Industrial Relations (Fair Work Act Harmonisation No.2)
Submission 005

From: Stephen Roff
To: Legal Affairs and Community Safety Committee
Subject: [SPAM ?] Submission: Industrial Relations (Fair Work Act Harmonisation No. 2) and Other Legislation Amendment Bill 2013
Date: Sunday, 27 October 2013 4:08:58 PM
Importance: Low

To: lacsc@parliament.qld.gov.au

Submission: Industrial Relations (Fair Work Act Harmonisation No. 2) and Other Legislation Amendment Bill 2013

Dear Research Director
Legal Affairs and Community Safety Committee.

Thank you for taking the time to appreciate the content of my submission.

I am a radiographer/sonographer working at the Royal Children's Hospital. I have worked here for over twenty years. Prior to that I had worked in medical imaging departments at the Prince Charles, Princess Alexandra, and Royal Brisbane Hospitals. I have also worked for QH in both Longreach and Kingaroy. (>35yrs QH service)

A radiographer could be described as a professional who integrates technology, people and pathology, many in multiple sites within a hospital complex, many under constant time pressures.

In my time in various places, I acquired a variety of clinical skills in different environments with different imaging technologies. Prior to becoming a medical sonographer, I was an advanced skilled radiographer. Of the 100 or so medical sonographers within QH, most are also advanced skill radiographers. Hence radiographer/sonographers. QH recognises this because both professions are listed as separate industrial entities. QH and the public benefit from the dual skill set.

To become a medical sonographer requires a mandatory postgraduate qualification combined with national accreditation requirements (ASAR), which are completely separate to the requirements to practice as a diagnostic radiographer. (AHPRA national registration).
Australian Sonographer Accreditation Registry, Australian Health Practitioner regulation Agency

And apart from the radiographer/sonographers, there are many radiographers who work at an advanced level on different modalities, where postgraduate requirements whilst not mandatory, are beneficial and preferable in relation to public confidence.

I apologise for 'dumbing it down', however

- Radiographers are not radiologists. Radiologists are medical consultants who rely on the capacity of the radiographer workforce to provide high quality diagnostic

imaging to provide both diagnosis and treatment. Radiologists are not trained to produce diagnostic images.

- Radiographers provide imaging where no radiologists are present eg Longreach Base
- Radiographers, whilst conveniently lobbed into Allied Health by QH, are not by any stretch of the imagination 'Allied Health'.

- Q. Why not?
- A. A radiographer is part of the diagnostic chain. Allied Health are not. Radiographers sit more with Critical Services.
- Example. Radiographers are there when the trauma/admission comes in through the emergency department and we continue to be involved in the ongoing diagnosis or treatment of that patient. This may involve several different sites within the medical imaging department or the hospital (eg. CT, US, MRI, Angio, or the operating theatres.)

1. The take home message from the example is that medical imaging (ie radiographers) are an integral component of a modern hospital with dire consequences if the radiographer/skilled radiographer is not present. Whilst respecting the skills of allied health professionals, their presence or absence, with a few exceptions, is not of a critical nature. Hence radiographers individually or collectively provide a 24/7 service.
2. Often it can be the same radiographer, especially outside of Brisbane who provides that 24/7 service. That means, that radiographer is the link in the diagnosis/treatment path. Any bureaucrat should be able to link that to patient safety, ALOS or retrieval/transfer costs to the HHS.

Again I emphasis that, as examples, an audiologist/speech therapist/dietician do not function in any similar professional capacity to the role or lifestyle engagement that a radiographer does. The current EB was designed to retain skilled/dual qualified radiographers in order for QH to provide a safe and timely service to patients.

And QH agreed to the Agreement.

We (QH radiographers collectively) have had great difficulty historically engaging QH to modulate the professional and lifestyle issues our profession presents.

Honestly then, if QH have been tardy in recognising radiographers' unique skills and professional lifestyles, what capacity for comprehension would someone have who happened to be a non Labor candidate at last year election? As legislators, the future of a key component of QH services is in your hands.

