APEX
PSYCHOLOGISTS
Newsletter
December 2018

COLLECTIVE AGREEMENT RATIFIED @ MoE

A multi-union collective agreement with the Ministry of Education and NZEI was ratified by APEX members at the end of November.

The collective agreement comes after 9 months of bargaining and a 12-week partial strike by APEX psychologists who used industrial action to bring in safe caseloads. Strike action by APEX and NZEI members was the first industrial action during collective bargaining in the history of special education.

The collective agreement is for three years and includes:

- A minimum 7% increase on all printed salary rates;
- An immediate 12% increase in the starting salary for new graduate psychologists;
- A new top automatic step of $96,000 for psychologists from 1 January 2020;
- A simplification of the process to access Skill Progression Pathway;
- A new clause to provide for external supervision;
- A new professional development clause with guaranteed 2 days study leave per annum;
- A working group to determine guidelines on safe caseloads and workloads for all professions.

The agreement is APEX's first collective with the Ministry of Education; although gains were modest, the new clauses in the collective agreement mark a substantial improvement in psychologists' working conditions at one of the country's largest employers of psychologists.

Not all of our claims were met during bargaining – protected professional development money, reimbursement of professional association fees and financial recognition for those who work on traumatic incident teams were not agreed by the Ministry.

The agreement is one small step for APEX, and a giant leap for Ministry of Education.

PSYCHOLOGISTS at each DHB (FTE per 100,000)

Capital & Coast	17.0
Auckland	16.8
Hutt Valley	15.5
Nelson Marlborough	14.2
Canterbury	13.8
Southern	12.4
Waikato	12.2
Counties Manukau	10.0
Northland	9.9
Lakes	9.5
Whanganui	9.4
Waitemata	9.4
Wairarapa	8.8
Bay of Plenty	8.6
Midcentral	8.4
Taranaki	7.9
Hawke's Bay	7.7
Tairawhiti	6.3
West Coast	4.3
South Canterbury	2.7

DHB MECA BARGAINING

CLAIMS, BARGAINING TEAM, MECA BALLOT

A set of claims for DHB MECA bargaining has been provided to DHB psychologists to vote on claims ahead of the initiation of collective bargaining on 30 December.

Because we are seeking to expand the MECA from fifteen to eighteen District Health Boards to include Southern, Tairawhiti and Wairarapa DHBs the law requires members vote on whether they are in favour of a multi-employer collective agreement with the new parties included.

Members are being asked to vote on the claims and the proposed expansion of the MECA before 1600 on Friday 14 December.

Bargaining will be initiated on 30 December and begin in February.

The APEX divisional executive has also appointed the following delegates to the Psychologists' MECA bargaining team:

- Siaan Nathan, Northland
- Emma Edwards, Waitemata
- Iris Fontanilla, Auckland
- Chris Murray, Counties Manukau
- Simon Waigth, Counties Manukau
- Oloff Arnold, Bay of Plenty
- Amber Barry, Midcentral
- Peter Robertson, Capital and Coast
- Annmaree Kingi, Canterbury
- Anna Chesney, Canterbury
- Mike Parkes, Southern

DHB MECA ISSUES

In our claims survey to the DHB members, we received a set of responses that, rather than suggesting a need to change the MECA, raise issues of whether the employer is complying with the current provisions of the MECA and other sources of employment law. Below are some of those comments, and some advice from us in italics.

"Increased commitment from employer to provide up to date ICT." – *Clause 13 of the MECA already requires employers to provide "suitable office space with computer and telephone facilities" including "up to date test material, software...".*

"Firm time frame around merit step, as it's more like 12 wks min than 6." – *Clause 9.3.3 requires employers to process applications within 6 weeks "where practicable". If a DHB is not meeting this timeframe, this suggests there is not enough FTE at the decision-making level (i.e. professional leader) to enable these decisions to be made in a timely manner.*

"Long service leave can be taken as normal leave not just in a 5 day block all at one time." – *Clause 17.2 reads, "Wherever practicable long service leave is to be taken in periods of not less than a week." If you want to take a day or two, that would be a conversation to have with whoever approves the leave within your DHB, and you would need to explain why it was not practicable to take a week's long service leave at a time.*

