
Insights  
**25**  
 Responses

Latest Responses

*"only sometimes and with some groups, there is so little place for care..."*  
*"There appears to be a lack of understanding and therefore respect am..."*

9. What do we do well as a Radiation Therapy Service (can have more than 1 response)?

<span style="color: blue;">●</span> Clinical outcomes for patients	184
<span style="color: orange;">●</span> Strong team focus	99
<span style="color: green;">●</span> Support each other	106
<span style="color: red;">●</span> Manage stress levels	22
<span style="color: purple;">●</span> Laugh a lot	75
<span style="color: brown;">●</span> Communication	84
<span style="color: pink;">●</span> Succession planning	31
<span style="color: grey;">●</span> Reward and recognition progr...	4
<span style="color: olive;">●</span> Other (please specify)	14



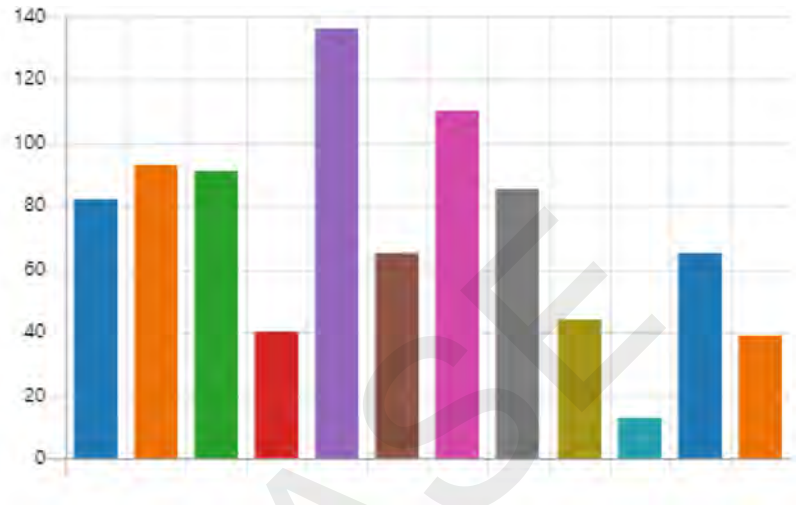
10. If you answered 'Other' to question 9, please provide details here:

Insights  
**19**  
 Responses

Latest Responses

11. What could we do better (can have more than 1 response)?

● Communication	82
● Support staff	93
● Training and education opport...	91
● Integrate services	40
● Salary	136
● Listen	65
● Opportunities to act in differe...	110
● Manage stress levels	85
● Mentoring	44
● Orientation	13
● Simplify management / opera...	65
● Other (please specify)	39



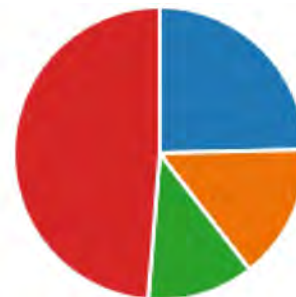
12. If you answered 'Other' to question 11, please provide details here:

💡 Insights  
**45**  
 Responses

Latest Responses

13. Do you feel there are career path opportunities for you as a Radiation Therapist within your Service or Qld Health?

● Yes, but I am happy whare I a...	48
● Yes, and I am actively pursuin...	29
● No, but I don't care	23
● No, and I may leave as a result	95



14. Any other comments or feedback you would like to share?

💡 Insights  
**195**  
 Responses

Latest Responses

"Currently feeling a little unmotivated in my current position. Feeling li...  
 "I have had no chances for higher duties for 15 years and no opportuni...  
 "Not at this time."

# Radiation Therapist Review

## Staff Survey Qualitative Response Analysis

### Headlines

The survey provided Radiation Therapists with the opportunity to respond to nine multiple choice questions and to share other comments and feedback via a free-text field. Four of the multiple choice questions allowed survey participants to answer 'other' or 'none of the above' and provide details regarding their answer in a free-text field. Below is a summary analysis of the comments made by survey participants in five free-text fields.

Based on free-text field survey responses:

- The standout issue amongst survey participants is a perceived lack of career development/advancement opportunities for Radiation Therapists.
- Two other prominent issues are: perceived lack of professional recognition and perceived lack of remuneration.
- Retention of Radiation Therapists does not appear to be a significant issue among survey participants.

### Analysis of survey results by topic

#### Career development/advancement

Based on free-text field responses the stand out issue for Radiation Therapists is a perceived lack of career development/advancement opportunities.

