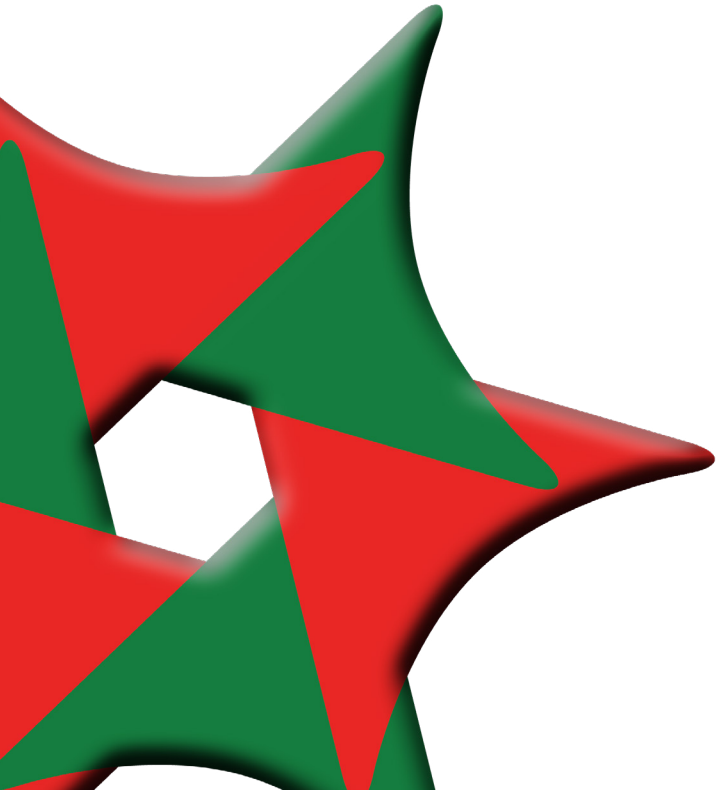
APEX

New Zealand's Specialist Union
Allied Scientific & Technical

TO THE POINT

December 2019

IN THIS ISSUE



Journal Contents

Divisional Newsletters

From the President

Merry Christmas and a Happy New Year to everyone.

There has been much made about lack of progress in bargaining land. The intransigence here seems mostly restricted to the large MECAs in DHBs and these have become protracted and a little acrimonious.

Congratulations to everyone who has had to take industrial action in support of your collective. It is your resolve in the end that is showing our employers that you each have the fortitude to see the fight through.

It is disappointing that our employers are taking this tack. They are attempting to intimidate and bully. It is a tired tactic and is quite transparent. It is also disappointing the Minister of Health is standing on the sidelines and allowing these discriminatory bargaining strategies to be enacted by DHB's. Quite plainly I would have expected better from a government that prides itself on trumpeting equal pay and well being.

Psychologists have been bargaining for nearly a year and Medical Imaging Technologists likewise with interminable delays. There are urgent and pressing workforce issues that must be resolved if further crises are to be averted particularly with the Psychologists. Both of these groups are attending Facilitation in the hope of further progress. I hope by the time you read this there is some further news on this front. Laboratory Workers are likewise seeking to progress their issues through Facilitation although employers have not agreed to support their application.

During a Keynote Speech to the Third International Conference on Wellbeing and Public Policy in September 2018, the Hon. David Clark reportedly said that "This Government is committed to putting people's wellbeing at the heart of its policies – it is woven throughout the Government's work." These words ring hollow in our ears as we see discriminatory industrial practices woven throughout the governments bargaining strategy.

Laboratory Workers are simply seeking to be offered what the DHBs are saying is on the table publicly but is being withheld privately. The difference is thousands of dollars.

The Human Rights Act arguably prevents discriminatory behaviour such as this in employment: can't we expect "Good Employers" to see this as a bit of a road map for their behaviour?

Human Rights Act 1993:

Discrimination in employment matters

22 Employment

(1) Where an applicant for employment or an employee is qualified for work of any description, it shall be unlawful for an employer, or any person acting or purporting to act on behalf of an employer,—

(c) to terminate the employment of the employee, or subject the employee to any detriment, in circumstances in which the employment of other employees employed on work of that description would not be terminated, or in which other employees employed on work of that description would not be subjected to such detriment.

I'm pretty sure if two people were doing the same job and were remunerated differently to the tune of thousands of dollars, this would meet the prohibited definition above.

I hope that in 2020 (election year) the Government/DHB's will remember that everyone has the right in New Zealand to enjoy a working life free from discrimintation whilst also upholding the right to freedom of association (the right to choose which union you want to belong to).

It is great to see the Facebook campaigns, petitions, video blogs etc popping up from members. This is a really powerful way of getting your message across. Please remember if you're just reading these, do 'Like' them, Comment if you wish, but please 'Share' and fill in the petitions.

It really helps and is a great way of supporting your colleagues. I see some of you are writing to MPs, Minister of Health etc. This is also a great way of expressing how you feel. You can write to any MP or a DHB Board if you wish. I wish everyone a safe and 'as restful as possible' Christmas.

To our myriad of delegates out there that on a daily basis are that person who helps you resolve problems, speaks up when someone needs to, or is just there as a sounding board, a HUGE THANK YOU.

You are all AWESOME.

To the executive team, thanks for all your hard work. It really can't happen without you.

To the team at CNS, keep up the hard work. We really appreciate you, the expertise, and the advice.

S. M. Smith

Stewart Smith
APEX President

A HOLIDAY TO REMEMBER...

In 1840, a skilled carpenter named Samuel Parnell travelled from England to Wellington, New Zealand. Soon after, George Hunter, a fellow passenger and shipping agent, offered Parnell a job building a store. Parnell jumped at both, the job opportunity, and the chance to fight for what he believed to be essential employee rights. His response to Hunter's offer has become a well renowned phrase in New Zealand:

"I will do my best, but I must make this condition, Mr. Hunter, that on the job the hours shall only be eight for the day … There are twenty-four hours per day given us; eight of these should be for work, eight for sleep, and the remaining eight for recreation and in which for men to do what little things they want for themselves. I am ready to start to-morrow morning at eight o'clock, but it must be on these terms or none at all."

This was a revolutionary concept in his time and has had long lasting effects on employee and union rights in New Zealand. To this day many workers are reminded of their limits in working over an eight-hour day as it can cause fatigue, stress and reduce productivity.

New Zealand was among the first countries in the world to adopt the 8-hour workday and 40-hour work week. To commemorate the struggle for enforcing employee rights by establishing the eight-hour working day, the 28th of October is observed as Labour Day in New Zealand. Labour Day was first celebrated in 1890 with parades in the city centers. Many businesses closed for the day and the government gave workers the day off.

With the demands of employers growing to accommodate short staffing and the serious lack of resources in the public health sector, it is now more important than ever before to reflect on this holiday.

The Labour Day holiday plays an important role in commemorating employee rights and reminding us to maintain a balance between work, social activities and a healthy amount of rest.

Visit our Health and Wellbeing page for more advice on how you can maintain a healthy work-life balance.

THE LAND OF THE LONG BITTER STRIKE

It's a good time to be a worker in New Zealand, and it's a great time to be a union member.

There is significant upward movement at the moment in wages for the first time in a decade.

