

ACPSEM

Prepared by the Radiation Oncology Specialty Group (ROSG) of the ACPSEM

Executive Summary:

1. The ROHPG scheme should continue
2. The scheme should be enhanced to ensure the workforce required to manage the delivery of high quality and safe radiation therapy is well equipped to make significant and meaningful changes to patient cancer care
3. The quarantining of HPG funding is fundamental in maintaining transparency and accountability in the ability to renew equipment
4. Consideration in the funding model should be given to Radiation Oncology Information Systems
5. The funding model should consider the ancillary costs associated with the provision of radiation therapy services
6. Simulation should extend to other more current modalities such as Magnetic Resonance Imaging (MRI) and Positron Emission tomography (PET)

ROSG – ACPSEM:

The Radiation Oncology Specialty Group of the ACPSEM represents Radiation Oncology Medical Physicists (ROMPs) across Australia and New Zealand. The groups leads technological and professional advances in the field and shares common goals with our Radiation Oncologists (RANZCR) and Radiation Therapists (AIR) peers in the endeavour to facilitate quality cancer care to those who require it. The specific training and expertise that ROMPs contribute to radiation therapy puts the group in a unique position to add valuable insight into key issues raised as part of the 2016 review of the ROHPG.

Radiotherapy is a safe and effective modality in the treatment of cancer. The technology used for radiation therapy is constantly evolving and becoming more and more sophisticated. The review of the Radiation Oncology Health Program Grants Scheme is a welcome one. The ACPSEM endorses the scheme and feels that it should continue. Furthermore, in order to achieve the goal of the review, to ensure that Commonwealth funding or radiation therapy equipment in Australia is contemporary, the ACPSEM encourages the scheme to be extended to keep in line with the significant changes in technology which inevitably lead to increases in equipment costs. Failing to achieve this could significantly jeopardise access to quality care for cancer patients.

Key issues:

Purpose

The focus on high quality and safe delivery of radiation therapy must be maintained as the one of the driving forces to the funding scheme. We believe that patient access to quality cancer care would greatly benefit from an investment into adequately resourcing radiation oncology departments to service the need.

Benefits of the scheme

The ROHPG provides a strong incentive for radiation oncology departments to conserve the quality of cancer care by funding the replacement of equipment once it has reached its agreed lifespan. Treatment access is improved and the drain on an already fragile workforce is lessened by the ability of departments to keep equipment current.

Limitations

- There needs to be a more flexible mechanism to incorporate changes to the costing of equipment and therefore the value of grants
- The scheme needs to better adapt to the changes in technology enhancements if it is to achieve its goal of providing access to high quality radiation therapy for all cancer patients
- Ancillary equipment and resources, such as Radiation Oncology Medical Physicists and crucial dosimetry equipment, required for the safe delivery of radiation therapy and continued research and development into contemporary techniques, are not included in the scheme
- The funding model does not include the sophisticated and unique Radiation Oncology Information Systems which, we feel, is a vital resource for safe delivery of radiation therapy and an indispensable data collection tool
- The flexibility of equipment choice should be addressed to allow departments to purchase and support the most appropriate radiation therapy equipment to service their patients
- Since the inception of the scheme simulators have been replaced with dedicated CT scanners and now more emphasis is placed on image guidance for effective delivery of radiation therapy. A major paradigm shift has been the use of other imaging modalities as standard of care. It is therefore necessary for the scheme to consider changing from simulator to imaging device. This will facilitate the need to include MRI, PET and other modalities in the standard practice of radiation therapy

Workforce

Physicists in the field of radiation oncology are heavily involved, often leading the way, in the development of more sophisticated methods of delivery radiation therapy. One of the challenges identified with respect to new technology is the burden on resources and the cost of upgrading or retrofitting existing equipment with new components, to keep up to date with standards of practice. Increasing the effectiveness of new and emerging technology in radiation oncology depends heavily on the funding of equipment and infrastructure set out in the ROHPG. Without this support radiation therapy equipment would be used longer than originally scoped by the ROHPG. This has a direct impact on performance and uptime of services, requiring more time spent by Physicists in maintaining equipment. This would take precious time away from developmental work, which is a corner stone of the profession, and from the critical training of young physicists.

Alternate funding models

The ACPSEM does not propose any alternate models. However, we feel it is important for the funds of the scheme to be quarantined and to have a robust and transparent management model to ensure that funds are tracked and utilised for their intended purpose.

Conclusion:

The ACPSEM believes the ROHPG funding scheme works well and strongly supports its continuance. We believe that, through the 2016 review, the scheme is enhanced to ensure that best practice in radiotherapy is achieved and maintained for the long term.

The ACPSEM believes there is significant evidence that the ROHPG model has delivered better access to radiation therapy and outcomes to patients. With relatively minor adjustments, it can evolve as an agile foundation to continue these improvements and similar models should also be considered in other health fields given the results of the program over many years.