

Under the Microscope

December 2021



Welcome to the Christmas 2021 edition of Under the Microscope. The words to describe the year we have been through do not come easily. There are no words that really do justice to what has happened to everyone during this year, and this is especially so for you, APEX Laboratory workers. There is so much that has happened in the laboratory sector. What we have in this newsletter is a subset of everything that could be reported on, but are matters that we want to apprise you of before the holiday season. In the New Year we'll bring you up-to-date with other developments. We'll report then on:

- A new much improved collective agreement at Northland Pathology which may be ratified by then
- Progress with courier drivers in Canterbury getting organised to be treated fairly and achieve collective agreement coverage
- The Preference Case
- Developments with pay equity assessments in labs
- The countdown to Health New Zealand
- Living with Covid.

In the meanwhile, those of you who can, please all take a

restful and restoring break over the Christmas New Year season. And for those of you who will be working through, don't let those employers slam you; if you do need to call APEX over the break there will be staff available to help you.

APEX has your back, we know what you do to keep New Zealand safe, and we are committed to getting that message to your employers and the government.

Enjoy the newsletter!

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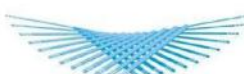
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NLEG Update



National Laboratory Engagement Group



NLEG Newsletter

December 2021

NLEG has regrouped recently and met on two occasions (October and November 2021) to restart some previous work and to progress other work identified within the current MECA terms of settlement. The meetings occurred via ZOOM. The NLEG group participants are:

Abbey Trewavas (APEX Advocate)
Aina De Zoysa (Minute taker)
Anita Jordan (ADHB HR Director)
Bryan Raill (APEX Delegate CMDHB)
Claire Crossley (APEX Delegate Taranaki DHB)
David Munro (APEX Advocate Lead)
Gloria Crossley (APEX Delegate, CDHB)
Jane Douglas (Central TAS)
Kay Stockman (Waikato DHB, Lab Service Manager)
Moses Benjamin (ADHB General Manager Laboratory)
Rebecca Horder (NZBS Area Manager)
Sanjoy Nand (CMDHB Chief of Allied Health Scientific and Technical)
Stewart Smith (APEX President)

NLEG is a forum for the parties to the APEX Medical Laboratories MECA to explore and resolve professional and industrial issues during the term of the collective agreement, between periods of bargaining. Following a series of bargaining meetings in the last two years we achieved agreement on a collective settlement that runs through until 31 August 2023. Within the terms of settlement there were some items that we undertook to work on through NLEG with input from LLEGs. Local input from LLEGs is vital to making progress. It is fair to say, with good reason, that we have all been pre-occupied with the response to the COVID pandemic and may not have been able to engage locally. We encourage laboratory services to reinvigorate local engagement groups.

NLEG has the following areas to progress work in:

1. Fatigue/Minimum Breaks
2. Merit Progression
3. Laboratory Technician Progression

The group agreed that in order for us to do the work well we needed to understand the current state and use information obtained from the workforce to set direction and develop solutions. In keeping with this the words 'stocktake', and 'baseline information' featured frequently in our conversations. Hence, please keep an eye out for some surveys or requests for information that we intend to send out over the next two months.



National Laboratory Engagement Group

Fatigue/Minimum Breaks leads the list as a Health and Safety priority. As mentioned above we need some baseline information to establish the size of the problem and design the best solutions. In particular we are interested in knowing how frequently staff are required to come back to work after their shift, or after being called out, having only been able to have a 9-hour break. It will be helpful also to find out whether the frequency of short minimum breaks has increased or not, and if there have been mitigation strategies that have worked well to reduce the risks of fatigue. We discussed that COVID-19 would have had an impact on minimum breaks due to increased demand of COVID testing and it would be good to hear from staff what this may have been.

