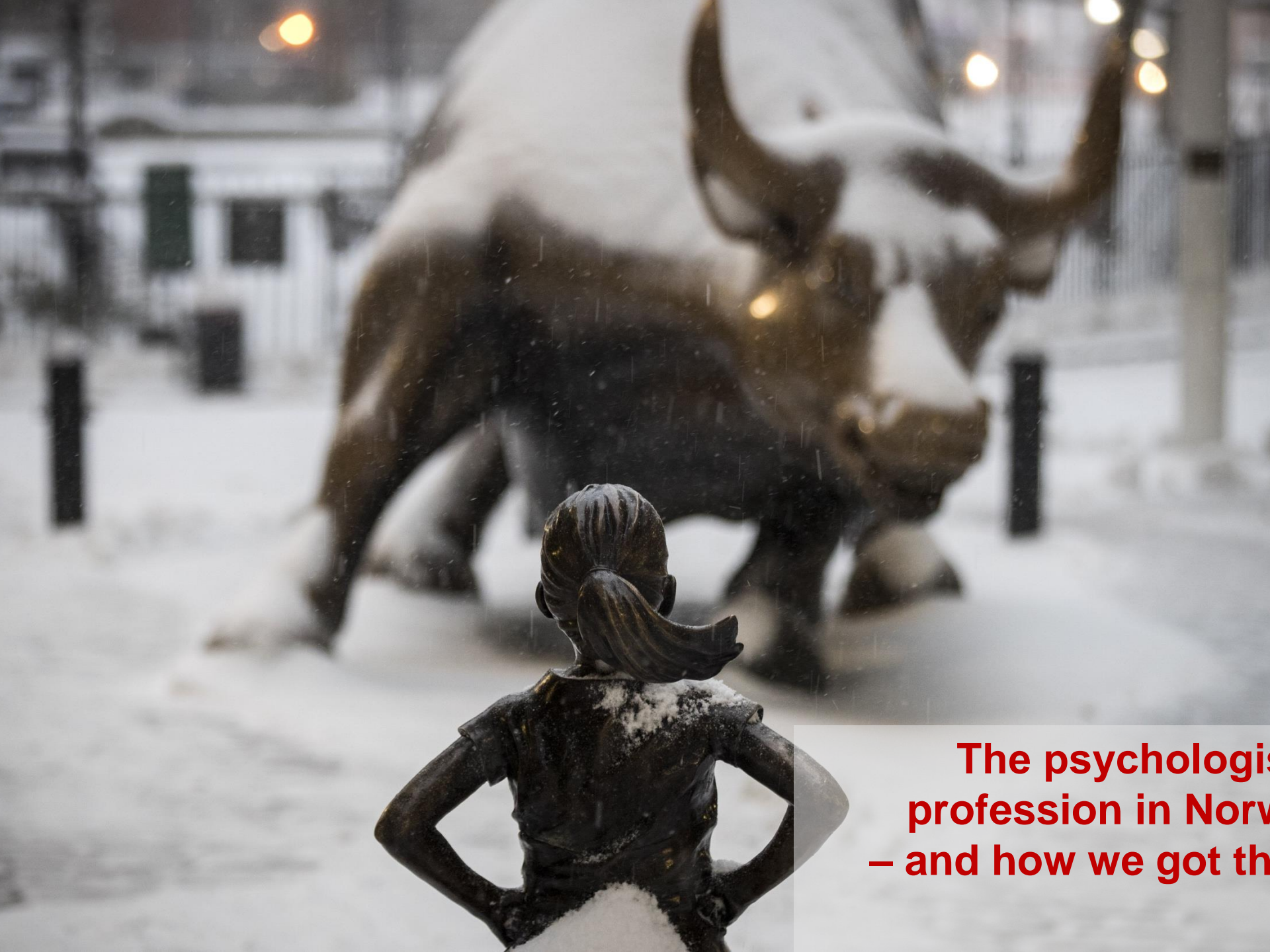


Psychologists in Norway

March 2018

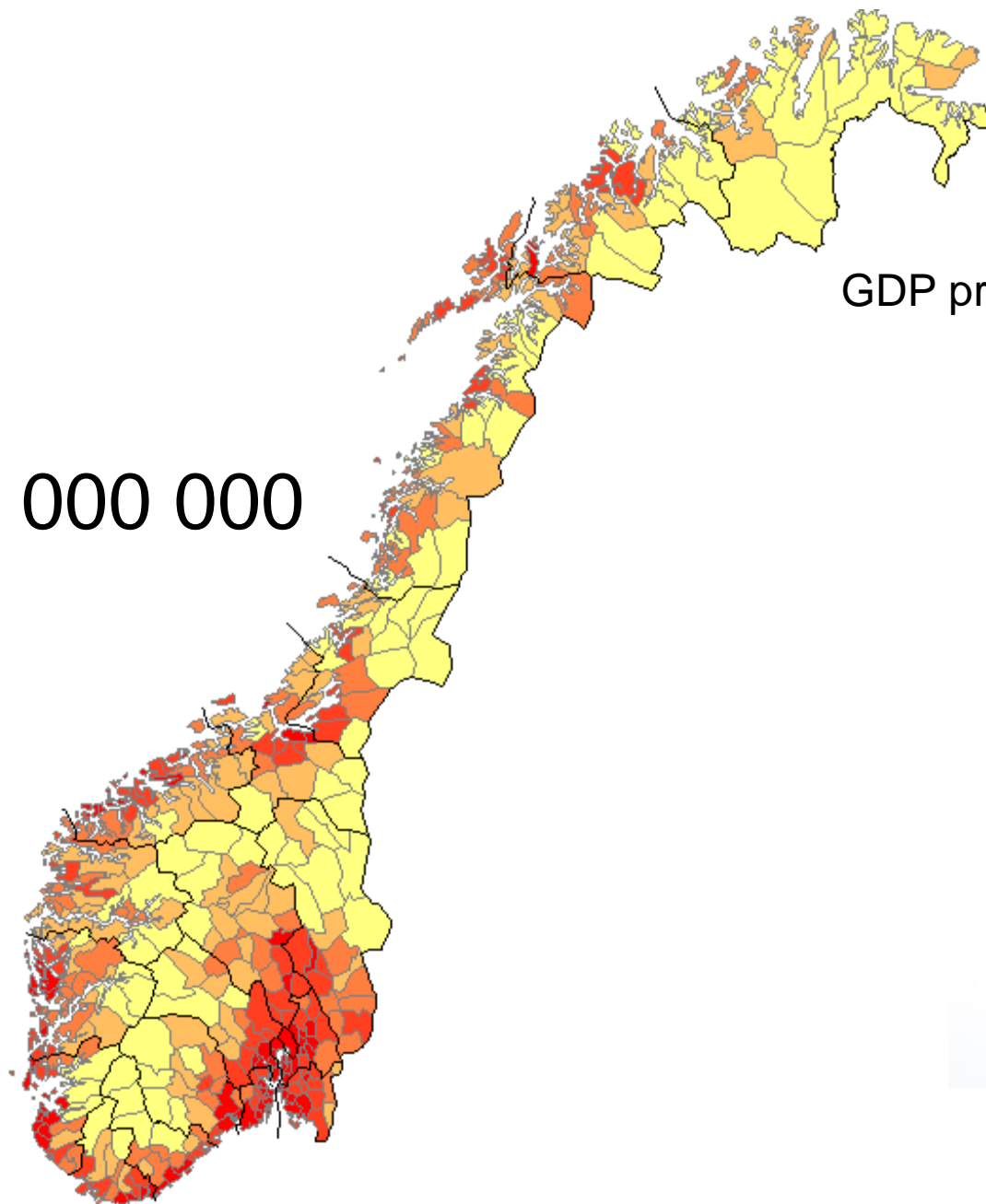
Questions from Iceland

- What is the role, responsibility and status of clinical psychologists in Norway?
- What is the pay structure of specialists in clinical psychology?
- Who is responsible for negotiating the salaries of psychologists and specialists in clinical psychology Norway?
- Is it your association or another organization which negotiates for your salary and working conditions?



**The psychology
profession in Norway
– and how we got there**

5 000 000



GDP pr capita 597 600 (€59 000)

