



**Minutes**

Radiation Oncology Working Group (ROWG)

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| **Date:** | 8 September 2023 |
| **Time:** | 1.00pm – 2.30pm  |
| **Location:** | Zoom  |
| **Chair:** | Claire Hardie, Clinical Executive, Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral  |
| **Attendees:** | Aaron Phillips, Te Whatu Ora Te Pae Hauora o Ruahine o Tararua MidCentral  Andrew Cousins, Chief Medical Physicist, Te Whatu Ora Waitaha CanterburyBrian Sheppard, Consumer memberCaroline Stark, General Manager, St Georges Cancer Care CentreDarien Montgomerie, Site Manager, Bowen ICON India Mikaere-Girvin, Māori member, Te Whatu Ora Waitaha CanterburyJamaine Fraser, Māori member, Te Aka Whai OraLeanne Tyrie, Radiation Oncologist, Kathleen Kilgour CentreLesley Long, Service Manager, Te Whatu Ora Waitaha CanterburyMegan Purves, Branch Manager, Royal Australian & NZ College of RadiologistsMelissa James, Radiation Oncologist, Te Whatu Ora Waitaha CanterburyNatasha Chisholm, Nurse Practitioner, Te Whatu Ora Waitaha Canterbury Philippa Daly, Clinical Manager Radiation Therapy, Te Whatu Ora CanterburyShaun Costello, Radiation Oncologist, Te Whatu Ora Southern**Te Aho o Te Kahu:** Rami Rahal, CEORose Simpson, Principal Clinical Advisor Bridget Kerkin, Manager Clinical Advisory TeamJan Smith, Te Aho o Te Kahu Te Manawa Taki Hub ManagerDawn Wilson, Chief AdvisorNicholas Glubb, Te Waipounamu Hub ManagerAlex Dunn, Senior Project Manager |
| **Guests:** | Melissa Doyle, RANZCRJoanne Gibbs, Te Whatu OraHamish Brown, Te Whatu OraSusan Hewitt , Te Whatu Ora Capital, Coast & Hutt ValleyMatthew Seel, Te Whatu Ora, WaikatoLaura Ciurlionis, Te Whatu Ora Te Toka Tumai Auckland   |
| **Apologies:** | Louise Simonsen, Service Clinical Director, Te Whatu Ora Te Toka Tumai Auckland   Nichola Naidoo, Radiation Oncologist, Te Whatu Ora Capital, Coast & Hutt ValleyRoger Huang, Radiation Oncologist, Te Whatu Ora, WaikatoJoseph Stafford, Consumer memberJudy Moselen, Clinical Nurse Specialist, Te Whatu Ora Te Toka Tumai Auckland  Kate McLellan, Chief Executive Officer, Auckland Radiation Oncology |
| **Minutes:** | Helen Palfreyman, Te Aho o Te Kahu |
| **Welcome**Group was welcomed. Following karakia, there was a round of introductions.Rami opened the meeting - This special meeting has been called in response to ongoing concern about the critical issues facing radiation oncology services around the motu, but specifically in Te Waipounamu. The purpose of the meeting is to discuss pragmatic solutions to stabilize access to radiation treatment in Aotearoa, while leveraging national capabilities as a whole. This short-term stabilization is needed for the next 3-4 months to buy time as measures are put in place that will offer relief in the medium term.  |
| **Introduction**Rami acknowledged all of the efforts to deliver care in challenging times. He recognised that centres and clinicians have been dealing with this issue for some time due to under investment going back many years. The current situation must be considered a national problem that requires coordinated national solutions.One of those solutions is an aggressive, national recruitment and retention strategy including meaningful incentives. Another is outsourcing to private capacity in a coordinated, structured way, while safeguarding the public system, to fully utilize the capacity nationwide. Workforce issues are a global challenge so we must leverage international best practice approaches and innovations to solve problems. We must consider how we can deliver relief in the short term while we stabilise the system sustainability in the medium and long term. It will take all of the system to identify solutions that will actually work. |
| **Current situation**Slides were presented to the group outlining the current state of national radiation oncology services. It was acknowledged that when assessing clinical workload, the data sets could not capture all contexts and practice scenarios. It was agreed that work is required to define how to consistently count a full time equivalent (FTE) and how to measure workload eg. treatment course per FTE or First Specialist Assessment (FSA) per FTE?Current workforces are under resourced – even if at full FTE, they are not sufficient. Training numbers are not high enough to meet need. Aotearoa relies on international recruits but there is an international shortage of the three key workforces - radiation oncologists (RO’s), radiation therapists (RTs) and radiation oncology medical physicists (ROMP’s). Also, Māori are underrepresented in the radiation oncology workforces and do not reflect the population - need creative ways to increase training pipeline for Māori RO and RT. It was acknowledged that the radiation oncology nursing workforce is harder to quantify and there is a need to better assess and address the requirements for nursing. |
| **Te Whatu Ora update**Slides were presented to the group outlining the proposed Te Whatu Ora approach. Group discussion followed including:* Further discussions on recruitment and retention strategies.
* Investigating what benefits/ideas can be obtained from examples of international solutions for indigenous populations.
* Additional LINAC stock required in Aotearoa.
* Te Whatu Ora representation at the ongoing national radiation oncology meeting. The national service fully engaged in finding solutions including putting specific and pragmatic solutions in place. Te Whatu Ora leadership is planning to travel to Te Waipounamu in the week starting 11 September for a regional meeting to discuss immediate solutions to the Southern service challenges.
* There is recognition that clinicians work across public and private facilities. Discussion acknowledged the need to change the national attitude to private services and work more constructively together.
* The group identified their frustration at the critical issues for radiation oncology services nationally and identified the urgent need for action.
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| **Meeting concluded with karakia.** |

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| **Actions*** Te Whatu Ora leadership to visit Southern radiation oncology service during the week starting 11 September.
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