As a recap of events historical, circa 2005

- QH radiographers and other medical radiation professionals (Radiation Therapists & Nuclear Medicine Technologists) were the lowest paid in Australia.
- An audit by QH radiographers found that at one stage there were 76 vacancies across the State.
- QUT's audit expressed figures that 80% MI graduates left the workforce after 3yrs. (Queensland University of Technology)
- QH's own figures showed that few radiographers were undertaking post graduate/ongoing studies.
- At the RCH we were working till late, providing overtime and on call services and starting in many cases at 8am the following morning. We were working every second weekend. Raising issues to the then Executive was ineffectual. Most radiographers across the State were also in similar dire straights where local interpretations of the Award left many fatigued and disillusioned.
- The radiographers held a meeting at Hotel Diana (Mater Hill) on a Sunday afternoon. Close to a quarter of the States radiographer workforce turned up to discuss the professional contempt toward us by our employer.
- The outcome form that meeting is that we were all sent mail telling us that we were '....very naughty children...' Letters came from Uschi Schreiber (DG), Mr Bloomfield (QIRC Commissioner) and Ron Monaghan (LHMU Secterary). I still have my letters.

<u>QH was not recognising/remunerating the **skills** radiographers acquired with new technologies to provide patient/efficiency benefits</u>

- Thankfully the DG realised the need for change and the HP process was eventually set in motion.

<u>QH spent two years or more evaluating our advanced skill levels.</u> *1

At the 2010 AIR Combined Scientific Meeting at the Brisbane Convention Centre, I worked for the QH Come Work for US (internal recruitment) booth whilst QH were undertaking the evaluations and most of the southern folk I spoke with stated that even if we were awarded what we hoped (ie HP5 for rad/sono), it still wasn't worthwhile to work in Qld. And since then national registration has come into effect making it easier (especially the junior staff) to seek employment south of the border. That's where one of my previous students went as soon as she qualified, ~$15,000 extra with no worries and no wrinkles. Two years of training lost to the RCH.

Universities have since flooded the market with an excess of all Health Professional graduands(undergraduates).

Radiographers with advanced skills don't grow overnight. It takes time for them to become competent at the basic imaging and then may take two years before someone is qualified/proficient. Along the way many will incur additional academic costs.

As an exercise, ask a researcher to see if they can attract a radiographer/sonographer at current QH wage rates. With regard to the RCH/Queensland Children's Hospital, the problem then is to attract someone to paediatrics. If they haven't been exposed to paediatircs, they will have a steep learning curve over the next few years.

Efficiencies in every medical imaging department depend upon its own clientele and service provision. Impacting upon that is the physical layout of the department and the architecture of its hospital. May I spend a few moments on my department. Like most of my colleagues, we are driven to ensure the QCH project is a success.

We worry the proposed legislation will be highly detrimental to the efficacy of not just the medical imaging department, but the reputation of the new hospital.

Within the RCH Medical Imaging Department a very high percentage of radiographer staff have post graduate qualifications/skills to provide the necessary service to RCH. Possibly the highest percentage by department in the State.

With regard to the QCH project, and in consideration of the paucity of relevant information, as the UV union delegate at the QCH Union Consultative Forums I have expressed concern that the new Queensland Children's Hospital is potentially going to encounter difficulties in providing enough skilled radiographers to provide the necessary imaging required for the State's new Tertiary Children's Hospital. Reasons will include,

- The RCH DMI is running on skeleton skills (&staff). (~25 radiographer staff to ~40 academic qualifications)
- Dr O'Connell (Mater CEO) is restructuring the Mater DMI and no one knows which staff from the Mater are likely to augment the new QCH Tertiary Medical Imaging Department.
- That means potentially the QCH DMI staffers will be trying to cope with patient workloads from both sides of the river.
- Training requirements leading up to QCH commissioning. New equipment (ie new technologies) require training of superusers and the creation of new protocols prior to patient throughput on site at QCH. Other staff then have to be trained. Other staff such as medical physicists may have to be involved.
- In the interim, the remaining RCH skeleton staff will have to cope with existing

RCH workloads.

Page 39 of the original Blueprint, half way down from memory, a one sentence paragraph indicating Treasury will close the RCH site mid November 2014. I accept that the RCH will close, but the Politicians need to be aware that Brisbane has only enough paediatric multi-modality trained staff to operate one tertiary paediatric service ie QCH.

Most of RCH/QCH "Contestability" issues were resolved and CHQ Eecutive have shown that we provide a high quality care at competitive pricing.*2

If we combine underlined points *1 & *2, as being endorsed by QH & Treasury, why would politicians risk losing such a service?

General Haig was middle management in the first world war. It has been commented that he killed more Australians than the Germans ever did.
Radiographers are very much on the 'front line'.

May I invite a researcher to come and discover for themselves the operational complexity of a medical imaging department. This is probably the only way a researcher/legislator will understand the implications of any alteration of legislation.

Stephen Roff
Radiographer/Sonographer
RCH
Herston