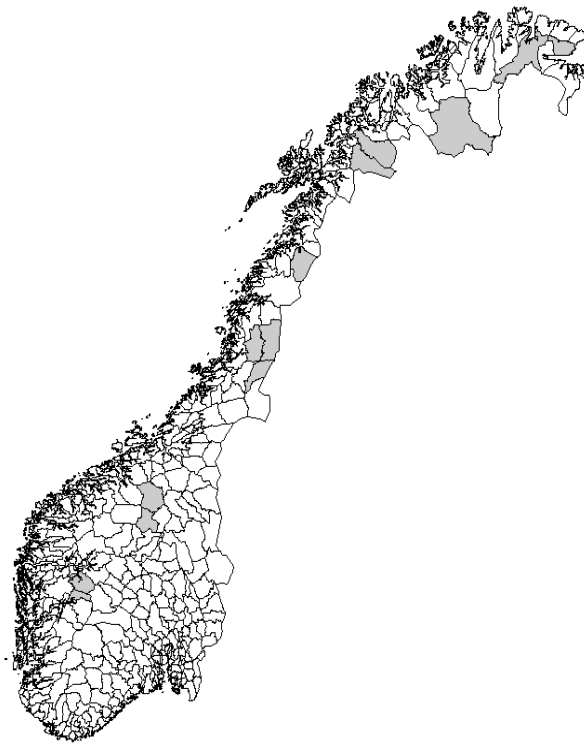


3 %

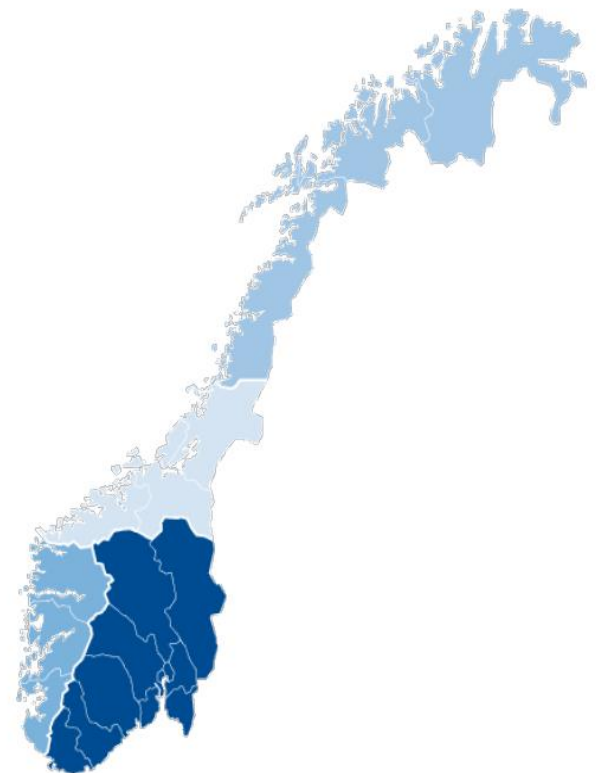




19 counties
no responsibility
for healthcare

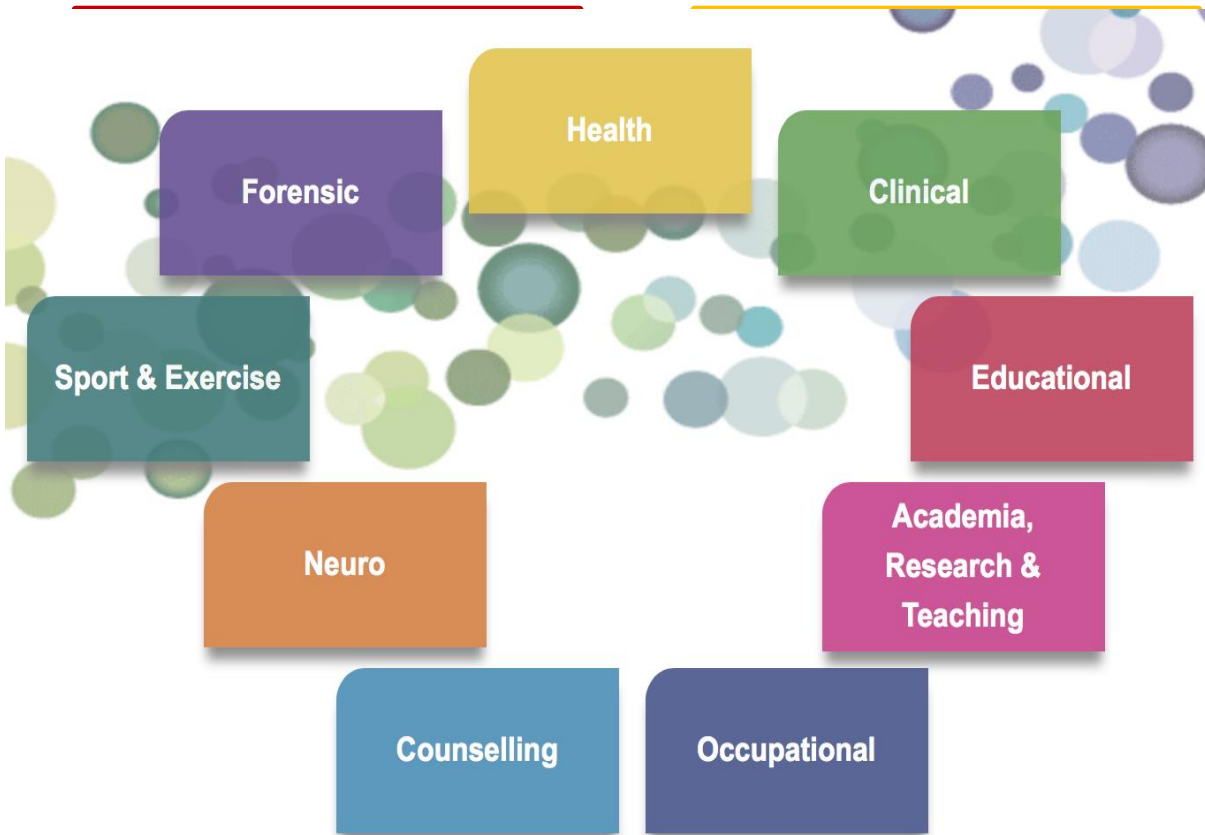


430 municipalities
primary care



4 health regions
secondary care

Education



5 year
specialization

Practical
psychology

Practice
training

General
psychology

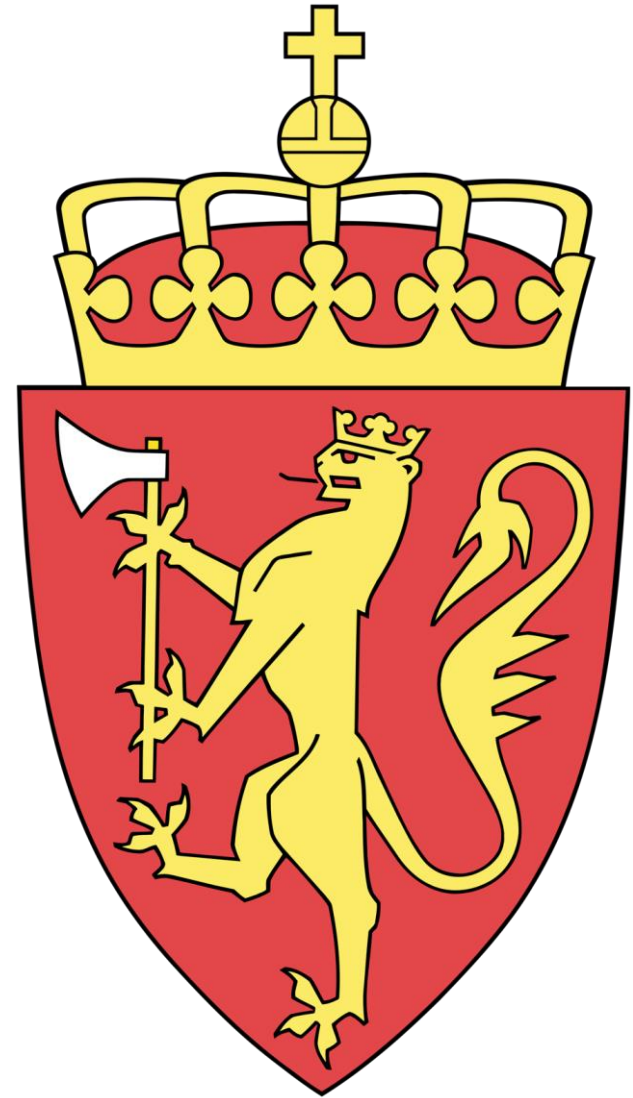
Skill training

Professional study
based on the
Boulder model

The Bologna model of 3 yrs BA, 2 yrs MA and unspecified yrs PhD was introduced in 1999

In 2001, the Norwegian government accepted to maintain the former 6 yrs *integrated* professional education of medical doctors, veterinarians and psychologists.

The main argument is that these professions require skill training and practice in real life settings to safeguard service quality

