COVID Response Strategy for Scope of Trainee Clinical Psychologist Practice

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Foreword

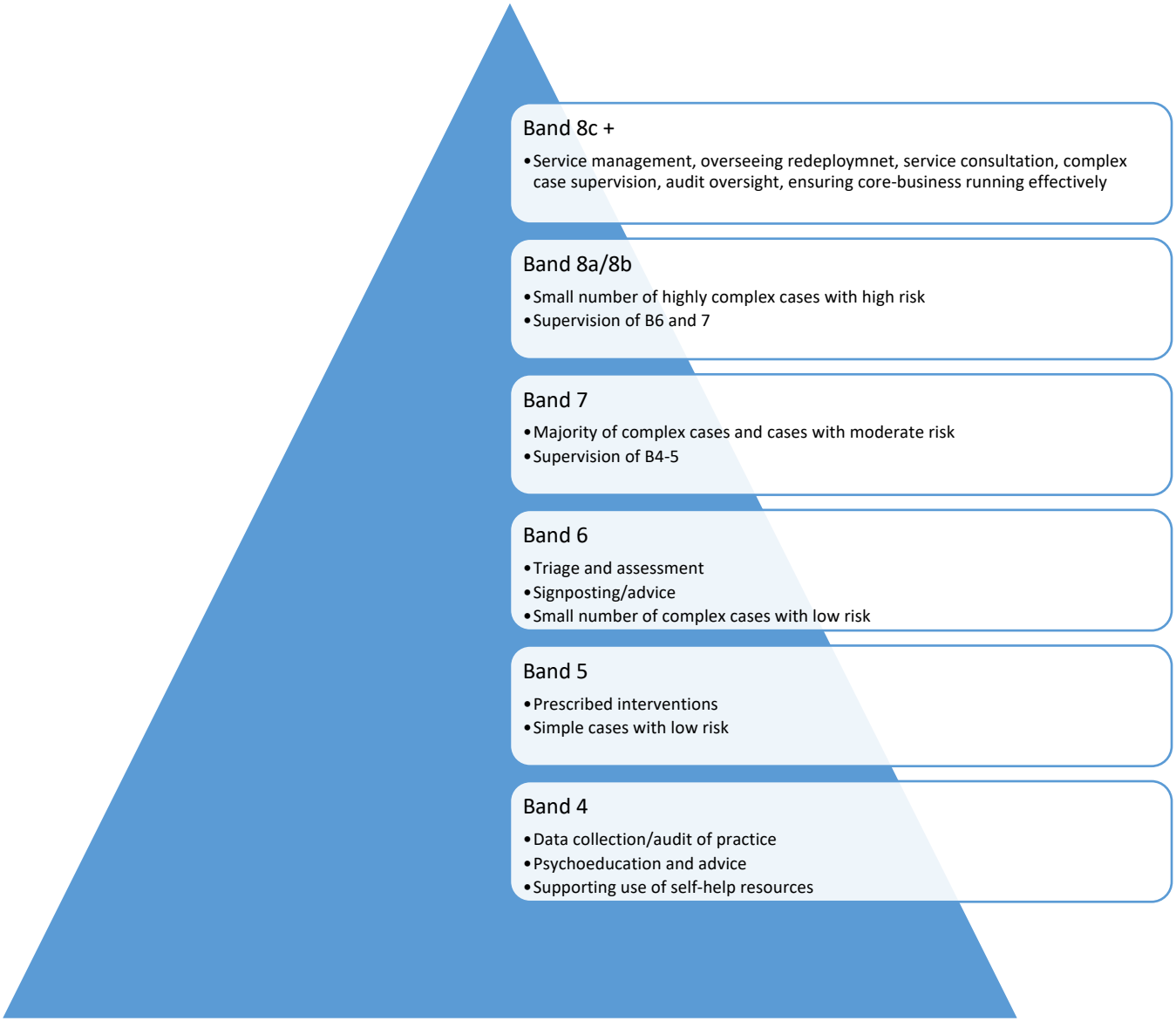
The ACP-UK recognise that this is an unprecedented time for training in clinical psychology and through our trainee and course representation, we have heard the difficulty facing the community in understanding the viability of placements, professional boundaries, and scope of practice of trainee Clinical Psychologists in this climate. In response to this, the ACP-UK trainee Clinical Psychologist Representatives met and developed this document to share scope and ideas for best practice for trainees in this time. Best practice came from discussions with trainees about what is working well in their current placements across the UK. We hope this document can be used to help DClinPsy courses, clinical supervisors and trainees to think innovatively about the deployment of trainees and enable them to see trainees as a valuable resource. We strongly recommend that trainees are continued to be used to support the 'core business' of psychological services. We feel it is crucial at this time that psychological health is not compromised in light of the physical health crisis. In relation to this, the ACP-UK is currently against the redeployment of any psychologist to roles for which they are not qualified, or their psychological skills are underutilised, e.g. as nursing assistants, administrative roles, phlebotomy etc. It is our view psychologists are a valuable resource and there is a large scope of practice they may be utilised in supporting the COVID19 response, whilst also enabling psychological and mental health services to continue their necessary work.

