

Industrial Trends:

An APEX/NZMLW Perspective

- Continuing Professional Development,
- Penal Rates,
- On Call Provisions,
- Sick Leave,
- Rest Periods,
- Meal Allowances

The Point of this discussion?

How do we (not) improve terms and conditions?

- Ratchet.
- One size fits all.
- We want what they have.

Role of APEX

Role of delegates

- Manage expectations
- Plan over time
- Identify criticality and causation arguments

Continuing Professional Development

The first thing to go when budgets get tight.

Employer sees it as a perk: staff see it as essential to professional practice.

Non transparent application can lead to allegations of favouritism.

CPD versus “Point Gathering”.

Two main issues:

- Money to attend
- Days of paid leave to use (including on rostered days off)

Three sorts of CPD clauses:

- Generic
- Shared Funds
- Individual Funds

CPD: Generic Clause

The generic clauses for CPD refer to:

- employees will have professional development plans;
- may have allocated days for Education Leave;
- The employer supports
- All actual and reasonable
- Nothing specified as to individual entitlement

e.g.

Physiologists

“

CPD: Shared Funds

- Set amount to spend collectively (contractually cemented and subject to negotiation)
- Mechanism to decide pool funding and maintenance (\$ increase as FTE increases).
- Mechanism to decide on spending (joint Union Management process).
- Variable accrual or non annualised allocation (i.e. use all funding in each year on reimbursing past, paying for current and future year costs) mechanisms.
- Audit and review mechanisms (external to the committee e.g. via APEX).
- Enables compliance as a contractual condition of employment

Who has this?

- Medical laboratory workers in the Auckland DHBs – 1.25% of budget goes into the pool:
- Hawke's Bay Anaesthetic Technicians - :
- the MRTs MECA – minimum \$600 per head:
- the RTs MECA - \$1000 per head, increased amount the more senior the RT.

CPD: Individual Funds

- \$X per person: \$2,500 – \$3,200.
- To be used at the individual's discretion (for CPD).
- Same amount for part timers but reduced for private practice hours.
- Accrual over 2-3 years.
- Primarily postgraduate groups / independent practitioners.
- Sonographers, Nuclear Medicine, MRI, Perfusionists and Psychologists.
- Physicists version lists all CPD done and that it must be paid for (e.g. 1 international conference per year, journals and text books).

Penal & Overtime Rates

Standard penal and overtime rates:

Overtime: T1.5 for first three hours; T2.0 after three hours, after 10pm, on weekends and public holidays.

Penal (paid in addition to normal salary): T0.5 on Saturday and Sunday. T1.0 on public holidays.

Penal Rates: Night

- Night rates are almost uniformly 25% (T1.25) - 8pm-6am.
- Fulford MRTs get T1.5 - 8pm-7am.
- Laboratory workers get additional allowance of \$2.32-\$2.44 per hour between 10pm and 6am.
- SCL South Island get T1.5

On Call Provisions

Standard **on call provisions** are \$4.04 per hour and \$6.06 for public holidays; accruing 1 extra day leave for every 230 hours on call.

Standard **call back rate** is 2 or 3 hours at overtime rates (minimum paid at 1.5).

- Best use of energy for outcome in bargaining where future trends seeing a decrease in on call and increase in on duty
- Unlikely to change these rates – to cemented across wide number of CAs.... but

On Call Provisions: Telephone Calls

- Clinical physiologists; DHB employed medical laboratory workers; BoP, Waikato and Southern Pharmacists all have **new clauses specifying minimum payments** where call backs can be resolved by telephone. (NZNO and RDA also)
- In labs, the Auckland DHBs/NZBS have minimum on call payments for logging on to an employer's computer system from home.
- Under the MRT MECA workers are paid **\$250 for "nuisance calls"**.

Sick Leave

- Are dedicated sick leave provisions preferable to “Wellness Policies”?
- Although DHB collectives almost universally accrue 10 days sick leave per annum, the range of maximum accumulation is from 30 to an unlimited amount. Accumulation limits are most often at 260, 200 and 80. What is reasonable accumulation?

Sick Leave - Holidays Act Compliance

A recent review of collective agreements identified two types of non-compliant clauses relating to sick leave.

- Forbidding requests for **sick leave during annual leave** of less than three days.
- Paying sick leave at ordinary pay rather than **relevant daily pay** for the first 5 days per annum.

Minimum Rest Periods

- 2 collectives have rest periods of **eight hours**.
- 26 collectives have rest periods of **nine hours**.
- 4 collectives have rest periods of **twelve hours**.

Rest Periods

MRT MECA:

Where a weekend on call is worked and the cumulative number of hours worked over that weekend is greater than 14, the employee shall be entitled to the subsequent Monday as a paid day off.

- Applies where $>.8$ FTE employee is rostered to work for 12 consecutive days.
- What about part timers?

Recovery after nights

MRT MECA

- Night rosters shall provide for a sleep day (that being the 24 hour period following the cessation of the night duty and not being a rostered day off) and as a minimum one further day off after any period of consecutive night duties.

Meal Allowances

Where employees work longer than eight hours or their rostered shifts, many will receive a meal allowance.

- The lowest is **\$6.00** a meal.
- The highest is **\$11.90** a meal.
- Average meal allowance is **\$9.02** a meal.
- Median meal allowance is **\$9.00** a meal.

The problems with allowances....!

Tactics

- What to consider when strategising around bargaining:
 - Realism
 - Specific circumstances for your group
 - Membership passion
 - Employer’s likely position (apart from “no”)
 - Up side for the employer (health and safety for demonstrable risk)
 - Long term plan:
 - If not today... next time.
 - Get “something” and build on in future bargaining

Holidays Act

- Over to Luke....?

“Profession View” Workshop

- AT. Andrew Phillips.
- Physiologists. Paul Hewitt.
- Physiotherapists. Janice Mueller.
- MRT, sonographers x2. Jess Ettema, Kathy Dryden.
- Lab and Scientific Officers x2. Ross Hewitt, Leann Giles.
- Social Workers, Psychologists. Pip Zammit.
- Dental, Dietitians. Tazmin Brott.
- RT and Physicists. Adam Simpson.

Population/Organisation View

- Children
- Diabetics
- Mental Health
- Chronic conditions
- Older peoples health

“Population View” Workshop

- Andrew Phillips, Pip Zammitt, Tazmin Brott, Psychologists, ATs, Pharmacy, Physiologists
- Lab Managers, Scientific Officers, Lab Scientists and Technicians
- Radiology Managers and COOs, MRTs, sono’s RTs and Physicists.
- Janice Mueller, Physiotherapists, Social Workers, Dieticians, Dental