The minimum wage moved this year to $17.70 per hour up from $16.50, and is due to get to $18.90 in 1 April 2020 and to $20 on 1 April 2021.

The latest data from Statistics NZ shows unemployment at 3.9%, the lowest it has been for 11 years, and the average wage increased to $32.37 per hour, an uptick of 4.4%. The minimum wage moved this year to $17.70 per hour up from $16.50, and is due to get to $18.90 in 1 April 2020 and to $20 on 1 April 2021. The living wage, set by the Living Wage Coalition on cost of living, moved to $21.15 from 1 September 2019, More and more employers are agreeing to pay the living wage, driven both by industrial action and public pressure; and the idea of a living wage is driving higher wage increases for assistant workforces in collective bargaining.

All of the Employment Relations Act changes have now come into effect, as the last round of changes came into effect from the 6th of May this year. This includes removing the ability of employers in the public health sector to opt out of MECA bargaining, removing the ability of employers to make pay deductions from workers during partial strikes, and restricting the power of employers to withdraw from collective bargaining.

The law also strengthened workers' rights in several areas. The primary remedy for an unjustified dismissal is now once again reinstatement, the section that deals with discrimination against union members has been strengthened, the right to meal and tea breaks has been restored, and there is a new requirement for employers to share union information with new employees. The right of union delegates to undertake reasonable paid time to carry out union duties is now also enshrined in the law.

A rapidly rising minimum wage, a broadening acceptance of the need for a living wage, and a better legislative environment for unions to operate in – all these

factors are coalescing right now in a very favorable tail wind for unions.

These factors continue to increase workers' confidence, and we are seeing the fruit of this in more workers joining APEX, more APEX members voting for strikes, and more workers becoming covered by collective agreements. However, it seems we have entered the world of protracted industrial disputes, both in the health sector and elsewhere.

With three national MECAs and one regional MECA involving some 2500 APEX members taking strike action in October 2019 pushing for pay increases above 3% a year, we have a unique opportunity to secure pace setting pay agreements with DHBs.

The first indication we had that we were in the land of protracted industrial disputes was with the DHB nurses' dispute which took 13 months, a national strike and involved five different offers being presented to members.

We also saw midwives involved in a protracted industrial dispute, involving nearly two years of negotiations, over 600 strikes, and lots of litigation. Ambulance officers too, had over 12 months of negotiations and over thirty partial strikes. RMOs went through their second protracted industrial dispute in three years, with 18-full days of strike action and 12 months to settle their MECA. 1000 care workers at IDEA services are nearly a year into their negotiations and have had seven strikes in eight months. Psychologists at the Ministry of Education had three months of partial action last year, and DHB psychologists entered their third month of partial strike action recently. Pharmacists, MIT and Anaesthetic Technicians have also had their fair share of protracted strike campaigns as well in the last year.

Outside the health sector, in education it took teachers and principals eighteen months and three full strike days and months of partial strike action to settle their collective agreements.

Further afield British Airways pilots have been negotiating since November 2018, have had a 48-hour strike, and cancelled a subsequent 48-hour strike. In the United States, nearly 50,000 auto workers at General Motors have had their longest strike since 1998.

The lengthy industrial campaigns are a pattern caused by two increasing trends. First, we have the rising levels of strike activity and the willingness of members to take action. Second, there is increased inflexibility and obstinance from employers, who are increasingly using delaying tactics to wear down the resolve of members and delegates.

With this in mind, we have to either do or think through a number of things.

First, understand that to win an industrial dispute is going to take sustained action over a long period of time and understand this from the outset.

Second, we have to choose

Christchurch Lab Workers On Strike, November 2019

patterns of industrial action that allows strikes to be built up over a period of months, reaching a peak some six to nine months after the action begins.

Third, we need to consider the use of indefinite partial strikes to break impasses, this could be in the form of indefinite overtime bans or indefinite bans on certain duties.

Fourth, we should think about how we can better support our colleagues during periods of industrial action, including using stop-work meetings, petitions, wearing stickers, and other ways to shore up the morale of striking workers.

Fifth, we need to think through the proper combination of rolling strikes, mass strikes and partial strikes. Rolling strikes are when different DHBs or different sections of the workforce go out on different days. Mass strikes are when different groups covered by different collectives' line up dates for strike action to go for so-called mega-strikes. Partial strikes are when only part of the duties are not done, and workers remain at work. As an example, teachers used both mass strikes, rolling strikes and partial strikes during their recent campaign. We also need to remember that the new era of protracted industrial disputes may not be an aberration, but in fact a return to normality. If you look around New Zealand, there are quite a few signs we live in the land of the long bitter strike.

Sixth, we need to consider better how we directly communicate with members and the public. All of us have cellphones in our pockets capable of making short videos explaining the work we do and why we are taking strike action. It doesn't take long for any of you to get a colleague to record a sixty second clip of you saying, who you are, where you work, what you do, what the challenges facing your profession are and why you are striking and send this to our communications officer, or your advocate, to put this up on our Facebook page, or embed in newsletters to members.

We also need to remember that the new era of protracted industrial dispute may not be an aberration, but in fact a return to normality. If you look around New Zealand, there are quite a few signs that we live in the land of the long bitter strike.

If you have ever crossed Mangere Bridge, it's worth remembering the bridge stood unfinished for two and a half years, during a strike over redundancy compensation.

Down on the Auckland waterfront there are two reminders, one in red and one in green, of the importance of long running strike campaigns. The green-coloured reminder is of course the green of the grass at Bastion Point, which prior to being returned to Ngati Whatua was slated for housing developments in the 1970s.

However the land was never developed, partly because the Auckland Trades Council slapped

Unfinished Mangere Bridge

a "green ban" on the site, preventing any union members from working there. The red-coloured reminder is of course the imposing red-painted wrought iron fence surrounding the ports of Auckland, which was built during the 1913 waterfront strike, to keep picketing workers away from vessels and the strikebreakers who were unloading them. Wellington too, has its own geography of long running strikes, including the AON tower on Willis Street, where strikes by the boilermakers' union caused construction to take ten years, and the old Gear Meat works in Petone, where a 1981 strike lasted for six weeks.

And of course, the Interislander ferry, remains for many older New Zealanders, a symbol of the power of striking workers.

Despite strike action only cancelling 378 out of 21,654 sailings between Wellington and Picton of Interislander ferries, the memory of Christmas time strikes by maritime unions still loom large for some. The Interislander strikes are also a reminder of the length's governments will go to break strikes: several times in the 1970s and 1980s the government launched what was called, "Operation Pluto", using airforce planes to airlift cars and passengers from Wellington to Blenheim airports.

It's only in recent decades that strikes have been at a low ebb, in New Zealand between the years of 1976 and 1978 between fifteen and twenty percent of all workers were engaged in strike action each year.

Even comparing relatively recent decades suggests that the past decade was an aberration in terms of the low level of strike activity. It's only in recent decades that strikes have been at a low ebb, in New Zealand between the years of 1976 and 1978 between fifteen and twenty percent of all workers were engaged in strike action each year.

Official statistics shows that the number of workers involved in industrial disputes between 1999 and 2008, was 195,400, while between 2008 and 2017 only 27,200 workers took strike action. Although these statistics are probably not completely accurate, they reflect a broad trend.

