New Zealand's specialist union for allied, scientific and technical employees

MRT Newsletter

November 2017

Dear members,

Well the end of 2017 is fast approaching and, as always, the workload continues to be high and the demands on MRTs huge. Many of you will be seriously looking forward to some leave over the summer – that is, if you have been able to get any leave!

DEMAND & COMPLEMENT

The demand for radiology services continues to increase. However, staffing levels do not! APEX is very aware of the situation and the exhausted MRTs around the country. APEX has been, and is currently, monitoring the offers of employment, or not, of graduating MRTs. Attached to this newsletter is a copy of a letter from APEX to Ashley Bloomfield, the lead DHB CEO for MRTs, and also Martin Chadwick, the DHB Director of Allied Health. Apparently the DHBs believe that there is an MRT shortage – we have assured them that there is not, but rather a reluctance of the DHBs to employ enough MRTs. There may be a workforce crisis caused by this reluctance to employ enough MRTs; everywhere the MRT complement is too low.

Which brings us to the matter of fatigue. We know that you all go above and beyond in your work to look after your patients; however, as a result, many of you are now suffering from acute fatigue and stress. It is very important that you look after yourselves and each other, and do not agree to work unsafely (e.g. fill up gaps and work many extra hours without adequate time off). You may feel that you are helping your colleagues out (which is admirable), but in filling these gaps you are covering up a problem and allowing the DHB to avoid addressing it.

APEX became aware of one DHB where the MRTs were struggling to cope with onerous rosters and a huge on-call component. We alerted the DHB to this in November 2016, suggesting that they needed to implement later finish to their pm shift and introduce a night shift. We were assured that extra FTE had been approved and that recruiting was under way. However, it appears that the recruitment never took place, the recommended shift changes were not implemented. Whilst the workload continued to increase, the staffing dropped further, and the MRTs became utterly exhausted to the point at which it was having a major impact on their lives. APEX was alerted and a strike (withdrawal of on-call overnight) was called on H&S grounds. Please, all of you, do not get to this stage! Your own health is very important!

MEMBERS SHARE THEIR EXPERIENCES WITH ON-CALL AND FATIGUE

1.
I am emailing to outline my personal experience with call and the impact it has on my life and the risk it poses to my safety.

I recently performed a night of call (08/10/2017) where I had worked a day shift earlier (0800-1530). This occasion I was called out several times in the night. My initial call out was

at 2119 and consisted of 3 patients, at the close of this call I returned home at 2245 and went to bed. However prior to falling asleep I was called again with a trauma call, patients incoming however not yet on site. I proceeded to get out of bed and return to work, at this point in time it was 2310. This call was particularly stressful and emotionally draining due to the traumatic circumstances and the information that came to light as the night drew on. Because of the nature of the trauma call and the follow up imaging that was required on those patients involved, this call out went for 3hrs 30 minutes duration and I returned home at 0240, having imaged 6 patients.

At this point I had been awake for approximately 20 hours. I explained to the switchboard operator that I was feeling quite tired, and that if he was unable to contact me on the first attempt to keep trying as I would wake at some point to the phone, he kindly obliged. It took me some time to wind down from this call out given the emotional nature and emergency nature of the situation. I was then recalled in at approximately 0430, I am unsure how many times the operator had to call but I know it was not the first time he had tried to call. I answered and agreed to come in, however fell back asleep due to the large amount of time and work I had already completed within the time frame that I had been awake. I was then called again about an hour later by a nurse who assumed I had fallen back to sleep just reminding me that I was needed, at this point I got up and went in to work. I finished up this call out at 0645 and went home. However I was called back at 0708 until 0800. Within this 24hr window I had slept perhaps 2.5-3 hours, with a small break between my shift ending on the Sunday and my call beginning.

I got my 9 hour break on the Monday (09/10/2017), and had subsequent rostered days off the following two days (10/10/2017-11/10/2017). When I returned to work on the Thursday (12/10/2017) I was still tired despite sleeping for a major portion of the 3 days I had had off. I have found recently that the calls have progressively become more labour and time intensive, regardless of whether or not the patients are emergency worthy.
All MRTs are being slammed on nights of call, with the very occasional night being reasonable. The lack of sleep leads to unsafe practice, an inability to provide an adequate service and more often than not leads to inopportune interactions with other colleagues and staff members. The impact on my life, personally, has been of huge detriment. My sleeping patterns and mental health have suffered as a result of lack of sleep and I have found it difficult to regain the lost sleep and rest that is a result of the extensive time spent at work out of hours.

I hope that this is an insight in to the way in which call is impacting negatively on the lives of those who are undertaking it and seems to be undervalued by many other staff whom we have contact with in the hospital. It is unfair to continue this practice if there is another, safer and less invasive practice that can be undertaken. It is time for the staff to be taken care of before something catastrophic occurs.

2.
I have been qualified and working [redacted] for almost two years now and over this period of time there has always been nights where it has been worse than doing a night shift. I myself have worked a few nights where there has been a major trauma and I have worked for 8+ hours on call, this did not factor in the shift I worked earlier that day or the time spent trying to get back to sleep.

Reflecting back on my most recent call I worked earlier this week, it wasn't necessarily the worst call I've had by any means but what I did notice was that my cognitive function was almost non-existent at times. I caught myself drifting between the white lines while driving

home on auto pilot, in hindsight after working and being awake for over 18 hours straight I was not safe to be driving. On top of this because of when my last call finished I still had to come in and work from 10am-4pm the following day after only managing 3 hours of sleep.