- Survey participants directly discussed the issue of career progression 54 times in the free-text comments and the feedback question; the most discussed issue. Based on responses it appears the issue has arisen because:
  - o Lack of higher-duties opportunities (believed to be because higher roles are often not backfilled, or backfilled by a small group of people perceived to be favoured by management).
  - o Lack of succession planning.
  - o Lack of opportunity for movement across services (including across to private services and inter-state).
  - o Perception that only career path is into management (i.e. no advanced/speciality clinical career path and no ability to progress into multi-disciplinary roles).
  - o Lack of training opportunities.

Supporting the free-text field responses:

- Only 31 of 195 (15.9%) survey participants indicated 'professional development / career opportunities' was a reason for them to stay with Queensland Health. This was the lowest of eight scored responses to this question, lower than 'Don't know what else I would do' at 33 of 195.
- Only 31 of 195 (15.9%) survey participants indicated 'succession planning' was something that was done well. This scored sixth of eight scored responses.

- 110 of 195 (56.41%) survey participants indicated 'Opportunities to act in different positions / services' as something that could be done better, the second highest of the scored responses, just behind 'Salary' as 136 of 195 responses.
- To the question 'Do you feel there are career path opportunities for you as a RT...?' 128 of 195 (65.64%) of survey participants responded with a 'No' answer.

### Professional recognition

Based on free-text field responses another prominent issue for Radiation Therapists is a perceived lack of professional recognition.

- Survey participants directly discussed the issue of recognition 48 times in the free-text comments and the feedback question. Based on responses the issue of professional recognition appears to be multi-faceted and not just related to remuneration; this issue is being experienced in many different ways by Radiation Therapists, including:
  - o Perceived lack of respect amongst peers (Medical Physicists and Radiation Oncologists) based on interactions and work load distribution.
  - o Perceived lack of understanding of scope and responsibilities of RT discipline by management (i.e. leading to stress).
  - o Perceived lack of training and research opportunities compared to peers (Medical Physicists and Radiation Oncologists).

Supporting the free-text field responses:

- Only 4 of 195 (2.05%) survey participants indicated that 'reward and recognition program' was something that was done well.

### Remuneration

Based on free-text field responses remuneration is also a prominent issue for Radiation Therapists.

- Survey participants directly discussed the issue of recognition 43 times in the free-text comments and the feedback question. Based on those responses it appears the cause of the issue is due to Medical Physicists receiving MPARI, although some responses raise the perceived expanded scope of practice as reason alone for an increase to remuneration.

Supporting the free-text field responses:

- 136 of 195 (69.74%) of survey participants indicated that 'Salary' was something that could be done better. This was the highest of eleven scored responses to this question.

### Retention

Retention does not appear to be an issue for Radiation Therapists.

- 103 of 195 (52.82%) survey participants have been employed by Queensland Health for more than ten years. Only 24 of 195 (12.31%) survey participants had been employed for less than two years. If there was a retention issue it is expected the proportion of survey participants employed for more than ten years to be much lower.
- 167 of 195 (85.65%) survey participants indicated they are planning on staying in their position with Queensland Health.
- Only 2 survey participants directly discussed the issue of retention in the free-text comments and feedback question.

## Analysis of free-text fields by question

### Question 5: What is your reason for staying in Queensland Health?

28 survey participants provided details regarding their answer to this question.

15 responses related to unique benefits for working for Queensland Health

- *"Well looked after in terms of super, holiday leave loading, amount of annual leave, working with colleagues who have a wealth of knowledge"*
- *"I am a believer in public health care - everyone deserves access to the best care irrespective of income or socio-economic status."*

6 responses related to a financial need to stay their job

- *"No other opportunities in Radiation Therapy at the moment. Would have to re-educate/relocate in another profession. Feel as if I have "missed the boat" professionally speaking as I am getting close to retirement. There has been no opportunity to move into higher HP positions"*

3 responses related to benefits unique to their specific job

- *"Teaching hospital, able to provide training to students and pass on knowledges -Broad spectrum of cases, compare to private sectors and we have lots more challenging cases - Personal motto, provide help to anyone no matter which social status or background"*

4 remaining responses were unrelated to any other category

- *"I don't want to relocate children again now they in high school!"*

### Question 7: Do you feel part of the team?

25 survey participants provided details regarding their answer to this question.

14 responses indicated a negative answer to the question and related to issues regarding professional recognition, including insufficient remuneration and lack of recognition of increased scope of practice

- *"I feel like I am performing significant duties of the Radiation Oncologist, also at times I am being treated as their personal assistant. I am also performing administration booking duties due to complex cases being unable to be performed by the administration staff as it needs close consultation with the Radiation Oncologists for SBRT patients."*
- *"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"*
- *"The multidisciplinary team is very fractured at the moment, especially with medical physics but also with radiation oncologists. There is some team spirit amongst the RT group, however with everything that has occurred in recent times everything feels frayed and as an RT, I feel my knowledge, expertise and contribution is extremely undervalued. No one that feels that way feels like they're part of a team."*

8 responses indicated a negative answer to the question due to issues with management, senior staff and other colleagues

- *"The reality is, not allowed to raise our concerns. All the junior staff members are afraid to initiate the conversation with line managers(HP6 and HP7),"*
- *"At work of you are not friendly with higher management, you are literally left out."*

Remaining 3 responses indicated a negative answer due to dissatisfaction regarding employment arrangements other than remuneration

### Question 9: What do we do well as a Radiation Therapy Service?

19 survey participants provided details regarding their answer.