On average, less workers took strike action in the nine years between 2008 and 2017, than

The Unfinished AON Tower, formerly known as the BNZ tower

typically took strike in one year between 1999 and 2008.

It's also not surprising that recent strikes have been concentrated in the health and education sectors. As the Victoria University Centre for Labour Employment and Work Director Stephen Blumenfeld recently noted,

Pay increments negotiated through collective bargaining in health and social assistance, education and training and public administration and safety, which together comprise the central Government sector, has lagged considerably behind that for workers in all other areas of the labour market since June 2010.

Importantly, employees of central government on collective agreements have fallen well behind the rate of increase in the labour cost index (LCI), which accounts for pay increments of all workers in the labour market, irrespective of whether they are on collective or individual employment agreements.

All collectives covering central government employees settled during the nine years of under the previous Government were subject to fiscal constraint.

Hence, if one insists on placing blame for the current situation involving public sector workers either striking or merely threatening to take strike action, the former Government's costcutting and spending constraints in health, education and the broader public service over that period would perhaps be a good place to start!

So in effect what Blumenfeld is suggesting, which is probably correct is that we in the health and education sectors are catch up mode, both in terms of wages and conditions, and in terms of strike activity. And with so many workers going on strike for the first time, we are almost having to relearn the traditions of strike action. Traditions such as making decisions together, voting democratically and respecting the outcome, even if we don't personally like it.

Traditions like not doing striking workers work when your colleagues are on strike. And the tradition that we don't give up until we win.

One of the things we have to get our heads around is that it's never been easy to win protracted industrial disputes. To get a sense of what a protracted industrial dispute involves if you have not been involved in one before, check out films like Made in Dagenham about the three week strike by sewing machinists at Ford for equal pay for women in 1968, and Norma Rae, the 1979 film about textile workers organizing themselves into a union in Alabama.

Minus some Hollywood theatrics, both films give a good indication that protracted union battles with our employers have never been particularly easy, but in the end, these disputes are worth it.

It's interesting to note at this point that a research study into the impact of strike activity on the psychological well-being of striking United States steel workers in 2004 found striking workers reported higher levels of depression, anxiety, and irritation,

But the same study found that striking workers had lower levels of depression and anxiety if they were involved in significant amounts of union activity connected with the strike – for example picketing, raising public awareness or even doing union administrative work that supports the strike.

In conclusion, it can seem to some like this has come on suddenly in the health sector however the data shows we are actually just making up ground lost over the last ten years. The more we find ways involve members in strike activity, the more enjoyable the experience of protracted industrial disputes is going to be for union members.

It's worth reminding ourselves again that strikes do not represent a failure of collective bargaining. On the contrary, strikes show the collective bargaining process at work. Without strikes, all unions are merely bargaining agents, but with strikes unions become vehicles for the collective, independent expression of the power of workers. Ideally, they give us and the employers some sense both of our value and our power. As the old saying goes, 'one day longer, one day stronger'.

THE YEAR THAT WAS AND IS TO BE

- **National Bipartite Action Group Activity**
- **The Health and Disability Sector review part II**

The National Bipartite Action Group, or NBAG as it is known for short, is the only truly bipartite engagement group we have in health.

We are represented on NBAG by our National Secretary, Dr Deborah Powell and Senior Advocate, David Munro. Senior officials of the other key health unions also attend: ETU, NZNO, ASMS, MERAS and PSA (although the PSA has been absent for most of this year).

We meet every two months for a day face to face and have a conference call in between these meetings to try and keep our work programme moving along. And this is no mean feat we have to say. Not only do we all have our day jobs to do, coordinating all the various parties including 20 DHB soverign states, is a challenge to say the least.

From the DHBs we have representatives from all the following groups of management:

- **The CEs,**
- **COOs (Chief Operating Officers),**
- **GMsHR,**
- **CMOs (Chief Medical Officers) ,**
- **DONs (Directors of Nursing)**
- **DAHs (Allied Scientific and Technical Directors).**

So what does the NBAG do?

It is an information sharing forum which in itself is useful, allowing external parties such as Health Workforce NZ, the Ministry etc to meet with us as a sector. And we work on nationally consistent guidelines for the sector.

On this topic and in our time we have progressed the staff vaccination policy and specifically stood up for encouragement and education to get vaccination rates up rather than more punative approaches such as requiring staff to wear masks or even as some DHBs initially suggested, dismissal!

And vaccination rates especially for the flu have risen under this guideline: although there is still more work to be done, we have proved the value of collaboration on such issues.

We finalized the "Adverse Weather Policy" which means if you can't get to work due to adverse weather, you will still be paid. NBAG also investigated the value of drug testing policies in Health and found them to be without merit, stopping the wave of somewhat reactionary "lets do random drug testing of staff" thoughts that had started to arise.

And we agreed to get the standard wording inviting people to a disciplinary meeting changed- rather than a support person making it clear that a union representative

All of the agreed guidelines as follows are available on our website under the APEX Resources section

- NBAG Terms of Reference
- 32 Steps-Change Management Process (we are not kidding – all 32 steps!)
- Smoke-Free Guidelines
- Social Media Advice
- Adverse Weather
- Vaccination Guidelines
- Passing on
- Protecting Staff from Violence
- Redundancy Compensation-Re-employment
- Violence Policy Checklist
- Digital Communications Platform
- Bipartite Relationship Framework
- Facilitation Of Stop work Meetings

or other industrially appropriate person is what the DHB really mean! Getting this one implemented is however taking some doing.

So how is this linked to the Health and Disability Sector Review part II? This review will in all likelihood have a major impact on us all especially if it forms the Labour Government's policy going into the next election. Focusing on better integration with primary care, equity, disparity, Te Tiriti obligations, through to less DHBs, maybe no PHOs, a separate public health entity…

But specifically the Review part I commented that collaboration between DHBs and Unions in the sector had to improve. The National HSRA (Health Sector Relationship Agreement) between the Ministry of Health, DHBs and CTU was noted to have failed to achieve this and a clear message delivered that we had to do better.

We believe we need a more adaptive change management system that allows for engagement and co design of workplace change.

All this heralds is it's time for a refresh of mechanisms and structures through which we engage and this includes a few of our processes for example our Change Management Processes.

These were written decades ago when the focus was on redundancy given the trend to contracting out services.

They are therefore, and quite understandably, punctuated in their nature and largely brought into use when everyone is already in defensive mode. They therefore tend to generate a "no" reaction and destroy any opportunity for collaboration.

We believe we need a more adaptive change management system that allows for engagement and co design of workplace change. These days it is not so much contracting out (albeit that is still alive and kicking) but technological change, worksite movement and integration of skills across teams that we will be facing.

To do this type of work staff have to be engaged and for that to happen we need safety and security and importantly time to think about, adapt and assimilate change.

NBAG might be the forum to start this conversation however APEX in conjunction with NZRDA has also invited the Ministry to think about new structures in light of the review, that:

- Are inclusive of all participants;
- Advance more constructive and collaborative engagement;
- Are genuinely respectful of employees input; and
- Focus more on co design than power and control!

2020 will be a new decade. Whether it will bring a material shift in approach to union – DHB relations we will have to see...

