



ANNUAL REPORT 2015-2016



Photo: DTAA members offer recognition of many years of service of Jane Guthrie, December 2015

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President's Report *Kim Dunphy*



I am pleased to present this Annual Report in my first year as President. The DTAA has had a solid year, offering a full range of professional development activities including a successful national conference, with significant changes in leadership. Some new governance developments include the establishment of a strategic plan to set the direction for our work together over my term, along with relevant budget. Our Admin Assistant Tess Hens contributed very significantly to supporting the DTAA this year, with her work with Secretary Jane Guthrie, helping progress our strategic objective that members be less involved in basic admin tasks, which should enable us all to take more strategic and effective roles in promoting and advocating for dance movement therapy. I thank Elizabeth Mackenzie for providing warm hospitality for our meetings at her home in Melbourne, and all members of the General and other Committees and members for their significant contributions to the work of our Association.

DTAA Leadership

A major change for the DTAA occurred during this year, when after seven years in the formal role as leader, and more as acting leader and in other leadership roles, Jane Guthrie stepped down as President. Her formidable contribution in that role and the many others she held over decades were acknowledged in her award of Honorary Life Member. This was made in a special celebratory event in December 2015, where the formal presentation concluded with these words:



For those of us who have worked with Jane, her most striking characteristics are her stamina and persistence, her vision and ability to navigate and steer through uncharted waters, and above all her humanity, kindness and integrity. Through her commitment to the field and above all to the clients/patients she works with, she provides a role model for her students and colleagues, and she also inspires and convinces all who meet her of the boundless possibilities for the role of dance movement therapy as a path to healing and health. She is an exemplary professional and a most admirable human being and the Association is blessed to have her. Jane's contribution to the profession is remarkable, long standing and selfless.

The role of President was filled by former Vice President Dr. Kim Dunphy, supported by Elizabeth Mackenzie in the role of Vice-President, Ben Assan as Treasurer, and Jane Guthrie taking on the role of Secretary. Other members of the General Committee active in 2015-2016 were Sharon Paetzold, Faith Bolton, Anna Schlusser, and newest formal contributors Jennifer Au and Connor Kelly.

Governance

Committee members and attendance

The Committee held 8 meetings throughout the year, all but one at Elizabeth Mackenzie's home in Surrey Hills, Melbourne.

Members' attendance

Committee members	Number of meetings eligible to attend	Number of meetings attended
Kim Dunphy	8	7
Elizabeth Mackenzie	8	7
Jane Guthrie	8	7
Ben Assan	8	6
Sharon Paetzold	8	5
Anna Schlusser	6	3
Faith Bolton	6	3
Jennifer Au	6	4
Connor Kelly	6	5

Sub-committees

Sub-committees established in 2015-2016 and their convenors were:

General Committee (GC): as above

Executive Committee (EC): President, Vice-President, Secretary and Treasurer

Finance Committee (FC): Treasurer Ben Assan and Vice-Treasurer Jennifer Au

Minute Secretary: Sharon Paetzold

Professional Membership Committee (PMC): Convenor Sandra Lauffenburger

Professional Development Committee (PDC): Convenor Jane Guthrie

Journal and Publications Committee (JPC): Convenor Jane Guthrie

Research Committee (RC): Convenor Eileen McDonald

Marketing and Promotions Committee (MPC): Convenor Elizabeth Mackenzie

Regional reps (RR): Connor Kelly and one or more representatives from every state, territory and NZ.

Education Committee (EC): Convenor Tracey Nicholson

HEMF Committee: Convenors Bouthaina Mayall and Naomi Aitchison

Admin Team: Jane Guthrie and Admin Assistant Tess Hens.

Reports from all of these sub-committees appear below:

Strategic Plan

Throughout the first part of 2016, the General Committee worked to establish DTAA's Strategic Plan for the four year period 2016-2020. This was finally passed on 24 June. Future Annual Reports will be able to track progress against strategic objectives in the Plan. Major foci of that document include:

The opportunities and positives for DMT in Australasia:

- The opportunities and need for DMT services have never been greater: (modest) research and our experience indicate that many groups in the community benefit from this work;
- Current DM therapists and those joining the profession are deeply committed to the work;
- Some research and publishing are being done by Australian practitioners to expand the evidence base and inform the work;
- The DTAA continues to work actively to support the profession, running supervision and PD events, publishing informal and formal information and offering networking opportunities to the profession.

