APEX

PSYCHOLOGISTS' NEWSLETTER

MARCH 2021

Welcome to 2021. We have had a busy start to the year, and it's getting busier, with two collective agreements being negotiated, and the "Work Stream One Working Group" underway!

But first and foremost, a huge welcome to our new members from Oranga Tamariki!

Psychologists, psychotherapists, and counselling therapists from Oranga have joined APEX, under their respective divisions, with an organisation wide collective agreement to be negotiated later in the year.

It's great to have members from another government organisation join our ranks. Unlike most of our members, there is a general sense that Oranga Tamariki psychologists can practise effectively as they were trained to, but their remuneration is a major worry, leading to (no surprises) retention issues within the service. We look forward to working with them to help matters.

WORKING GROUP UPDATES

The delegates met during the latter part of 2020 and agreed on the group to engage with the DHBs and Ministry of Health in this work. We also prepared a discussion document based on the results of the survey of members conducted in August.

While the other parties have been slow to get organised, we met with Dr Martin Chadwick (Ministry of Health's Chief Allied Health Professions Officer), and the DHB representatives on the 2nd of February in Wellington. Dr (PhD not medical) Chadwick was receptive to our ideas and agreed that it was the pipeline (from high school to university to career) of the psychologist work force which was vital to the profession. He also recognises the current "revolving door" where psychologists are moving between various government departments and being "lost" to private practice. He appears to have a similar vision to us which he believes will take eight or nine years to be fully operational. We will be meeting with him again shortly, to develop the ideas and concepts and to ensure there is genuine synergy here.

The other area where we have shared concerns and aspirations is the ongoing "development" of Maori psychology, both from a treatment and support perspective for clients, but also the development of practitioners. Our member Simon Waigth from Northland DHB contributed a paper outlining some major concerns with data collection, the treatment of Maori, and the lack of Maori psychology leadership within the DHB's.

DELEGATES TRAINING FEB 2021

The two days of delegate training on the 10th and 11th of February had many interesting presentations but from a psychologist divisional viewpoint, Rachael Prebble (Organizational Development Manager at CCDHB) was a highlight. She spoke about how she had collated and reframed work around "Just Culture" and demonstrated the influence of her training and practice as a clinical psychologist, in getting the projected adopted by her DHB.It reinforced the idea that as psychologists, members have much to offer their organisations in the development of culture and structure.

Emerald Muriwai from Ngā Pou Mana Tangata Whenua Allied Health who is the co-chair of the organisation, and who is also an intern clinical psychologist, presented on the aims and objectives of Ngā Pou Mana. They are a complimentary organisation to us, our focus being industrial, and Ngā Pou Mana with the Maori professional development focus. We look forward to working in partnership with them.

2021 COLLECTIVE AGREEMENTS

DHB MECA:

The results of the DHB MECA ballot are in, with members voting in favour of the MECA and the inclusion of the South Canterbury DHB. The eagle eye among you will notice that the Wairarapa DHB is missing from our list. The reason for this is that during the year all our members were transferred over to Capital and Coast DHB from Hutt and Wairarapa, as the Mental Health, Addictions, and Intellectual Disability Service was brought under a single employer. While we have members at Hutt that work in other areas of the DHB, our membership at Wairarapa all work in this MHAIDS unit, remaining at their existing locations.

The MECA was initiated on December 31, 2020, and you will have received the bargaining newsletter which contains the makeup of the bargaining team, claims and dates for bargaining. Due to COVID-19, the first meeting on the 8th of March was held via zoom.

MOE MUCA (Multi Union Collective Agreement) - the other union involved being NZEI)

Members involved in this collective have received their bargaining newsletter which outlines the initiation, claims and bargaining timetable. The parties met on the 22nd and 23rd of February. Claims around remuneration and Traumatic incident response generated lots of discussion, alongside the other claims that have been raised.

The next round of bargaining is on the 10th and 11th of March in Wellington.

COLLECTIVE BARGAINING

ISSUES OF 2021 AND INTO 2022

Let me work as a psychologist!

Many of our members complained this year about doing tasks, including case management, which are more appropriate for their allied health colleagues. Other examples where there has been unwanted interference around time allocations or preparation, consultation time, and follow up. This is something than needs to be be dealt with on a case-by-case bases, so please let your delegates or the APEX office know if you are finding this situation applies to you.

Wait lists have seen psychologists exposed to abuse from patients when they do assessments, as patients and families become very frustrated when being told that they have another six months to wait. APEX has been involved in several situations where moral had reached crisis point.

COVID: What we've learnt and the big increases in demand for services since.

What we learned was that there needs to be a plan before psychologists are able to work from remote locations, including identifying what will wait. We will be raising claims around flexible working in bargaining. The other effect is the growth in waiting lists, as people have continued to deal with the implications of lockdowns, loss of income and so on. This has created demand on services, with on some occasions management trying to push psychologists to work in ways that are counter- productive to good client outcomes.

