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IN OTHER NEWS

FROM THE MEDIA

We picked up from the media last week something that you may find interesting about your exposure to Covid 19.

*MONDAY, April 18, 2022 (HealthDay News) -- COVID-19 is mainly known as a respiratory ailment, but a new study suggests the coronavirus can infect your intestinal tract for weeks and months after you've cleared the bug from your lungs.*

*In the study about 1 out of 7 COVID patients continued to shed the virus' genetic remnants in their feces at least four months after their initial diagnosis, long after they've stopped shedding the virus from their respiratory tract, researchers found.*

*This could explain why some COVID patients develop GI symptoms like abdominal pain, nausea, vomiting and diarrhea,*

THE END PRODUCT IS MISSING



Every prosecution by the Plumbers Gasfitters and Drainlayers Board is a failure of competence, so whose fault is that and should blame be laid or should the industry rally and get the issues resolved?

It's the Board's purpose *"To protect public health and safety and property in New Zealand by ensuring that people involved in the provision of plumbing, gasfitting and drainlaying services are competent."*

You read the above purpose and look at what the Board is currently doing you could get the impression that they see enforcement as the only means of achieving competence and, of course, securing loads on a vehicle.

Looking at the Board's purpose the end product would seem to be a competent practitioner that protects the public's health and safety and property. So how can enforcement do that?

Enforcement penalises those that have made a mistake, pleaded guilty in many cases because they can't afford to defend their innocence, those that just don't know and those that purposely do wrong, but does it really do anything for competence?

There have been instances where alleged guilty people have had to engage training organisations to write a course on a specific subject just to meet the obligations of the punishment imposed on them by the Board.

If a course must be written to meet punishment requirements that shows huge gaps in skills taught to our apprentices and also perhaps covered at the yearly CPD courses.

*said senior researcher Dr. Ami Bhatt, an associate professor of medicine and genetics at Stanford University.*

*"We found that people who had cleared their respiratory infection -- meaning they were no longer testing positive for SARS-CoV-2 in their respiratory tract -- were continuing to shed SARS-CoV-2 RNA in their feces," Bhatt said. "And those people in particular had a high incidence of GI symptoms."*

*A long-term infection of the gut also might contribute to long COVID symptoms in some people, Bhatt and her colleagues theorized.*

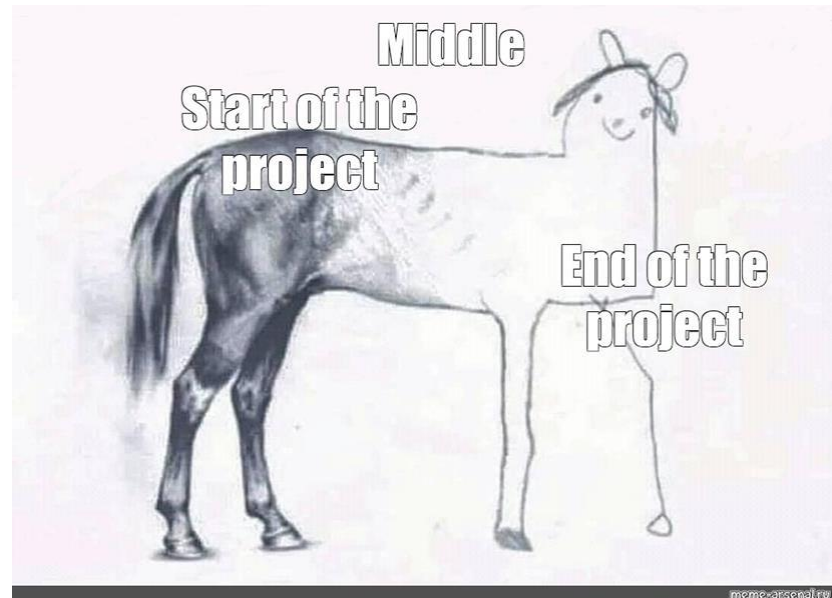
*"Long COVID could be the consequence of ongoing immune reaction to SARS-CoV-2, but it also could be that we have people who have persistent infections that are hiding out in niches other than the respiratory tract, like the GI tract," Bhatt said.*