The challenges:

- Australasia currently has no accredited post graduate diploma or Masters level courses in DMT;
- The number of Professional Members is small;
- DMT practitioners may not meet the needs of the diverse community in Australasia, because our profile does not nearly match that of the wider community: young people, men, and people of CALD and indigenous background are under-represented;
- DMT practitioners find it difficult to sustain a living because of lack of employment opportunities;
- There is a lack of awareness about DMT by decision makers and funders, and consequently our work is under-valued;
- The DTAA's work relies heavily on a small group of volunteers.

Objectives and Activities

To address these challenges two major Objectives and a set of related Activities were identified:

- **Objective 1.** Improved quality of DMT work
- **Objective 2.** Expanded reach of DMT services

These will be addressed by the General Committee and a range of sub-committees. The Plan will be reviewed regularly to ensure it is both appropriate and useful for directing the work of the organisation and its sub-committees.

The full document is available from the website: <http://dtaa.org.au/about/services/>

Budget

A budget for the operations of the DTAA was also established and implemented in time for the commencement of the 2016-2017 financial year. This will also be monitored regularly to ensure that income and expenditure remain on track. The expected outcome for the coming financial year is a loss of approximately \$3000, owing to significant expenditure on DT Collections 4 publication.

Financial Report 2015-2016: *Treasurer Ben Assan*

Total equity as of end of 30 June 2015: \$54,270.84

Income

Membership	\$ 3,992
Professional development	\$47,337
Advertising	\$ 25
Interest	\$ 5
Book sales	\$ 297
Miscellaneous	\$ 434

Total **\$52,090**

Expenditure

Publications including \$5980 for e-journal project	\$10,114
IT support	\$ 1,683
Administration	\$ 4,527
Bank charges	\$ 559
Professional development costs	\$33,540

Total **\$50,423**

Profit **\$1667**

Total equity as of 30 June 2016: \$56,570.36

I confirm that this is a true and accurate record of the activities of Dance Movement Therapy Association of Australasia for the financial year of 2015-2016.

Signed

Treasurer Ben Assan, 12 November 2016

Sub-committee reports

Professional Membership Committee- *Convenor Sandra Lauffenburger*



It has been a year of learning for me, in my first year as PMC Convenor. I offer this summary of our year's work. Over this past year the PMC has:

- Reviewed/assessed new member applications, particularly Professional Members. This is of course our main task.
- Developed the category of Provisional Professional membership, to assist the transition from student to Professional Membership.
- Reworked the online application forms to enhance clarity. Tables and charts were changed in hopes of ease of use.
- Altered membership website links to create simplicity and reduce paper. Training standards and ethics information were removed from the application form and placed on the website with clear links to them
- Created a new membership form for Associate Membership, as no form has been operative for some time
- Re-drafted membership levels to reduce confusion (particularly with the dual stream Associate Membership) and more clearly align DTAA's levels with PACFA registration categories.
- Recommended that applications are now submitted via scanned pdfs which are organized and collated into one large file. This enhances ease of review by PMC and membership panels.
- Recommended that all applications are to be kept in 'cloud' or other form that does not rely on a sole computer or a sole person for access.

In addition to the above PMC work, as convenor I have liaised with President Kim Dunphy over matters that have arisen as the above changes were implemented. The following has resulted from our many discussions (Kim and I):

We realized that the competency standards currently in use by the DTAA were first established in early 2000s and have not been substantially updated since. We recognized that the standards on our website were actually a mixed and confusing bag of competencies, training requirements and other requirements. This mixture was useful to our newly growing Association but our need for greater professional standards was emerging. Because new requirements for professionals offering funded health services, new requirements recommended by PACFA, greater government training standards, and new scientific developments in the field of DMT and related areas, we felt an impetus for the re-development of DTAA's competencies.

