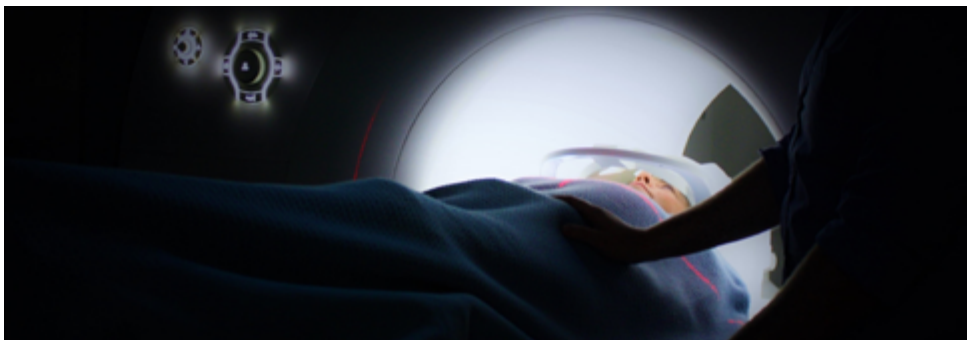
APEX

MIT news

Medical Imaging Technologists' News APRIL 2019

MORE PRIVATE MITs JOINING APEX



APEX has been the leading union for MITs for decades.

Fair pay, fair treatment, and health and safety at your workplaces is our core business.

We now represent thousands of Medical Imaging Technologists, from Kaitaia to Invercargill, with our strong membership base across all twenty DHBs now extending into:

- Auckland Radiology Group
- Bay Radiology (Bay of Plenty)
- Broadway Radiology (Palmerston North)
- Hamilton Radiology
- Marlborough Medical Imaging
- Medex Radiology (Tauranga)
- Mercy Radiology (Auckland)
- Pacific Radiology (Nation-wide)
- Timaru Radiology
- TRG Imaging (North Island)

With growing membership in private practice, we can initiate for collective bargaining to enhance our members' terms and conditions of employment.

Unfortunately, some MIT terms and conditions have slipped in private. This is a direct effect of having non-unionised workforces, with research confirming a minimum 10% pay advantage (let alone other terms and conditions) for unionised workers.

Private used to pay more on base salary and most private MITs worked 9-5, meaning regulating hours of work was not so much of an issue.

But times have changed. Not only are hours of operation expanding, pay rates are not keeping up with these changes, especially where no penal or overtime compensation exists.

Earlier "family type" radiology businesses have also made way for larger commercially driven operations where profit or shareholder returns come ahead of improving wages for staff.

Bay Radiology is a recent success story, where collective bargaining secured our members a 5.1% pay rise last year, a further increase of CPI plus 0.5% beginning from this month, a new theatre on call roster with a $10/hr on call allowance on top of T2 call backs, and 1.5 extra days of annual leave just for APEX

NEWS IN BRIEF

Canterbury DHB's CT night shift is increasingly under the pump, with CT MITs having to process patients and perform as many as 17 scans a night on their own. This reflects the ongoing nation-wide growth in demand for CT. We are investigating this situation and looking at potential solutions, including on-call back up or adding another MIT to the night shift if necessary.

MidCentral DHB's CT team have also been struggling, with very onerous on call. The DHB has been repeatedly calling the on-call MIT for non-urgent matters and disrupting their sleep while refusing to count these as call backs. We wrote to the Chief Executive about this and personal security for isolated night shift MITs. Night shift MITs have now received personal alarms and the DHB has promised to reduce unnecessary calls. We will continue to monitor the situation for improvement.

Nelson-Marlborough DHB's roster overhaul has started effective 1 April. After years of complicated and non-compliant rostering practices, the new roster represents a major victory for MIT health and safety with reduced on call and increased staffing for shifts, despite noteworthy teething issues.

Flu vaccination season has now begun across New Zealand. Many employers will provide free vaccinations, others subsidised, while others will leave it up to staff. Unlike vaccinations for other contagious diseases, your employer cannot require you to have a flu vaccination. Nonetheless, we recommend that you get the flu vaccine if possible.

members! You can read more about how joining APEX improved working life for MITs at Bay Radiology in our featured interview later in this newsletter with APEX Delegate for Bay Radiology, David Kirk.

We are currently in bargaining for our first collective agreement with Pacific Radiology Group. Despite a slow start, at our bargaining session on April 4th and again on April 15th, we reached agreement in principle on several key claims and are in the process of finalising agreement on a new salary scale.