Consultations and more consultations

Many DHB's proposed restructuring of their Allied health workforce, including psychologists: a common theme demonstrated a lack of understating of how psychologists should operate, the lack of psychologists as leaders and structures that in most cases would make working as a psychologist in the DHB more difficult. The main positive about this situation was so many members responding to proposals with detailed feedback, to the point where DHB's have yet to come back with an outcome whilst they consider the feedback and make "adjustments". We continue to push for psychologists to be included in the incubation phase of these restructures, rather than being part of the general consultation.

Application of 14.5

This issue dominated the middle of 2020 year with the DHB's response to the clause 14.5 issue. TAS posted a different page 15 on their website to the one that APEX members ratified. DHB's around the country denied members their full entitlement APEX sent a letter to all the CEOs, then went to mediation over the issue. The outcome was that the situation was corrected, the clause reappeared on the TAS website as ratified, and DHB's were advised to comply. If there are any issues remaining out there as a result of this sequence of unfortunate events, please let us know.

Merit and accelerated progression

It has become apparent that some DHB's are determined not to allow multi step merit progression. Please note:

- There has never been any restraint moving more than one merit step in a merit progression. The phrase is to a higher step (not one or the next). This applies to steps over 10 as well.

- In steps one to ten, if you apply and are successful in your merit, your automatic step should not be part of any equation in deciding how many steps you will increase. That automatic increase is your entitlement. And yes, you can have both in the same year.

- We will be working with the DHB's to evaluate an application without the applicant having to say they are applying for more than one step. Rather the award should be based on the material provided.

- Gaining more than one step, is not about doubling the amount of work (although providing extra will help), rather demonstrating quality and professional development.

- There must be allowance of retrospective work.

How to increase your chances for a successful merit progression application (based on a 360 perspective)

1. If your DHB has provided a template, please use it.

2. Carefully align with the criteria outlined in the MECA. If you are wanting more than one step, adjust accordingly.

3. Work with those who are evaluating your merit application. It is concerning to have members who are involved in assessing merit applications reporting that they are receiving a lot of negative feedback when they must either request more information, or decline applications, yet these members are doing whatis required to maintain the integrity of theprocess. If you have issues with the result, follow the correct appeals process. If you are still unhappy, raise the issue with us.

4. If you need to clarify what is BAU and what is merit, have that discussion at the time you are considering including the work in your application, and make sure you include/ describe what are the elements that make the work merit worthy.

5. Including the same work twice will only be acceptable if you can demonstrate significant developments from what you submitted the time before.

6. Make sure your work is being evaluated by a panel of psychologists. Just saying!

7. Reflect on what is happening in your work now, from the perspective, "is this something that I can include in my next merit". Have that discussion and keep details of the required information to make your application easier to collate.

PSYCHOLOGISTS AND PAY EQUITY

APEX has lodged a pay equity claim for psychologists at DHBs, as part of a wider claim encompassing all our members working in majority female professions. However, it is important to note a few things.

The pay equity process is long and convoluted. Despite having raised their pay equity claim in 2017, nurses covered by NZNO have still not resolved it or even determined the right comparators. Comparators are important because the Equal Pay Act 1972 requires that in determining whether there is inequity it has to be considered whether, *"for work which is exclusively or predominantly performed by female employees, the rate of remuneration that would be paid to male employees with the same, or substantially similar, skills, responsibility, and service performing the work under the same, or substantially similar, conditions and with the same, or substantially similar, degrees of effort."*

Whilst the pay equity route is another 'string to the bow' of opportunities for improving pay, it involves a long and arduous process and is arguably not going to be the primary method by which psychologists continue to improve pay and conditions. There are several problems to overcome when pursuing the pay equity argument.

Firstly, one of the difficulties in comparisons is finding a comparator covered by a collective agreement. Unions representing care and support workers and teacher aides argued those roles were comparable to prison officers. We made a similar argument around pay rates in terms of comparison with Corrections, but rather than going the pay equity route, went through the collective bargaining process. Now if we compare psychologists in Corrections to psychologists in health, the difference in pay scales does not show a big difference. Corrections psychologists start on $74,604 and their top step of their competency-based scale is $117,300. For psychologists in DHBs the starting step is $75,078 and the top automatic step is $106,858 but the top merit step is $135,000. Therefore, if there was a comparator, who would it be? Medical physicists are one possible comparable profession, but in the initial post-graduation in-work training phase their rates are below the psychology MECA. After their post-graduation in-work training phase (five years) their salaries are significantly higher than psychologists - $97,527 up to $120,932. However medical physicists were not always well-paid. They have had to take two major industrial campaigns since 2015 involving long-term partial strike action to push up their pay rates.

Secondly, the pay equity process relies heavily on government willingness to intervene in the form of increased funding. Any strategy to raise wages which relies heavily on the state to open the purse strings and keep them open forever out of sheer beneficence may be unreasonably optimistic. In the state sector pay gaps open up primarily because of the large gap between the needs of the community and the funding allocated to the sector (teacher aides for example) or because governments have deliberately privatised parts of our health infrastructure (aged and disability residential care) to create "race to the bottom" market-settings. Similarly, in health, a key determiner of rising wages is government funding for DHBs and the Health System Review's recommendation to legislate for guaranteed increases in funding would go some way to ensuring that a return to the health sector austerity of 2008-2017 does not happen again.