Kim formed a working committee comprised of herself, myself and Sally Denning. To this committee, Kim brings visionary expertise and connection to and work with our international sisters (e.g. ADTA, EADMT, etc), as well as her association to University of Melbourne. Dr Sally Denning brings consultative expertise in development of competencies as well as her experience as a DMT. And I, in addition to my various expertise, will represent the PMC who is responsible for DTAA's competency standards. The three of us have outlined a staged process which we plan to follow in the development of the competencies, as follows:

Stage One: Desktop research

Review of the literature and what exists on competency development in DMT and related areas; liaison with ADTA, UK and European Dance Therapy Associations

Stage Two: Industry Consultation

- Functional analysis (looking at what dance-movement therapists do in Australasia). This will be begun at the AGM.
- Focus group study with DTAA members
- Critical incident study with a range of practising therapists (at different stages of their career eg beginner dance therapist to experienced professional member)

Stage Three:

Validation of draft competencies with industry-based advisory committee

In my opinion, this is an exciting step forward in the enhancement of DTAA's professionalism as well as increasing the professional profile of our field. We also realized that another neglected area mentioned in our competencies and ethics was Professional Development. Not only has there been no auditing (the PMC did recognize this in our March 2016 meeting), but there have been no standards for what constitutes sufficient PD. Additionally without such standards, the Professional Development Committee was stymied as to how to plan and go forward with their brief.

Thus Kim and I have revived a form previously created and will be circulating it for comment and feedback at the AGM. The PMC's input will of course be important and part of this scrutiny.

In conclusion, I believe the PMC has been energetic and productive during 2016. There is much to address in 2017 and I look forward to this work as increasing the organization's professionalism can only benefit us all.

Membership

DTAA current financial members as of 30 June 2016 were:

General: 24

Associate: 63

Provisional Professional: 2

Professional: 18

Total: 106

New senior level members this year

The DTAA congratulates new members at senior levels achieved in this year:

- Our first two Provisional Professional Members: Mary-Claude Vienet and Verity Danbold, both from NSW;
- and two Professional Members, Jacquelyn JungHsu Wan, New Zealand and Amanda Bryan NSW.

The DTAA warmly welcomes those members, not only, but especially, because they are situated outside Victoria. This helps us achieve our major strategic objective of *Expanded reach of DMT services*.

Professional development 2015-2016 and beyond- Convenor Jane Guthrie

The major event for this year was the DTAA's fourth national conference held in July 2015 at Abbotsford Convent in collaboration with the Hanny Exiner Memorial Foundation (HEMF). Entitled *Broadening the Spectrum: Dance and other expressive arts therapies for health and healing*, the conference explored how dance movement therapy and other creative arts therapies can function as single and multi-modal approaches to health and healing; and how dance movement therapists can make valued contributions to multi-disciplinary teams.

The DTAA was delighted to welcome international visitors to the conference, from distinguished keynote speaker Professor Sherry Goodill from the USA, to Filipino presenters Alfred Dimaracut and Gilda Uy, to the New Zealand members and student graduates who crossed the Tasman to join us, and many others. It was also very pleasing to have members and colleagues from all around Australia contributing as presenters and workshop leaders. Keynote presenters were Sherry on *The Essentialness of Improvisation*, and senior Australian dance movement therapist Elizabeth Loughlin made the Hanny Exiner Memorial Address on *The Arts, The Outcomes and Liminal Space*.



Image: Professor Sherry Goodill's keynote presentation

The conference was an energy-inspiring opportunity for professional development, networking and fun times through dance as well. The total of 79 participants for the conference made it a smaller event than the previous conference in 2007, but nevertheless a quality experience for those who attended and an important event for the profession to come together and feel strengthened and supported. Delegate's feedback indicated that the conference was a very positive experience, with more than 80% of attendees rating the event *Excellent to Very Good* in quality, and the same number or more reporting that they found it a useful learning, skill-sharing and networking opportunity. Most participants requested conferences more frequently, with bi-annual being the preferred interval. To this end, the DTAA has its next conference planned for July 2018 in Melbourne tentatively titled: *The Ancestral Roots and Pioneers of DMT*. Offers of support to organize the conference are welcomed with preparations to begin in earnest early in 2017.

