

Dear Colleagues

We attend the above group which meets two monthly. The meetings tend to be full on, as we cover around 25 professional classes of practitioners. What follows is a brief overview of the main issues discussed.

Both increasing demand and pressure on current clinical **Psychologist** services is being felt acutely in the following areas:

- Rural NZ
- Child Youth and Family
- Physical Health
- Forensic

There is also growth in demand from the physical health space and a gap in ethnic diversity, particularly with the number of Maori/Pacific graduates. We have over 50 vacancies across health at this time, indicating that retention is also an issue.

The failure to support consistent, reliable and sustainable internship opportunities is a problem that has been universally noted. The use of money from current vacancies to provide for internships is one example of the failure to give sufficient security of pipeline supply of clinical psychologists.

Demand is also growing from other social agencies, specifically Education and Oranga Tamariki, and as well as the private sector. Increased movement of psychologists between these setting is likely to occur as the demand for a limited supply of practitioners grows.

HWNZ has been given lead on the issue. Deborah Powell (our National Secretary) and Ann Connell (the Chair of the registration board and AST leader in 3D Mental Health and Addiction services in Wellington) have been tasked with outlining a work plan for HWNZ to improve production, securing the pipeline into practice (internships), developing strategies around retention, and developing cross-sector collaboration. This will be reported on in detail specifically to members of the psychologists' division of APEX; however, we will keep the wider membership up to date with information that may have general application or utility.

The **National Screening Unit** joined us to discuss workforce, with specific reference to the Breast Screening programme (**Mammographers**), Cervical Cancer Screening (**Cytologists**) and Prenatal screening (**Sonographers**).

This group does not appear to appreciate that despite their acknowledgement of how important AST practitioners are to delivering on programme objectives, their own actions can result in workforce issues. The cytologists are a case in point, with much still up in the air regarding the impending changes to this programme. On that issue, we have a specific meeting to discuss what is happening, and when, later this month, and will report back to all cytologists after this.

Improved communication between the Unit and AST Governance group is planned to try to address the workforce issues arising from screening programme activity.

HWNZ has also approved funding to better clarify the requirements for postgraduate training for **Laboratory Scientists** in the data-to-information, navigator and lab-management areas, to ensure this workforce remains “future fit” in the face of rapid change. Once we are clear on what training is needed, we will engage the tertiary education sector to provide it! The National Laboratory Roundtable will lead this work, and they meet again at the end of October. Medical laboratory practitioners might want to keep an eye out for the report that will follow that meeting.

Physiotherapist shortages were next on the agenda (and simultaneously the subject of media calls courtesy of Canterbury DHB closing a West Coast service). ACC reported concern over having enough physios, although they are slightly unclear on what the actual problem is in the private sector. We are aware of issues in public: the average physio employed in the public sector is young (35 years), and the sector is predominantly female. The rate of return to work after parental leave may be a cause of the young average age. The flexibility offered by private work, or perhaps more specifically the lack of it in public, may be impacting here. More work is to be done on this once the problem we are trying to solve is more clearly defined.

The DHBSS **Sonographer** workforce group continues to meet (and, we suggest, achieve nothing!) The private sector is reducing the number of training positions again and, as anticipated, the DHBs have hardly increased theirs at all. This reflects an overall problem with DHBs refusing to invest in training positions, be they psychologist internships or MRI/sonographer trainee slots. Whilst quick to complain when they become short staffed, and inclined to object to the registration board standards limiting overseas recruitment, the equivalent focus on succession planning and training is still not evident.

Whilst we are on the topic, **MRI** is going the same way as sonography. Warned of this impending scenario by APEX some 18 months ago, the DHBs have done nothing and we are now facing a critical shortage as the number of machines being brought into service continues to increase. The HWNZ AST group is doing a stock take of machine growth, as this is a single indicator of staffing required. That will then give us a better handle on how bad it is, and how much worse it is about to become . . . !

Cardiac Physiologists were also reported as an emerging (workforce) issue, but again a better definition of the problem is needed before we can focus resources.

APEX Advocates are briefed on these issues, and feed into the HWNZ AST Governance group work, so if anyone wants more specific information or to input anything, please drop them a line. Our next meeting is at the end of November: in the interim, any work impacting on members in any particular division will be reported directly.