"CPD to be included in pay rather than seeking approval." – *A large amount of psychologists expressed their satisfaction with having a protected CPD budget and that we not remove this budget. Including it in pay, will reduce it significantly in real terms as it would be subject to income tax.*

"My employer informed me "An offshore parent cannot be classified as being dependent on the staff member [for the purposes of sick leave]" – *This is wrong advice from your employer. Determination of dependent status is based on whether they depend on you at the point they become ill, not at the point they have been living independently whether overseas or across the street.*

"Clear guidance on implications of parental leave on CPD and eligibility to apply for salary steps." – *Parliament has provided us with clear guidance on this matter already. Section 43 of the Parental Leave and Employment Protections Act 1987 states that rights and benefits conditional on unbroken service, for example salary steps or CPD are not affected by taking parental leave.*

"I missed out on merit progression this year as there was no students or peers to supervise." – *Clause 9.3.7 requires a psychologist be a supervisor unless agreed "this is not an appropriate component of the employee's job"; which if there is not one to supervise it is hard to see as appropriate.*

"Include allowances to attend patient funerals as part of work, eg paid employment" - *This should be taken as bereavement leave.*

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HOW THE DHBS PREPARED THE 2018 PSYCHOLOGY WORKFORCE REPORT

The DHBs pre-bargaining report shows the psychologists no longer want to work at District Health Boards, but the national agency responsible for health workforce planning has copy and pasted their analysis of the 2018 workforce from a 2016 report.

In the last two years, contracted psychology FTE has dropped 0.7%, and FTE per 100,000 population has dropped 4.1%. Sick leave usage is up 6.3%. Turnover is up 18.9%.

High vacancy, high turnover

There are currently 73.8 FTE vacant across the country: 11.4% vacancy rate. The vacancy rate has doubled in less than 2 years.

Despite the fact that in the last two years vacancy rates have doubled, and turnover is up by nearly 20%, the DHB's 2018 workforce report has "copy and pasted" from its 2016 report a summary of the profession:

The analysis of the Psychologists Workforce within the DHBs has resulted in the classification of a Transitional Occupation. This classification highlights that service demand is progressively increasing with some supply issues around the number of Māori and Pacific psychologists and with particular areas of specialisation. There are emerging sector requirements to begin looking at alternative models of care and roles for this workforce, as greater flexibility is required. Some recruitment and retention issues are occurring in areas of specialisation, minority ethnic groups and particular geographic areas, with longer timeframes for gaining this workforce.

We deserve better

The psychology profession deserves better than a recycling of the 2016 analysis. As DHBs have identified service demand is increasing, there are concerns around the training and internship pipeline, it is difficult to recruit to rural regions, and there is increased movement of psychologists into private practice.

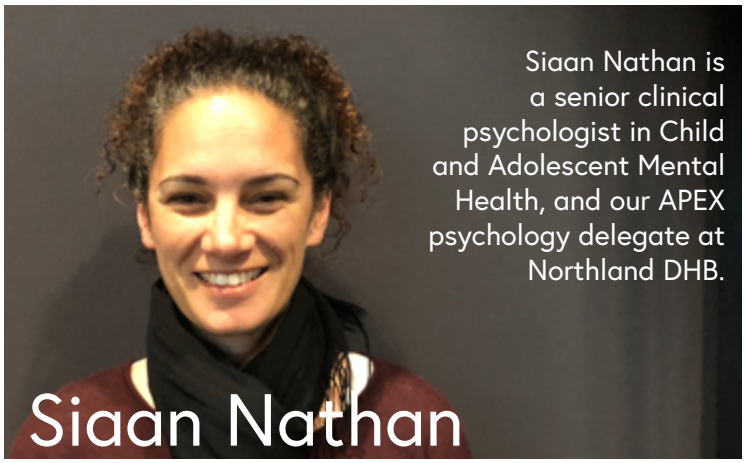
Unless District Health Boards are prepared to seriously think about, problem solve, invest in, and develop the psychologist workforce in 2019, then the problems the report identifies are bound to get worse and not better.