The subgroup working on this work includes David Munro, Anita Jordan, Michael Herring (Scientist from the Kaitaia Lab) and Abbey Trewavas. At our latest meeting we agreed to prioritise running the survey about fatigue and minimum breaks. The survey was sent in the third week of November. At time of writing this newsletter the survey was still open and showing a strong return rate. We acknowledge the pressure that everyone is under currently, and that a survey would be one more thing to complete, however, we will all agree that this is an important subject. A strong response rate reflects this, and we appreciate your time. We expect to review and analyse the results ahead of our first meeting next year and begin developing recommendations.

Merit Progression Criteria Project

With this work we also feel it is important to get some baseline information, and to understand what progress has been made since the project was last discussed in July 2019. i.e. merit progression of staff across the DHBs. This will also be by way of a survey questionnaire.

The working group for this work includes, Stewart Smith, Sanjoy Nand, Gloria and Claire Crossley. The group has drafted a list of questions to use to gather information that we will value. We decided to defer sending this survey out until early 2022 so that we don't burden your already busy schedules prior to the holiday season. We will be in touch with you when we are ready to release that survey.

Medical Laboratory and Mortuary Technicians Progression

The recent MECA settlement provided for a separate workstream on this issue. The work looks to evaluate the expanding role of Laboratory Technicians and ensure there are ways to recognise the change in accountabilities and functions. This working group includes Abbey Trewavas, Gloria Crossley, Kay Stockton and will also include an APEX mortuary technician.

The purpose statement for this working group from the MECA Terms of settlement is to:

- i. Assess the extent to which role expansion is applicable to the Technician workforce
- ii. Explore means to recognise those performing expanded roles should it be found to exist.
- iii. Identify the extent to which professional knowledge accumulates to long serving Technicians and assess the value of that knowledge to the service.
- iv. Review the scope and responsibilities associated with being a Supervising Technician.
- v. Recommend career pathways including how the salary scales would reflect and support these



National Laboratory Engagement Group

Horizon Scan - Keeping Connected with other Work

NLEG is cognisant that there will be other work happening in the sector that we need to be connected with, and, where appropriate, aligned with. NLEG will keep apprised of such work, for example, the Career Framework that the National Directors of Allied Health are developing. The Health System reforms are also progressing, and this is something we are also keen on being connected with.

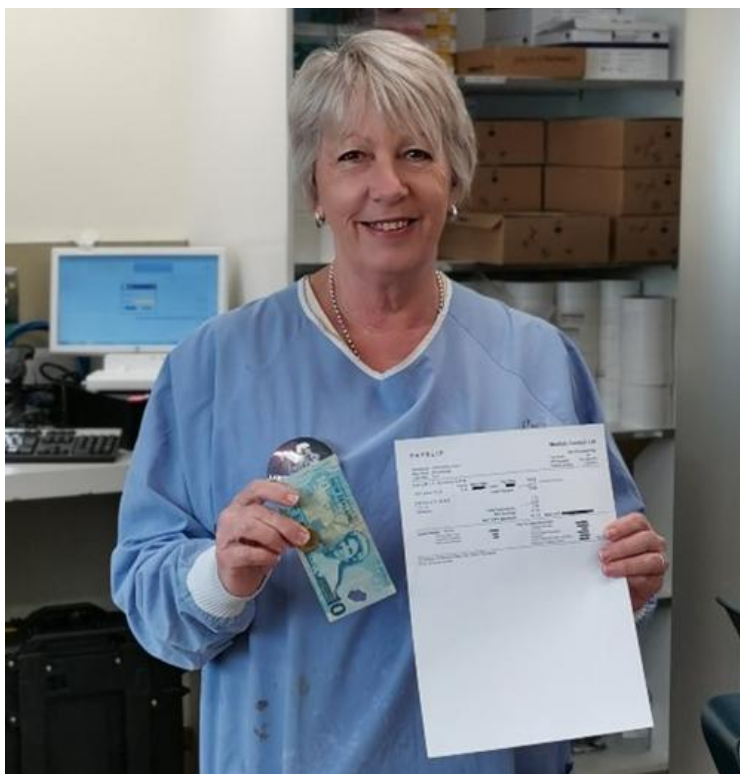
Merry Christmas

On behalf of NLEG we want to thank all laboratory workers for the amazing work you have all done this year to support the response to the COVID pandemic while maintaining all other work that needs to be done to support the provision of health services to New Zealanders. Thank you, and we wish you a joyous Christmas. Stay safe, and we hope you get to enjoy quality time with family and friends.