The conference was supported by pre and post workshops. Professor Sherry Goodill on *Expanding and Deepening: Two days for enhancing your DMT practice*; Steve Harvey and E. Connor Kelly on *Arts-based enquiry utilizing narrative movement and dance improvisation* and Kim Dunphy and Sue Mullane on 'Professional writing for DMT: Flowing between improvisation and structure'. Other presenters included American expert Amber Gray who lead two workshop series: *Restoring Core Rhythmicity: The Art of Play and Social Engagement for Trauma, Dance Movement Therapy Playshops* (December 2015) and *The Art of Embodied Resilience* (June 2016). A supervision day was led by Jane Guthrie (June).



Image: Connor Kelly and Steve Harvey's post conference

The PD Committee's ideas for activities in 2017 and beyond include: Kim Dunphy and Sue Mullane on *Writing for DMT: from grants and proposals to journal articles* (March 2017); Sara Boas in Sydney (May 2017); repeat of the trauma training work with Amber Gray; Jane

Guthrie and Heather Hill on *Dance movement therapy and LMA: Teasing out the essentials*, a two-day immersion in movement behaviours, observations and analysis; Penny Best on *Embodied narratives: Body sensation is a crucial component of any thought process*(late 2017).

Other possibilities as yet unscheduled include; Elizabeth Mackenzie, *DMT and Hakomi*; Heather Hill and Marita Jacobsson, *Reflective Practice: Experiential processes & practices*; Heather Hill and Ian Cuming, *DMT and Puppetry*; Sandra Lauffenburger, *Looking at attachment theory*; Elizabeth Loughlin, *Music for movement*, and Marylee Hardenburgh (USA) *using the LMA framework to develop Movement Choirs and Community Dances* (early 2018). One or more of these activities may be held in Sydney, organised with the support of Robyn Price. We would welcome any ideas for future events and /or requests.

Publications- Convenor Jane Guthrie

One edition of our journal *Moving On* was published in 2015-2016. The feedback on this journal has always been excellent and we have several overseas subscribers including the dance division of the New York City Library. The project of getting the journal available on-line was completed this year, with all articles since 2002 now available along with abstracts and authors' bios, immediately to members and for sale electronically to anyone else. This is significant advance for our publication, as its availability in the public domain ensures much additional value. Thanks to Marita Jacobsson and Ella Dumaresq for bringing this long-term project to completion.

I am grateful for the support in production of the journal to: Naomi Aitchison for editing skills, and sound advice on so many things; assistant editors Anna Schlusser and Faith Bolton for their willingness to always be there to take on this role when needed; our roving reporter, Heather Hill, who provides so much content for *Moving On*. I am very grateful for this wonderful assistance with content and her advice.

However, the journal requires more assistance to keep it afloat. The articles for publication need to be gathered by a broader group of people in future. I am keen to encourage committee members at least to provide or seek out one article per year.

The development of our fourth volume of writing, *DT Collections 4*, drawn from presentations made at the 2015, is well underway. The final editing is being done on all but two articles, which are yet to be submitted by the authors.

Professional Practice: Recommended pay/fee scale for DM therapists

In the absence of a specific committee to progress industrial issues, the General Committee undertook this new initiative to establish a recommended fee/pay scale for DM therapists. The current draft version of this is attached as Appendix 1, to be discussed at the AGM.

PACFA Liaison

A formal process or Committee has not yet been established for our liaison with PACFA, but the DTAA continued an active engagement largely through the General Committee. Secretary Jane Guthrie and NSW-based Associate Member Meredith Lucy attended the Council meeting in Sydney in April and reported back to the GCM of new developments that DTAA needs to be mindful of, including structural changes re membership categories and post-nominals.