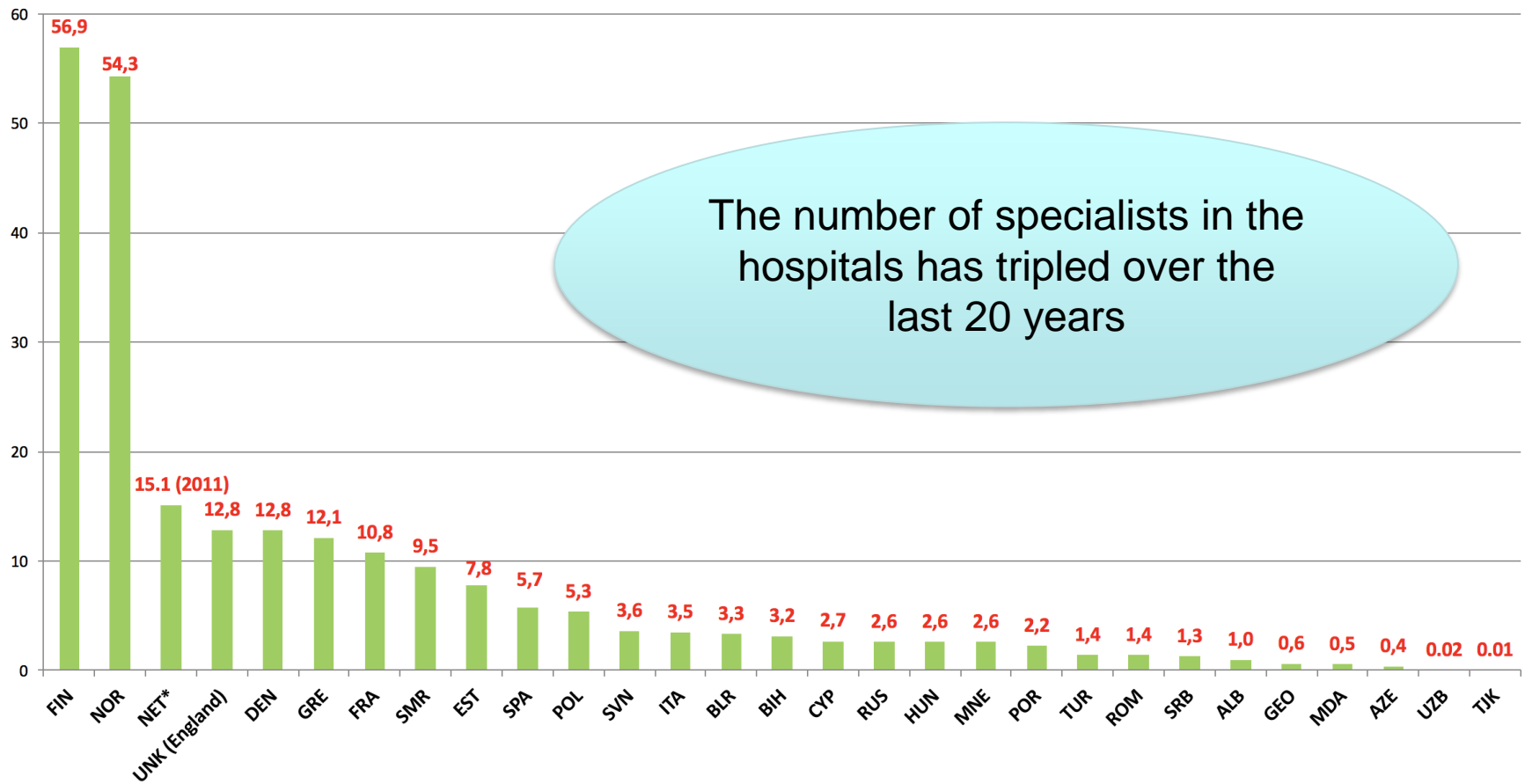


What is the role, responsibility and status of clinical psychologists in Norway?

Independently:

- **Assess**
- **Diagnose**
- **Treat**
- **Initiate and be responsible for involuntary treatment (specialist)**
- **Initiate and be responsible for the use of all aspects of forced treatment (except medication) (specialist)**
- **Be a leader at all levels (and for all types of personnel) in clinics and hospitals (specialist)**
- **Sign declarations for social benefits (except sick leave)**
- **Conclude treatment**
- **Refer horizontally and vertically**
- **Obligation to help in emergency**

Total psychologists hired in public service pr. 100 000 population



1934: Norwegian psychological association formed
1938: Authorization for psychotherapists
1838: First "work conflict" where the association represented psychologist
1948: Professional study of psychology established (34 members)
1959: Specialization established
1959: Ethical guidelines established
1969: All psychologists in one association
1973: **Psychologists law**
1985: Expansion of the specialist training
1987: Ethical principles for Nordic Associations
1998: **Mental health reform act** (ten year bipartisan agreement)
1999: Psychologists law merged with others
2000: **New law for mental health in hospitals:**
2003: Exception from reform of higher education (Bologna-process)
2015: Psychologists **right to refer** to secondary care
2017: Law on **psychologists in primary care**





DET KONGELIGE
SOSIAL- OG HELSEDEPARTEMENT

St prp nr 63

(1997-98)

Om opptrappingsplan for
psykisk helse 1999 - 2006
Endringer i statsbudsjettet for 1998

Mental Health plan 1998-2008

Aim: A treatment system which is based on:

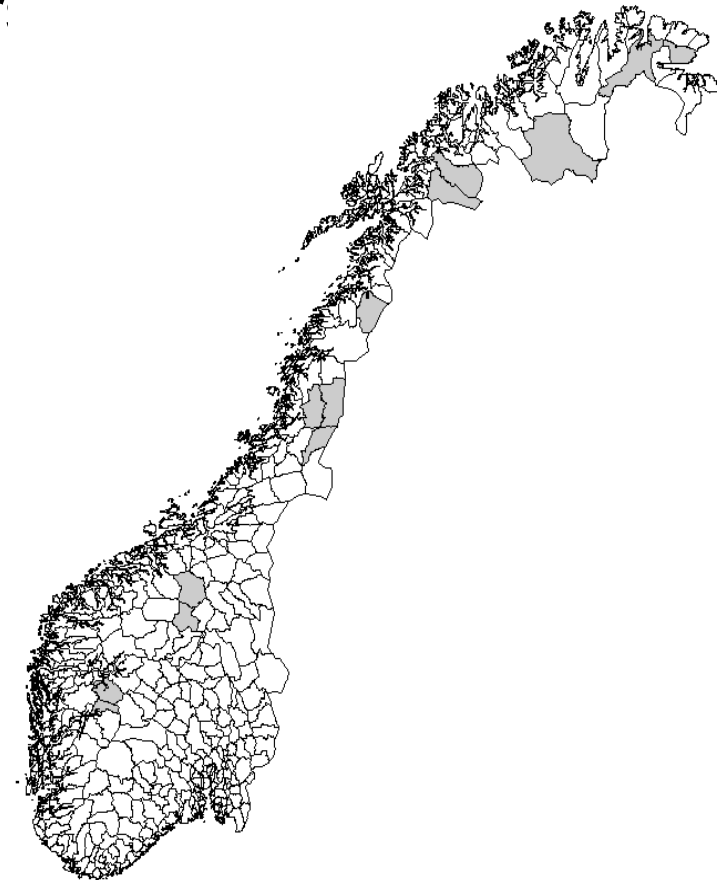
- user perspective,
- strengthen the users autonomy,
- less forced treatment,
- better quality and coordinated treatment,
- higher competence in treatment,
- increase knowledge based treatment
- fight stigma

