APEX
Association of Professionals and Executive Employees

TO THE POINT

MARCH 2017

Audiology

First APEX Audiology SECA with ADHB now ratified and signed.

Clinical Physiology

MECA settlement now ratified and being signed by the CEs.

Southern Managers

Employment Agreements renewed as Individual Employment Agreements for this small specialised membership.

Sonographers

Bargaining has been initiated in Northland. Dates will be confirmed soon.

Scientific Officers

Bargaining has also been initiated for scientific officers in Canterbury DHB. Dates will be confirmed soon.

Pharmacy

Southern DHB and Waikato DHB Pharmacy SECA's have now ratified.

Focus on Pharmacy

All of the current APEX pharmacy collective employment agreements (CEAs) are within term with Canterbury, Bay of Plenty and Southern DHB pharmacy CEAs recently settled. The current collectives have taken advantage of the 2 +2% and the 1+2+2 % increases the DHBs have been offerred, however being SECAs (single employer collective agreements) has had advantages in as much as the members have been able to address site-specific issues with extensions to terms of agreement while still appreciating the same salary increases as other allied and scientific groups.

Pharmacy Issues for members can be broken down into the following two categories':

- Inadequate remuneration to retain and attract suitable staff; and
- Extension of scopes for both Pharmacists and Pharmacy Technicians.

Remuneration

The current APEX pharmacy groups have come from different unions and therefore have quite different terms and conditions forming the basis for their current SECAs. In addition the employer's financial constraints have restricted movement in salary scales to levels incapable of recruiting or retaining staff. However this round of bargaining has seen some ability to remove steps from scales and in some cases raise the top of automatic steps which will see the automatic step for APEX pharmacists now sitting at approximately $75,000 for most groups.

This was achieved by:

- having legitimate recruitment and retention issues to warrant the changes, and
- extending term or by delaying increases in the documents.

This has also enabled a rationalisation between the different scales with all current APEX pharmacy SECAs moving to comparative salary rates across pharmacists, pharmacy technicians and assistants.

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Another common problem was starting salaries for pharmacy assistants being low – in some instances close to the minimum adult wage. Far from ideal for attracting suitable candidates to work in a high trust environment such as the pharmacy, drug rooms and hospital wards. With the private market competing for staff, DHBs became the training ground; a common enough scenario encourtered by a number of APEX workforces. For some groups remote location has also proven to be a barrier to recruitment.

But the salary scales, levels they start at and the top of automatic step levels are not the only monetary issues:

- Merit progression has also been an issue with most groups now having finalised their own site-specific merit progression criteria.
- Continuing professional development (CPD) has seen varying ability to access funding but also a lack of transparency around the level of funding and application process. This has been addressed by site delegates becoming involved in the management of a pool of funds for pharmacy.

Extension of Scopes of Practice

There is a diverse range of pharmacy-size across our current pharmacy SECAs. From Canterbury DHB pharmacy with multiple smaller sites and a large central pharmacy at the Christchurch Hospital and Waikato DHB with a large centralised service; to the smaller DHBs such as BOP and Northland. There are also differences in the uptake of extension and scopes with CDHB leading the charge training both pharmacists and technicians through to NDHB not yet ready to look at these new changes. There has also been variable ability to recognise these heralded changes in monetary terms, with the added pressure from the employer 'that no-one is currently performing these tasks', and a preference to see these as possible merit activities. A watching-brief will need to be kept to ensure that if pharmacy staff are

required by the employer to work within these new scopes that they are paid appropriately, prior to starting the work. No doubt the picture will be clearer by the next round of bargaining.

What now?

With interest being shown by other DHB pharmacy groups, there will be lots of work to do during 2017, in addition to monitoring and advancing conditions for those we already represent.

Report from the Allied, Scientific and Technical Governance Group (ASTGG) of Health Workforce NZ (HWNZ)

Quite the long title, so we should start with what it actually is. The ASTGG is one of 6 governance groups established by HWNZ to give oversight to their work within each area of the workforce. The other governance groups are Medical, Nursing, Midwifery, Management and Kaiawhina.