Regional representatives

A new initiative to increase engagement with DTAA leadership in the General Committee and regional representatives is a regular skype call to one representative at each GCM meeting that began in June 2016. This has proved very useful and informative, both to the GCM and the reps contributing as it enables better understanding of the challenges faced by people living in places where there are few other DM therapists as well as their achievements, and a greater sense of belonging to the organisation. The first regional reps who called in to the GCM were Robyn Price, NSW; Cinzia Schincariol, SA; and Connor Kelly, Northern Pacific, and written reports being provided also by Alice Owen, Qld; and Eileen McDonald, NSW. Connor had already been contributing regularly to meetings, and has since accepted a formal role as General Committee Member.

Hanny Exiner Memorial Foundation- Co-Convenor Naomi Aitchison



After the panel discussion at the AGM last year I undertook to move on the popular request for an online resource site for potential DMT researchers. As a result, Heather Hill and I have been working on creating the framework and the particular elements of what the resources site will comprise, with technical assistance from Kitka Hiltula. We hope to be able to announce its practical launch next year.

There has been one Dance Movement Therapy Research grant

provided this year. It was gained by Jung-Hsu Jacquelyn Wan for her project titled: *Implementing of iPad app for DMT assessment in dance therapy clinical practice in New Zealand - a project across contexts and cultures*. Her project is linked to the i-Pad app that Kim Dunphy and Sue Mullane have been developing for a number of years, for which they also received a HEMF research grant in 2012 to aid with its early development, and on which they reported at last year's conference.



Image: JungHsu Wan and collaborators from USA, Canada and Australia presenting their research findings at the American Dance Therapy Conference, November 2016

As is our usual practice, the announcement and presentation of the HEMF Annual Achievement Award will be made before the end of this meeting.

A summary of the financials for 2015/2016, submitted by Ron Exiner, appears below;

Opening balance 1 July 2015 \$7270.12

Total expenditure: \$1833

Including reimbursement, new share entitlement, bank statements, publication expenses

Total dividends: \$1387.30

Net result: -\$445.7

Closing balance 30 June 2016 \$6684.40



Marketing and Promotions Committee- Convenor Elizabeth Mackenzie

The main achievements in terms of marketing and promotions this year was an improvement to the website with photos and profiles of GC members and sub-committee convenors, undertaken by Heather Hill. Other promotional initiatives include a regular series of profiles of dance movement therapists developed by Tess Hens and Esme Webb. These have appeared on the DTAA’s Facebook page and then linked to that members’ profile. Our Facebook page is used regularly to promote the DTAA’s activities and those of our members and others that might be of

interest to DM therapists. This group is hopeful of making progress in the coming year against the strategic objective of ‘increased promotion of DMT to potential employers or funders, through development of flyers, specific PD for professional groups, and e-news’.

Research– Convenor Eileen McDonald



This committee was formed to promote evidence-based practice and practitioners’ skills by advancing research in and about dance movement therapy. With the development of the DTAA strategic plan it has been identified that strengthening DTAA members’ awareness of the current evidence available, the need to further the evidence in Australasia as well as support the research skill development of DTAA members will benefit our profession and membership. While this group did not have a major progress this year, objectives to be addressed in 2017 include:

-Strengthening evidence base for DMT in Australasia:

- Conduct a survey and report in 2017 to provide DTAA with accurate and detailed data to present to private, public and government organisations when advocating for dance movement therapy and dance movement therapists in Australasia.
 - To provide DTAA members with data on their profession, so they may use it in their own advocacy, clinical, research and development initiatives.
 - Encourage a broad range of research skill training to increase understanding of dance movement therapy methodology and its effects.
 - Increase supports for DTAA members to use evidence when submitting articles, presentations and posters to promote our profession, practitioners and practice.

There were also several good developments for DMT research in 2015-2016 with two fulltime PhD candidates (Sue Mullane, Deakin Uni halfway, Ella Dumaresq, University of Melbourne just commencing); one completed PhD (Sally Denning, University of Melbourne) and one Post-Doctoral researcher (Kim Dunphy, University of Melbourne).