NLEG is committed to the work we have outlined above and will be meeting in February 2022 to continue to progress it.

Holidays Act Underpayments Corrected at Medlab Central

APEX delegate Shelley Klyn works in the microbiology department at Medlab Central. She recently helped her colleagues get tens of thousands of Holidays Act underpayments paid out.



How did you come to think your employer was underpaying you for Holidays Act entitlements?

I heard about the Holidays Act on the radio and that the DHBs were going to be in for a big bill because they were going to owe a lot of backpay. My son had been employed with NZ Post and he had received notification that he also was entitled to backpay, so it piqued my interest that if this was going on with big employers then it was likely going on with ours which is a private, smaller employer.

We went to APEX and asked what the story was, found out the details and looked at some payslips and decided that yes, our staff had been underpaid for some time.

You looked at people's payslips and where did you find they were being underpaid?

We asked some people we worked with if they could give us some indication as to whether their hourly rate was different on leave as opposed to on their basic pay. Once we saw that was the case we went back to APEX and asked where do we go from here? Our advocate made contact

with the employer and said this is what is happening. In response the employer said in their view they were paying us correctly. They did not believe they had been underpaying us. Then it was up to us to prove otherwise so we went to our members and poured through some old payslips to get the proof they were not paying it correctly.

“No one advertises this issue, but we heard it word of mouth and we just got on to it. We feel it was a good result because it would not have been offered to us if we hadn’t been proactive in investigating our entitlements.”

What underpayments did you find?

Sick leave and bereavement leave on non-regular shifts, mainly evening and weekend shifts. Some people had been paid correctly but others had not. It was quite random. There were people constantly rostered weekends who were most affected, and they had been underpaid for years.

Once you found the evidence what happened?

At that point APEX took the evidence to the employer as proof people were not being paid correctly. Then the employer agreed to do an audit of all staff. The audit took a couple of months and then suddenly we started receiving the backpayments and a pay slip to notify members of what the money was for.

Non-union members also received a payment, so we put out a letter to all staff to tell them this had been initiated by APEX, so they understood why it happened.

The back pay was a range from \$11 for me up to over \$1000 for some staff.

Congratulations and well done

It was a good outcome. No one advertises this issue, but we heard it word of mouth and we just got on to it. We feel it was a good result because it would not have been offered to us if we hadn’t been proactive in investigating our entitlements.

Shift Leave – Southern Community Laboratories (SCL)

The issue of trying to modernise the Shift Leave clause in the SCL collective agreement has been a feature of every negotiation for nearly a decade. Over that time there have been surveys, working groups, tweaks to limits and qualifying criteria, but a wholesale reform has always been elusive. Finally then at the bargaining last year we succeeded in developing a new approach and to trialling it during the current three-year MECA.

It is worth recapping why we were trying to reform the clause, and what we hoped to achieve. SCL is an interesting organisation to be trying to achieve a one-size fits all clause. It ranges from running full hospital and community combined labs to small rural labs with fewer than 15 employees. It also has almost any possible shift arrangement that can be thought of. Generally those rosters comply with the safe roster guidelines, but, just like the DHBs, not always; which of course keeps the lab team in the office busy assisting to ensure safe hours. So, amongst that range of labs and rosters there are patterns of hours that qualify for shift leave, and those that don’t.



The working party that worked on a solution adopted the view that shift leave should be available for staff working genuinely fatiguing rosters, and that it should then be available in a timely way to help mitigate that fatigue. We were also keen to achieve a much simpler system.

