

Radiotherapy in Australia one year after the Baume report: vision or mirage?

Radiotherapy should be an integral part of a comprehensive national cancer control plan

IN JUNE 2002, the Radiation Oncology Inquiry (ROI), chaired by Peter Baume, delivered its report, *A vision for radiotherapy*.¹ The inquiry was, some might say, a cynical attempt by the then Federal Minister for Health and Ageing to defuse the furore created by a series of questions-without-notice by the Federal Opposition. The questions arose from the 2001 *National radiation oncology strategic plan* of the Faculty of Radiation Oncology of the Royal Australian and New Zealand College of Radiologists (RANZCR).² However, the strategic plan disclosed nothing that should have taken the Government by surprise. Over the past two decades, nearly 50 reports have delivered the same messages: that radiotherapy is a vital part of cancer treatment, that radiotherapy services have been chronically under-resourced, that this deficiency has been deteriorating rapidly, and that correction of the lack of resources and manpower is long overdue. In this article we review the progress over the past year, since the release of the ROI report.

What, then, are the problems? There is strong evidence that about 50% of all patients with cancer should receive radiotherapy at some stage during their illness.³ Using that benchmark, a survey for the abovementioned strategic plan estimated that each year in Australia about 10 000 patients who might have benefited from radiotherapy did not receive it. The survey also revealed a catalogue of insufficient and antiquated treatment facilities and an inadequate supply of radiation oncologists, radiation therapists and medical physicists — the three professions that are central to radiation oncology. For example, in New South Wales alone, a third of the linear accelerators in public radiotherapy departments were closed because of a lack of radiation therapists, and the effects of closure were reflected in long waiting times for radiotherapy. In a report on 25 000 patients treated between 1999 and 2001,⁴ the Australian Council on Healthcare Standards found that, over that period, the proportion of patients who waited more than 21 days for treatment had doubled. A recent survey by the RANZCR Faculty of Radiation Oncology confirms that long waiting times persist.⁵ Delay in receiving radiotherapy results in higher cancer recurrence rates and lower survival rates.^{6,7}

Underlying the problems in service delivery, the ROI noted,

Radiation therapy has suffered most seriously from the fragmentation of responsibilities between different organisations and governments. In itself, this is not unusual in the health care industry, but its effect has also been serious, as this fragmentation of responsibilities is to blame for the lack of action in the past 20 years — even though all parties are in general agreement about what problems need to be addressed. (p 14)

The ROI made 96 recommendations, of which the five key action items are summarised in Box 1. In response, the

Australian Health Ministers' Advisory Council established a Radiation Oncology Jurisdictional Implementation Group (ROJIG), with representatives of each state and territory government, in an attempt to get all jurisdictions together at the same table. Paradoxically, the professions are not directly represented in ROJIG. The group has met several times during 2003 and established subcommittees to address issues of patient access, workforce, funding and quality. Although these subcommittees have some professional representatives, committee members have to sign stringent confidentiality agreements, resulting in the perception that the professions are not adequately consulted. ROJIG reported to the Health Ministers in November 2003,⁸ and has already endorsed, accepted and completed 35 of the 96 ROI recommendations. A further 50 recommendations were endorsed.

Due in large part to the representations of consumer groups as well as the professions, the need to improve radiotherapy services has become a political priority. At the time of the 2001 federal election, the Australian Government committed \$72.7 million to improve regional access to radiotherapy, including the funding of new facilities.⁹

In 2002, the Victorian Government pledged \$78 million to build a new radiotherapy department at the Latrobe Regional Hospital in Gippsland, expand facilities at Geelong and Moorabbin hospitals, and replace old linear accelerators at existing metropolitan facilities. The Australian Government is also contributing \$12 million to these projects.¹⁰ In 2003, the New South Wales Government budgeted \$85.2 million to build new facilities, replace old equipment and improve training in radiation therapy and physics.¹¹ Projects under way to improve radiotherapy services in various states are summarised in Box 2.

Because of the long lead times involved, no new facilities have been brought into service since the ROI report was released. Long waiting times persist and are worsening in many centres. In the private sector, which treats more than a third of all patients, patient out-of-pocket costs are escalating, because outdated Medicare Benefits Schedule rebates fall far short of the cost of delivering quality radiotherapy. Although increased government investment in capital equipment is now taking place in the public sector, operational funding constraints continue to limit the ability of departments to meet service requirements.

To us the solutions are clear. Workforce planning is required both in the short and long term. The recent initiatives, while laudable, were a stopgap response rather than a step towards building a rational framework for expanding the workforce. Working the staff harder and longer is not cost-effective¹² and leads to higher staff resignation rates.¹³ Radiotherapy needs a sustainable funding model that supports the real cost of quality radiotherapy

1: Major recommendations of the Radiation Oncology Inquiry¹

- Establish an independent national body to oversee radiotherapy, reporting to the Ministers for Health, to address the fragmentation of healthcare delivery. The national body would be responsible for quality and productivity issues, such as facility accreditation, clinical protocols, benchmarking and coordinating data collection.
- Improve the availability of radiotherapy in rural and regional Australia.
- Ensure adequate workforce, especially in radiation therapy and medical physics.
- Ensure appropriate quality of services by accrediting facilities and having mandatory continuing professional development.
- Resolve the disputes over who should be paying for radiotherapy, and tensions between public and private providers, by pooling state, territory and Commonwealth funding.

2: Projects under way, in various government jurisdictions, to improve radiotherapy services in Australia

Federal

- Increasing the number of undergraduate radiation therapy students by 50%
- Helping establish a national uniform training program in medical physics
- Introducing a postgraduate radiation therapy course at Monash University (VIC)
- Providing partial funding to replace outdated linear accelerators in all jurisdictions
- Funding a new radiotherapy centre in Toowoomba (QLD)
- Funding a skills mix and work analysis project

New South Wales

- Employing more radiotherapy tutors
- Employing physics registrars for the first time in Australia
- Building new radiotherapy departments at hospitals in Port Macquarie and Coffs Harbour

Victoria

- Building a new radiotherapy department at Latrobe Regional Hospital
- Providing a new linear accelerator at Moorabbin Hospital
- Replacing outdated linear accelerators at all public facilities
- Establishing a Ministerial Taskforce for Cancer

South Australia

- Replacing three linear accelerators

Western Australia

- Providing two new linear accelerators for hospitals in Perth
- Appointing a Chief Cancer Officer

Northern Territory

- Conducting a feasibility study of local radiotherapy services

Fortunately, there are signs that things may be changing. The Australian Government has embarked on developing a National Service Improvement Framework for cancer, driven by the National Cancer Control Initiative's report, *Optimising cancer care in Australia*.¹⁴ Victoria has just completed a framework for cancer services,¹⁵ and New South Wales has published a framework¹⁶ and established a Cancer Institute with the task of developing a cancer control plan by June 2004. Western Australia and Queensland have also started to develop cancer plans.

Cancer is a complex disease that requires a diverse range of specialist and generalist treatment services. There is no single government agency responsible or accountable for the outcomes of cancer management in Australia. Without an accountable nation-wide approach, the ROI report will become just another in the series of mirages that have promised, but not delivered, the access to quality care that Australians with cancer require and should expect.

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and a strong, profession-led quality improvement program to ensure that quality is achieved.

The outstanding problem for radiotherapy and, indeed, all cancer services in Australia is that there is no nationally coordinated cancer care policy. Australia needs to develop and implement a comprehensive cancer control plan that incorporates radiotherapy in the overall context of cancer management.