

ELECTION PRIORITIES 2023

Policies to support a world-class health system in New Zealand



The Royal Australian
and New Zealand
College of Radiologists®



EXECUTIVE SUMMARY

In July of 2022, New Zealand welcomed Te Whatu Ora and Te Aka Whai Ora. Centralised leadership of New Zealand's public health system provides an opportunity for investment in interoperable technology and workforce planning.

RANZCR asks that the Members of Parliament who form New Zealand's Government in 2023 support Te Whatu Ora and Te Aka Whai Ora's work in building a sustainable and efficient health care system that can best meet the needs of Aotearoa.

RANZCR seeks the support of all parties, candidates and the community for the following:

- **Urgent investment in the medical workforce that supports radiation oncology services in New Zealand. Aotearoa must train enough radiation oncologists to ensure sustainability and access. The annual intake of new trainees should be increased from 5 to 10 trainees each year. This must be supported by retention strategies that keep New Zealand trained radiation oncologists in New Zealand.**
- **Investment in a high-functioning, nationally interoperable Radiology Information System/Picture Archiving and Communication System (RIS/PACS) for New Zealand that allows for seamless access to images and reports for patients, wherever the patient lives.**

ABOUT RANZCR

The Royal Australian and New Zealand College of Radiologists (RANZCR) is committed to improving health outcomes for all, by educating and supporting clinical radiologists and radiation oncologists. RANZCR is dedicated to setting standards, professional training, assessment and accreditation, and advocating access to quality care in both professions to create healthier communities.

RANZCR creates a positive impact by driving change, focusing on the professional development of its members and advancing best practice health policy and advocacy, to enable better patient outcomes.

RANZCR members are critical to health services: radiation oncology is a vital component in the treatment of cancer; clinical radiology is central to the diagnosis and treatment of disease and injury.

For more information, go to www.ranzcr.com and follow us on [LinkedIn](#), [Twitter](#) and [Facebook](#).

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RADIATION ONCOLOGY: CORE TO CANCER TREATMENT

Cancer and Radiation Oncology

Cancer is the leading cause of death in New Zealand. According to Te Aho o Te Kahu (Cancer Control Agency), approximately 25,000 people are diagnosed with Cancer in Aotearoa each yearⁱ. This number is set to grow due to an aging population.

New Zealand needs to double the annual intake of radiation oncology trainees – from about 5 to 10.

There are different types of treatment for cancer, including surgery, interventional radiology, chemotherapy and radiation therapy. Radiation therapy is a safe, effective, non-invasive, cost-effective and well-established way to treat cancer – either for cure or to relieve pain and other symptoms. It involves the use of precise doses of radiation to kill cancer cells, while minimising damage to the surrounding healthy tissue. Radiation therapy is most often delivered using a linear accelerator (linac). It can be used to treat almost all cancers, anywhere in the body.

Radiation therapy's contribution to the fight against cancer is significant – it has been estimated to be involved in 40% of all cancer cures, compared to 49% of patients being cured by surgery and 11% through systemic treatmentsⁱⁱ. Radiation therapy also has a palliative function, offering patients pain and symptom reduction with minimal side effects.

Radiation Oncologists – the Workforce

Radiation therapy is delivered by a team including the following core professionsⁱⁱⁱ:

- Radiation oncologists, the doctors who specialise in treating cancer with radiation therapy
- Medical physicists, the scientists involved with the therapeutic application of radiation sources and equipment oversight
- Radiation therapists, the allied health practitioners supporting planning and delivering the radiation treatments
- Cancer nurses who provide support and care throughout the treatment process.

Aotearoa is currently not training enough radiation oncologists to meet current, or future, service demand or to replace those practitioners who plan to retire.^{iv} Shortage of trainees is a long-standing issue. While 42.2 percent of doctors on the Medical Council of New Zealand register are International Medical Graduates (IMGs), 51.5 percent of radiation oncologists are IMGs^v suggesting New Zealand is particularly short of trainees for the needed workforce.