The impetus for a new collective agreement arose mainly out of PRG employees being frustrated with a lack of consistency in pay rates between employees, not receiving fair pay increases, and not being listened to by management. Key issues to resolve in the new collective agreement include security around days of work and place of work, a more transparent pay system, and penal rates.

Nurses Taking X-rays?

The Nursing Council has authorised Nurses at Hibiscus Radiology (Warkworth) to take X-rays.

We are gravely concerned at the prospect of Nurses, without the years of Radiation Safety training which MITs receive, taking X-rays.

The MRTB advises that they have raised concerns with the Nursing Council but they have no jurisdiction over Nurses and cannot directly intervene to stop them.

Our next step will be engaging with the Nursing Council to ensure that only properly qualified MITs are taking X-rays.

Greater Recognition for 'IT PACS'

There aren't very many people from an IT-only background capable of stepping up to the RIS/PACS role. But those who do deserve to be recognised by their employers as core members of the Radiology team.

Late last year, APEX was contacted by a newly-appointed PACS member at a regional DHB to go over the contract they had been offered. What started out as a double-checking exercise quickly turned into a drawn-out dispute over whether PACS from an IT background deserve to be hired on comparable pay and terms of employment to their MIT PACS colleagues; same job, same pay.

The issue was this: our member had taken sole control of PACS for the DHB, was working on call, and was collaborating with PACS teams including extensive experience in Radiology IT projects.

Despite this, the DHB offered them a contract with no overtime rates, no CPD, and a base salary around 15% less than if they were an MIT under the APEX MECA.

It took months of negotiation, culminating in mediated bargaining, for us to reach a settlement. But in the end, we managed to secure overtime and penal rates for them and roughly halved the salary gap.

If we succeed in our claim to cover these individuals under the DHBs MECA, we can guarantee them fair terms of employment without the uphill battle of an individual negotiation. This also minimises the financial incentive for DHBs to outsource specialist RIS/PACS work to other IT professionals who putting it simply are a lot cheaper!

NEWS IN BRIEF CONTINUED...

Easter Break

Happy Easter everyone! Remember that you are entitled to an alternative holiday if you were required to work on a public holiday, whether on duty or on call. Any hours worked must be paid at a higher rate of either T1.5 or T2 depending upon your employment agreement.

BARGAINING UPDATE

DHB MECA Bargaining

This formally began in December 2018 but quickly stalled with the DHBs cancelling our early February bargaining dates and taking months to settle on new dates. We have now agreed to resume bargaining on the 6th and 7th May and hope it will be productive. However, we are also preparing to ballot for strike notices to be issued if the employers frustrate bargaining once again.

Pacific Radiology Group

Bargaining had been progressing at a snail's pace, but we have now reached agreement in principle on several key claims and hope to reach settlement in the coming weeks.

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"We have APEX to back us up"

Interview with David Kirk, MIT Delegate at Bay Radiology, Tauranga

When did you become an MIT?

Over 12 years ago. I worked for about 10 years at Middlemore Hospital across CT and General. Since moving to Bay Radiology back in 2016 I have been working in General only.

How did you end up joining APEX and becoming a delegate?

When I started working at Bay Radiology the MITs were organising to join APEX and bargain for a new collective agreement. I became a delegate after bargaining was concluded, when one of our previous delegates departed.

Why did the MITs at Bay Radiology join APEX?

The main spark came from the employers rushing through a major change to our hours of work that we didn't agree with. We have an after-hours clinic for x-rays, and we used to essentially be 'on call' for that from 5pm to 7pm and we would get paid per patient we scanned. Suddenly, management told us that this was changing, and that we would now be expected to remain available until 8 or 9pm – basically a whole new afternoon shift. We didn't want it, but only joining APEX fixed it.

We also covered after-hours Theatre work at a local hospital without getting paid an allowance. We were expected to stay late to cover any cases that came up, or to find someone else to do it if we couldn't. But management said we weren't technically on call and wouldn't pay us for being held available.

When we raised issues, even over minor things, they would ignore us or drag their feet over them.

What came out of the bargaining?

Our first-time bargaining was successful. We negotiated extending our hours of work by securing T1.5 for work after 6pm and T2 for call backs to make up for it. We also secured a new transparent salary scale with automatic steps and skills-based allowances and a short notice cover payment.

We then built on that success in bargaining last year. We managed to fix the Theatre situation by getting a $10/hr on call allowance as well as getting paid for call backs at T2 and secure a 5.1% pay rise and another increase of CPI plus 0.5% which took effect this month. As a point of difference for APEX members, we also get one-and-a-half days more annual leave than non-APEX staff.