Education- Convenor Tracey Nicholson

This group’s major strategic project to ‘establish Standards for DMT training and advocacy of those to course developers’, was on hold this year while the Professional Membership Committee re-considers competencies for dance movement therapists. Once these new competencies have been agreed, the Education Sub-Committee can begin the DTAA’s first ever initiative to establish these very important standards.

Appendix 1: For discussion

Recommended fee structure and pay scale for DM therapists in Australasia

Level of expertise

A dance movement therapist must hold as a minimum a bachelor or post graduate degree, including a qualification in dance movement therapy which provides eligibility for Provisional Professional or Professional Membership registration with the Dance Movement Therapy Association of Australasia, or other qualification deemed equivalent by the employer.

Rates of pay

Whilst the DTAA recognises that payment rates vary considerably across education, health, social services, and non-profit organisations, dance movement therapists, as specialist health professionals trained at postgraduate/Masters level, should negotiate payment on a scale that is appropriate for their level of training and expertise. The suggested fees outlined below are for guidance only. Most dance movement therapists operate a sliding scale for payment. Fees charged within these ranges should take into consideration the professional experience of the therapist, the location, and whether a venue is rented for therapy sessions.

Sessional rates

- Individual session: \$80 - \$140 per hour
- Group dance movement therapy session: \$180 - \$220 per group, covering 1.5 hours face-to-face contact and up to an hour planning, setting up, clearing up and writing reports, notes.
- Administration: \$60 per hour for note writing, meetings, assessment, etc.

Additional time needed to conduct client assessments or to attend meetings should be charged at the administration rate.

Institutional rates

Half Day Rate \$250- \$370

Full Day Rate \$500-750

Depending on experience of the therapist and on the type of institution. All set up, pack away and documentation time should be included in this institutional rate.

Employee

SACS Award: *Social and community services employee level 4 weekly rate*

Level 4 - pay point 1	\$28.28 hourly rate	940.90	\$48, 926.80
Level 4 - pay point 2	\$29.01	965.40	\$50,200.80
Level 4 - pay point 3	\$29.78	990.20	\$51,490.4
Level 4 - pay point 4	\$30.44	1012.30	\$52,639.60
Level 5 - pay point 1	\$31.77		
Level 5 - pay point 2	\$32.47		
Level 5 - pay point 3	\$33.20		
Level 6 - pay point 1	\$34.37		
Level 6 - pay point 2	\$35.14		
Level 6 - pay point 3	\$35.87		
Level 7 - pay point 1	\$36.91		
Level 7 - pay point 2	\$37.69		
Level 7 - pay point 3	\$38.45		
Level 8 - pay point 1	\$39.66		
Level 8 - pay point 2	\$40.46		
Level 8 - pay point 3	\$41.24		

Level 4: Prerequisites

- relevant four year degree with one years relevant experience;
- three year degree with two years of relevant experience;
- Associate Diploma with relevant experience;
- lesser formal qualifications with substantial years of relevant experience;
- attained through previous appointments, service and/or study,an equivalent level of expertise and experience to undertake a range of activities,

State Government Health Awards have salary ranges of \$58,225- \$149,990

Health professional for the purposes of this award includes employees who possess, as a minimum, a relevant bachelor degree or equivalent qualification, and who are involved in one or more of the following: • provision of direct clinical and/or professional services to patients • planning, co-ordination or evaluation of the delivery of clinical or professional services • provision of professional supervision or consultation to other health professionals • provision of professional education services to other health professionals • management of clinical or professional services providing direct services to patients.

PART B – MONETARY RATES

Table 1 - Salaries

LEVEL	YEAR OR GRADE	Rate at 1.7.2015 2.5% \$
Level 1	Year 1	58,225
	Year 2	60,418
	Year 3	64,140
	Year 4	68,547
Level 2	Year 1	73,277
	Year 2	77,926
	Year 3	81,718
	Year 4	84,356
Level 3	Year 1	90,732
	Year 2	93,769
Level 4	Year 1	98,456
	Year 2	100,917
Level 5	Year 1	105,965
	Year 2	108,614
Level 6	Year 1	113,998
	Year 2	116,895
Level 7	Grade 1	122,739
	Grade 2	128,877
	Grade 3	135,319
Level 8	Grade 1	128,877
	Grade 2	135,319
	Grade 3	142,087
	Grade 4	149,190

Minimum commencing salaries at Level 1 are as follows:

5.2.1. employees who hold an appropriate degree, or other approved equivalent qualification, requiring three years of full time study shall commence on the Level 1, Year 1 salary

5.2.2. employees who hold an appropriate degree, or other approved equivalent qualification requiring more than three years full time study shall commence on the Level 1, Year 2 salary.