Third, pay equity processes cannot be used to deliver other important conditions, like sabbaticals or additional annual leave. It can only deliver pay, albeit that this can relate to all aspects of the pay packet including penal and overtime pay, and allowances. That means pay equity is not a short cut to a better contract overall.

Fourth, careful attention needs to be paid to the distortionary impact that successful pay equity claims can have on the labour market. In aged care private rest homes have sought to undermine pay equity by deskilling the workforce, churning through short-term migrant labour and cutting staff hours. We must remain vigilant to protect the role of our profession in the MECA through minimum staffing positions, and resist attempts by DHBs to try and rely more heavily on other lower skilled workforces.

So, a pay equity claim is on the table for DHB psychologists, but we should not hold our breath or even more, count our chickens. The process in Allied Health sector will be very complex and may take years to determine. APEX intends to be active in pursuing pay equity on behalf our female dominated professions. However, in the psychology division we must not be too distracted by this long-term slow-burn and must concentrate our thinking on the 2021 bargaining. That bargaining will be on us before we know it and will involve claims to improve all aspects of the MECA, not just pay.

Check out the latest Pay Equity newsletter for updates!

“PEOPLE ARE FRUSTRATED AT TURNING UP TO A MENTAL HEALTH SERVICE, AND ONLY BEING OFFERED MEDICATION AND NOTHING ELSE.”

Dr Kayla Mackie –Delegate at Waikato, works for the Waikato DHB, in the Rural South team, and until recently ICAMS. She has now left ICAMS to work part time with a private group. During the strikes of 2019, Kayla was one of the effective spokespersons for members fronting the media with other delegates. Earlier in the year Kayla was a driving force in organising members to give their feedback on a restructure. The feedback provided by psychologists forced a rethink by the Waikato DHB.

What motivated you to study psychology?

It was a change that happened at university. I was studying physical sciences (Zoology) but became interested in psychology and decided that is what I preferred.

What was the area of study that you undertook for your Doctorate?

I investigated parenting, in particularly fathers, and whether they could be as a group be primed using images depicting both evolved and generalised fathering experiences. I found that complex colour images of fathers and children interacting produced a reliable priming effect.

What motivated you to become an APEX delegate?

We didn't have one for ages, so I became it. I had a little bit of experience with governance type things being on the board at Youthline. I'm enjoying it the delegate work.

What do you enjoy doing outside of work?

I love riding horses, walking dogs, reading and checking out Hamilton restaurants!

Regarding your recent experience, changing from full time working for a DHB, into part time DHB and private practice - what was the catalyst for your change?

I had enough of the constant crisis work, and the crisis roster, being prioritized over longer-term therapy. There was a real pressure to push people through so quickly instead of giving a gold standard level of good psychological care. Pushing people through was being put ahead of good client care. I wanted to go to back to psychological therapy the way I was trained to do it.

In the crisis management at ICAMS, did you get the feeling that other professionals (not psychologists) could do that work?

So, they treat the crisis as the highest priority, and the management of the crisis can be dealt

dealt with by any registered metal health professional. There are some that like to do a crisis orientated role, but it is a baseline skill, it does not have to be a psychologist doing that work. It just came down to numbers on the ground.

So, if say psychologists were to train other professionals in providing low level interventions, then freeing up psychologists to do longer term therapy, would that work?

Potentially. Some people are exceptionally good at crisis work, and have become highly skilled, and would be better than a psychologist. Just putting psychologists onto a crisis roster is a waste of resource. It would be better for the psychologists to support the team and pick up on the longer term therapies.

Could that be expressed in that if others handled the crisis work, and psychologists were able to provide the gold standard psychological care with therapy with these patients, that there would be a decrease in "repeat business"?

Absolutely. Without that approach, you get the revolving door in and out. And I think that what people want as well. People are frustrated at turning up to a mental health service, and only being offered medication and nothing else. They want to have longer term therapy to address core issues and that is not being given priority

What does a good day at work for you look like?

I can see the clients that I have booked, at the time they are booked for. I don't have to shift them around or cancel. I get to do the planned therapy. For example, one crisis call might mean that four clients that day miss their weekly appointment, which is very disruptive for them and sets the therapy progress back. So a good day is when that doesn't happen.

If you as you are now, were to meet the you that you were when you were a fresh graduate, what advice would you give yourself?

If I was going into a DHB job, be really structured with your time, and be realistic with the number of clients you can see. The DHB will change things around on you, so don't overcommit. Don't get overwhelmed, and don't feel bad about saying no. There will also be others who need help, but once you have a client (or group of clients), they need the best you can give, so don't dilute your care, with numbers.

DIVISIONAL LEADERSHIP NOMINATIONS AND ELECTIONS

Nominations are now open until 5pm on 19th March 2021 for the positions of divisional secretary and divisional president. As per the APEX rules, nominations must be in writing, signed by the proposer and seconder (both of whom must be financial members), accompanied by the candidate's signed consent to nomination. A copy if the nomination form can be found here.

Scanned copies of the nomination documents should be emailed to psychologist@apex.org.nz

A ballot on nominations, if necessary, will be held after March 19th, 2021.

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