Currently we are working on national guidelines as follows:

- Digital Communications Platform ensuring employees rights to access the internet. This policy has been agreed but we are having difficulty getting compliance, especially with Auckland DHB!
- Violence towards staff by patients, whanau and visitors;
- Bullying and harassment;
- Domestic Violence Leave: providing for leave from day 1 of employment (not having to wait 6 months as the legislation provides), allowing employees more say over who "knows" about their situation and providing specific support for those affected.
- Encouraging the DHBs to take on apprentices from the Trades groups.
- And most recently developing a joint training programme to ensure all participants understand the life preserving services process.

OUR YEAR IN NUMBERS

IN 2019 WE..

MANAGED

147

PHONE CALLS A WEEK ON AVERAGE

WELCOMED

81

NEW DELEGATES TO OUR RANKS SWELLING OUR OVERALL NUMBER OF DELEGATES TO OVER 300 FABULOUS PEOPLE

MANAGED 913

EMAILS PER WEEK ON AVERAGE

WELCOMED 812

NEW MEMBERS

SETTLED 28

COLLECTIVE EMPLOYMENT AGREEMENTS

APEX 2019 DELEGATE TRAINING

On the 24th and 25th of September, delegates throughout the country attended a training course held by APEX at the Ellerslie Event Centre in Auckland.

The course aimed to update delegates on important changes and deliver valuable new information. The event also provided an opportunity for delegates to meet and network with other delegates across the country and other divisions.

"It was good to be able to refresh and update my knowledge"

Many thanks to those who attended and participated in the delegates training. It was great to touch base with all of you and welcome our new delegates!

"Great day as always to meet others and keep in touch"

The delegate role is invaluable to the function of the union. Thank you for all your efforts and time. We appreciate all the feedback provided! The comments received play a vital part in shaping future APEX delegate events.

The following is a summary of the feedback received from the attendees.

Course Management

Overall the feedback suggested that the course was well managed. We also received constructive criticism regarding the timing and running of the new delegates training that we will take onboard and apply when organising the next delegates training.

"Excellent meeting – Thank you. Well organised"

Course Presenters

Overall the feedback suggested that the standard of the presenters at the course was high.

"Excellent knowledge shown in fields of expertise"

We were told that the presenters were clear and articulate, had good knowledge of the subject and made an effort to present the information well.

"Very good speakers with interesting content. All approachable and able to answer questions"

The delegates said that they found the sessions to be informative.

Course Resources

We received positive feedback regarding the handouts provided.

"Useful handouts that I will look at again. The group session based on region was very helpful"

We also had some helpful suggestions to improve the provision of resources for future delegate events.

"Great opportunity to learn about the role, meet other delegates & learn about common issues. I feel excited about responding effectively to member needs! Thank you!"

"Would have liked a printed programme for the day. Raising and resolving employment relationship problems handouts were clear and relevant"

Improvements that could be made:

1. Ensuring people had microphones before speaking.
2. Handouts with main points for each session and clearer explanation on objectives.
3. More opportunity for group discussions

General Overall feedback suggested that delegates found the training a valuable experience.

MEMBERSHIP DEDUCTIONS

APEX has two means by which membership can be paid:

1. Direct from your pay, or
2. Monthly from your bank account, or Annually.

It is the second and specially monthly from your bank account that we look at here.

When setting up regular payments there are two primary means banks provide: Direct Credit and Direct Debit. Direct credit is where you set up the payment and only you can change it, including stopping the payment. Direct debit is where you set up a payment system that allows the person you are paying to change it.

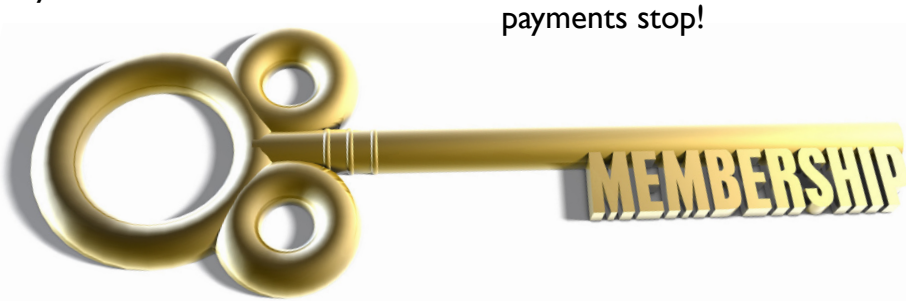
APEX only allows direct credit membership payments. The reason for this is that it is your money and whether you wish to remain a member or not, is over to you. Importantly APEX does not want to be able to access your bank account – that would be wrong.

However this does mean that if subscription rates change, we rely on members to make the change to their direct credit. APEX hasn't increased subscription levels for around 10 years, but if we did, then we would rely on members to update their direct credit.

A couple of members have recently been upset that when they have taken unpaid leave, APEX hasn't stopped their payment of subs from that members bank account. The reason is that we can't because we only run a direct credit system for the reasons outlined above. If we also haven't been told a member has gone on leave, we aren't likely to know that the

money that keeps arriving, shouldn't. And of course if we haven't been told we also can't alert the member of the need to stop payments.

If a member does forget however, we do return any overpaid subs as soon as we are alerted and as soon as the payments stop!



The two commonest times members will need to change their subscription payments are:

1. When you increase or decrease your hours. APEX has 3 categories of fee level:
a. Full time which is 20-40 hours a week:
b. Then two lesser rates for those who work 10-20 hours a week; and
c. Less than 10 hours a week.

So if you are changing your ordinary hours, you will need to keep this in mind.

2. When a member resigns from APEX or goes on unpaid leave. In these circumstances, it is up to the member to stop paying subs – and let us know so we can adjust our records accordingly.

BIG WIN
FOR NORTHLAND DHB SOCIAL WORKERS AND DIETITIANS

For some time now social workers and dietitians at Northland DHB have been disparate workforces, spread and managed across a number of departments and sites. This has resulted in a number of issues for these groups.

Groups would be established to engage over change proposals or similar, outcomes would be reached and social workers and dietitians were an afterthought. They were often overlooked when it comes to having a voice when decisions are made that affect them.

These members have also been vulnerable to the whims of individual managers when wanting to take leave or CPD.

There has also been a lack of clarity around the role of Professional Leader for these groups and exactly what this individual is responsible for.

There was a lack of consistent clear policy around leave, so it often came down to how good your relationship was with those making the decision.

As a result, social workers and dietitians did not feel valued by the organisation that employed them.

There has also been a lack of clarity around the role of Professional Leader for these groups and exactly what this individual is responsible for.

However, this year after having gone through a lengthy process, all that is about to change (hopefully) with the establishment of two new departments, one for social workers and one for dietitians. Exactly what this will mean and how these will work is yet to be determined, but with APEX representation on the working party charged with finalising this change, we are looking forward to a new era of recognition and acknowledgement of the value these professions bring to the Northland DHB health environment.

APEX

MIT news

Medical Imaging Technologists' News December 2019

DHB TRAINING BONDS?

Over the years, APEX has been alerted on several occasions that one DHB or another is trying to impose an unenforceable training bond or agreement on staff training to work in MRI, nuclear medicine, breast screening, or sonography.

