

BARGAINING BARGAINING BARGAINING

NATIONAL MECA BARGAINING is now front and centre for our many DHB-employed colleagues, with an initial ‘pre-bargaining’ day with the DHBs now imminent – November 13 – while the first round of formal bargaining is scheduled for 10-11 December.

Key proposals besides across the board pay rises include:

- Getting ahead of the rising tide of technological changes: shifting from a pay-scale which rewards work across modalities outright in favour of one which rewards a wide range of qualifying duties and responsibilities.
- Enhancing work-life balance: 1:6 weekend frequency.
- Reducing the risk of fatigue

through smarter rostering.

As always, the devil is in the detail and final claims to be brought in to bargaining remain hot topics. Your advocates and APEX delegates have been impressed with the high level of engagement, consideration, and feedback received so far. Keep it coming!

PRIVATE SECTOR BARGAINING: MITs working at **Bay Radiology** across the Bay of Plenty concluded a successful round of collective bargaining back in April for the period 9 April 2018 to 12 April 2020. Bargaining began in February and APEX MITs walked away with some big wins:

- A 5.1% pay rise in the first year, with a further increase of CPI plus 0.5% in April 2019;

- A new theatre on call roster with a \$10/hr on call allowance on top of T2 call backs;
- 1.5 extra days of annual leave just for APEX members!

MITs at Pacific Radiology Group (PRG) in Wellington have been highly proactive and got the ball rolling on reaching a **National Collective Agreement with PRG**. Bargaining is set to begin on 21 November 2018 and key claims are for weekend penal rates, weekly overtime, and a clearer salary step system with an across the board pay increase.

The more PRG MITs participate the better, so if you work at PRG be sure to get involved and encourage your colleagues to join the union.

MIT vs MRT: WHAT'S IN A NAME?

You probably will have noticed that this newsletter has been referring to MITs as opposed to MRTs.

This change puts us more in step with the New Zealand Medical Radiation Technologists Board’s defined scopes of practice and also with the reality on the hospital floor. Technological change has already required most of you to begin working across modalities and beyond radiography. This trend looks set to continue, if not accelerate.

Talking about

Medical Imaging Technologists rather than Medical Radiation Technologists is therefore a logical change for the profession. It is more inclusive and reflects the reality that collectively you are experts at providing top-quality medical imaging across a wide (and widening) range of modalities.

Visit the MIT page on the APEX website [here](#).



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SYSTEMIC UNDER-STAFFING

One of the major bones of contention for DHB MITs heading into MECA bargaining is the chronically low staffing levels the DHBs have allowed to persist despite the ever-increasing demand for medical imaging services.

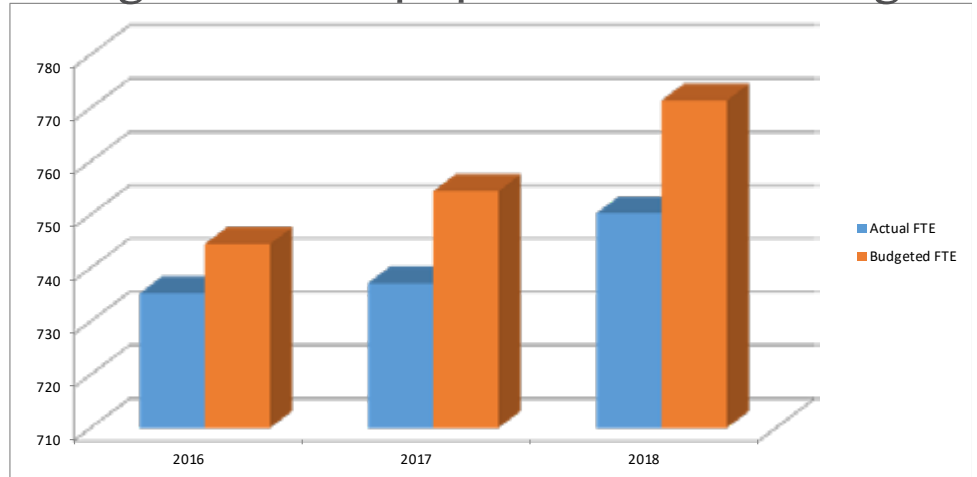
There are a whole slew of reasons for the increase in demand: more frequent MRI requests, technological advances such as intra-theatre cone-beam CT and angiography machines, a growing population, demographic changes and higher numbers of acute presentations, the list goes on...

So, nowhere near enough MITs and Trainee MITs are being hired and retained to keep up with demand. How did it come to this?

The reality is that the DHBs have been systematically adding fuel to the fire by prioritising short-term savings over planning ahead to anticipate future needs and to meet the growing demand.