5.2.3. employees who have completed an undergraduate degree and a Masters degree, or other approved equivalent qualifications requiring more than four years of combined full time study shall commence on the Level 1, Year 3 salary.

4 5.3. Salary progression within Levels 1 - 6 will occur following 12 months satisfactory service.

6. Sole Practitioner Allowance 6.1. The sole practitioner allowance is payable to positions at Level 1 or Level 2 where position occupants:

- are the only practitioner of their discipline at the site; and
- are required to exercise independent professional judgement on a day to day basis without ready face to face access to another like professional who has expertise and knowledge relevant to the sole practitioner's discipline for the purpose of providing informal consultation, assistance and advice; or
- undertakes administrative or other related responsibilities that would otherwise not be expected of a Level 1 or Level 2 position.

6.2. The sole practitioner allowance is equal to the difference between the maximum Level 2 salary and the minimum Level 3 salary. Per annum \$6,376

References:

Allied Health Award applies to physiotherapists, occupational therapists, music therapists
<http://www.education.vic.gov.au/hrweb/Documents/Salary-VPS.pdf>

FairWork Ombudsman (2016) Social, Community, Home Care and Disability Services
Industry Award 201001 September 2016

Health NSW Award

http://www.health.nsw.gov.au/careers/conditions/Awards/hsu_health_professional.pdf

IACAT (2014) Irish Association of CATS salary survey

ProBono Australia (2016), *Salary survey 2016*

Appendix 2: for discussion

Proposal for revised DTAA Membership categories

The Professional Membership Committee proposes new membership categories shown in Table One. This would improve specificity around who the DTAA recognises as a DM therapist, align the DTAA's categories more closely with PACFA's, make implicit requirements explicit, provide stronger impetus for the pathway between Provisional and Professional level membership, and create a new membership level that denotes significant experience within the industry (Clinical). It would also make it much easier for DTAA members to qualify as PACFA (Clinical) members, as they would have met the criteria and would only need to apply.

Development and enforcement of time limit for applications:

A recommendation is made to make more explicit time limits for applications that are not currently adhered to, and to clarify time limitations that are not currently articulated in our documents:

- Time limit for applying for Associate or Provisional Membership after graduation from training program – no longer than four years after graduation.
- Time limit for advancing from Provisional to Professional–no more than four years
- No time limit for move from Professional to Clinical

Transition process

Transitioning to this system would not be difficult, though would require the following:

1. An email to current members explaining the changes and noting which membership level they will now be classified in.
2. Reworking the fees for each level.
3. At this point, members who have been Professional Members longer than three years could be 'grandfathered' into Clinical Membership.
4. Newly appointed (less than two or three years) Professional Members who wanted Clinical status would have to demonstrate 750+ hours of work/50+ hrs of supervision post-graduation, and additional hours of personal therapy.
5. The major application process would still occur at Provisional and Professional level. Advancement to Clinical level would only require documentation of sufficient hours of practice to make the 500+, such as statement from employer

Table One: suggested new membership levels for the DTAA

Current DTAA Level	New DTAA Level	Hrs Prac Exp	Hrs Superv	Additional comments
General /student	General	0	0	This category is for the interested public and institutions, and students.
Associate Stream 2	Affiliate Member	0	0	Allied professionals and dancers using dance movement in their work. BUT not therapeutically. Not recognised as a DM therapist.
Assoc Stream 1	Associate	20 placement during training	5 placement during training	Currently undertaking approved DMT training as per PACFA standards. Not yet recognised as a DM therapist
Provisional Professional	Provisional	80	20	Have completed training as per PACFA standards including practice of 80 hours (including training) and supervised practice of 20 hours. Hours undertaken during training program can be considered
Professional	Professional	250	70	As currently per website. Hours from training program can be included along with additional practice hours
n/a	Clinical	700 hrs additional 20 hours personal therapy	50 hrs additional	Advancement to this level would not require a new application, but only documentation of 700+hours of employment, such as statement from employer, and 20 hours of personal therapy documented in statutory declaration.

