

# Pharmacy Newsletter

April 2020

## A DHB MECA for Pharmacy Workers

As it stands, all of our DHB employed pharmacy workers are covered by Single Employer Collective Agreements, or SECAs. These are specific to each DHB and their terms only affect those working for that specific DHB.

As we have discussed with members and delegates at site meetings, we are looking to move to what is known as a Multiple Employer Collective Agreement, or MECA, for DHB employed pharmacy workers. A MECA involves negotiating with all the DHBs for all the APEX pharmacy workers employed by them and agreeing a collective agreement which is specific to the needs and aspirations of this group.

Why are we proposing this and what the process going forward is, are the subjects of this newsletter. Lets start by acknowledging that negotiating SECAs DHB by DHB worked well for us, for a while. However in the last round we were faced with the intractable “one size fits all” position of the employers. And of course their “one size” was the lowest common denominator and specifically terms and conditions negotiated by another union. Our ability to negotiate outcomes specific to Pharmacy members issues was limited, with industrial action required and quite a few work arounds eventually being put in place to try and resolve salary differences and other issues.

In the face of this DHB position, one they are likely to continue to take, negotiating a MECA that is specific to pharmacy workers makes sense. Following on from RTs, MITs, Psychologists and many more of our divisions, this also enables us to better defend against the lowest common

denominator argument as we are negotiating “the Pharmacy MECA”.

**MECA traditionally are noted to have the following benefits:**

### 1. Strength in numbers:

It may sound corny, but it is still true that our power as a union comes from our members. When negotiating a MECA, we have the full force of members across the country behind us. Employers are more likely to meet our claims for improved conditions if we have a larger workforce calling for those terms in their contract and can take national collective action. There is one caveat to this – just having lots of people doesn’t in itself do the trick: the “lots of people” need to have shared aspirations and goals, which we believe would be the case here as we are all pharmacy workers and all seeking the same things.

We are also setting up nationally consistent terms and conditions for our profession; national consistency is a desire shared by the DHBs.

### 2. Pharmacy workers determining their own future:

As we say, the DHBs in SECA bargaining made it clear that they want the PSA Allied Health MECA to set the benchmark for the pay and conditions for pharmacy workers nationally, albeit 1 year or more delay in the timings of those increases. Their strategy was to drive down APEX terms and conditions to the lowest common denominator. Another downside was and is that those terms and conditions are largely determined by others.

This MECA contains all allied scientific and technical practitioners terms and conditions, so when voting to ratify or not that collective, pharmacy workers' vote is amongst a whole range of other practitioners whose goals may not be the same.

We will be bargaining our own national Pharmacy MECA with pharmacy workers who do share the same goals and aspirations. This will ensure that pharmacy workers are determining for themselves what their national conditions and terms of employment should be.

### 3. The Flow on of benefits:

Different SECAs have different terms depending on where you're situated and who your employer is. Pay, leave, and other parts of the agreement can differ, resulting in some agreements having better terms than others despite workers doing the same job. A MECA allows you the possibility to negotiate terms that are better in some agreements into an agreement that covers everybody. Whereas before it might have been difficult to get your individual employer to negotiate terms similar to what those elsewhere were getting, negotiating a MECA means these improved terms have to be considered.

### 4. Improved professional development:

Taking a national approach allows for better strategic planning and advocacy for your profession. We can look at training and professional development from a country-wide perspective and decide what will have the greatest benefit for all our members. This means no matter where you're employed, you are afforded the same opportunities for professional development as your peers. It also allows us to negotiate terms to support issues affecting you such as changes to prescribing pharmacist status etc.

### What are the Downsides?

The DHBs may resist us forming a MECA. So far they have not suggested they will. We have raised the issue at individual bargaining with various DHBs and they have so far not disagreed to the proposal. In good faith we would expect that to continue to be the case...but then!

The DHBs may also claim that we are not entirely national, which is true as we don't represent pharmacy workers in all 20 DHBs but we would still be the only pharmacy specific group, and we would hope other pharmacy groups in the remaining DHBs would

come on board. We may need you to spread the word through your networks on this front – more on this to follow.

