

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 brought 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 Each time the bonding agreements are then rescinded or not enforced.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, Bargaining has bought workplace differences (between Auckland and Northland) in pay into light and put TRG under pressure to increase remuneration. 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."

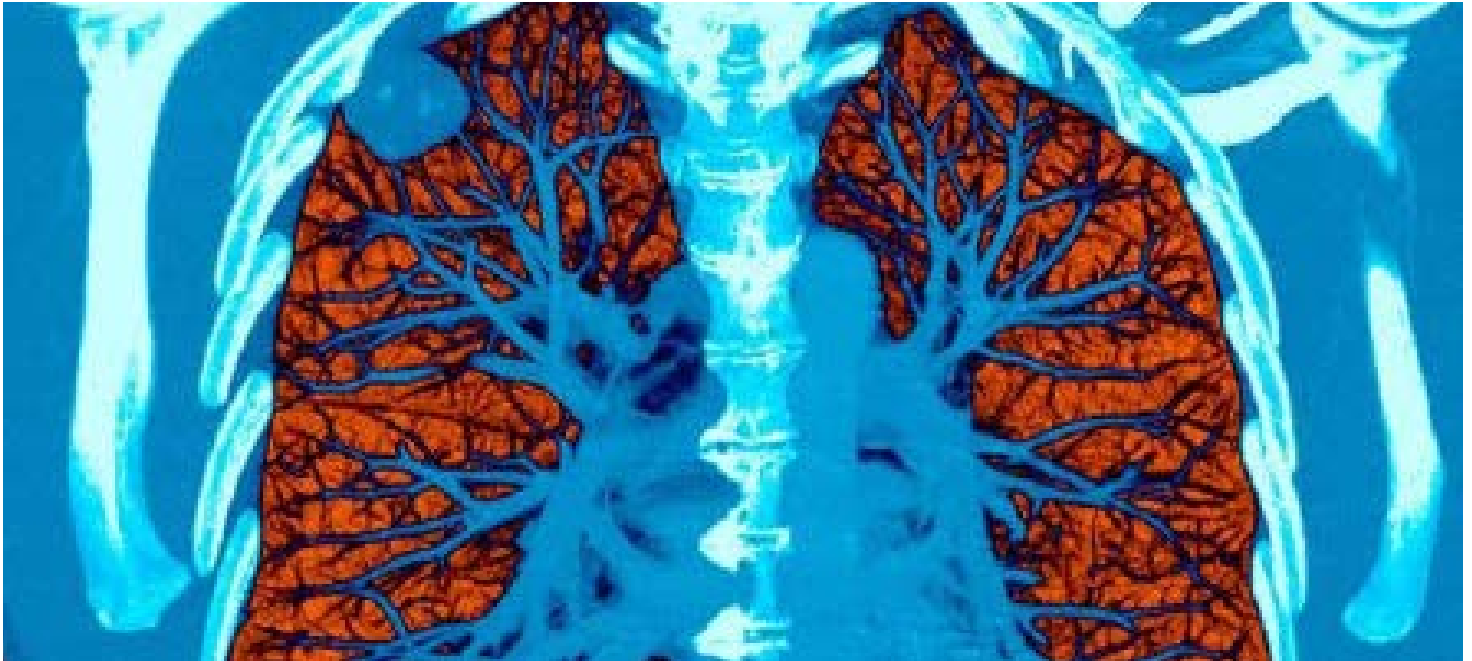
Issue resolved at Lakes DHB: Costs of training ≠ CPD:

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'.



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RADIOGRAPHER (X-Ray)

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|  |  |  |
| What X-Ray Students think I do | What nurses think I do | What my friends/family think I do |
|  |  |  |
| What my patients think I do | What I think I do | What I really do |

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!](#)

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