- APEX has repeatedly warned the DHBs that MITs will soon face a workforce crisis if the DHBs don't drastically up their game on staffing and make sure that jobs are being made available for new trainees to step into the public health sector. They have taken no bold action.
- Faced with constant growth in demand for MIT examinations, the DHBs have been increasing their FTE budgets on paper but still hiring under-budget to save money.
- To meet growing demand

Hiring has not kept pace with FTE budgets



Questions? Email mit@apex.org.nz

with chronically under-staffed departments, the DHBs have turned to squeezing as much productivity as possible out of current employees – this has driven the years-long upward trend in total examinations per FTE despite major under-staffing.

are working more for less, feeling the extra pressure on the hospital floor, and being put at greater risk of fatigue and burn-out.

This is why the APEX Bargaining Team will be fighting fiercely for better hiring practices, safer staffing, and, most importantly, paying MITs properly for the extra work they are already doing!

What are the results of all these flaws? You and your colleagues

KNOWLEDGE IS POWER

Knowing your rights and entitlements under the MECA will empower you to stand strong in your workplace, deal more effectively with issues that crop up, and hold your employer to account.

We are therefore delighted to announce the addition of a new 'FAQs for MITs Employed on the DHB MECA' section to the [MIT Division webpage on the APEX website](#).

Topics covered under the FAQs include:

- Annual Leave
- Expenses
- Public Holidays
- Rostering
- CPD and Training
- Parental Leave
- Sick Leave
- On Call

Our hope is that these FAQs can act as a clear and straight-forward resource which you can use as a first port-of-call for any burning questions or tricky points to clarify that pop up from time to time.

WAIT TIMES FOR CT AND MRI

The NZ Herald's recent article "Increased demand prompts surge in delays for CT and MRI scans at Waitemata DHB" is just the tip of the iceberg when it comes to growing waitlists for CT and MRI.

The number of referrals for CT and MRI exams keeps growing and this means that the status quo around staffing and rostering is rapidly proving to be unsustainable. The prime example may be Capital and Coast DHB, where an additional MRI scanner has been installed, but they simply lack the staff and duties necessary to keep all of their machines in use. With multiple DHBs already hitting wait times of several weeks, and some with months-long wait times, change is needed to avert a full crisis.

This is why a significant part of our DHB MECA bargaining will be focused on raising staffing levels across the board, maintaining our competitive levels of remuneration, and ensuring that we are funnelling New Zealand trainees into workplaces with tutors who are valued for their work under the new pay scale.

In saying that, the reality is that the compounding growth in demand is so huge that techs should be readying themselves for DHBs looking to add night and weekend duties to their rosters to keep up.

Send your suggestions on how any new night and weekend duties for CT/MRI should be recognised under the MECA to mit@apex.org.nz.

HAWKE'S BAY CELEBRATES LONG SERVICE

On 15 October 2018, Hawkes' Bay DHB Radiology held a shared morning tea to celebrate the long service of three employees.

Vernon Picone, CT Team Leader, 45 years of service.

Vern started in 1971 as a student radiographer in Napier and started doing

Good news from INVERCARGILL

You might recall that MITs in Invercargill reached a crunch point at the end of last year, with major problems around overwork, understaffing, fatigue, burdensome rostering and on-call demands, and staff safety concerns with MITs putting themselves at risk by driving to and from call outs.

APEX delegate for Invercargill, Caitlin Hodges, reports that things are looking up for the MITs there after Southern DHB finally took their complaints seriously off the back of a complete withdrawal of on call services. Staffing levels have finally improved and, with the implementation of a new night shift, the MITs' work/life balance and morale have greatly improved.

CT work in 1989. He has taken on many roles in the radiology department since, including deputy charge and assistant radiology manager.

Barbara Betts, MRI Team Leader, 35 years of service.

Barbara began work as an MRT in 1972 and worked until 1980 when she left to start a family. She continued as a casual for a few years before returning to work in 1994 and then shifting into the MRI team from 2000.

Sheena Hewitt, Angiography Team Leader, 30 years of service.

Sheena qualified in 1985 and came to Hawkes' Bay from Kaitaia Hospital in 1988, shifting into Angio in 1994. Sheena's had many roles over the years, including overseeing the radiology roster since 1997 - 21 years!



A CHAT WITH MARY BULL

Mary Bull recently retired as delegate support officer at APEX. An APEX staff member since 2005, Mary will be well known to many of you! At the recent APEX AGM, Mary was made a life member of APEX. Just before Mary's retirement from the APEX office, we sat down and interviewed her about her experiences as MRT.