Amongst the problems we had was that some clearly fatiguing shifts were missing out (e.g. 0400 to 1200 worked as a continuous pattern) whilst some less fatiguing shifts qualified for leave despite being far less onerous (e.g. two weeks on 1500 to 2200 plus one week on 1600 to 2300 repeating)

The variation below is what is being trialled for two years. Over that time the shift leave that members received in the last year prior to the trial is recorded and grand-parented so that in each year of the trial members will receive the higher leave amount of what they qualify for.

Agreement to Trial New Shift Leave Calculation

The Working Party on Shift Leave has developed the following proposal to trial between 1 July 2021 and 30 June 2023.

Guidelines of the trial:

- Grandparent the current number of shift leave days credited to individuals as per the provisions of the current collective agreement calculated and accredited as at the designated Business Unit anniversary date prior to 30 June 2020, for the life of the 2020–2023 collective.
- Apply new criteria (as below) from 1 July 2021 for the remainder of the lifecycle of the collective agreement.
- The individual will get the greater of the two amounts, as long as a similar work pattern is maintained for this period. Should an individual's shift pattern vary markedly, there will be a review in consultation with the BU and APEX on a case-by-case basis. This to be done at the end of the first year, being 30 June 2022.

New Criteria for trial:

"Shift Work" that meets any of the following criteria qualifies for additional leave on the basis of one day's leave per 24 qualifying shifts to a maximum of five days per annum.

Any shift work:

- That involves a change to start times of more than seven hours within the space of a week and/or
- Includes work of four or more hours between the hours of midnight and 0800.

Review:

The parties will review the trial in June 2022.

KiwiLab

For some time now, APEX has been circulating with relevant stakeholders the notion of a centralised service for the purpose of sharing and exchanging the valuable information which the laboratory holds. As you will all know, laboratory testing plays a critical role in the decision-making process of clinicians, with information that supports and expedites diagnosis and treatment. Laboratory tests underpin a wide range of proactive mechanisms to aid disease identification and patterns, surveillance and early intervention. Screening for risk factors, determination of disease severity, recovery likelihood, therapeutic selection, surveillance, monitoring and investigation of adverse outcomes are all aided by the intelligence provided through our laboratory service.

Such information is key as we move towards a single employer in the public sector that's purpose is to protect, promote, and improve the health of all New Zealanders. However, the laboratory sector has suffered from being viewed as a commodity, to be bought and sold for "the right price" with little if any consideration given to the potential for return on investment or the need to sustain multitude, often small but essential, capable workforces. As a result of this, over half of the countries hospital laboratory services and all community services, are contracted out to private companies, with the rest remaining "in-house" but separated due to internal fiefdoms.

As a result of this, there is little information sharing opportunities and the possibility to harness this valuable information or learn from each other is absent. This allows areas of excellence to continue to evolve and grow, however this evolution needs to be shared throughout the laboratory tree in order to gain the maximum benefits. For instance, workforce development and sustainability would benefit from wider experiences across different areas of excellence, providing flexibility and greater capacity. Data sharing would likewise benefit from more cohesion combined with national seeding from foci of excellence.

Whilst our current model has not stopped us continuing to deliver what is required of us, we do believe it has inhibited development of the gains that could have been made. We have therefore proposed to all stakeholders the concept of Co-Lab which is not one structure, but a grid of parts with a single common goal: to strengthen current relationships, capitalises on our differences and provide a platform from which we can capitalise on our shared resources, human, data and logistical.

This concept is currently being discussed at the Laboratory Round Table and with the Ministry of Health and is from our perspective, the future of a sustainable medical laboratory service in New Zealand.

Below is correspondence with Health Minister Andrew Little in on the matter of graduating med-lab scientists and the importance of the workforce pipeline for the future. It is promising that this is a matter that is in his mind, and will feature in the workplan of Health New Zealand.



27 October 2021

Hon Andrew Little
Minister of Health

By email: a.little@ministers.govt.nz

Dear Andrew

RE: Graduating Medical Laboratory Scientists

We write to urge you to initiate such measures and encouragements as may be necessary to ensure that all 2021 graduates in medical laboratory science are guaranteed jobs as scientists in New Zealand's medical laboratories.