*For this study, the research team took advantage of an early clinical trial launched in May 2020 at Stanford to test a possible treatment for mild COVID infection. More than 110 patients were monitored to follow the evolution of their symptoms, and regular fecal samples were collected as part of an effort to track their viral shedding.*

*Many other studies have focused on viral shedding in patients with severe cases of COVID, but this is the first to assess the presence of viral RNA in fecal samples collected*

In the Federation's opinion you start with the end product and then plan how you are going to get it. What we have noticed is that everyone seems to start off with good intentions, but influences interject, and it fails from there.

The following picture probably explains it easier. The end product looks good but by the end of the project it's absolute garbage.



We believe the current system is too open to interference which affects our industry.

The Government is going for a one size fits all mentality for training which is fine if all industries have representation.

If we are to be treated the same as other regulated construction industries, then we should have equal representation and equal funding at all regulatory and training levels.

Most employers in NZ are small to medium businesses that are not consulted with, but the current system places a lot of the development and training requirements on those employers.

In the plumbing gasfitting and drainlaying industry the current system is failing and is dragging the industry backwards due to lack of any real consultation.

Nothing that we have seen implemented from our industry regulation in the last 10 years has anything to do with maintaining or gaining competence - it's been about forced compliance and enforcement.

It appears more emphasis is placed on self-preservation of Boards and organisations, rather than what is required by the industry.

Responsibility for training is placed on employers but they don't get any support financially, physically, or mentally.

*from people with mild to moderate COVID, researchers said.*

*About half of the patients (49%) had COVID RNA remnants in their stool within the first week after diagnosis, researchers found.*

*But at four months following diagnosis, when no more COVID remained in their lungs, nearly 13% of patients continued to shed viral RNA in their feces.*

*About 4% still were shedding viral RNA in their feces seven months out from their initial diagnosis, researchers found.*

*Bhatt was quick to note that the RNA constituted genetic remnants of the coronavirus, and not actual live virus -- so it's unlikely a person's poop could be contagious.*

*"While there have been isolated reports of people being able to isolate live SARS-CoV-2 virus from stool, I think that that's probably much less common than being able to isolate live virus from the respiratory tract," Bhatt said. "I don't think that our study suggests that there's lots of fecal-oral transmission.*

*" But the lingering presence of COVID in the gut does suggest one potential influence for long-haul disease, she said.*

*"SARS-CoV-2 might be hanging out at the gut or even other tissues for a longer period of time than it sticks around in the respiratory tract, and there it can basically*

The government talks of getting consistent training which is good but how can that happen when there is no industry input or consultation?

It's been reported that industry training leaders say apprentice numbers are spiking in construction and this makes the transition of workplace training into the new national polytechnic and vocational education institute, Te Pūkenga very important.

It seems Te Pūkenga have claimed they are taking no risks with the transition of industry training organisations this year and was "lifting and shifting" them into the new entity without making any changes to the way they run. If that's the case then our industry is doomed.

Our ITTO has been busy protecting its business model and the industry is paying the price. It has gone from 24 weeks of TRAINING in four years to requiring 12 weeks (estimated due to so many changes) of what can only be termed as assessments. There is no training as most of us understand it.

The apprenticeship scheme changes so much it is near impossible for an employer to keep up with what is happening. How many versions have there been over the last decade? Plumbing, gasfitting and drainlaying themselves have not had the basics change.

The industry is left with a situation where the employer trains the apprentice in what they think is right. In trades such as ours work covers a wide variety of areas – some firms specialise in plumbing or gasfitting for example.

The old system where there was some "teaching" at the polytechnic's worked very well as it covered the holes in the apprenticeship e.g., a trainee may work for a company that does very little gas, yet they have been signed up to a plumbing and gasfitting apprenticeship.

The employer used to rely on the polytechnic to teach some of the basics the apprentice did not cover off in their day-to-day work. Now with the assessment system only – a trainee may gain a national certificate in gasfitting having done very little, if any practical work in this field. Is he/she competent then?