When did you become a radiographer, and why?

A long time ago, I qualified in 1971 - because it appealed to me as a career. I trained at Wellington Hospital, it took a two and a bit years; it was the English course at that point because New Zealand didn't have any approved qualifications so everybody did the English curriculum.

After that I started working at Wellington hospital - it was good! But it was very different to today. This was at a time when automatic processors were new, so there was still some wet developing - all of ED XRay was wet developing, as was theatre. And no Images Intensifiers back then! The first automatic processor - wow! Films in 9 minutes! That was really speedy. Then it went to 7 minutes. Then it was 3 minutes and subsequently 90 secs. Students had to mix up all the chemicals in big drums and clean the processors - so much for H&S! Now of course we've gone right up to digital, which is instant. Thus there have been huge technology changes.

So back when you were working at Wellington hospital, who was doing the collective bargaining for radiographers?

At that point it was the New Zealand Society of Radiographers, and they did it for a number of years. I had a break from Radiography for about 13 years, then in 1989 my husband and I moved to Hamilton and I got a job at Waikato Hospital. By that time the NZNO had become the union for MRTs. After a little while at Waikato I became a union delegate, but through the late 1990s with the NZNO I became very frustrated. I went through bargaining with them twice and it was just dreadful.



What happened at bargaining?

Nothing, basically. We just got nowhere. And I just thought to myself, 'there has to be a better way of doing this'. So I started looking and asking around for other options. That was when I discovered APEX. I gave APEX a call and before long I got all the MRTs together after work one day and Tony Corrigan came down and had a meeting with us. We all joined APEX from then on. I had pre-prepared all the template resignation letters so everyone just signed, and we resigned en masse from the NZNO. And the rest is history, really. We had no regrets.

So after you came across APEX, do you remember what gains you got out of your first new collective agreement?

I can't remember all the details, but we

used to have a very funny pay system, where we had a Scale A and a Scale B. So we got everyone put back into one Scale and everyone got a significant pay rise. We did quite well. And then in the subsequent one (2002) we did even better, because we were extremely short-staffed, we only had 10 MRTs left on the shift roster at that point. We didn't even have to go on strike, we just said 'we will only work our contracted hours', which meant that a whole weekend wouldn't function. We were actually still in negotiating until 7PM on one of the nights, but we got big pay rises and other bits and pieces.

So we had a couple of rounds of bargaining where it was just a SECA at Waikato. But I had always wanted to go back to a MRT National Collective Agreement - which is what we originally had under the Society, before all the

health system reforms that created CHEs and DHBs and all that. And that's how 'Wave 1' was born. Wave 1 was our first 'semi-national' MECA which was in 2005 and brought together 9 DHBs.

You were at Waikato; how did you go about co-ordinating with your colleagues at the other DHBs?

Well, apart from me knowing a few colleagues, especially in Wellington, APEX really did that - just like we do now. But it was just the catalyst I think. Auckland had been able to do quite well before then on a SECA, and Hawke's Bay had been with APEX for a long time. But Nelson were really behind the 8 ball. They had dropped right back, their wages were shocking. And it was the same in Capital & Coast and in Whanganui.

So we all came out of our SECAs and into Wave 1 bargaining, which was huge! It was extremely tense bargaining. That was the first time we issued strike notices, which sent the DHBs into a frenzy. The LPS planning was at Greenlane and they sent a cast of thousands. Honestly, there would have been 200 DHB employees. They took up

weekends, a big pay rise, decent leave, shift allowances, on-call allowance, on-call leave - MRTs are quite well-off in that we get shift leave and on-call leave.

So then, of course, I remember being back in the APEX office one night and chatting with Deborah about how we needed to get all the other DHBs on board. And Deborah said to me 'How are we going to differentiate all these MRT groups?' And I just said, 'Well that's easy: that was the First wave, now we've got the second wave, and then wait for the Tsunami!'

So what happened with Wave 2?

Wave 2 was pretty protracted as well. That was in 2006. It was predominantly the South Island, but included all of the remaining NZNO covered MRTs. Building off the success of Wave 1, they became extremely collectivised and launched into strike action quite quickly. They were very determined to get parity with Wave 1 and they were incredibly staunch. The remaining DHB MRTs also joined APEX (Wave 3). Eventually, it was agreed that they would get all of the terms and conditions of Wave 1. So from March 2007 we finally had a national MRT MECA.

That's how many strike notices you put in, in a year? 1100?

Yes, minimum. All sorts of strikes. They ranged from complete withdrawals, to not answering the phone, working to examination times, all manner of strikes.

And what effects did those strikes have on the DHBs?