In these times there are many and often seemingly unrelenting demands being placed on our laboratories. The current numbers of covid samples (already greater than the totality of our other "business as usual" specimen numbers) may further increase by as yet unknown multiples. Medical laboratories are as an Australian commentator rightly noted: "*the engine room of the Covid response*".

In the current emergency we cannot afford for there to be any barrier to New Zealand's newly home-grown scientists being employed as scientists. Medical Laboratory Scientists are the backbone of the testing response to the pandemic. However, current funding restrictions in medical laboratories mean that qualified scientists have been hired to fill technician roles which do not recognise their graduate qualification, provide no adequate reward for their training, and really do waste their potential contribution to the health system by failing to take full advantage of the skills and expertise that they have learned in their degree.

We note that graduating doctors and nurses are guaranteed jobs when they qualify that utilise the full extent of their qualification. There now exists the recent commitment in nursing - **that DHB's accept that new graduates are to be employed on a permanent basis**. Nursing graduates who graduate now are not hired in a diminished role as Health Care Assistants or relegated to be Enrolled Nurses, and the system is comfortable that after six-years at medical school doctors should work to the full extent of their scope. It should be no different for laboratory scientists. They should be guaranteed jobs at the full extent of their scope.

This November Otago University will graduate 30 BMLSc graduates, and Auckland University of Technology (AUT) a similar number. These graduates are talented young New Zealanders with a well-recognised and applicable qualification tailored to the needs of our medical laboratories. Our New Zealand Health System needs and deserves these graduates to be joining the fight against Covid-19. But, if past experience is any indication, this will not always happen unless:

1. There is a strong direction from government that our hospital, blood service, and community laboratories must ensure these graduates are offered jobs as scientists (MLS) immediately upon graduation when they seek employment in their chosen career path, and

2. Laboratory funding is reviewed, and as necessary increased, to ensure that it is sustainable to employ and retain this specialist workforce with designated graduate positions beyond those available through staff turnover where required.
3. There is no importing of overseas trained Medical Laboratory Scientists where that continues to have the effect of displacing New Zealand BMLS graduates unnecessarily.

We would be happy to meet with you as soon as is practicable to flesh out the detail of how this initiative could work, and to discuss further with you the staffing pressures within our medical laboratories. Much needs to be done to ensure that this fatigued and vulnerable workforce is sustained. As with many workforces in Health, the laboratory workforce is a dynamic mixture of home-grown and overseas trained professionals. But in the current laboratory space it would be a travesty to see MIQ places taken by overseas professionals whilst home-grown graduates are passed over.

Our world-class medical laboratories will continue to be a crucial cog in our Health Care system. Its workforce is aging with a tsunami of retirements impending. We cannot afford to lose our new graduates from the system.

Yours sincerely



David Munro
Advocacy Lead



Bryan Raill
Laboratory Division President

cc Hon Peeni Henare – Associate Minister of Health
Hon Dr Ayesha Verrall - Associate Minister of Health
Hon Aupito William Sio - Associate Minister of Health
Hon Chris Hipkins - Minister for Covid-19 response
Dr Ashleigh Bloomfield – Director General of Health
Russell Simpson - Director of Health System Readiness

Hon Andrew Little

Minister of Health
Minister Responsible for the GCSB
Minister Responsible for the NZSIS
Minister for Treaty of Waitangi Negotiations
Minister Responsible for Pike River Re-entry
Lead Coordination Minister for the Government's Response to the Royal Commission's Report into the Terrorist Attack on the Christchurch Mosques



21 Dec 2021

David Munro
Advocacy Lead
Association of Professional and Executive Employees

Bryan Raill
Laboratory Division President
Association of Professional and Executive Employees

c/o david@cns.org.nz

Tēnā kōrua

Graduating medical laboratory scientists

Thank you for your emails of 27 October and 16 November 2021, regarding employment for graduating medical laboratory scientists. I appreciate you taking the time to write. I apologise that I am not able to meet with you at this time.