We sit on ASTGG in our role as workforce representatives of allied scientific and technical staff. The chair of the group has recently changed and is now Stella Ward, AST Director at Canterbury DHB. We also have regulatory board representation, DHB AST directors, private sector, Maori and Pacifica, and university participation, amongst others.

In 2016 we identified priority groups for workforce analysis and modelling: specifically how many of what type and how old are we. Thereafter we started using a model developed at HWNZ to 'predict' entry and exit from the workforce, plus crude but improving input on demand to better identify what the future stressors look like. Laboratory scientists and technicians were first off the mark, largely because we have great baseline data on this workforce from their registration board. Many of the Allied Scientific and Technical groups are not so well understood either because they are not yet registered, or not all registered (i.e social workers, albeit this is now changing) or simply the data collection has not been robust.

"We are also keen to raise the profile and recognition of the value of our workforces: we often note 'Health isn't all about doctors and nurses'"

MRTs, sonographers, physicists, pharmacists, psychologists and social workers have all been prioritised in this process, although as we say baseline data on the latter two groups is not particularly good so is definitely a work in progress. Nonetheless we are being persistent given their importance;

- for psychologists in mental health but increasingly their value in the physical health field also being recognised.
- for the social workers the important role they (increasingly will) play in the integration programme between secondary of primary care plus interagency integration.

We are also keen to raise the profile and recognition of the value of our workforces {we often note "Health isn't all about doctors and nurses"} and to see allied scientific and technical practitioners involved in the 'navigator space'. What this role means depends on your discipline. For instance Laboratory staff should have a greater future role engaging with patients who will be getting their blood test results directly and inevitably will need help to understand the data. Social workers are the 'natural' navigators of our system, remembering that these roles are not about holding the patient's hand as they walk between clinic appointments but more about connecting the services and negotiating delivery from the multiple providers in a case management sense. AUT already has some courses available to assist skill development in this area, but more work needs to be done to open opportunities for our workforces. Watch this space on that one.

We also reviewed a survey aimed at better understanding the clinical physiology and cardiac sonographer workforce; practitioners in the cardiac field can expect more specific engagement on this in the near future.

HWNZ funding is also under review. Currently the vast majority of the funding is spent on the medical workforce with nursing coming second. How the funding will be prioritised in the future is currently being debated. This might provide some opportunities for Allied Scientific and Technical, but only if properly supported. In developing 'bids' for funding for instance, a different skill set is required from that which most of our practitioners currently possess. The ASTGG might be a central source of assistance in this regard. Again work in progress here with a straw-man proposal awaited from HWNZ which will be circulated for your thoughts.

Finally, we did a stocktake of where we were at and refreshed ourselves for 2017. A few projects have languished: the medical physicist's workforce paper being one of them. On that front we expect to see something by the end of February.

Dr Deborah Powell
National Secretary - APEX

Meet your Delegates – Virginia Smith

Hi my name is Virginia Smith and I was elected by the pharmacy department to become a pharmacist delegate for Bay of Plenty DHB (Tauranga & Whakatane Hospitals) in 2014. As one of 3 delegates across two sites, I have attended the APEX Delegates Training Conferences which I have found to be really beneficial, both from an educational & networking perspective. This has significantly helped me in my role as a delegate and knowing my rights as well as those of my members.

We have recently completed our bargaining with very significant improvements in terms and conditions for the staff in our department. I find the role fulfilling as it enables me to support & advise the members within our team & have an influence within our department regarding changes.

The role of pharmacy is changing rapidly with the advent of pharmacist prescribing, the development of more clinical roles for both pharmacists & technicians and the new Level 6 pharmacy technician and the Pharmacy Checking Technician (PACT) qualifications.

I am also currently the President of the Pharmacy Division within Apex and as our membership grows, the Secretary and I are hoping to develop the division into an active and powerful group.