15 responses related to a focus on achieving good clinical outcomes

- *"Putting patients first, working hard to meet deadlines for patient treatments, researching better treatment options etc"*
- *"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."*

Remaining 4 responses were not directly responding to the question.

#### Question 11: What could we do better?

45 survey participants provided details regarding their answer. Many of the responses contained multiple suggestions.

14 of the responses expressed frustration regarding limited career progression for Radiation Therapists, with some including suggestions to improve career progression opportunities

- *"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."*
- *"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."*
- *"Having actual pathways to advance in the department rather than waiting for older staff members to retire."*
- *"improve succession planning. Allow higher duties (its in our award but not allowed departmentally - HP4s HP6s and HP7s in particular)."*

11 of the responses expressed frustration at a lack of professional recognition, both within HHSs and in the community more broadly

- *"....There is general staff unrest due to the feeling of not being listened too or respected from management and peers,"*
- *"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 radio, social media, newspapers etc. Why can we not do the same?"*

6 of the responses sought improvement of employment conditions (other than remuneration)

- *"...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."*
- *"flexible working arrangements"*

5 of the responses expressed a desire for improved management practices

- *"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...."*
- *"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"*
- *"I feel that management needs to have a better "door open" policy for supporting staff."*

2 remaining responses were not specific to another category, but expressed a general desire for better staff morale

- *"Encourage and build-up ALL members of the team so that everyone feels like they are valued"*

#### Question 14: Any other comments or feedback?

The survey tool required Radiation Therapists to respond to this question, as such the response rate was 100%. Many of the responses however were blank or "N/A". Those that did respond often discussed multiple perceived issues.

54 responses expressed frustration regarding the perceived lack of opportunity for career progression (including a lack of higher duties opportunities, lack of opportunity to move between health services and lack of opportunity and support for training).

- *"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."*
- *"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"*
- *"...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..."*

48 responses indicated that there is a perception the Radiation Therapy discipline is undervalued. Much of this related to a lack of recognition for the perceived increase in scope of practice Radiation Therapists have taken on over the past 10-15 years. The symptoms of this lack of recognition varied and include: lack of recognition of increased stress of RT role, RT remuneration not increasing commensurate to perceived increase in scope of practice and the treatment of Radiation Therapists by Medical Physicists, Radiation Oncologists and management.

- *"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."*
- *"...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."*
- *"I have been qualified 16years and our profession as developed so much in that time..... The difference between 2005 and 2021 is huge."*

43 responses included specific dissatisfaction with remuneration, most dissatisfied responses referred to the recent provision of MPARI to Medical Physicists

- *"....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."*
- *"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."*
- *"It would be nice if we could receive the same recognition for our work that our close colleagues, physicists, receive."*

5 responses simply expressed that respondents were happy with their job and gave reasons why.

- *"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."*

Other issues raised included: dissatisfaction regarding employment and/or working conditions (14), perceived poor workplace culture and poor management (10), a concern for patient care depending on result of RT review (3), perceived retention issues (2), lack of training of salary packaging arrangements for new RT employees (1) and recruitment challenges faced by regional RT departments (1).