There should be consultation with all stakeholders and those in positions making final decisions should be held accountable for their actions.

In addition, there should be checks as to the suitability of recommendations. Above all this should be led by the industry and not the providers.

It needs to be remembered that most trades are directed at hands on people and as such the training should reflect that. A good balance of practical with theory.

The Plumbing Gasfitting and Drainlaying industry is a case in point where apprentices attend so called courses, but most of the course

*continue to kind of tickle our immune system and induce some of these long-term consequences," Bhatt said.*

*Long COVID has become such an established problem that many major medical centers have established their own long COVID clinics to try to suss out symptoms and potential treatments, said Dr. William Schaffner, medical director of the National Foundation for Infectious Diseases.*

*"A very substantial proportion of individuals who recover from COVID acutely nonetheless have lingering symptoms, and they can involve an array of different organ systems," Schaffner said.*

*"These data add to the notion that the cells in the intestine may themselves be involved with COVID viral infection, and they could potentially be contributors to some of the symptoms -- abdominal pain, nausea, kind of just intestinal distress -- that can be one aspect of long COVID," he said.*

*Bhatt said the findings also have implications for public health efforts to predict emerging COVID outbreaks by testing a community's wastewater for evidence of the virus, and Schaffner agrees.*

*"If, as they say, about 4% of people seven or eight months later are still excreting viral remnants in their stool, it complicates the assessment of the density of new infections in a*

is assessment, and the remainder of the course is doing theory assignments which could be done by correspondence or night classes.

From an employer point of view – the requirement of apprentices to do “correspondence” in their own time shows a level of commitment. The strategies should be kept simple and not only target the trainees but also the employers, after all without the employer’s input there won’t be any jobs for the trainees.

Emphasis should be placed on turning out well trained highly skilled tradespeople who are motivated to upskill themselves during the entirety of their career. The current system turns out tradespeople who need more training after they complete their apprenticeships to bring them up to what the employers would call acceptable levels.

Consultation with the industry is pitiful and if the ideas of a few in positions of authority are not supported then nothing happens. We have gone from a training environment to an environment of assessing.

The trainees in our industry aren’t looked after and we believe they are finishing their time with substandard skills as the powers to be have put a second level qualification outside the apprenticeship scheme at a cost to the tradesperson to pick up additional skills.

Skill standards should start with employer consultation, then wider industry consultation and have an overall final consultation prior to implementation.

There should be overall industry consultation after all who knows an industry better than those in the industry.

When qualifications are set it should be so that when finishing your trade training, that is it, you are qualified to perform the functions in that industry. Not this nonsense where you must train for a further two years before you can perform the functions of the industry without supervision i.e. one level of registration.

Any advanced training should be exactly that - advanced training not more training so you can work unsupervised.

Training should move away from the stop gap attitude that is in place now and look at long term goals. It should be about quality not numbers.

Trades should be made more inviting to youth but currently the people already qualified do not believe in the system and do not encourage trainees.

There should be a feedback loop from the PGDB to industry training so that if the same sorts of problems keep coming up then the necessary training is incorporated into the apprenticeship system.

*community," Schaffner said. "It's another thing we have to take into consideration and start looking at going forward."*

*But Dr. Amesh Adalja, a senior scholar with the Johns Hopkins Center for Health Security, doesn't agree that such long-term shedding in stool should affect the accuracy of wastewater COVID surveillance.*

*"I don't think that these findings change the value of wastewater surveillance, as we've already seen its value in real life," Adalja said. "What's valuable about wastewater surveillance is the trend if it is increasing or decreasing, which isn't really impacted by this phenomenon."*

*The new study appears in the online journal Med.*

## WHO REPRESENTS THE INDUSTRY?

For over a decade the Federation has attempted to hold people and organisations accountable for their actions.

We have always pushed for industry representation democratically appointed, but this has failed.

Who speaks for the industry?

Who has the right to influence the actions that impact on the industry?

If there is no representation what options are left to the industry and practitioners?

Are we in a take it or leave it situation and is it time to leave it?

We'll look at these questions in the next issue of the Fellow Practitioner.

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