

CHEERS, PETER

It was with great sadness that we learnt of the death of our friend, colleague and APEX President Peter Gene.

Peter was a very caring, courteous and kind person and there is no doubt



that Peter will leave a huge void in the MRT and APEX community. He will be very much missed by all those who had the privilege of knowing him. We all extend our very sincere sympathy to Wendy and family and also to the Nuclear Medicine team at Palmerston North Hospital.

Please visit [Peter's page](#) on the APEX website, and if you wish to pass on your condolences or thoughts to Peter's family, email secretary@apex.org.nz.

BARGAINING UPDATE

Bargaining is ongoing for all the APEX divisions listed below, and will resume in the new year:

- **Anaesthetic Technicians** in Canterbury, Northland, Lakes, MidCentral, Southern, and Nelson Marlborough.
- Southern **Psychologists**.
- Hawke's Bay **Sterile Services Technicians**.
- Fulford **Medical Radiation Technologists** in Taranaki.
- **Occupational Therapists** in Northland.
- Whakatane **Pathlab**.
- **Dietitians** in Taranaki and Northland.
- **Pharmacists** in Hawke's Bay and Nelson-Marlborough.

Meanwhile, Waikato **Biomedical Engineers** have ratified their agreement, and we've initiated bargaining for Wairarapa **Psychologists**.

INVERCARGILL RADIOGRAPHERS TAKE ACTION ON UNDERSTAFFING

Collective action from Invercargill radiographers has led to improved staffing for their services. In November, Southern DHB agreed to hire more radiographers after APEX notified the DHB the roster was unsafe, as the amount of on-call work was untenable.

A shocking story

2017 saw an emergent crisis in Invercargill Radiography. The crisis was familiar: overwork, understaffing, fatigue, burdensome rostering and on-call demands, and staff safety concerns. As familiar as this sounds, the stories from those involved were disturbing.

After working from 8am to 4:45pm, my first call out came at 8:40pm, after which I didn't finally get home until 5:15am. "I came close to tears several times as I was so tired and there seemed to be no end to the workload. My family life suffers... I have never worked at a hospital where the welfare of MRTs is so undervalued."

Failure to listen

Communication did not break down between APEX and Southern DHB – letters were sent, received, and responded to, and correspondence remained professional and regular. However, SDHB was failing to listen to the nature of our concerns.

After an 8-hour day shift, "I was called in at 2025 and had to x-ray 10 patients... [and after two more call outs] I arrived home at 0545... This practice is unsafe not only for me but for all my patients. We are not getting the required help and support from the district health board."

APEX sent letters to SDHB in Nov and Dec 2016, and then again in Jan, Feb and Mar 2017, expressing serious concerns about fatigue and safety. By that time understaffing was pervasive and affecting CT, General, MRI, Nuclear Medicine, and Ultrasound services. But all problems had one thing in common: the health and safety of the radiography staff were at risk due to unsafe rosters.

DHB missing the point

One response from the DHB was to survey radiography staff. However, the survey asked about how MRTs could "work better" (a meaningless corporate buzz-phrase), be "more efficient" (a benefit for the DHB) and "provide better service" (a patient-centred question). As valid as these concerns may be, they entirely missed the point.

"There have been numerous nights when I have been on x-ray call where I have questioned my ability to even drive in to complete the call out."

The DHB's survey gave the appearance of attending to a problem without actually attending to it. On a simple level, the conversation was nonsensical, with us saying "We are exhausted" and the DHB saying "Yes, but how can you save us money and work harder?"

In the end, APEX members were forced to notify the DHB of complete withdrawal of on-call services until additional staff were hired. Fatigue, exhaustion, deterioration of health, and the failure of Southern DHB to address these fundamental issues left them with no other option.

"I caught myself drifting between the white lines while driving home."

It was only after being informed of this action that SDHB made adequate commitments to fill radiographer positions that had been vacant for more than a year.

Too slow

While the outcome in Invercargill has been positive, it was far too slow coming. This crisis demonstrates how crucial it is that employers listen carefully to employees, and not be blinkered by their own concerns. It also goes to show how important it is that we maintain laser focus on key workplace issues, including refusing to work unsafe and understaffed rosters – and do all we can to help DHBs do the same.

Merry Christmas

APEX wishes you a very merry Christmas and a safe and happy new year!

The APEX office is closed from December 22 until January 15, but we will have an advocate in the office between 10am and 3pm on the non-stat days to deal with emergencies. If you have an emergency on a stat holiday, please call Deborah on 021 614 040.



Farewell John Pope!

APEX would like to say a fond farewell to John Pope. John has been President of the APEX Social Worker division since they first joined in January 2012 and has been actively involved in the role ever since including three rounds of bargaining. John is leaving to take up new adventures in a new location, we wish him all the best and would like to say a huge thank you for all his work on the behalf of the social worker members.



MEET YOUR DELEGATES: NICOLA BOOTH ANAESTHETIC TECHNICIAN AT SOUTHERN



What do Anaesthetic Techs do?

The first thing we do every morning is put the anaesthetic machines through thorough checks. It's like the safety checks on an airplane. Once it's going, the anaesthetist is the pilot and the AT is the co-pilot. We work alongside the anaesthetist – drawing up drugs, running drips, preparing airway equipment, and providing emergency assistance such as with CPR or anaphylaxis. The role can vary quite a lot in different DHBs, though.

What's rewarding in your role?

Looking after patients. SDHB has a very big waiting list, so getting people through and getting them the care they need and giving them good care.

Why did ATs join APEX?

We wanted a union to represent us as a profession, rather than being in a collective agreement with lots of others. We need better CPD and a progression system. We drew up a merit progression document after speaking with members – we broke it into different categories of speciality, like cardiac, organ donation, obstetrics. In some areas we also need to create or update best practice guidelines.

What changes are needed at Dunedin Hospital?

We need a new hospital. There are not enough theatres for the population. We need 22 operating theatres, and we only have 9. We have also suggested to the DHB running a standby local waiting list, but we have not had a response to this.

And, bargaining?

The first round of bargaining was okay, but the recent session was more stressful. It seemed like the DHB had not come prepared. We discussed carparking for the on-call technician. In winter, finding a carpark is horrible. The worst is when you get called in for an emergency C-section – it can be life-or-death. They cannot start the

C-section without an AT, so you're driving around wondering whether being unable to find a carpark will have serious consequences for the patient. At the bargaining, the Allied Health Director offered her own carpark after hours for the on-call AT.

How was the APEX AT delegate meeting?

It was good to learn about issues at other hospitals, how their rosters work and their staffing levels. We were looking at general guidelines to limit hours of work and on-call hours. We are also talking about making sure we get time set aside to do case reviews.

How can we improve ATs' professional skills?

It would be good to have better protection of CPD time. For example, having time for teaching on rare and difficult cases like "can't intubate; can't ventilate", when patients are put to sleep but you can't get oxygen tubes in. For organ donation cases, we have to attend a study day in our own time, and it's on a Saturday, so the last thing you're going to feel like doing if you've done a 7-day stretch is to come in on your day off and do an 8-hour course. We need our employers to recognise that continuing learning is work.



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