Read the report here: Psychology Workforce Report

Auckland DHB Stopwork Meeting

APEX Psychologists at Auckland DHB are having a Stopwork Meeting 0830 to 1030 on Monday 17 December 2018 at the Fisher & Paykel Clinical Education Center, Auditorium, Level 5, Auckland Hospital.

"EARLIEST POSSIBLE INTERVENTION"



What do you enjoy most about your job?

I like the challenge child and adolescent mental health service work brings. My entire career prior was working with adults so these new challenges, new things to learn have seen me rediscover my passion for psychology. In Northland we work with all ages, 3 years up to 19 years, which means there are so many different presentations depending on the developmental stage of the child.

One of the things that we talk a lot about is early intervention. What more do you think we could be doing to ensure we support mothers and children?

That is a big question. One of the things that brought me to child and adolescent mental health was the idea I would be working at the top of the cliff. But what I have come to realise is that whilst we work with the children their parents are coming in with all of their "stuff" that is then affecting the children. So what is the best point to intervene? Being able to start at the earliest possible point for the baby, that is before they are even conceived! I say this because we know that the effects of alcohol on the foetus and/or trauma experienced during pregnancy by the mother can affect a baby's brain development so they are born with a vulnerability to develop mental health problems. We need to work in a more integrated way with all of the services that come into contact with our families like the Ministry of Education, Oranga Tamariki, schools and GPs.

Psychologists could also play a key role in preventing mental health issues. Have you thought about this or discussed with your colleagues?

Yes absolutely. I think our training prepares us very well not to just assess and treat but to also be looking at systems and service development areas. We are scientist-practitioners so have knowledge and ability to apply evidence-based interventions not only to clients and families but also to the systems and services we work in.

Why are there so few Māori psychologists?

When I was doing my training, back in the late 90s, it was thought there were a number of processes embedded in the education system that deterred Maori from pursuing post-graduate study. I recall there used to be this idea that the requirement for all post-grad psychology students to pass Statistics was a barrier to go past an undergrad degree. I also think there was a perspective by some people that Psychology was an individual based practice and as Maori we are more whanau-focused. I don't know if this was the case but I do think the training programmes at the time were very academic and writing was never my strong point. But where I did excel was in the clinical work – I was good at connecting with people, building rapport, understanding people. I don't like making gross generalisations about "Maori people" because we're not all the same, but I think there was a perception when I was going through my training that as Maori we were better at the practical side of things, better with the people skills, so the emphasis on academic abilities made it more difficult for Maori to get into the clinical programmes.

You have now been a delegate for two years. How have you found it?

I like it more than I did initially. It wasn't a role I wanted in the beginning but at the time we needed a new delegate no one else put their hand up! Now I can see the importance of the role and the benefit of having someone on site who can advocate for my profession, being there to support my colleagues if they are having difficulties and understanding more about our contract and what our rights are. Also knowing we have the backing of APEX so being that conduit between my colleagues, APEX and the employers.

What have you enjoyed the most about the biennial delegates' training and conference?

This training has been amazing. The presentation on the digital age and the impact that it is going to have on our sector and services was really thought provoking. As a psychologist having to consider what effect all this exposure to devices will have on children's brain development, social skills development, therapy delivery and more! Also the idea that we will all have data about our health that will potentially be able to be sold to research companies – that sounds like crazy stuff to me.

I'm inclined to agree with the presenter Phillipa Gander [Massy University's Sleep Wake Centre] when she said that just because we have the means (technology) doesn't mean we should use it. I think we need to be thinking seriously about the impact of technology on our lives – one small example for me is the impact I see device use/addiction having on children and their sleep patterns and behaviour. It is a serious problem. Sleep is a causal factor for mental health problems.

What do you enjoy doing in your spare time?

I've rediscovered the joy of reading. At the moment I'm reading Jack Reacher books. And I love watching programmes that are complete fantasy, not at all related to the real world. Programmes that are not emotionally heavy like my work is so the last thing I want to do is have that at home as well! You ask what type – well don't judge me but I've been loving Vampire Diaries and The Originals lately!! Oh and Westside, even though it doesn't quite match what I just said, is absolutely brilliant. And I do love watching my kids playing sport and seeing them feel good about their achievements.