

NEW DHB SALARY SCALE EFFECTIVE 2 OCTOBER

18**	115,561
17**	113,007
16**	110,455
15**	107,900
14**	104,990
13**	102,208
12**	100,469
11**	97,142
10**	94,992

Merit steps

9	91,135
8	87,278
7	83,118
6	78,548
5	75,238
4	72,991
3	70,278
2	68,913
1	65,745
Intern 2	56,607
Intern 1	53,164

Automatic steps

All psychologists employed under the APEX and DHBs' Psychologists' MECA will receive a 1.5% pay increase on 2 October 2017.

We have recently come across a number of DHBs who are paying non-union members on the 2014 pay rates for psychologists. This means some non-union members are being paid substantially less than APEX members.

We recommend you check your pay slip to ensure you are on the correct salary step and ensure new employees know what the current salary scale is for APEX members.



PSYCHOLOGISTS AS RESPONSIBLE CLINICIANS



We recently held a conference of our delegates including those representing psychologists within District Health Boards. During the conference, we identified stepping into the responsible clinician (RC) role as being an important part of consultant psychologists working to the top of their scope of practice.

This is especially true for psychologists working in specialist settings such as forensic/in-patient where they have considerable expertise in the assessment of risks and the planning of appropriate treatment and rehabilitative interventions.

The Mental Health (Compulsory Assessment and Treatment) Act 1992 and advice on the role of the RC provided by the Ministry of Health envisions psychologists acting as RCs. However, it is not clear how approvals from the Directors of Area Mental Health Services (DAMHS) are granted under section 7(b) of the Act.

In England and Wales the approval process for

RC roles requires psychologists attend a two-day approved training course, and submit a portfolio of work including: two case reports; two testimonials from senior professionals in the RC role; and a log of experience showing evidence the psychologist has shadowed and been mentored by an existing RC.

APEX's preference is for a similar, nationally consistent, statutory approval process for the powers delegated to the DAMHS group under section 7(b) of the Act. We would also welcome a framework that outlines, with appropriate specificity, the training and competencies that may be sought by DAMHS of psychologists seeking approval as RCs.

With this in mind, we have written to Dr John Crawshaw, the Ministry of Health's Director of Mental Health, to propose that appropriate representatives of the Ministry, the DAMHS group, APEX, and Psychologists' Board develop a standard approval process for psychologists who wish to be approved as RCs.



LAKES DHB PSYCHOLOGY REVIEW

Lakes District Health Board (Rotorua - Taupo) have released the draft report of their *Review of Psychologists and Psychological Therapies* carried out by Dr Malcom Stewart.

The review was undertaken to consider ways of improve the organisation, effectiveness, and cost-effectiveness of the delivery of psychological services by psychologists and other staff members at Lakes DHB.

The report and recommendations are relevant to all New Zealand psychologists and as such we are presenting a number of these recommendations here as examples of how we could improve psychology services more broadly.

- Psychologist staffing levels at Lakes are benchmarked against DHB population, a measure APEX raised last year, and the review recommends an increase in the number of psychologists employed by the DHB.
- Establishing intern positions is recommended as a valuable recruitment strategy. Research by one DHB showed 79% of interns ended up employed by the DHB for part or all of the following five years.
- Establish use of senior and consultant titles.

- Psychologists should not in general be keyworking.
- In relation to office and interview space, the review noted psychologists are "able to work better if they have offices and a stable situation in which to see clients." Private office space is preferred for complex thinking and tasks.
- The review recommends, amongst other things, psychologists develop skills in brief interventions; utilise outcomes measurement tools for therapy; develop consistent assessment approaches (for example around ASD and neuro-psych); explore Marae-based delivery of therapy; and make "supporting psychological therapy delivery by other staff a formal part of the role of all psychologists".
- Increase psychology input in physical health services with the top priorities being cardiology, diabetes, child oncology, palliative care and bariatric surgery.
- Increase professional advisor FTE.
- Increase opportunities to utilise non-clinical skills in reasearch and service evaluation.

If you would like a copy of the full report, it is on our website [apex.org.nz/psychologists](https://www.apex.org.nz/psychologists)

"MOTIVATION TO CREATE CHANGE IS THE MOST IMPORTANT THING"

DELEGATE
INTERVIEW



Janneke Van Rooijen is an education psychologist at the Ministry of Education working in Hawkes Bay.

How did you end up becoming a psychologist?

I started my training in the Netherlands, when I realised I had a real affinity with children with needs. I moved to New Zealand seven years ago and started working as a psychologist four years ago. I have enjoyed it very much. I think New Zealand has a very different approach, especially within education, to helping children and young adults. Before I trained as a psychologist I was a teacher and during my psychology studies I worked part-time as a teacher with children with special needs. When I moved to New Zealand I worked in a special education setting as a teacher, before moving in to the psychologist role.

How did psychologists at the Ministry of Education end up joining APEX?

We did not realise there were other options for us as psychologists to be part of a union. When we got together in a nationwide psychologists' day we got in touch with other psychologists moving to APEX and that started to spread the word.

Many of us felt there was not a strong voice for psychologists at the Ministry of Education. Since joining APEX we have been working to create that voice. Psychologists may be a small group but we have a lot to offer!

What do you see as some of the challenges facing psychologists?

The issues psychologists face vary depending on where they work and who their employer is. Within the Ministry of Education access to relevant professional development is a really big and important issue for us. That's different for DHB psychologists who have negotiated an agreement that allows them to access CPD.

If I think about the broader profession, there are issues around safe practice, what is our role, what can we do and what can't we do. There are also questions about whether we are to be guided by our code of ethics or that of our employer. We need to tease out those issues and make sure there are clear guidelines around that.

What does being a delegate mean to you?

I hope by being a delegate I can be a voice of the members, that I can represent the members as a group, initially around negotiations, and also around workplace issues. We are able to give advice, guidance, and point them in the right direction for other supports. The most important thing you need as a delegate is motivation. You are part of a group, you represent your members but you are not on your own. To be motivated to create change is the most important thing.

How did you find delegates training in July?

It was very stimulating discussion, even though we come from different scopes and different organisations. It has been very valuable to hear what type of issues there are for psychologists nationwide, and it has been very valuable to get more understanding of how we can support our members, and what type of rights we have as psychologists and how we improve things in our offices and workplaces.

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