From my perspective this situation has become the norm and its putting not only ourselves at risk but more importantly this has a huge impact on the patient's care and also the public as we are driving back and forth in this state.

3.
I am aware that we have been asked to email our thoughts and feeling on the impact call has on our lives.
There have been numerous nights when I have done x-ray call where I have questioned my ability to even drive in to complete the call out.
On Monday I had four separate call outs with the last one finishing at 5.30am where I would have had a maximum of 2 hours sleep. If i were called out again I would have had no other options than to give someone a nuisance call as I would of been unsafe to both work and drive!
Due to being on two call rosters I am also on call tonight for CT and I have not recovered from Monday night's call yet. I am constantly tired and feel like I am on-call every week and it takes not only a physical toll on my body but a very high emotional and mental toll. There are other ways that this department could operate in safer manner for their staff and I am absolutely appalled that we are still having this fight!

We are sure that many of you will identify with these scenarios – they are all too common and, with the best of intentions, we all keep going to the detriment of our own health. Please don't flog yourselves – don't "die for the cause"!

So, MRTs, this driving yourselves to exhaustion must stop.

- Please make sure that taxi chits are available in every department for MRTs when required. If you have difficulty arranging this, please let us know.
- If you are feeling fatigued, please state that you are and if it happens to be out of hours and you are the sole MRT, inform the duty manager of the hospital and give them the phone number of the Radiology Manager and then be unavailable – and get a taxi home.
- Advise APEX when you feel that the situation regarding demand vs staff levels vs amount of call-backs/on call is becoming or has become too great, and provide APEX with some examples of the situation so we can communicate with the management.
- Be aware of the Best Practice rostering guidelines (on page 88 of your MECA book). The DHB has signed up to these as part of our partnership arrangement (MRTAC).

We are all very aware that the actual MRT complement in nearly every department is too low, so even when you are told you are fully staffed that number of staff is inadequate. One of the projects in MRTAC is oversight of the future demand work stream. MRTAC is working on a staffing model for MRTs – a difficult project, not made any easier by the reluctance of some Radiology Managers to provide information to MRTAC.

Regarding the staffing numbers on a daily basis: we will be asking your delegates to make a list. This will be a list of the services that will cease in line with the shortage of staff. For example, if you should have a normal complement of "x" MRTs in general and one is on sick leave, then it must be decided which aspect of workload will be stopped – this could be fluoro. If there are two MRTs down, then no patients from #clinic will be imaged. And so on. Please

talk to your delegates about compiling such a list for your department and we will then formally present it to the DHB.

We are sure many of you wear “fit-bits”. These devices can record the sleep patterns, and it would be very useful evidence if you could send in some actual data to illustrate your interrupted or lack of sleep, especially when you are on call. Please send this in to APEX.

ROSTERS

Those of you who are involved in reviewing/creating rosters, please be very aware of the MECA stipulations. Make sure you get 4 days off per fortnight: this is for H&S reasons and also to protect you. For example, if you start agreeing to work fortnights that do not have 4 days off, gradually you will find your hours of work rules eroded.

Also, bear in mind this clause in the MECA:

3.4 Rosters will be notified not less than 28 days prior to the commencement of the roster and show duties for a minimum eight week period, provided that less notice may be given in exceptional circumstances.

This means that you should always know what your roster is 12 weeks ahead. Make sure that the published roster has a date of publication on it.

IMAGING WORKFORCE

A report on this is attached to the newsletter. (You should also have received this via email on 19th October.)

MRI

As you all know, MRI is continuing to grow very quickly. The DHB’s reluctance to make enough training positions available, even though there are plenty of MRTs willing to train in MRI, is creating a shortage of MRI MRTs. This is quickly becoming a scenario much like that we experienced with Sonographers.

AUCKLAND UNIVERSITY 4 YEAR DEGREE

APEX became aware that the University of Auckland will be offering a 4-year Medical Imaging Degree in 2018. This was announced without any consultation with the DHBs or APEX. APEX has written to the University enquiring why this is being offered when the 3-year degree offered at present by other tertiary providers is very satisfactory. There is no need for a 4-year degree, and, furthermore, this would be a huge extra financial burden for any MRT student. We have yet to receive a response. The DHBs were unaware of the situation and have not, to date, we believe, been consulted regarding potential clinical placements.

CPD

Apart from one DHB, we have not been made aware of any problems with the new CPD General MRT arrangements. Therefore, we trust that you all have your committees running smoothly. Remember to apply for CPD activities that you would like to attend.

MECA

Whilst the MECA still has 14 months until expiry, it is never too early to think about what might need changing/improving, what might need to be included, etc, in the next MECA. Please let your delegate know if you have anything you want put forward as a claim. Early next year APEX will seek information regarding volumes and staffing.

MEETINGS

Remember, if you are asked to come to a meeting, or "just come in for a chat" – always ask what the agenda is, and what it is about. Alert your delegate, and do not ever go alone to a meeting with anyone from management; always take a support person.

LEAVE

Getting leave approved remains a problem in most departments, and presumably this situation will continue while staffing issues remain. However, even if you don't think you will get leave approved, please still apply for it. A pile of declined leave forms provides good evidence to management higher up that there is a staffing problem. We do hope that all of you who want and need leave do managed to get some over the Christmas and New Year period.

Best regards,

APEX