

ANAESTHETIC TECHNICIANS

APEX

Newsletter | MAY 2019

SUMMER STRIKE WAVE: WHAT NEXT?

After fourteen strikes, half a dozen mediations, two trips to facilitation at the Employment Relations Authority, and hundreds of cancelled operations, the wave of strike action which has rolled through DHB operating theatres this summer has highlighted both the resolve of APEX members and the bureaucratic barriers preventing resolution of workforce issues.

"A summer strike waved bloomed across the country as our frustration boiled over"

Most collective agreements for ATs are now settled, including agreements at Hawke's Bay, Northland, Midcentral, Southern, Nelson Marlborough and Canterbury DHBs.

Lakes DHB remains unsolved, where DHB senior management are trying to claw back 12-hour rest breaks members got between shifts.

From October to April, a summer strike wave bloomed across the country as frustration boiled over with DHBs who wouldn't commit to addressing critical workforce issues – retaining experienced technicians in the public sector, ensuring technicians are well-rested between shifts, and ensuring stable investment to grow the size and skills of the workforce.

It has been bitterly frustrating bargaining, where DHB leaders brought a myopic, one-size fits

all approach to bargaining, which blocked the flow needed to get a common-sense approach to the issues we raised and desperately need addressing.

So what next?

We now need focus on establishing working groups to review and determine criteria and process for merit step progression. We need to ensure our members are not made to jump through hoops and that merit steps are achievable. Merit criteria should be prescriptive, relevant to what you actually do, transparent and achievable.

With most APEX and DHB agreements set to expire at the end of October 2020, we are looking forward to bargaining the first APEX Multi-Employer Collective Agreement (MECA) for Anaesthetic Technicians. An Anaesthetic Technician MECA is a needed step to get the focus and investment that other workforces with MECAs have. We need conditions of employment that are tech-centered in order to grow and retain the workforce.

"We are looking forward to the first ever APEX Multi-Employer Collective Agreement (MECA)"

During facilitation of the collective bargaining with Northland DHB, the Employment Relations Authority recognised the perilous state of the profession and recommended we agree (as well



as changes to the merit process); "a recruitment/retention strategy including, but not limited to:

- Consideration of AT trainee roles for Maori trainees
- Bonding of trainees
- Role/Remuneration of trainer/support
- Retention of AT staff."

These are not Northland only issues. These are national issues for the workforce to tackle and it makes sense for us to get organised on a national level with the backing of the majority of Technicians from around the country to advance our professional interests.

TIMELINE OF STRIKES

- **3 & 11 October** – Northland DHB, two 24-hour strikes - “NDHB cannot fill its five full-time vacancies out of a total of 19 positions – the service is at best “stuttering along” with one- quarter of positions vacant. Around 50 surgeries in the past two months have been cancelled as a direct result of insufficient Anaesthetic Technicians.”
- **5 October** – Hawke’s Bay DHB, 24-hour strike - “Part of our problem is getting effective bargaining across the table with the DHB.”
- **10 & 18 October** - Lakes DHB, two 24-hour strikes - “We rejected the take it or leave salary scale offer from the DHB. We wanted a 15% upfront increase to address recruitment and retention.”
- **25 October** – Southern DHB, 24-hour strike - “Key among the claims is the requirement for Southern DHB to employ one new Anaesthetic Technician trainee each year at Southland Hospital, to ensure adequate staffing levels for the future.”
- **7-9 November** – Northland DHB, 48-hour strike - “At the table the DHBs are turning up with the same pre-determined settlement offers that fail to address local issues or reflect previous discussions. Bargaining breaks down when the DHBs refuse to budge, citing the need for Ministry authorisation. If the DHBs maintain this approach, the strikes will continue.”
- **17-19 November** - Hawke’s Bay DHB, 48-hour strike - “NZ is in the midst of a growing workforce crisis for ATs. Instead of fighting to retain their competitive edge, HBDHB is throwing in the towel. Not only are they offering their ATs proportionally worse gains than any other comparable group in the health sector, but they’re abandoning their position as the best DHB employer of ATs in NZ.”
- **21 November** – Nelson Marlborough DHB, 24-hour strike - “Our AT members have only

been receiving offers to consider once we’ve given notice of strike action. Sadly, Nelson-Marlborough DHB is no exception.”

