



WORKFORCE PIPELINE: HEALTH MINISTRY ASKED FOR VOLUNTARY BONDING SCHEME

The Ministry of Health's Voluntary Bonding Scheme (VBS) provides a financial incentive to new New Zealand graduates to work in hard-to-staff areas.

At the moment sonographers, doctors, nurses, dentists and midwives all to some extent are part of the VBS. As part of APEX's contribution to the 2017 review of the VBS, we have made a submission in support of its extension to include psychologists working in four provincial DHBs we identified as hard to staff: Midcentral, Tairāwhiti, Northland and Hawkes Bay.

As part of our submission, delegates and professional leaders collected, and we sent, the Ministry detailed information on the number of psychologist vacancies at each DHB:

- Average time it takes to fill vacancies,
- Annual turnover of staff,
- Average age of workforce,
- Percentage trained overseas,
- Percentage who are Māori or Pasifika,
- Expected future service demands.

Last year the 20 DHBs undertook a workforce review of psychology, which noted:

"There is high demand for rural work due to factors such as high suicide rates in farming communities, increasing pressures with falling dairy prices, isolation, etc. Rural roles are often recruited from overseas, mainly South Africa. These recruits generally work out well."

The DHBs' report noted that there have been some local problems, however. APEX's view is that all DHBs should have a balanced workforce composition; and in order to strengthen the diversity and sustainability of the national psychology workforce, non-urban DHBs need to be seen as an attractive place for new graduates to work.

The Ministry of Health may decide not to extend the VBS to psychologists. However, the profession requires us to work towards a plan to ensure the pool of psychologists working provincially is replenished and the education-to-work pipeline delivers rural communities more locally trained psychologists.

INVESTIGATIONS AND DISCIPLINARIES

Since the beginning of the year, APEX has provided representation to five psychologists involved in investigations and disciplinary processes, ranging from minor to serious misconduct. In four of these situations no warning was issued and agreed plans for performance improvement in areas such as documentation, cultural competency and professionalism were completed by the psychologist involved.

In one case however, the psychologist was dismissed for serious misconduct and APEX raised a personal grievance for unjustified dismissal. Not settled with the DHB at mediation, this matter proceeded to the Employment Relations Authority where it was granted urgency. Prior to what would have been a five-day hearing, the matter was settled confidentially between the psychologist and the DHB.

If you receive a letter alleging misconduct or opening an investigation into your conduct, it is important that you contact us without delay. There are some general principles that should be kept in mind:

- Employers of registered professionals are required to act to a high standard when carrying out disciplinary procedures because of the very serious consequences referrals to a registration body have for professionals.
- Investigators and decision makers are required

to be open minded and thorough. Where there is a conflict of evidence, the employer must undertake adequate further investigation.

- Large employers are held to a higher standard: we would not expect a psychologist to be investigated by an inexperienced HR worker.
- Where an employer alleges a breach of a policy or a part of the Code of Ethics, the employer shall provide the employee with the specific details of that breach and a copy of the policy or part of the code breached.
- Breaches of policies or procedures will only be misconduct where employees have a working knowledge of these documents and they are properly enforced consistently and fairly.
- Procedural unfairness will often lead to unreasonable conclusions being drawn.
- The employer should redact all identifying patient details prior to providing the union with patient-related information. Failure to adequately redact patient details may be a breach of Rule 10 of the Health Information Privacy Code.
- The outcome of a disciplinary process should be proportionate to the seriousness of the proven misconduct. In many cases, where the misconduct is minor, no further action beyond possibly a performance improvement plan should be taken in the first instance.

WELCOME SOUTHERN + WAIRARAPA

Psychologists at Wairarapa and Southern DHBs have begun joining APEX, and we are looking forward to representing their interests as we negotiate their transition onto our MECA in September.

Wairarapa DHB is centred on the town of Masterton while Southern DHB covers the Otago and Southland areas.



DELEGATES MEETING



Twenty psychologist delegates met for training in Auckland for two days in July. Representing psychologists at fourteen DHBs and the Ministry of Education, the delegates training provided an opportunity for industrial and professional issues to be discussed and debated. The training days were opened by Dr Deborah Powell, APEX National Secretary, who discussed the AST workforce governance group and APEX's divisional structure which gives separate professions autonomy in bargaining.