A comparison of DTAA to PACFA shows reasonable alignment, with DTAA's Provisional Professional Membership being an additional category.

Table Two: PACFA Categories

Membership level	Registration	Definition
Affiliate	None	Non-practicing
Student	None	Non-practicing
Intern	Intern	Currently undertaking approved training as per PACFA standards
Provisional	Provisional	Have completed training as per PACFA standards and supervised practice of 200 hours (including training)
Clinical	Clinical	Have completed training as per PACFA standards and supervised practice of 950 hours (including training)

Appendix 3: For discussion

Professional Development Proforma For Professional, Provisional and Associate Members

This document would assist the establishment of an auditing process for DTAA members about Professional Development. To date, the DTAA has had no agreed method of reporting professional development and no method of auditing members' adherence to DTAA's requirements. Professional, Provisional Professional and Associate Members of the DTAA are required to undertake relevant continuing professional education. A minimum of 100 points over three years are required. This will be audited by the DTAA in a regular process. Members should expect to be audited once every three years at a minimum.

NAME:

YEAR/S:

FORMAL DMT STUDIES						
Type of professional development	Maximum points available	Points claimed	Date of participation	Activity: include details of place, host organization, leader, title of session, publication.	Summary of learning	Evidence: Certificate, receipt etc
1. Relevant studies at university of higher education institution. Max: 40 points per subject undergrad 25 points per subject	80					
2. Relevant studies at VET level or other non-higher ed institutions Max: 25 points per subject	35					

PROFESSIONAL LEADERSHIP						
Type of professional development	Maximum points available	Points claimed	Date of participation	Activity: include details of place, host organization, leader, title of session, publication.	Summary of learning	Evidence: Certificate, receipt etc
3. Deliver presentation, lecture /workshop to professional audience Max: Presentation only, 5 points each. Refereed peer review abstract 10 points each	40					
4. Publications Max: Author 15 points per chapter, refereed journal article. Author: 3 points per non-refereed article Reviewer: 3 points per article	40					

5. Deliver formal lectures. 5 points per new lecture, 1 point for each repeat lecture	30					
6. Deliver other formal education; training, student supervision, examining	30					
7. Involvement in relevant curricula/course development	30					
8. Convene education program; conferences, seminars, workshops	30					

PROFESSIONAL ASSOCIATION CONTRIBUTION

Type of professional development	Maximum points available	Points claimed	Date of participation	Activity: include details of place, host organization, leader, title of session, publication.	Summary of learning	Evidence: Certificate, receipt etc
9. DTAA membership Max: 5 points for each full year of membership in the last 3 years	15					
10. Contribution to the DTAA. Editing journal, running events, attending meetings, representing the association at PACFA, etc.	30					

ATTENDANCE AT DMT OR RELATED PROFESSIONAL DEVELOPMENT ACTIVITIES

Type of professional development	Maximum points available	Points claimed	Date of participation	Activity: include details of place, host organization, leader, title of session, publication.	Summary of learning	Evidence: Certificate, receipt etc
11. Attend DMT specific professional development programs: conferences, seminars, workshops, training.	70					
12. Attend relevant conferences, seminars, workshops and training from other professional bodies.	35					

13. Attend dance classes that support professional growth as DM therapist	15					
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OTHER

Type of professional development	Maximum points available	Points claimed	Date of participation	Activity: include details of place, host organization, leader, title of session, publication.	Summary of learning	Evidence: Certificate, receipt etc
14. Other relevant CPE activity	15					

TOTAL POINTS ACCRUED				minimum of 100 points required		
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