- **10 & 11 January** – Southern DHB, 33-hour strike - “This strike is about protecting the future of this profession. Inadequate staffing levels, insufficient trainees, and poor provisions for recognition and development have resulted a perfect storm: the sustainability of this profession is now seriously at risk in NZ.”
- **23 & 25 January** – Lakes DHB, two 24-hour strikes - “Lakes DHB knew how essential it was to our members that they get a decent chance to rest between their shifts. Our members were appalled that the DHB would turn around and throw this already-agreed health and safety provision by the wayside.”
- **18-23 February** – Lakes DHB, five-day strike - “The difference between the DHBs pay offer for settlement and our offer is a total additional cost of \$25,000. However, interference from Wellington seems to have prevented settlement.”
- **26 February to 1 March** – Northland DHB, 72-hour strike - “We were hopeful that the Employment Relations Authority recommendation would bring an end to this protracted dispute. It’s disappointing that NDHB has rejected the recommendation of the Authority, which has led to our members voting for a three-day strike.”
- **14-16 March** – Hawke’s Bay DHB, 48-hour strike - “There is something seriously wrong with the DHB’s processes. After several strikes, we finally reach agreement around the table and it’s approved by Kevin Snee, CEO. We are repeatedly told we’ll have the new offer within days, but after a month it hasn’t materialised. This is simply not good enough.”
- **8-15 April** - Lakes DHB, seven-day strike - “The primary reason

for this strike is due to Lakes DHB rescinding its agreement for adequate rest breaks between the start and finish of work.”

Lakes DHB ATs give notice for a 48-hour strike on May 27 & 28, and have voted in favour of issuing notice for another three 48 hour strikes in June!

The historic struggle for Lakes DHB ATs’ 12-hour break continues! Stay tuned for updates.

REST AND MEAL BREAKS: NEW RIGHTS FROM 6 MAY

The law changed on 6 May 2019 and this may affect your rights to meal and rest breaks.

The new provisions specify when rest and meal breaks are to be taken. If you work an 8-hour shift, the law specifies that so far as is reasonable and practicable:

“(a) a rest break halfway between the start of work and the meal break; and

(b) the meal break in the middle of the work period; and

(c) a rest break halfway between the meal break and the finish of the work period.”

Because some of the work we do is essential where continuity of work is critical to public safety, and we may not be able to be relieved from work, sometimes it’s impossible for us to get our rest and meal breaks as normal.

In those cases, the new law states that we should have agreed with our employer, “compensatory measures” such as financial compensation, time off work at an alternative time, or both time off at an alternative time and financial compensation.

If you’re concerned about whether you’re correctly getting your breaks, and at the right time, and whether compensatory measures have been agreed – get in touch with your delegate.

WHY SHOULD WE BARGAIN A MECA?

In previous years, we have been able to bargain better terms and conditions for local DHB Agreements.

This has enabled us to respond to local situations and bargain settlements that meet the mandate of the members. Hawke's Bay Anaesthetic Technicians paved the way, achieving the best pay and conditions of employment for DHB Technicians.

Over the last year, the DHBs have told us we can only have PSA Allied Health MECA - whether this is in relation to a salary scale or any other conditions.

The DHBs have been wanting to bring us down to the lowest common denominator, a contributing factor to the strike wave. To effectively counter this going forward, should we form an Anaesthetic Technician MECA?

Bargaining a MECA has other benefits as well. It will mean we

WELCOME! BOWEN, WAKEFIELD AND ROYSTON ATs JOIN APEX

Private Sector Anaesthetic Technicians employed by Acurity Health Group at Bowen, Wakefield and Royston Hospitals have now joined APEX. They have been covered by separate collective agreements for the different Hospitals and were bargaining together with Nurses.

Now they have a new employer (Acurity) they decided it was an opportunity to address Anaesthetic Technicians specific issues, bargain parity of conditions and pay across the different Hospitals and get their pay more in line with our recent DHB settlements and other private sector employers. We have initiated bargaining and are looking forward to getting bargaining underway.



can pull together our collective strength, improving conditions of employment overall and addressing the needs of the workforce.

Other professional groups (e.g. MITs, Sonographers, Physicists, Radiation Therapists, Psychologists) have made significant gains when they formed their own MECAs.

Will the DHBs agree?

We recently received communication from a DHB Advocate indicating that due to the recent strike wave, the DHB Chief Executives may not agree to a MECA, because you are too "industrially powerful".

Whilst it's nice to know that you're "industrially powerful", this isn't a valid reason for the DHBs not to agree to a MECA.

If you vote in favour, APEX can initiate bargaining for a MECA.