A bonding agreement/contract will stipulate that in exchange for the DHB paying all training costs, the postgraduate trainee agrees to work at the DHB for a minimum period (usually 1-3 years) once they are qualified. The agreement will state that if they leave their employment before the end of the bonding agreement, then the trainees will 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 such bond agreements are not legally enforceable and trainees cannot be bonded. Each time the bonding agreements are then rescinded or not enforced.

The reason the 'bonding contracts' aren't enforceable is because having your postgraduate training paid for is an entitlement under the MECA. You can't be bonded for something you are entitled to as a union member!

So why do the DHBs still do it?

Fundamentally, bonding agreements are brought in to try and stem the flow of newly qualified staff from DHB employment to the private sector and overseas. At present, our public health system pays significantly less than what's on offer in our private sector and 'across the ditch' over in Australia.

What's happening in MIT-land?

TRG Group Bargaining Initiated

We Initiated bargaining for a collective agreement for TRG in Northland. Bargaining has bought workplace differences (between Auckland and Northland) in pay into light and put TRG under pressure to increase renumeration. Members have already received pay increases and TRG has initiated a project to address staff culture, while bargaining continues.

MRI Crisis at Auckland DHB

The MRI service at Auckland Auckland DHB has reached a critical point of unsustainability.

Rising demand continues to outstrip population growth with an additional magnet needed immediately, and a further magnet projected to be needed by 2028.

Meanwhile, there have been more than 12 resignations since March and it is proving impossible to run the existing magnets at normal capacity. ADHB has gone so far as to request MRI staff at Counties Manukau provide on call cover at Auckland. They are now running with only 2.8 Qualified FTE across all three clinical centres.

This problem is compounded further by a nation-wide shortage of qualified postgraduate technologists. While some DHBs have managed to maintain reasonable staffing levels, many are caught in vicious cycles of under-staffing where they cannot sustainably recruit and train enough staff to run their service efficiently (see page 4).

Newly qualified staff at these DHBs find themselves faced with the choice of staying in an over-burdened DHB department or moving into private sector work with better pay and better work-life balance. Bonding agreements aim to eliminate this choice.

While APEX would also like more newly trained staff to remain in the public sector, this isn't the way to do it.
If your DHB has imposed a bonding agreement on you, please contact us so that we can raise it with them.
A better approach is to increase the starting rates of new graduates and to consistently train more staff to address the shortage.

What about training bonds in private?

It is common for private employers to include training bonds in their employment agreements. If you are unsure whether a training bond is valid, let us know.

NZ Institute of Medical Radiation Technology Blocks APEX Stand at 2019 Conference

APEX was invited to host a stand at this year's NZIMRT Conference in Rotorua by the Conference Convener only to have the invitation over-ruled by the NZIMRT Board. The Board objected to APEX attending on the grounds that it would not 'align with the constitutional objects of the NZIMRT for trade unions to be represented at a technical and scientific conference'.

We expressed our disappointment at this decision and urged the Institute to reconsider. We pointed out that APEX has an essential role in representing and promoting the interests of Medical Radiation Science workers which is a primary object of the Institute and explained that we were eager to engage with NZIMRT members at the Conference around the issues facing their professions.

Carolyn Orum, NZIMRT President, advised that the Board considered these points but stood by their decision that trade unions should not attend NZIMRT Conferences. She said that if the Institute were to reconsider this in future they would need to "allow time to invite all associated trade union groups to attend."

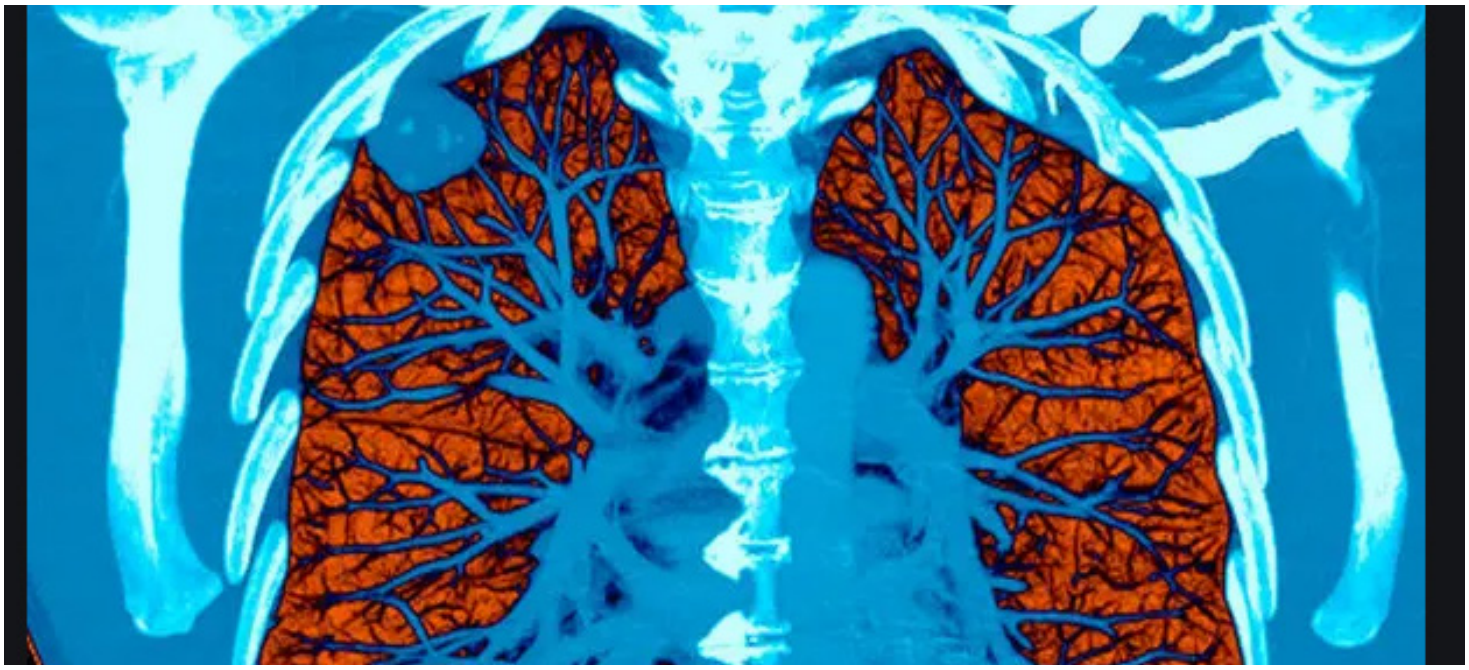
Issue resolved at Lakes DHB: Costs of training ≠ CPD:

Last November, we were contacted by a new employee at Lakes DHB about why their training costs were being deducted from their CPD entitlements. We got in touch with the rest of the MITs at Lakes and soon discovered that the DHB had been debiting their costs of training against their CPD entitlements to the point that people were graduating with negative CPD balances.

Fortunately, we were able to get most of these errors fixed for the staff within a couple of months. Under the MECA, you are entitled to have your costs of training paid and you are also entitled to CPD funding. They are separate entitlements and training costs cannot 'write off' your CPD balance.

If this is an issue with your employer, please get in touch with us at mit@apex.org.nz.