24 billion NOK (ca 2,41 billion Euro) over 10 years (100 million NOK to user organizations, user groups and self help groups)

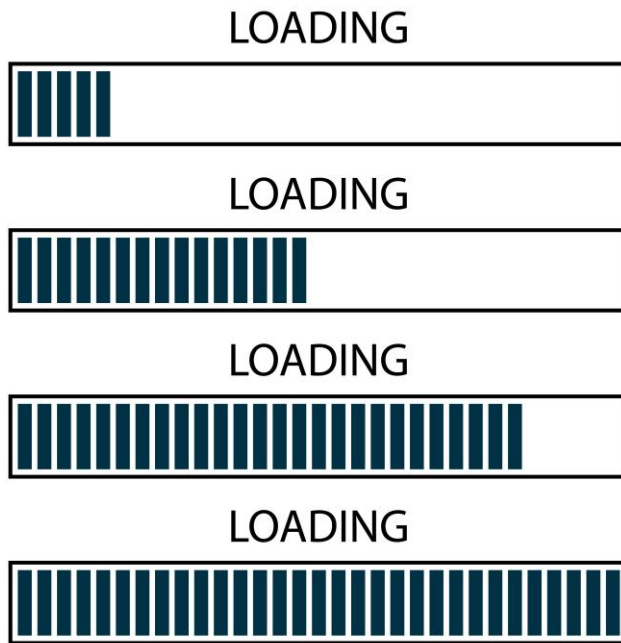
To fulfill their responsibility the
municipalities must have medical
doctor, nurse, physiotherapist, midwife,
school nurse, ergo therapist,
psychologist, dentist and dentist nur

New law on municipal health- and social
services:

- passed in the Parliament June 2017
- in effect 2020



Status right now



Rated as highly successful roll-out

More than 50% of municipalities covered

94% full time

82% permanent employment

30% specialists

50% in specialization training

96% part of multidisciplinary teams

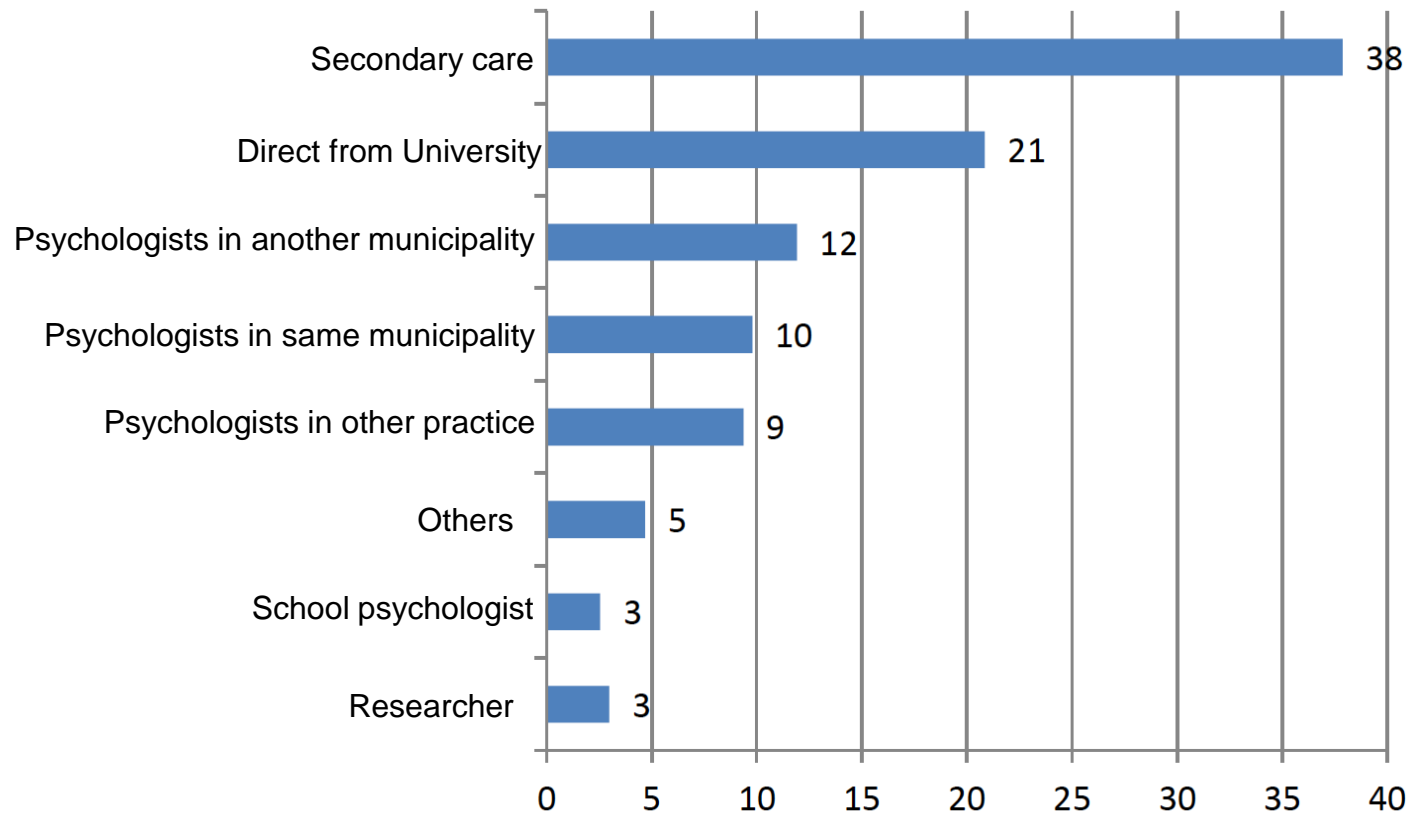
45% clinical low threshold,

37% systemic work,

18% public health

Multi age target groups

Where did the psychologists come from



The Norwegian Psychological association as a TRADE UNION



The Norwegian welfare society

- the tripartite collaboration



health – care – social security - development - education – equality – inclusion - safety
trust - predictability – stability – innovation – efficiency – global competitiveness





...but organised work
life is being challenged



Mer Klinikk

GIR OSS
IKKE

SYKEHUS ER
FELLESKAP!
BEHOLD KOLLEKTIVE
AVTALER

UT
AV

KOLLEKTIVT
ARBEIDSVERN-
NØDVENDIG FOR
OSS OG PASIENTEN

IKKE RASER
DEN
NORSKE MODELLEN

ØDELEGG
SYKEHUSENE

VERN
OM DEN
NORSKE
MODELLEN
!!!