I think we ground them down. They realised that the MRTs just weren't going to give in. And they didn't. It cost the DHBs a huge amount of money. And in the end we got what we wanted. We had achieved pay parity right throughout the country that was the big thing.

So that's how you built from humble beginnings in the Waikato to one of the most powerful MECAs in the health sector?

I think it really collectivised and united the MRTs, those 5 years.

What were you doing on a day to day basis during those years?

I started working at APEX in 2005 after we achieved Wave 1. I certainly learnt how to write strike notices in 2006 and keep a plan of action, and I was involved in a lot of implementation of the MECA. In 2010, I was just writing strike notices the whole time - also involved with LPS plans and audits of LPS requests. Much the same as what we do now, though. However we have certainly gotten busier and busier, and the membership's probably doubled since then.

What have been your highlights and fondest memories from your time as an APEX radiographer?

One highlight has got to be getting the national MRT MECA, getting everyone back together. And everyone being paid the same and recognised for the same throughout the country. Instead of somebody in Christchurch being paid less than someone in Whanganui, for example. Also when we won the BOP On Call case and settling the Sonographers MECA in 2014 after a long battle. Networking with all the delegates around NZ with whom I have made some



Mary set to receive her life membership at the APEX Biennial Conference

the whole Fifth floor. And we were two floors down, with Deborah marshalling to meet, DHB by DHB.

Anyway, the DHBs got really cold feet and gave in on the afternoon before the strike was about to start. I think the MRTs were quite disappointed in one way. But we got what we wanted.

Do you remember what you wanted?

Oh, it was huge. That's when we got the nuisance clause put in, penal rates for

What's happened since then?

Implementation of the MECA became the focus. In 2010, when we had to negotiate again, that's when the strike action really revved up because the DHB's wouldn't agree to anything else for MRTs and the MRTs were quite determined that they needed to be recognised and valued for what they were. And we sustained strike action between February and November of 2010. We got to 1100 strike notices in a year.

very good friends, and hoping that I have helped to make a difference in making things better - especially for the MRTs.

What have you found the most difficult?

Dealing with difficult employers. Just being unreasonable, really, you know. The employers are very confrontational, everything's an argument. You just have to battle with everything. Waikato DHB in particular, everything's a battle. Even when it's in black and white, it's still a battle.

What advice would you give to any future APEX delegates?

Communication. An awful lot boils down to communication; being in touch with who your members are, and knowing your contract. It is a battle out there for the delegates, it still is. It's really hard work because so many service and other managers just put so many barriers in the way, instead of trying to have a nice relationship and work together it's all a battleground. I think that's the most dispiriting and demoralising part of being a delegate. Sometimes it's like banging your head against a wall and you feel like you're not getting anywhere.

But I think the delegates do an amazing job and they do make a difference. It's just compliance really. Trying to enforce compliance with rosters, and leave, and that sort of thing. You know, trying to say, 'Look, we actually have an agreement here, it's not what I say, it's what's actually written in our contract'.

What's the most enjoyable part of being a radiographer to you?

Oh, just the interaction with the patients and helping the patients by producing an incredibly good diagnostic image, particularly in a challenging situation. You never know what's coming in the door next, or what sort of position they're going to be in, and you just have to be adaptable.

A couple of final questions. You'll continue to be a delegate in 2019 when MRTs head back into MECA bargaining. What

do you think MRTs should be looking to gain?

It's been 3 years since we had a MECA round. I think MRTs are due a significant pay-rise, and definitely increased On Call allowances. And there should be more work on staffing levels, the complement is too low nearly everywhere and an awful lot of MRTs are just reaching burn-out and leaving. I think it's so unnecessary. If they just had some more shifts, more staff, and not so much of the on-call - it's hugely demanding.

For example, in Tauranga the on call nights were taking a toll on the MRTs. APEX and the DHB worked together, the DHB realised that on call was costing more than a night shift would, and thus together we worked on implementing a night shift. However, in Invercargill, last year, the MRTs reached crunch point and just simply

couldn't cope with the demands of on call and lack of staff anymore. APEX had been requesting both for months from the DHB. So we called a health and safety strike and demanded a night shift. The DHB employed a few more MRTs and they haven't looked back – the MRTs now report smiling at work! So it's that sort of thing. I think all around the country MRTs are struggling because there's just not enough staff on the ground. So: more staff, and more money.

Finally, what are you going to do with your extra spare time now that you're semi-retiring?

Some of those things that I haven't had any time to do! Travel, fishing, gardening. Being at home and being with my husband – who has been long suffering with me being away in Auckland so much. So, there we go.

Farewell Mary, and all the best for your (semi) retirement!