So, what needs to happen?

Nelson Marlborough, Mid Central, Canterbury, Southern and Lakes DHBs' single collective employment agreements (SECAs) will all expire on 31 October 2020.

The Northland DHB SECA will expire a month later on November

30, which could mark the start of our MECA.

BOPDHB will expire on 31 December 2019, so we can also bargain a shorter term to bring this into line with the others.

HBDHB SECA will be expiring later, on 31 July 2021. If we have an additional parties' clause in MECA and/or have agreement with the employers, they could also join the MECA.

Of course, the more members we have in different DHBs, the better the outcome we will have in bargaining.

Anaesthetic Technicians should not be bought down to the lowest going rate. The more DHBs we have on board, the less resistance we will have from the employers and a better chance of advocating appropriately for you.

Join the cause

If you have colleagues in non-APEX sites, talk to them about the proposal and encourage their fellow Technicians to get in touch and join up.

membership@apex.org.nz
www.apex.org.nz

"WE ARE A STRONGER GROUP THAN AN INDIVIDUAL CAN BE"



Stuart Sanderson is an APEX delegate and Anaesthetic Technician at Mercy Hospital, Dunedin

Where do you work and how did you become an Anaesthetic Technician?

I currently work at Mercy Hospital in Dunedin which is a private hospital. It all started in back in 1983 in UK, I trained as an operating department assistant, which become an operating department practitioner. We came to New Zealand in 2007. In the years before I had worked as a senior operating department practitioner, worked as an ops manager in a hospital in Nottingham, and after all the restructuring worked as a locum for five years.

How have you found working in New Zealand?

The only part of my qualification that is recognised in New Zealand is that of an anaesthetic technician, we are not allowed to do the surgical side, because NZNO won't allow us to scrub. It's frustrating in some respects that we only use part of our qualification. We tend to be a Cinderella-service behind the nursing staff, which reminds me of how it was in the UK when I first started training. Nurses were very much in control, and we were a Cinderella service. Now things in the UK have changed full tilt so now you've got no idea of where someone's base qualifications sit, because everyone is a theatre practitioner. But in New Zealand, there are very clearly defined roles

as to what you can and can't do, and Anaesthetic Technicians tend to play second fiddle to nurses. We don't get the same conditions, the same opportunities.

Why did your colleagues and you decide you wanted a collective agreement?

It came to light that everyone was being paid differently for doing the same job and it was up to the individual to negotiate things, and obviously some people are better negotiators than others. To be fair, like any business, Mercy won't pay any more than they have to. So we felt there was strength in numbers, we support each other, we are a close-knit group. We would be more valued and have a greater voice if we were unified. We wanted representation at a higher level, with experience and expertise beyond our skills, so the ideal thing was to be part of a union.

What were the main gains of collective bargaining?

We got recognition that we are a stronger group than an individual can be, and we were all wanting a better deal for ourselves, and we were prepared to talk among ourselves and find out what direction we wanted to go. It gave us strength and unity to approach and ask for these things. The main thing is we were heard, we had a voice, a unified voice. That was the main thing for me. For future bargaining we have set a precedent, we will be stronger going forward. The main thing was we stood together. The Anaesthetic Technicians stood as one.

What are the differences working in the public and private sector?

The basic core work is basically the same. Different private hospitals might have different specialities. Working in the private sector, we do a lot more work because turnover is based on the

number of patients you do. DHB is slightly different, you don't have emergency work in private. It's nice to focus on the work you have in front of you and not have to be stopped for an emergency.

What is the role of the union between negotiations?

It is a support role, supporting us through any issues we have. You will be there, a voice, if we can't manage anything, we've got a union rep to ask advice and to take things further and manage issues. It's also forward planning, as roles change looking how that impacts on working hours, things don't remain too static. It's nice to have the union there in order to seek advice and act on our behalf where necessary.

What does a good day at work look like for you?

Smooth. Everything running according to plan. No untoward incidents with the patients, everyone having their surgery successfully. Everyone being happy and committed to what they are doing. Working as a team so we achieve the objectives as a team. Finishing on time and getting our meal breaks.

What do you enjoy outside of work?

Up until a few months ago when I got a prolapsed disc, I was a massive cyclist, competing and all the rest of it. My cycling has fallen off and now these last six months I've become a golfer, which has assisted my back strangely enough. Despite all the problems Tiger had with his back. And walking and gardening and all the usual types of things!



facebook.com/APEXUNION