We were then joined via Skype by Steve Osborne, Chief Executive and Registrar of the New Zealand Psychologists Board, who spoke about self-care and the importance of addressing dual relationships. Steve and delegates discussed some topical issues such as psychologists moving into the responsible clinician role, access to supervision, and the transition from internships to graduate psychologist. Despite some technical issues, Dr Paul Skirrow, professional leader at the three Wellington DHBs, also skyped in to update the group on the psychology workforce group and the co-ordinated work of professional societies, academia and the DHBs.

Delegates received formal training on the rights and responsibilities of delegates and the process for raising and resolving employment relationship problems. One of the highlights of the conference was the ability of the various specialties to discuss matters of mutual importance; for example, a lack of professional leaders for physical health psychologists and the remuneration for court reports by forensic psychologists.

The second day began with Michele Stanton, a lawyer from the Medical Professionals' Indemnity presenting on some of the sorts of issues they deal with for psychologists; such as coroners' inquiries, HDC complaints, etc. One of the tricky issues that came up in discussion was where a psychologist had assessed a patient, but they had not yet been treated. Michele made the point that once a psychologist has assessed a patient they take on professional responsibility for their care.

From the two days' training, four key areas of focus for psychologists kept recurring. First, it is important that we ensure that psychologists are able to work at the **"top of the scope"**: being part of clinical governance; having time to develop our core competencies, including research; putting restrictions around how much case management and clerical work we do; and developing psychologists as responsible clinicians.

Second, **workloads and waiting lists** need to be addressed; including looking at how many psychologist positions are vacant and how many new positions we need.

Third, we need to keep **raising the profile of psychology**; this could involve offering internal staff mindfulness training or undertaking case reviews with our colleagues.

Fourth, we need to keep improving the **health, safety and wellbeing of our workplaces**; including ensuring clause 13 of the MECA is implemented in DHBs and there is adequate peer support during serious incidents.

"THINKING ABOUT SYSTEMS AND CULTURES AS WELL AS CLIENTS"

Where do you work?

I am a clinical psychologist at Auckland District Health Board. I have been a delegate since 2009 and am the secretary of the Psychologists' Division of APEX. I work in a team called ACOS, which is an assertive outreach team, which finds and works with people that are hard to engage.

Why is it important to have delegates?

The delegate is the person who, knows the intimate detail of what is happening in the organisation, knows how it works, builds relationships with the managers there and is the frontline or the first contact for the membership. It is important somebody knows what is happening on the ground. You become very experienced in being able to deal with relatively minor issues very, very quickly without having to go to the APEX advocates.

What do you like about APEX?

It is a membership-based, bottom-up organisation where issues get raised and dealt with because of concerns of members rather than being a directive organisation that tells people what the issues are. It has taken some time to understand that and take charge of the things that we want to talk about and address.

What skills do you develop as a delegate?

You become very knowledgeable in how payroll works, how to interpret the contract, how to give sensible advice to interact with payroll and HR. Most of the issues are helping both payroll and staff iron out minor and simple things – overpayments, underpayments, leave requests, holiday pay – quite easily resolved once you know who to go to.

It gives you an insight into how DHBs work, and the people you are dealing with. Managers often have the same concerns, weaknesses and issues as the staff – they struggle to do things properly, or do not know the systems, or how to understand the contract. It can often be

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DELEGATE
INTERVIEW



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a difficult system, and within it delegates can present a helpful and reasonable voice from a union perspective that works well and gets good results.

What are the major issues affecting psychologists?

The main issue for the health sector, and psychology in particular, is the work demand year upon year has been massively increasing. The number of referrals and people asking for mental health input keeps rising. That demand hasn't been matched by increases in staff, so staff have responded by working harder and longer hours.

I see psychologists working unpaid overtime, coming in on the weekends, doing more paperwork and thinking it is something they have to do on their own time. I think the situation is untenable. I can't see how this can continue.

What would you say to someone thinking of becoming a delegate?

It is a great chance to gain a perspective different from your normal clinical role. Before I was a delegate all of my focus was on seeing patients and talking to the team about clinical aspects, and now I've an additional part of my job which is thinking about the organisation, and how the workforce interacts with the DHBs.

And that suits my style of psychological thinking, which thinks about systems and cultures as well as clients.