What else has changed since joining APEX?

We have a much better working environment now. Before joining APEX, we didn't have a real say in our workplace or the ability to push back. When an issue came up at work, we might raise it with our managers, but it would get shut down or forgotten. Now, they are more likely to take our input on board because they know that we have APEX to back us up.

Thinkpiece from Pam Aitken

National Treasurer and Secretary (MITs), APEX

On 13 February 2019, APEX attended a meeting at the Ministry of Health about Workforce Modelling and Stakeholder Engagement in Allied, Scientific and Technical professions - the full report is on our website.

Pam Aitken, National Treasurer and Secretary (MITs) had the following thoughts in response.

The meeting

In relation to those who were in attendance, I am not sure I remember an 'invitation' being put out to AST persons. However, it's reassuring to know that APEX was present at this meeting.

From what I can ascertain, there appears to still be a no man's land in regard to how the AST professions can be a part of making the health sector 'perform' and 'meet the targets' etc.

I vaguely recall Health Workforce NZ publishing a document in relation to radiographers in which they tried to explore the notion of 'cross crediting' other professional educational papers in to training to be a sonographer - it was a fairly substantial body of work from my recollection - yet I am uncertain as to what end? What came of it? Has HWNZ begun to realise that Radiography is not an easy profession to cross over in to?

Student MITs and Retention Issues for General/CT

I remain very passionate about ensuring trainee and entry-level radiographers are well looked after. There has already been significant change in the education providers' approach in Auckland. Unitec has undergone a massive shift in the delivery of the Bachelor of Medical Imaging and whilst the overall 'clinical hours' experience remains at a good level, the fact that students may no longer be employed to work over the summer break and mid-term holidays has, in my opinion, significantly inhibited the progress of students. They now spend a decent number of their clinical hours 'catching up' to where they had left off every time they return from a break.

This transition in to block course delivery of education and clinical practice seems to be in keeping with the other educational providers. While I do still strongly believe that NZ trained radiographers are significantly better prepared for qualified life, I am concerned by the extent to which DHB radiology departments are kept afloat/ propped up by new graduates or junior staff members.

Every year the staff changes as students stay for 6 to 12 months to consolidate before heading overseas. Several more accept training positions in Ultrasound or MRI with the odd few training in Nuclear Medicine. This contributes to a double-edged sword situation in which departments are under constant pressure to deliver services, so senior staff feel the need to just get on with it, which sometimes leads to students not having had a truly engaging clinical experience as they take a back seat and watch rather than do!

Improving job satisfaction for MITs

So, whilst basic data gathering of age, gender, FTE worked, and so on is somewhat useful, I would argue that other forms of data are needed.

- We need to capture why MITs choose to train in U/S or MRI and what could be done to encourage staying in general?
- What are the reasons senior staff finally decide to leave DHB practice?
- What could be done to recognise and support senior general radiographers?

Job satisfaction is a massive consideration: we should look to gather data about what it is like to work for a DHB and how MITs really feel. Supply and demand are often out of sync within radiology particularly when ED is under the pump to meet the 6-hour target. So why, in my experience, is radiology always thought of as the last to invest in resourcing? ED capacity increases via new initiatives (clinical decision units - 24 bed space acute ward), yet radiology is just expected to soak up the extra demand!

Another consideration is the idea of role extension with radiography. Some are in favour of MITs taking on the role of reporting extremity examinations. Fair play to those who may wish to, but once again, will this come at the expense of pulling from General?

Rostering issues

In order to be able to 'release' an MIT to undertake postgraduate study, there needs to be capacity to back-fill positions. Rosters are already significantly tight and restrained, best roster guidelines are treated simply as that, guidelines. Most DHBs would not be able to implement a fully compliant roster and for every round of negotiations and new conditions agreed to radiology departments completely re-invent the rosters to fit the FTE they already have. The roster is rarely designed with the thought process of this is the FTE which we should have!

Overall, I think in a general summation of my experience as an MIT, things plod along. Suggestions to try and encourage better job satisfaction are not implemented, there is very little commitment to actively engage and seek feedback from MITs. There seems to be a general 'my hands are tied' attitude and things just never seem to get resolved.

I strongly believe that we should create a 'Quality Assurance' role within DHB departments in which an MIT is hired and has a core responsibility to effect change via recommendations (rosters, image quality, imaging protocols in discussion with lead radiologists etc) would be a great move.

I'll leave it there for now.

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