ARBEI
VER

akademikerne

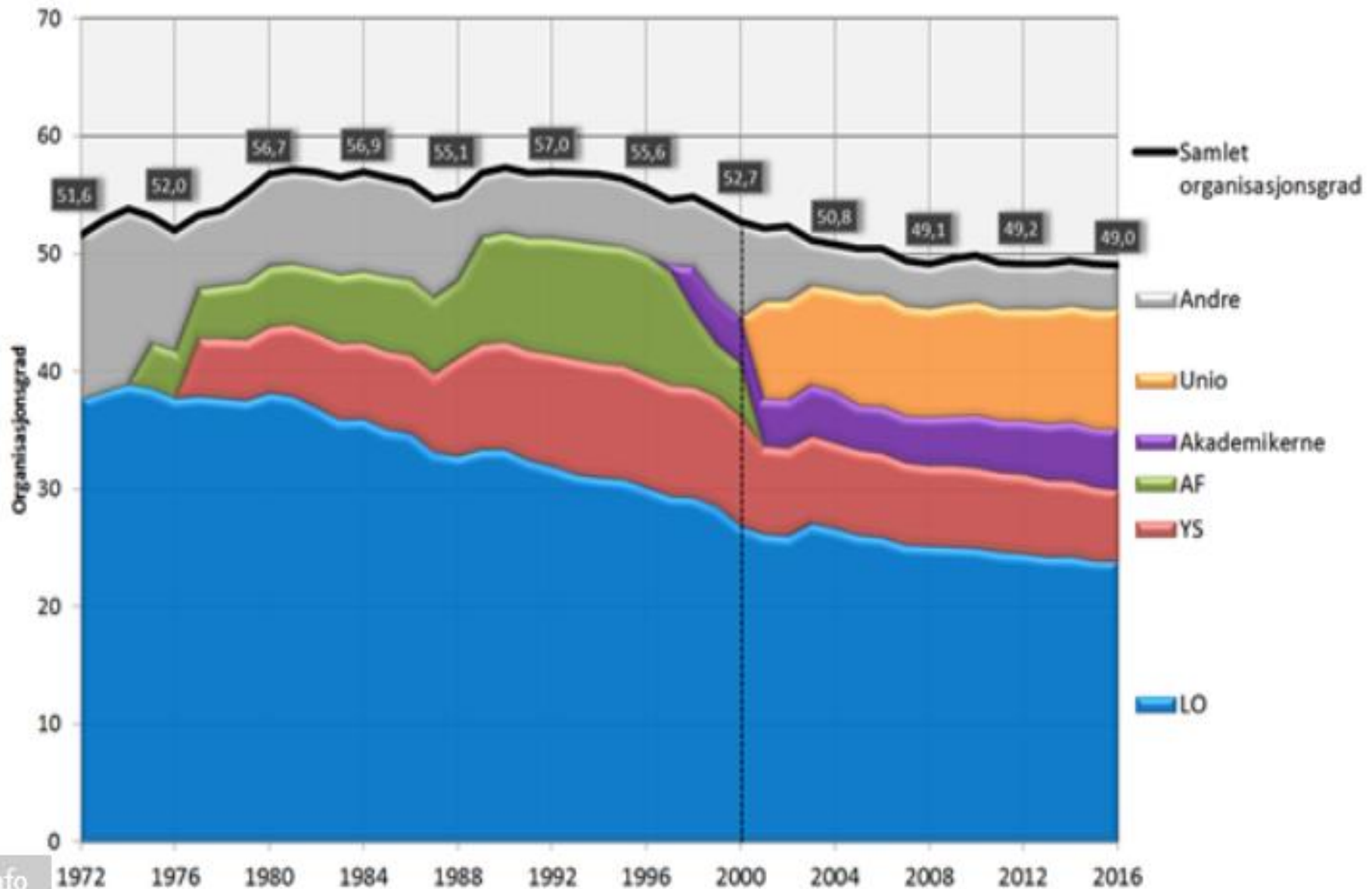
akademikerne
Akademikerne er i streik

akademikerne
Akademikerne er i streik

akademikerne
Akademikerne er i streik

akademikerne
Akademikerne er i streik

Number of organised and degree of organisation





NORSK
PSYKOLOG
FORENING

Naturviterne



norsk lektorlag

atag



DEN NORSKE
LEGEFORENING



Den norske
tannlegeforening



JURIST
FORBUNDET



SAMFUNNSØKONOMENE



Tekna



KOL
Krigsskoleutdannede
Offiserers Landsforening



econa

Relevant counterparts



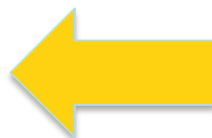
Kommunal- og moderniseringsdepartementet



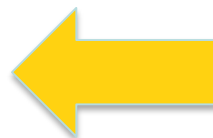
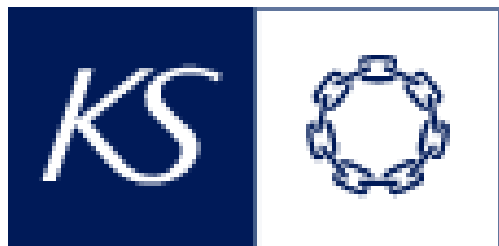
766
Universities, etc.
governmental bodies



ARBEIDSGIVERFORENINGEN
SPEKTER



4025
Hospitals, etc.



852
Municipalities, etc.

VIRKE
HOVEDORGANISASJONEN



645
Privat clinics, etc.

Salary distribution

The graph illustrates the salary distribution for three professions across a skill level spectrum from LOW to HIGH. The Y-axis represents salary, ranging from 0 to 300. The X-axis is marked with LOW and HIGH, with a double-headed arrow indicating the progression.

Legend:

- Leder (Green line with open circles)
- Psycholog (Dark blue line with solid circles)
- Spezialist (Red line with solid circles)

Key observations:

- Psycholog:** Shows a sharp peak in salary (around 250) at a low skill level, followed by a rapid decline to near zero as skill level increases.
- Spezialist:** Shows a broader peak in salary (around 190) at a medium skill level, with a more gradual decline towards zero at high skill levels.
- Leder:** Maintains a consistently low salary (below 20) across all skill levels.

LOW

HIGH

—○— Leder —●— Psycholog —●— Spezialist

Crucial agreements

NPA has a special agreement with Spekter with two very important elements / prerequisites:

- Psychologists are obliged to specialize
(implying that the employer has to pay)
- The term ***Psykologspesialist*** is used for psychologists with an approved specialty. A specialist may demand the minimum salary for specialists, irrespective of his position title

In health enterprises, the minimum wage for specialists is negotiated locally. These vary. Some health enterprises also calculate salaries based on tenure. In government and municipal bodies, the payroll is also distributed locally, even if the framework is decided centrally

Negotiations

- In the **health enterprises**, all salaries are distributed locally, ie by the Psychology Association's elected representatives at the relevant health company. Counterpart is the management of the health enterprise.
- Social rights (holiday, parental leave, sick pay, etc.) are negotiated centrally between Spekter and Akademikerne.
- The terms of the **private practitioners** are negotiated by the Psychology Association centrally with the Ministry of Health - not really a negotiation because the tariffs are laid down in regulations and not in an agreement.
- In government and municipal bodies, negotiations either by own elected representatives or in cooperation with Akademikerne.
- In KS (municipalities) everything is negotiated locally, including frame
- In government bodies, the frame is negotiated centrally and the distribution locally.