I can assure you that this Government acknowledges the significant contribution of laboratory scientists and technicians to New Zealand's COVID-19 response.

I understand that the Ministry of Health's Chief Allied Health Professions Office is working with the relevant unions, including APEX, to ensure the medical laboratory scientist workforce is fully utilised and wholly able to contribute to New Zealand's laboratory and pathology services. Given the instrumental role laboratory and pathology services have played as part of the response to COVID-19, I am aware that there is a high demand for the talented graduates you have mentioned.

Given this demand, a key priority for the Ministry is ensuring graduates are supported in the workforce. Graduates must be supported to ensure they stay in the workforce, given the busy environment COVID-19 has produced.

In addition, there is ongoing strategic workforce development to ensure the benefits and lessons that COVID-19 has provided for the industry can be harnessed in the future. I have asked that the Ministry consider your suggestions as part of this work.

Thank you again for writing.

Nāku noa, nā

Hon Andrew Little
Minister of Health

9-Hour Breaks

As we close in on our second year living with Covid-19, laboratory workers throughout the country are tired, and under pressure with each community outbreak and new variant sending testing rates skyrocketing and expected testing times seem to be getting shorter and shorter. As a result of this, it is unsurprising that one of the most common issues in the laboratory this year has been a lack of a 9-hour break between periods of duty.

As per the majority of APEX's Laboratory agreements, a minimum break of 9 hours must be provided between periods of normal rostered work, overtime after a normal shift and full shifts of overtime or call-back duty. If a break of at least 9 hours is not provided, then the duty is treated as if continuous and you are paid until a break of at least 9 hours is provided taking into consideration the relevant overtime/penal rates.

Rightfully so, this clause is very broad to ensure laboratory workers are provided with the rest and recuperation needed as a result of providing a 24/7 service. However, with the workload increases we have been facing, the most common example we are seeing of insufficient breaks are late night overtime or early morning call-backs followed by your normal rostered shift, or employees working an additional shift for a sick colleague. With Covid becoming endemic in New Zealand and the extra workload this will bring, we have to be mindful of the health & safety concerns that come as a result of over-working and to know your own limits before volunteering for an additional shift or doing extra overtime.

Whilst it is inevitable that colleagues will call in sick or workloads surge, on the odd occasion where you do not receive a 9-hour break between shifts, remember to claim payment if you do not receive a 9-hour break. Whilst we do not condone working unsafely for money, payment for the shift as continuous acts as a penalty payment of sorts and is a costly deterrent for your employers. This will then hopefully incentivise change in the lab to ensure our workers receive appropriate rest & recuperation time.

APEX is currently leading a working group on laboratory fatigue with the DHBs and NZBS and have released a survey to our members in those areas to see how wide stretched this issue is. We will be meeting with the employers in late January to collate this data and discuss potential remedies, which could include rewriting rosters, allocating additional staff or extending the minimum 9-hour break to 12-hours.

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www.facebook.com/APEXUNION



Whanganui Lab Workers Poisoned

We were happy to welcome laboratory workers at Whanganui Hospital into APEX this year. But unfortunately, it came after they learnt the hard way how bad things can get without proper union representation and protection - most of them had occupational exposure to a neuro-toxin while working in their laboratory. Then their employer covered it up.

In April 2021 Whanganui lab suffered two separate xylene exposure events which resulted in 10 staff becoming unwell. The event happened after a staff member accidentally placed a xylene container in the freezer. Some of the staff required medical attention, but the employer did not carry out a genuine investigation and did not alert Worksafe, as they were required to do by the law.

Once we became involved and it was clear the employer was not going to act properly, we informed the local newspaper and Worksafe, who are now carrying out a workplace assessment. As a reminder:

- Make sure your department has a trained H&S representative;
- Ensure there is training on hazardous substances and proper labelling and storage of chemicals;
- If you have concerns about health and safety issues - raise them before they are too late.