Survey Question	Salary Recognition with respect to Scope of Practice	Career Progression concerns- Department structure	Patient Outcome Related	Job Conditions -Related	Other
What is your reason for staying with Qld Health?	I stay in QLD health because of the clinical outcomes we achieve for our patients. However, I feel undervalued as a member of the multi-disciplinary team.	No other opportunities in Radiation Therapy at the moment. Would have to re educate/relocate in another profession. Feel as if I have "missed the boat" professionally speaking as I am getting close to retirement. There has been no opportunity to move into higher HP positions	Patient contact	Financial - a family to support	For 4:- none of the responses suit - I'm just not sure if I'll stay or go in the next 5 years
	Have been happy in the past but it has become apparent that there is a massive lack of opportunity to advance in my position. It has also become apparent that there is a massive lack in managements understanding of what I actually do and the fact that others in the department are being paid astronomically more than me for doing tasks that they aren't even actually doing is infuriating	An additional reason why I'm staying with Qld Health is the POTENTIAL career opportunities that CAN (doesn't currently) arise from the role of a radiation therapist but I'm just hoping that these will occur in my time here.	The care that I am able to provide patients in the public sector	Good management team	I don't want to relocate children again now they in high school
		I cannot do another job with my tertiary qualifications. Am stuck here with no career progression opportunities	I am a believer in public health care - everyone deserves access to the best care irrespective of income or socio-economic status.	Job security	
		Have been happy in the past but it has become apparent that there is a massive lack of opportunity to advance in my position. It has also become apparent that there is a massive lack in managements understanding of what I actually do and the fact that others in the department are being paid astronomically more than me for doing tasks that they aren't even actually doing is infuriating	I've worked private and believe that QHealth offers better patient outcomes and a more supportive team environment (within the RT teams) that contributes to greater job enjoyment and satisfaction.	no other jobs at the moment elsewhere	
			I stay in QLD health because of the clinical outcomes we achieve for our patients. However, I feel undervalued as a member of the multi-disciplinary team.	Pay the bills	
			I enjoy the fact that we can offer high quality patient care and treatment regardless of whether the patient can financially afford it or patient demographic	Job satisfaction, helping others	
			Teaching hospital, able to provide training to students and pass on knowledges Broad spectrum of cases, compare to private sectors and we have lots more challenging cases	To pay the bills	

			Personal motto, provide help to anyone no matter which social status or background	Well looked after in terms of super, holiday leave loading, amount of annual leave, working with colleagues who have a wealth of knowledge.		
			I really love supporting patients through their cancer journey and have previously been a very driven RT. However, I have become very disengaged working for Queensland Health. It's really killed any professional drive I had for the industry. I work for a 'tertiary facility' that does not advocate for innovation, research or development and the local private centres are providing far more complex & novel RT techniques. I think we do well at the basic standard but nothing advanced or complex about our service. And I'd be amazed if and when that ever changes.	Maternity Leave options		
			The expertise/treatment and quality of care that we are able to provide for our patients is of a very high standard. This is the most important part of our profession.	Public Health aligns with my personal values		
				As a new employee, I have appreciated the training and education opportunities that have been accessible to me through working at Qld Health and with the mentors in my department.		
				For 5:- I do enjoy my work here but am not tied to Townsville and family elsewhere means I am considering moving.		
				My Defined Benefit Superannuation		
				The alternative employers for RTs in Qld are not an attractive prospect		
				Job security		
	2	4	10	15	2	
						33

Survey Question	Salary/Recognition with respect to Scope of Practice	Career Progression concerns- Department structure	Patient Outcome Related	Job Conditions -Related	Other
Do you feel part of the team?	The multidisciplinary team is very fractured at the moment, especially with medical physics but also with radiation oncologists. There is some team spirit amongst the RT group, however with everything that has occurred in recent times everything feels frayed and as an RT, I feel my knowledge, expertise and contribution is extremely undervalued. No one that feels that way feels like they're part of a team	Yes I feel a part of the team within my profession however not as an equal member of the department, being a temporary employee for several years now. It is difficult to plan a stable future within and around your career when your job itself is not guaranteed. The temporary employees are, year after year, required to backfill the positions of those who are able to pursue other areas of their life, creating division within the department and profession. The number of ongoing temporary contracts within the profession, surpasses the required 'backfill' of positions and this is something that needs to be addressed		The reality is, not allowed to raise our concerns. All the junior staff members are afraid to initiate the conversation with line managers(HP6 and HP7).	Due to my situation I am embraced by very few colleagues at work and the Health Service does not appear supportive or understand the profession well
	I feel like I am performing significant duties of the Radiation Oncologist, also at times I am being treated as their personal assistant. I am also performing administration booking duties due to complex cases being unable be performed by the administration staff as it needs close consultation with the Radiation Oncologists for SBRT patients.	As part time feel excluded from opportunities		Within my RT colleagues within the department.	Half the staff forget that i am RT
	Only with my immediate colleagues. Others in the department are now in a league of their own and I feel disconnected and left behind professionally	Considered an outsider here at MNHHS even though I have worked within my current role for over 9 years now		But the morale across the department is quite poor. I'm in the middle trying to support the team I manage and yet not feeling supported as a team by my peers at my level and from above. It doesn't feel like a leadership team where we discuss and decide things together. It's become a much more transactional department where even as a team leader I feel uniformed when it comes to decisions made in relation to the department, for example policy standards, staff and staffing movements. There's a division between management and the core team working on the ground and I feel stuck in the middle. I can see aspects from both sides of the fence but I struggle to see a way forward.	
	Consider that there is a strong lack of understanding with regard to our profession at the QH level. Having previously worked interstate I am able to make direct comparison in this regard and do not believe we are valued in the same manner or have the same voice as RTs in other states.	At work of you are not friendly with higher management, you are literally left out			