



# ASMIRT

Position Paper (Summary)

**RT Staffing Model**

# ASMIRT RT Staffing Model – summary

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## Background

The ASMIRT RT Staffing Model was last updated in 2014 and there have been multiple significant changes to RT practice in the last decade. Many centres now have more than one CT simulator and the 8h day underpinning previous models does not address the various working arrangements for RTs across Australia. Subsequently, a process to refresh the model to reflect current work practice commenced.

## Consultation Process

Initial data gathering led by Charlotte Sale began in 2023 established common non patient facing activities and the average time taken for each. Wide consultation with the Chief RT group followed seeking feedback on the draft staffing model in late 2024.

Rachel Kearvell took over the lead in 2025 and has provided 4 versions to the working group for review and feedback - Nov 2025, Feb, Mar and May 2026. At the Teams meeting held in Feb 2026, the working group agreed to remove normalising to 8h day and 420 courses per linac per year.

A revised draft was provided in Mar 2026 which included average treatment times for each level of complexity and removed FTE/linac operating hour to align with removing normalising to 8h day.

The May version included the length of day factor.

All feedback provided during the development of the 2025 model has been considered and adopted where appropriate.

## Main Changes

The 2025 model looks very different to previous versions but retains some aspects of the 2014 RT Staffing Model. The main differences include:

- The model is no longer based on normalised activity (i.e. 420 courses/linac/year for an 8h linac operating day) or uses FTE/linac operating hour to calculate overall FTE, instead actual activity and complexity underpin this.
- There are reduced head of sections FTE for satellite centres as this represented a duplication of staffing.
- Leave relief is based on the national average of 35 days leave/FTE/year and the number of RT working days /year which has been tailored to account for the nominated RT daily working hours (i.e. ranges from 14-18%).
- This model includes FTE modelling for SXR, Brachytherapy, MR Sim, standalone stereotactic linac and is based on total activity.
- A length of day factor has been incorporated into the CT and Treatment tabs which accounts for the sequential nature of this workload which means only one scan or treatment can be performed at a time. It also accounts for the fact that RTs are routinely employed for whole shifts and not part. As a result, where the activity indicates the CT or linac needs to operate longer hours than the RT shift hours, a factor is applied to the total FTE to account for this.

# Model Overview

## Instructions

- Enter data for your centre into purple cells on each tab where indicated
- Data is easy to extract from Oncology Information Systems
- Services that don't routinely collect MBS item number information could estimate the complexity for their activity instead.

## Tab 1 – Clinical Service Detail

- captures the variation in working arrangements across Australia.
- This data is used on Tabs 2 to 9 to calculate FTE

## Tab 2 – activity and complexity in CT simulation

- Enter number of CT scanners for your service
- Requires 2 RTs for each simulation
- Activity times are an average from services across Australia
- Time for contouring is reported on this tab
- Includes a length of day factor to account for performing one scan at a time

## Tab 3 – Planning activity and complexity

- “Other” planning activity captured is an average from services across Australia

## Tab 4 – Treatment activity

- Activity times are an average from services across Australia
- Based on activity and complexity of treatment
- Includes Length of Day factor to account for performing one treatment at a time

## Tab 5 – Summary staffing

- Pulls in data from tabs 1-4
- FTE for Management, Head of sections, System administration, Education, Research and Quality and Safety same as 2014 model
- Overall RT FTE for service described on this tab
- FTE for stereotactic standalone unit, SXR, brachytherapy, MR sim reported

## Tabs 6-9 – Stereo standalone unit, SXR, brachytherapy, MR sim

- Accounts for activity and complexity
- Includes RT working arrangements for each
- Factors in the need for specialists in these areas and incorporates training, quality, and for standalone stereo units and brachytherapy, also research.

# Publication

Development of a manuscript to accompany the ASMIRT 2025 RT Staffing Model is in progress with publication anticipated late 2025 or early 2026.

# For Noting

This is a staffing model and not a rostering tool. Centres should use the total FTE from the model and roster according to local service need.

Non-patient facing simulation, planning, and treatment activity times represent an average from a variety of services with various activity, operating hours, and RT working arrangements.

If the activity times differ widely from those of the user’s specific service, they should amend them.

This model does not include any “non-standard” RT activity i.e. Advanced Practitioners, adaptive workflows, play therapy for paediatric patients, etc. Any FTE associated with these roles and processes are additional to the FTE calculated by the model.

Appointment cancellations have not been included in this model, and services may wish to apply this to their CT and Treatment activity.

# Appendix

List of Contributors

| Members                                                                                             | State    | Public/Private |
|-----------------------------------------------------------------------------------------------------|----------|----------------|
| Charlotte Sale, Rachel Kearvell                                                                     | SA       | Public         |
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