AI BEATS RADIOLOGISTS AT IDENTIFYING TINY LUNG CANCERS



Below are three quite sensational headlines published about a recent Nature journal article on a CT image-reading AI trial. The New York Times reported:

"Computers were as good or better than doctors at detecting tiny lung cancers on CT scans, in a study by researchers from Google and several medical centers. The technology is a work in progress, not ready for widespread use, but the new report, published Monday in the journal *Nature Medicine*, offers a glimpse of the future of artificial intelligence in medicine.

One of the most promising areas is recognising patterns and interpreting images — the same skills that humans use to read microscope slides, X-rays, M.R.I.s and other medical scans.

By feeding huge amounts of data from medical imaging into systems called artificial neural networks, researchers can train computers to recognise patterns linked to a specific condition, like pneumonia, cancer or a wrist fracture that would be hard for a person to see. The system follows an algorithm, or set of instructions, and learns as it goes. The more data it receives, the better it becomes at interpretation."

At first glance this appears to pose a major challenge to Radiology as we know it.

However; The test has pitfalls: it can miss tumours or mistake benign spots for malignancies and push patients into invasive, risky procedures like lung biopsies or surgery. And radiologists looking at the same scan may have different opinions about it.

Nonetheless, there is no doubt that image-screening AI will become a key tool in clinicians' diagnostic arsenal in the decades to come. Eventually, images may well be automatically processed by AI as soon as the MIT assigns them in PACS.

HEADLINES

A.I. Took a Test to Detect Lung Cancer. It Got an A.

Man vs machine: Google's new AI system better at detecting lung cancer than humans

AI spotted lung cancer BETTER than expert radiologists, study finds

STAFFING CRISIS AT COUNTIES MANUKAU DHB - APEX MEETS WITH DHB MANAGEMENT

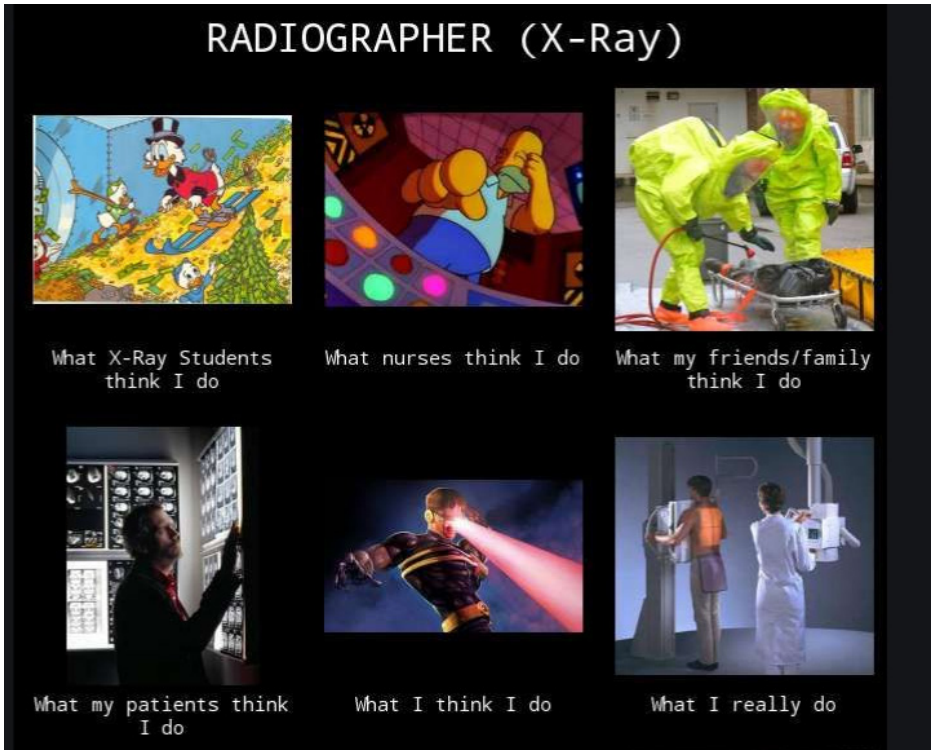
APEX met with Radiology management on July 16th to discuss CMDHB's MIT understaffing crisis. Last winter, the DHB was 5-6 MIT FTE down and it was still very difficult and stressful. The DHB is now at a record shortfall of 19 FTE, 27% of budgeted FTE!

Most of the ongoing recruitment is from overseas and they often cannot start for several months. The DHB says they will now hire essentially any qualified MIT that applies for a position.
The DHB has cancelled all GP out-patients, reduced to 5 bookings a day, increased outsourcing of plain film x-rays, and is offering T2 for all additional shifts staff pick up.

APEX has proposed that the DHB should focus on active recruitment and advertising, paying retention bonuses to existing staff, providing financial incentives to former MITs to return from abroad at the end of their OE, provide relocation payments and other incentives, and more.

Management says the shortage is primarily due to CMDHB not having many senior MITs. It tends to have a churn of new graduates who often leave within 2 years, either heading to the UK for a working OE, moving to Australia, or moving to provincial NZ for the lower costs of living and closeness to family.

When APEX went to the media about this crisis, CMDHB Chief Executive Margie Apa claimed that we were being 'alarmist'.



The Radiologists at Hutt Valley DHB shared this amusing poster with us that was a part of their department's decorations for World Radiology Day. We hope you enjoyed celebrating World Radiology Day too.

Do you have something interesting for us to include in our next MIT newsletter? Send it to us at comms@apex.org.nz or on Facebook!

www.facebook.com/APEXUNION

Send us your thoughts: mit@apex.org.nz

ANAESTHETIC TECHNICIANS

APEX

PRIVATE BARGAINING CONCLUDES FOR FIRST APEX COLLECTIVE AGREEMENT

This year, privately employed Anaesthetic Technicians at Acurity Health Group decided to leave NZNO (with their blessing and support) to join APEX and bargain their own collective agreement.

Due to the shortage of Anaesthetic Technicians, Acurity were struggling to recruit and retain staff; their rates and conditions of employment were no longer competitive within the Anaesthetic Tech labour market.

This was addressed in bargaining, which saw members receive an increase of at least 10.5% as of 1/7/19 and another 5% increase next year.

With parity being achieved across three hospitals, one of our members pay increased by 18.5% initially; 23.5% over the term of the agreement. In addition, we increased the on-call allowance, sick leave and annual leave entitlements, overtime paid at T2, a shift coordinator allowance, have a salary scale with reduced automatic steps (3 steps to top of autos) and a process going forward to achieve merit step progression.

We spoke with Peter Won, Charge Anaesthetic Technician at Wakefield Hospital, Acurity Group and APEX delegate. He has worked as an Anaesthetic Technician for 11 years.

Why did the Anaesthetic Technicians join APEX?

Acurity Group has three hospitals: Wakefield (where I work) in Wellington, Bowen in Wellington and Royston in Hawke's Bay. All three hospitals had Anaesthetic Technicians working for them under different collective agreements with NZNO, while some Anaesthetic Technicians were on IEAs. Bargaining had become stalled after a year, and with no real momentum the members were quite demoralised. The voice of Anaesthetic Technicians wasn't really being heard as we were a small group and NZNO understandably concentrated on the demand of Nurses. I became convinced that the Technicians would be better served in their own union, negotiating our own collective agreement. The Technicians met and we decided the time was right to join APEX.

