



July 2018

WHAT A NURSES' STRIKE MEANS FOR SONOGRAPHERS

HEALTH SECTOR

In many ways the Nurses strike is a result of consecutive years of underfunding in the health sector that has resulted in nearly all health professional groups receiving inadequate (low) pay increases over the last decade.

The approach of the previous National government was to keep wages down by prescribing that all settlements needed to

on them: if they can get more there may be a flow-on effect in this sector, and others may also benefit. Nurses need and deserve our support. Make sure you let them know that you are in solidarity with them. If a strike goes ahead and you are asked to do any work that a nurse would usually do, don't do it! If you see a picket set up on your way to work or in your lunch break, drop in and say hi.

SONOGRAPHER NEGOTIATIONS

We will be negotiating the Auckland and South of Auckland MECAs next year. The Auckland MECA expires in August and South of Auckland in November. The shortage of sonographers continues and the private sector rates are still considerably higher. While the DHBs might have more money in the pot this time, we can surmise that it won't be enough to address the disparity in pay with

the private sector. As nurses are taking action now, it is also something that you will likely have to weigh up as an option. And if we were also to end up striking in the future, we are sure our nurse colleagues will remember the support extended to them now.

CPD AND TRAVEL REIMBURSEMENT

Most DHBs use a common-sense approach to reimbursement of CPD travel costs. The sonographer will book their own flights and costs and then the DHB will reimburse them once receipts are provided.

However, not all DHBs follow this logical approach; some have policies that state you need to go through the DHB-approved travel agent. The problem here is that bookings often get made at the last minute and are considerably more expensive. An agent, for example, can't book an Airbnb and they might not act fast enough to secure a discounted flight or hotel room. This does impact on you as your CPD money can quickly be used up. If your DHB follows such restrictions, we suggest you raise it directly with management and request that you are able to book everything yourself. Do a bit of research and demonstrate how you can do it cheaper and save costs.

If you have any problems let us know and we can raise it with HR.



be within mandated fiscal restraints. ACOS, or Annualised Costs of Settlement, was the straitjacket, used to keep all collective agreements settlements within parameters set by the Ministry of Health. For many years ACOS, was below 1% (around 0.7%), although last year it was higher at around 1.7%.

Of course, and as we know, sonographers have negotiated more than this. The shortage of sonographers together with the threat of strike action has meant our increases have been higher than other groups. The Nurses, however, haven't as fared as well.

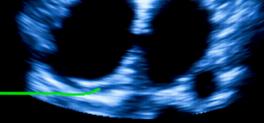
OFFER REJECTED

The Nurses rejected an offer averaged at 3% a year (or 9% total). While this is an improved offer over previous years, it was still not enough avert the threat of strike action. Good

DELEGATE CONFERENCE

The APEX delegate's conference is scheduled for August 6, 7 and 8 in Auckland. If you are a delegate and want to attend please email mary@apex.org.nz. If you don't currently have a delegate in your department and are interested in becoming one, please talk to your colleagues, get yourself elected and you can also attend. You will need to register within the next two weeks.

If you need to contact us please email sonographer@apex.org.nz or call the APEX office 09 526 0280.



SONOGRAPHER TRAINEE BONDING

UNENFORCABLE

APEX has over the years been alerted on several occasions to a DHB trying to impose on a trainee sonographer an “unenforceable” bonding contract or agreement.



A bonding agreement/contract will stipulate that in exchange for the DHB paying all training costs, that the trainee sonographer agrees to work for a stated

period of time (usually 1-3 years) once they are qualified. If they leave their employment before the end of the bonding agreement, then the agreement states they need to pay back the costs of their training.

Every time such a bonding contract has been bought to the attention of APEX, we have raised the matter with the DHBs and informed them that they are not legally enforceable and that trainee sonographers cannot be bonded. Every time the DHB(s) have agreed with our position and the bonding agreements are rescinded or not enforced. The reason the ‘bonding contracts’ are not enforceable is because sonographer training is a provision under the APEX

Sonographer MECAs. You can’t be bonded for something you are entitled to as a union member!

WHY DO THEY DO IT?

So why do the DHBs continue to do it, despite knowing they can’t? With the sonographer shortage and higher rates of pay in the private sector, the lure of higher pay has resulted in sonographers leaving the DHBs to work in the private sector. As a newly qualified sonographer, getting paid approximately 20-30% higher is a very attractive option.

The purpose of the ‘bonding agreements’ has been to try to stem the flow to the private sector. While APEX would also like sonographers to remain in the public sector, this isn’t the way to do it. A better approach is to increase the starting rates of new graduates and train more sonographers so we don’t have a shortage.

If your DHB has imposed a bonding agreement on you, please let us know so we can raise it with them.

HOURS OF WORK

ADHB PROPOSAL

Auckland DHB currently has a proposal to introduce weekend and afternoon/evening shifts for sonographers. A 7-day-a-week service will be the norm in the coming years – the sands are shifting.

So what happens in such a circumstance? The DHB needs to consult and reach an agreement with APEX on the introduction of extended hours of work/shifts. First and foremost, they need to have the staff available to introduce an extension of service. The Auckland MECA also allows for agreement to be reached on time off and pay (and yes this can be above current entitlements in the MECA).

In smaller DHBs that might only have a few sonographers employed, shifts will not be on the table anytime soon. The issue here is often inadequate staffing to cover standard hours, on-call and cover for leave. Remember you only have to work your contracted hours of work,



and provide call cover on a reasonable basis (usually 1 in 4 weekends). If there are gaps in the roster or they want you to do extra weekend lists, you don’t have to. You can ask for additional leave (alternative days off) or extra payment (above OT penal rates) as the basis for agreeing. It will be up to the DHB to agree or not. In our experience, if they

really need you they will likely agree to what you want within reason.

