



31 January 2024

Health Strategy Workforce for Queensland to 2032 Consultation Paper

The Australian Society of Medical Imaging and Radiation Therapy (ASMIRT) is the peak body representing medical radiation practitioners in Australia. Our aims are to promote, encourage, cultivate and maintain the highest principles of practice and proficiency of medical radiation science, always mindful that the welfare of the patient should be at the centre of everything we do.

Please find some feedback on the above document:

The consultation document is comprehensive and there are many actions proposed for building and retaining the health workforce. ASMIRT are keen to see the details and KPI's associated with the listed strategies.

Page 7 Workforce at a glance - ASMIRT suggests the addition of KPI data points. There is detail about the workforce, and it states that 45,000 staff will be required over the next 10 years, but there is not one measurable outcome listed. ASMIRT suggests the use of Specific, Measurable, Achievable, Relevant, and Time-Bound (SMART) goals.

Focus area 1:

This is heavily dependent on the local structure and limitations of the departments. Whilst it appears achievable, the infrastructure needs to be present and the management team must have the flexibility for recruitment, be fully across the actions and have a plan to execute it. ASMIRT seeks clarity on whether there is a centralised QLD health (clinical) management team and whether this is their responsibility?

Focus area 2:

Unless there is a significant change to support the students while on rural clinical placements, the attraction to the course is limited to those that can self-fund the placement (and possibly lose their part-time jobs or access to Centrelink support whilst training). Not all students have access to financial or family support and come from various personal circumstances. ASMIRT is concerned that increasing the student numbers without solving the clinical placement issue will perpetuate an already significant issue.

Key issues:

With regard to students in programs that require clinical placement.

There is a considerable burden to complete long periods of clinical placement – sometimes at quite a distance from home.

In order to complete these blocks often their ability to earn from casual employment is impacted and there are reports of students living in their cars and going without necessities in order to complete their training.

This is a discussion paper of student financial hardship when expected to work unpaid 'in training':

<https://theconversation.com/it-is-impossible-for-me-to-be-unpaid-3-ways-to-fix-student-work-placements-213151>

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The Government may consider paying a minimum wage to students in long clinical blocks which may encourage students from low socio-economic backgrounds to enter training in health professions.

ASMIRT suggests that one solution could be an agreement with the universities and hospitals for reduced/free basic accommodation, or maybe a scholarship/subsidy between QLD health and the university to cover rural placements. Whilst this is mentioned in the 'Actions' section, ASMIRT stresses the importance of this as a priority.

Alternatively, consider some educational and teaching models which incorporate either an apprenticeship model, or a model which includes a paid training year.

Focus area 3:

ASMIRT acknowledges that this is a great initiative, however, recognises that there will be the requirement for huge support and budget to be able to design digitally enabled, innovative workforce design solutions. Our experience is that all the groundwork and the planning can be undertaken, however if the budget doesn't cover it, the plan starts to fall apart, be frustrating for those involved and not as effective as designed. ASMIRT anticipates that the QLD government has given this great consideration and budgeted accordingly for this.



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