What was your experience being part of APEX and bargaining an AT collective agreement:

Our experience was positive. I had been a delegate before, but this was the first time I had been involved in bargaining. The guidance from APEX was great. In bargaining, we were strong, honest, realistic, professional and to the point. We told the employers we didn't want to waste time - we wanted a result and we focused on achieving that.

How do the members feel about the outcome of bargaining?

The members are happy with settlement. We kept them updated throughout the journey and got the result they wanted: we now have one voice. It was a positive outcome for our first Anaesthetic Technician collective agreement. We are proud that we have one collective agreement across all three hospitals.

DHB ANAESTHETIC ASSISTANT WORKFORCE 2019 (BY TAS)

- The number of DHBs training Anaesthetic Technicians has reduced over time, with only 9 now providing training.
- In January 2019, there were 115 Anaesthetic Technician trainees across the 3 years of training, with the greatest number of trainees at Auckland and Counties Manukau DHBs.
- The greatest number of Anaesthetic Assistant vacancies are at Auckland DHB, and qualified staff reportedly leave to work in private hospitals, leave the region citing the high cost of living, or to work as locums.
- The number of Anaesthetic Technicians registered by the Medical Sciences Council in 2018 was 36. Approximately half new of the Anaesthetic Technician registrations each year are trained outside of New Zealand, predominantly from the United Kingdom. The current AT scope was identified as a reason for some operating department

- practitioners (OPDs) from the United Kingdom to leave, as they wanted more variety and to practice within the wider scope of their UK training.
- DHBs report many ATs leave the training DHB when they have qualified to work as locums or move to other regions, with the cost of living in Auckland identified as a barrier to retention.

"Overall, the rating from the assessment process considered the anaesthetic assistant workforce to be an AT RISK OCCUPATION – INTERVENTION REQUIRED. All four domains were rated at this level, with feedback from some participants considering the rating is approaching Occupation Under Pressure - Intervention Imperative. If the training pipeline is not addressed with urgency for this workforce, this will be the inevitable result."

The meeting will be held for workforce planning on 25/09/19 in Wellington, with APEX in attendance.

"WE STOOD TOGETHER AND IT HAS MADE THE TEAM STRONGER AND CLOSER AS A RESULT"

David Mason has worked as an Anaesthetic Technician since 2000. Originally from Leeds, West Yorkshire, he moved to NZ in January 2013 and hasn't looked back. In 2016, the Anaesthetic Technicians at Lakes DHB joined APEX. After a total of 16 days of full strike action, they have just ratified their new collective agreement.

Why did the Anaesthetic Technicians at Lakes join APEX?

The main reason was to be part of a union. We also needed a contract (collective agreement) that suited Anaesthetic Technicians. Our previous union covered so many professions we got lost in the masses, and we found our contract wasn't as appropriate for Anaesthetic Technicians as it could be. We heard very good things about APEX so we got in touch and joined up.

When you went into bargaining, what were the issues you wanted to resolve?

The main issue was safety. This includes safety concerning breaks and time allocated for breaks after we'd been working then called out again. We were not getting an appropriate safety break. Our breaks had recently been rescinded by management under the previous union and contract we were part of. We wanted to make sure that our contract ensured both our safety, but more importantly patient safety. A well rested member of staff is always going to be better for a patient than a non-rested member of staff.

The bargaining round took much longer than anticipated and the Anaesthetic Technicians went on strike for a total of 16 days. How did this all play out for the team?

Firstly, strike action was the last thing anyone wanted. At the beginning of bargaining, not a single one of us thought we would be in a position to have to decide to strike. We had never been on strike before, but as things panned out it was our last resort - we had no other avenue open to us to get our point across. It went on longer than we thought it would. We didn't expect to go on strike that many times, but as a group we were resolved on the matter and we stood together. We also ensured we provided quality life preserving service that was appropriate for our patients during the strikes.

What was the outcome of the strike?

Our main issue regarding safety around breaks was resolved, and post call breaks were agreed to - at a similar level as before.

What is the morale of the Anaesthetic Technicians now they have the settlement?

They are extremely happy about the outcome. We stood together, we all felt the same about what we wanted, and it has made the team stronger and closer as a result of what we have all gone through.

How have you found your role as a delegate?

I have learnt a lot. You know you aren't there for yourself, you're representing and looking out for a group of people. You are their voice. You need to remember that in the back of your mind, what you're doing is for the good of everyone. In mediation it can get heated, it can be stressful, get tense, and you always must act in good faith and have respect for all parties involved. You need to keep the lines of communication open and act in a professional manner.

As a team, we have worked closely together - it has been an experience and I think the outcome suits everyone.

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PSYCHOLOGISTS Newsletter

December 2019

MECA BARGAINING GOES TO FACILITATION

Collective bargaining for renewal of the psychology MECA has travelled the now well-worn path to facilitation by the Employment Relations Authority at Auckland.

In the last eighteen months collective bargaining for nurses, midwives, RMOs, radiographers, paramedics, anaesthetic technicians, care and support workers, teachers and laboratory workers have all been to facilitation as part of protracted negotiations with the state.

Over four days in early November and December, Authority Member Vicki Campbell facilitated bargaining in an attempt to resolve the ten-month long dispute over wages and conditions for the DHB psychology profession.

Recommendations on the bargaining are expected in mid-December. All of our delegates, but especially those on the bargaining team, put a significant amount of time, energy and enthusiasm into representing the profession. Make sure to thank your delegate when you see them next!

Bargaining team delegates at facilitation. L-R: Dr Chris Murray, Dr Emma Edwards, Siaan Rodger, Annmaree Kingi, Oloff Arnold, Dr Amber Barry, Dr Simon Waigth. Absent: Dr Clare Calvert.

Delegates

We almost have a full delegate team for the psychology profession – 37 brilliant delegates across the country!

However our Auckland DHB team need two additional delegates – one for health psychology and one for Kari Centre. We would encourage our Auckland members in these areas to arrange for an election of one of their colleagues into each role.

We also need a Canterbury DHB delegate for CAFs.

Ministry Of Education

- **New salary scale effective 1 January 2020**
- **Working group agrees piloting caseload guidelines in term 1, 2020.**

A new salary scale for Ministry of Education psychologists comes into place on 1 January 2020, with a salary increase of 3%, a new top automatic step for psychologists of $96,000 and a top Skill Progression Framework step of $114,095.

The pay scale increases effective from 1 January 2020 will be paid in the pay period 22 January 2020, including backpay.

APEX delegates on the Ministry of Education working group (l-R): Jim Morgan, Clare Barczak, Claire Ewens.

The working group on caseloads and workloads have agreed interim guidelines to be piloted by psychologists in two regions in term 1, 2020. Our delegates on the working group have done a marvelous job representing their colleagues.

BoPDHB - Tauranga CAMHS


INDULGE MAG & 48 HOURS LIFTOUT INSIDE
Bay of Plenty Times
Weekend
Tenila Blakely's 'Sex and the City' memoirs
Monica Cantwell murder 30 years on
'Toxic' workplac
'Negative, anxiety-Provoking': Manager hits out at DHB in scathing

APEX has recently provided support to members at BoPDHB CAMHS.

