

Unite's APPLIED PSYCHOLOGISTS Organising Professional Committee



Position statement re COVID-19

With various issues arising for our members during this pandemic we felt it necessary to issue the following position statement

Working from home

Employers should be considering requests to work from home through an 'infection control lens'. Wherever possible, employees should be working from home so they can contribute to the national effort to: 'Stay Home; Protect the NHS; Save lives'.

If a person's job can be safely done from home, then they should be actively supported to work from home. Managers should work with employees to recognise differing personal circumstances, and to aim to find workable solutions.

Equipment to allow working from home should be provided and reasonable adjustments should be made as appropriate as they would at work.

If it is impossible to carry out work from home, then workplaces must have appropriate infection control procedures in place. Unite has provided information on what this should cover (See 'Workplace procedural infection controls and facilities'i).

The TUC has advised that in these circumstances, key workers should keep their children at home whenever possible to reduce the spread of the coronavirus.

In the NHS Employers guidance

https://www.nhsemployers.org/covid19/staff-terms-and-conditions/other-forms-of-absence

it is stated:

'It is not yet clear how long the pandemic will persist. Requiring staff to exhaust their existing entitlements to annual, special or carers leave at this point would be inappropriate. This approach recognises the exceptional circumstances and the need for trusts to exercise their discretion and to use the flexibilities they already have as they seek to help staff manage potentially difficult personal and family responsibilities and also attract staff to work in the NHS during a national emergency.'

And also

'Employers should be as supportive and as flexible as possible in relation to carer's leave requests, given the exceptional circumstances.'

Any leave associated with COVID-19 should be at full pay. NHS Employers provides guidance on special leave provisions for staff working in England, Wales, and Northern Ireland. The Scottish Government has produced separate guidance.

Temporary COVID-19 agreements

Employers in England, Wales and Northern Ireland should implement temporary agreements in partnership with local trade union staff sides, building on the national guidance produced in each relevant country of the UK. This must include agreements on issues such as carers leave.

Organisational change proposals and consultations not related to Covid19 should be paused during this crisis.

In Scotland, health boards should follow guidance produced by the Scottish Government in partnership with trade unions, and should not develop idiosyncratic guidance locally.

Redeployments

No employee should be compelled to work in a role that they feel that they are not trained or competent to carry out. The Health & Care Professions Council (HCPC) states: 'We expect registrants to work within the limits of their skills, knowledge and experience at all times', and provides more information about this on their COVID-19 hub ('I have been asked to work in an unfamiliar area/role due to COVID-19. What should I do?' https://www.hcpc-uk.org/covid-19/advice/registrants/).

It remains the case that employers have a duty under Health and Safety Law to protect their employees, which includes carrying out risk assessmentsⁱⁱ for staff being redeployed. This should include where staff may face threats of violence in any new role. If someone agrees to take on a redeployed role, they must receive suitable training, in advance.

Again, the HCPC has further advice on this issue on their COVID-19 hub ('I am/have been asked to go into a new role/area of practice, and am concerned about the level of support/training on offer. What should I do?) https://www.hcpc-uk.org/covid-19/advice/registrants/

Staff should only be reassigned on a voluntary basis to roles which are within their skills and competencies, are broadly consistent with their job descriptions, Agenda for Change profiles and banding ensuring no financial detriment, and do not involve unacceptable risks to their health and safety. Employers may wish to consider redeploying staff from 'at-risk' groups to work in roles which are more suitable for home working than their substantive role.

Applied Psychologists should be allowed to work in roles that make the best use of their skills during the period of pandemic – this could mean continuing to offer therapy (if appropriate and to prevent crises); staff support or other forms of work that allow the use of their skills. Face to face contact with patients and other staff should operate at an absolute minimum, and only for carefully considered clinical reasons following a risk assessment. Any clinical work or contact between staff should use remote technologies wherever possible.

Clinical and Counselling Psychology training courses

Trainee Clinical and Counselling Psychologists are adversely impacted during the COVID-19 pandemic especially when clinical placements are not available/possible. Clinical and Counselling Psychology Training courses are urged to establish a national position IN

CONJUNCTION with the commissioners, NHS Employers involved in the training (and, in Scotland, NHS Education Scotland) to ensure that training continues whilst allowing for extension of the training courses AND the trainee contracts to allow successful acquisition of the necessary competencies for qualification. Their skills will be needed more than ever once they are qualified. UNITE OPC takes the view that training courses should attain a national position regarding the treatment of trainees, so that they are not disadvantaged due to the pandemic.

As training courses do not directly employ trainees, agreements should be reached with NHS bodies in partnership with the relevant unions representing employees/trainees.

In the case of Clinical and Counselling Psychology Trainees who fall into the High Risk and Very High Risk groups according to the latest NHS guidance, we ask that special leave with full pay be available with appropriate adjustments to their contract to allow for the completion of the course in due course once possible and safe to do so. The Applied Psychologist OPC is currently exploring whether similar challenges may be faced by trainees in other specialisms, e.g. health and forensic psychology.

Staff and Population Wellbeing

Employers must attend to the wellbeing of their staff particularly at this time. Many staff are under intense amounts of stress at present. Employers should engage in physically and psychologically healthy practices, such as encouraging clinicians to take breaks and to claim back time for extra hours worked. Appropriate pay should also be in line with AfC T&Cs

https://www.nhsemployers.org/covid19/staff-terms-and-conditions/working-hours-and-working-time-regulations

Any employee facing difficulties during the unprecedented period of pandemic, should contact their UNITE workplace rep or regional full time officer for support.

Finally, in the aftermath of the pandemic, many people may experience psychological trauma, losses, practical challenges, and moral injury resulting from COVID-19 which will impact on their mental health. There is anticipated greater need for psychological services in the aftermath of the COVID-19 health crisis, especially from groups who were vulnerable prior to the COVID-19 pandemic.

Unite will continue to lobby for better service provision for the public and better terms and conditions for Applied Psychologists and all NHS staff.

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