### Initiating a MECA – The Process:

The decision on whether a MECA will be negotiated is yours and is decided by a ballot of union members. All our pharmacy members who are covered by the intended coverage clause of the collective agreement will be involved in the ballot. Each group of pharmacy workers employed by any one DHB votes on whether their DHB should be involved in the MECA. Once this is completed the Union will initiate bargaining with those employers for whom the pharmacy workers have voted to include in the MECA.

So, if 1 group of pharmacy workers in a single DHB vote "no" they won't be included, but all those that vote "yes" will continue to negotiate the MECA (albeit in this scenario with one fewer DHB party).

In the next few months, we intend to meet with your delegates to discuss what and how, so stay in touch with them about your questions and desires, what you want included in a MECA etc. We will also be providing drafts for you to look at, incorporating the terms and conditions of the SECAs and anything new we collectively decide to include as we work up a national claims document for you. As that process takes off, we will need your active engagement to ensure the MECA truly meets the needs of our pharmacy workforce.

### What do we do now?

As the end dates of individual SECAs do not all line up the process of forming a MECA will be gradual. We will begin by forming a MECA with DHBs whose SECA expires from September this year and include others as and when their deals expire. An additional parties clause in the agreement will allow us to incorporate any current and new DHBs should they choose to join the MECA when the term on their SECAs is up. Pharmacy workers employed by other (non-APEX) DHBs can join in if they wish. We only need a few members in any other DHBs for them to also be a party to a MECA. The more DHBs covered and the more members we have the stronger we will be and the more likely to be able to achieve what we want in a national MECA, so if you know pharmacy workers in other DHBs, please talk to them and encourage them to join up, or if they want to know more pass on their contact details by way of email to [pharmacist@apex.org.nz](mailto:pharmacist@apex.org.nz) and we can get in touch with them.

# Pay Equity

As part of focusing on a nationwide approach to the pharmacy sector, we are in the process of submitting a pay equity claim on behalf of pharmacy workers. A pay equity claim is a way of ensuring that gender doesn't affect what people in the pharmacy sector are paid. Pay equity is different from equal pay in that it looks at work that is of equal value rather than just comparing the same role between genders. A claim would make sure those in the pharmacy sector are making the same as workers in other roles that require similar education, skills, and experience but may have been paid more for because these other roles are largely male dominated. The claim covers all those working under the employ of DHBs doing work in the pharmacy sector and is negotiated on a national level to guarantee all those involved get a voice in the process and it is applied fairly once resolved.

We are raising this claim as the pharmacy sector has historically been undervalued and underpaid due to the large number of women working in these professions. Systemic sexism over time has led to those in the pharmacy getting paid less for work of equal value that have a largely male workforce and this is unfair.

A pay equity claim is quite a process that requires collaboration between APEX and the DHBs. We first have to agree to a terms of reference document and then follow the steps in that reference to find out just how big the gender pay gap is in the pharmacy sector and what needs to be done to address it. This will likely result in changes to pay and other conditions. Like we say, it is a long process that we are very much at the beginning of.

We will work with our pharmacy members and keep you updated along the way to settling the claim. A large part of this will be getting information from you about what your work looks like so we can compare it to other work done and discover the extent of the gap between pay in the sector. Part of the process requires determining factors to compare and then interviewing workers who work in pharmacy and comparable sectors. Once this process is completed the DHBs and APEX will analyse the information and come to an agreement around remuneration and other conditions that need to change to reach pay equity. Before anything is agreed, the member must ratify any deal the parties come up with. Nothing will be imposed on you without your agreement.

The ongoing Covid-19 pandemic has led to changes across the pharmacy sector with different rosters, working from home, and social distancing being hot topics in the sector. We appreciate the work you are doing during this time and your ability to adapt to the new and strange reality. As things begin to return to normal, whatever and whenever that maybe, we will continue to advocate on your behalf and improve conditions in the pharmacy division.

We are not yet sure the effect the current Covid-19 situation will have on our various agreements and their negotiations. We will be in contact with delegates and members when we have a clearer idea of how things will progress. However, there is still plenty to do.

Kia kaha!  
The Pharmacy Team



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