The outgoing service manager described the service as being a 'toxic' workplace, criticising caseloads, lack of staffing, inadequate buildings and a culture of fear in an internal report which the Bay of Plenty Times published.

We continue to engage with the DHB over the workplace issues at Tauranga CAMHS.

Wellington Region - MHAIDS Restructure

At a time when there is a 58% vacancy rate for psychologists in adult community mental health teams in the Wellington region, the Wellington DHBs are embarking on further restructuring of mental health and addiction services.

The proposed new structure includes 15 personal assistant positions for service managers and directors.

A Letter from Rapua te Ao Waiora Psychology Department

To: South Auckland MPs

When you read this letter I hope you can hear a tone of desperation contained within. I am not sure if you are aware, but the last psychologist resigned from Rapua te Ao Waiora, a community mental health centre in Papakura, Auckland, a month ago. This means that an entire community, a predominantly Maori community, has zero psychological support. At what point does this become a concern? At what point do the "powers that be" decide that mental health is a serious issue and not simply a political issue worth giving lip service to? I could quote statistics about the disproportionately high rates of suicide in New Zealand. I could quote the stats about how certain population groups continue to be disenfranchised and marginalised from receiving adequate health care. But, you know all this information and still you refuse to dare to change a thing.

Where do I fit into this equation? I am employed as a full time psychologist at another community mental health centre, but I was asked if I could assist to try and keep psychology afloat at Rapua te Ao Waiora. Let me start by assuring you that this is by no means a small undertaking. It has impacted on the number of face to face contacts I have at my current location. The amount of time it takes to coordinate psychology requests, screen Service Users, consult with my colleagues is far greater than you probably realise, not to mention the one-hour return trip in travel time. Let me tell you, I would love to be sitting doing therapy with my service users directly, rather than trying to keep another service afloat.

What is the extent of the wait list? As of this morning there are 94 open requests that are requiring intervention in some form or another. Nine are requiring neuropsychological assessments, and about 20 are on the list for a Dialectical Behavioural Therapy (DBT) informed treatment. Due to a staffing crisis, the full DBT program is no longer available and has not been offered for over half a year. 15 have been allocated to a shortened DBT group. These 35 clients carry a diagnosis of borderline personality disorder or have traits of this disorder. These are the clients who present a huge demand on services due to self-harming, impulsivity and chronic suicidality. Psychologists provide the only comprehensive evidence based treatment for this disorder, thus we have the ability to relieve the demand on other services. Other clients require intervention for depression, anxiety disorders and trauma (due to the complexity of their presentation ACC is not indicated). Many have been referred by psychiatrists because they are not responding to pharmacological interventions. For some of these clients, we really are their last, best hope for a life worth living.

My fear is that unless there is an incentive for psychologists to stay in this sector, there will continue to be a haemorrhaging of the uniquely skilled people who can undertake this line of work. Very few psychologists have the disposition to manage these high intensity clients. Those of us that can, do this work do it with passion. Unfortunately, that often comes at a personal price. Burnout is a huge risk for us, and that is exacerbated when there is a lack of staff which makes workloads unmanageable.

Yours sincerely,
Garth Baldwin, Clinical Psychologist

"I'VE LOVED BEING ABLE TO INFLUENCE OUR MECA"

An interview with Dr Clare Calvert, one of two Auckland DHB APEX psychology delegates.

Where do you work and what do you do?

I am a clinical psychologist at Hapai Ora, which is an early intervention service for people up to the age of 30 who are experiencing a first episode of psychosis or are at high risk of developing psychosis. My job involves working with colleagues to jointly assess people who present to the service, and provide individual and group treatment in a safe and non-judgemental environment. I typically use a combination of CBT, ACT and Compassion approaches to help clients readjust to their experiences, and to help then get back on track with their lives and their goals.

Why did you decide to become a psychologist?

I started doing A-level psychology at school and was really interested in when things start to go wrong for people during key development periods. I continued studying psychology and sociology at university and became more interested in the differences between those with severe mental health issues who offend and those who do not. This interest took me into working into forensic mental health settings and acute psychiatric hospitals.

What are the main differences between working in the UK and New Zealand?

Well, apart from the weather, there are not that many differences. Obviously the UK has a much larger population than New Zealand but there are similar issues facing psychologists working in the NHS– pay gaps, lack of leadership opportunities, and a lack of resources - which has led many to go into private practice.

How have you found being an APEX delegate?

I decided to volunteer for the role because I wanted to represent our profession and have a small influence over our working conditions. It's been a learning curve, but interesting to find out how decisions are made at management level, and helpful to join up with other delegates from the rest of New Zealand. I have really enjoyed being able to influence our MECA, becoming a voice that represents over a hundred psychologists at ADHB; that's been really rewarding so far.

What's your experience of bargaining been so far?

Frustrating at times, but it's good to have some movement and some ways forward, knowing that through the process we will get some of what we want, and some of what we need. Industrial action has been tough, cancelling clients and not taking on new clients. We all want to provide a good service but it has been reassuring the majority of members are voting to strike and we are all clubbing together and making a difference. In the end you have got to think about the long-term reasons why we are doing it. It's going to be hard at the start, when we are going through it, but it is to get a better service for clients at the end of the day. So it's worth it because that's why we are all doing this job.

What does the future psychology profession need more of?

Firstly, we need more training places at Universities to cope with the increasing population in NZ. We need passionate, highly-skilled and resilient psychologists who are committed to improving the lives of our clients as well as the system we work within. We need more leadership opportunities for senior psychologists so that we can retain their skills. Finally, we need to be able to grow and adapt to the challenges that the future will bring.

What do you enjoy doing outside work?

I'm lucky to live on Waiheke Island and try to get outside for walks and swimming in the sea whenever I can. I also run a walking group on the island for women who like wine! I spend time hanging out with my cats and husband, cooking and baking and singing in a community choir.

APEX

PO Box 11 369
Ellerslie
Auckland 1542
P (09) 526 0280
secretary@apex.org.nz
membership@apex.org.nz
ask@apex.org.nz
www.apex.org.nz

Anaesthetic Technicians	at@apex.org.nz
Audiologists	audiologist@apex.org.nz
Biomedical Engineers	biomed@apex.org.nz
Central Sterile Services	cssd@apex.org.nz
Dental Therapists	dental@apex.org.nz
Dietitians	dietitian@apex.org.nz
Information Technology	it@apex.org.nz
Managers	stams@apex.org.nz
Medical Laboratory Workers	lab@apex.org.nz
Medical Imaging Technologists	mit@apex.org.nz
Occupational Therapists	ot@apex.org.nz
Perfusionists	perfusionist@apex.org.nz
Pharmacists	pharmacist@apex.org.nz
Physicists	physicist@apex.org.nz
Physiologists	physiologist@apex.org.nz
Physiotherapists	physio@apex.org.nz
Psychologists	psychologist@apex.org.nz
Radiation Therapists	rt@apex.org.nz
Scientific Officers	scientist@apex.org.nz
Social Workers	socialworker@apex.org.nz
Sonographers	sonographer@apex.org.nz
Speech Language Therapists	slt@apex.org.nz