It is currently expected that, without intervention, the number of radiation oncologists in New Zealand will be only 58 by 2029. Without intervention, it will not be possible to operate to capacity all the current 6 radiation oncology services in Aotearoa, nor staff the 3 new services that are being planned in New Plymouth, Napier and Whangarei.

In order to maintain radiation oncology services, New Zealand needs to double its trainee intake (from about 5 each year to 10). This is urgent and must be achieved while Aotearoa still has enough consultants and accredited training centers to train the next generation of radiation oncologists.

Training them will not be enough. Additionally, New Zealand needs to adopt strategies to retain the radiation oncologists it trains. Two easy to implement methods include:

- Funding post-training (subspecialist) fellowships in New Zealand. Currently New Zealand trainees interested in subspecialist training go overseas.
- Automatically offering doctors Senior Medical Officer positions as they complete training. Trainees finish training throughout the year, which does not always align with advertised vacancies.

RANZCR is asking for investment in the radiation oncology workforce by maximizing Aotearoa's capacity for training and retaining the doctor's Aotearoa trains. The annual intake of new trainees should be increased to 10 each year.

CLINICAL RADIOLOGY

Radiology is central to clinical decision-making across health care. Treatment for a broken limb, preparation for surgery or diagnosis and monitoring the efficacy of cancer treatment are just a few examples of how health care is reliant on imaging services to diagnose, monitor and treat patients.

The images central to diagnosis and treatment are generated by a range of modalities: x-ray, sonography, MRI and CT. Currently historical and geographically distant images and their reports are not accessible to providers throughout Aotearoa. Additionally, the technology supporting reporting is outdated and does not support efficient reporting and management. Efficient systems will help New Zealand get the most from its highly trained diagnostic and interventional radiologists.

Maximising efficiency through technology

National leadership is needed to tackle existing issues with the outdated radiology technology, particularly the Radiology Information System/Picture Archiving Systems (RIS/PACS) in public hospitals where, due to a chronic lack of investment, many public systems are inefficient, struggle to interface with other systems, and are incompatible with other platforms. There are risks to patients when the technology does not support the clinical work.

RANZCR believes the delivery of integrated, coordinated and organised healthcare at multiple levels of the health system can be greatly enhanced through centralised leadership and investment in information technology. This would help providers achieve greater collaboration of healthcare information. It would be expected that, in addition to improving efficiency, storage and transfer of patient information (including images), a new system would improve data collection and standardise the type of data being collected.

Te Whatu Ora must be supported politically and financially to build the capability for systems to inter-connect, communicate and share information and images. The benefits of sharing historic images are multi-fold for patient care, allowing referring doctors and clinical radiologists to access prior images and deepen their understanding of a patient's history. Access to historic images also reduces the need for repeat imaging. These inefficiencies reduce service capacity and feed into extended waiting times for patients.

Developing a nationally interoperable RIS/PACS for New Zealand can also address equity issues. For example, this technology would help regions experiencing a shortage of radiologists (or a shortage of subspecialists) to better access assistance from other regions for reporting on images.

RANZCR is asking for a national, and strategic, investment in technology, particularly upgraded RIS/PACS¹ technology, to maximise efficiency and provide more equitable patient care across New Zealand.

References

ⁱ *State of Cancer in New Zealand 2020* Report revised March 2021, Te Aho O Te Kahu

ⁱⁱ SBU, The Swedish Council on Technology Assessment in Health Care: radiotherapy for cancer, ACTA ONCOL 1996; 1:35

ⁱⁱⁱ Health Partners Consulting Group. 2014. *Radiation Oncology National Linear Accelerator and Workforce Plan*. Wellington: Ministry of Health.

^{iv} As presented to the Radiation Oncology Working Group, 13 February 2020

^v *The New Zealand Medical Workforce in 2022*, Medical Council of New Zealand