We have also produced a statement addressing the trainee community in relation to this.

We also collated views from current trainees on courses across the four nations about what is working well, from a trainee perspective, in order to support the sharing of best practice across DClinPsy training course. Additionally, we supply the current concerns for consideration by courses to help them to continue to support their trainees.

Stepped Care

We discussed a stratified approach to case management, in line with BPS (2012) activity for clinical psychologist practice guidelines, being well implemented within some services.



Service development ideas for psychological working (across bands)

Three areas of practice have been identified through our discussions sharing best practice. We felt it important that practice is separated in these categories in order to demonstrate the necessity of 'core business' and also the value of clinical psychology in supporting others and developing innovative practice. It is a framework we encourage others to adopt in planning.

Core Business
• Continued assessment, formulation and intervention for service users with complex psychological difficulties, with an emphasis on decreasing hospital admissions during period of potential deployment of ward staff. • Management of increased risk to service users, carers and professionals during period of response to COVID-19 outbreak.
Supporting other Professional Activity
• Increased role in mental health services during period where nursing and psychiatry colleagues may be redeployed to acute physical health settings (e.g. taking on reviews, initial assessments etc.) • Increased supervisory/managerial role, where senior psychiatry and nursing colleagues may redeploy to acute physical health settings • Providing support to crisis teams during period where demand is anticipated to surge, and resources may be reduced. • Bringing a psychological approach to roles which are less familiar but related to core business, eg. Duty Desk work. • Providing support in triage and liaison to appropriate core and third sector services for service users and carers with a broad range of psychological difficulties.
Response to Covid19 Activity
• Taking an evidence-based approach to working in acute care and crisis management settings: promoting resilience in frontline staff teams and creating psychologically safe spaces (Drury et al., 2019) • Providing psychological support to frontline health care staff who have been required to self-isolate, minimising risk of workforce reduction due to mental health difficulties associated with crisis response. • Taking the opportunity to demonstrate benefits of a psychological approach in novel areas of working, eg. Health Anxiety management in primary care settings • Working to promote parity of esteem in mental health at a time when physical health concerns are likely to be emphasised; encouraging staff teams to monitor signs of psychological distress in staff (eg early indicators of burnout) as much as physical concerns (eg washing hands). • Facilitate reflective practice in staff teams working in crisis environments, emphasising need for self-care, encouraging disclosure and open discussion of impact of work on wellbeing, normalising stress response • Take evidence based systemic approaches to ameliorating disputes that arise between different services at times of crisis • Spearheading initiatives to embed compassion in organisations responding to COVID-19 outbreak, eg. Debriefs for staff teams dealing with repeated exposure to patient death, facilitating Schwartz rounds. Maximising the resources that already exist within staff teams and providing a safe space for reflection and discussion. • Using evidence-based models to manage distress in self and others – CFT three systems, DBT skills, mindfulness skills, ACT approaches for acceptance of current difficulty and alignment with values around professional identity

- Monitoring and maintaining awareness of own levels of distress. Personal distress levels have been found to impact negatively on the type of care that psychologists can offer their clients (Pope et al., 1987; Guy et al., 1989). Keeping mindful awareness of personal vulnerabilities and emotional response patterns that may be triggered in response to the uncertain nature of day to day working in response to Covid-19 .
- Modelling and practicing self-care. Becoming a clinical psychologist does not offer immunity to the sources of life and work stress. It is important to develop interests and practices that are not psychology related
- Working within levels of competency. If redeployed there may be anxieties around knowledge and skills levels which could lead to blurring of lines around whether competency levels are at the required standard based on current skills and knowledge or if there is a need for additional training prior to undertaking new or temporary duties.
- Awareness of vicarious trauma. Undertaking duties in times of crisis may impact due to the nature of the work and place of work. Factors identified by Saakvitne et al, (1996) that can influence the impact of trauma indirectly through work stress include choice and control, perceived levels of support and supervision, knowledge of the clinical population and the numbers being seen, awareness of barriers to effective practice and knowledge of why the barriers have arisen.
- Understanding the social/cultural/political factors impacting on the workplace. Saakvitne et al, (1996) highlight the contribution of wider societal response to the work being undertaken such as how others respond to the agency of the person undertaking work and not just the type of work being undertaken.
- Engaging actively in research to understand both the impact of COVID and also the development of innovative practice
- Evaluating existing and innovative practice and making recommendations for practice guidelines

Scope of practice for Trainee Clinical Psychologists mapped onto Key Skills Band 6 Framework

It is important to protect both the trainee psychologist, their band 6 position, and the service they are working in by mapping activity onto the key skills framework (KSF). The KSF used in this document is based on the Trainee Clinical Psychologist Job Description and Person Specification (11/07/2019) provided by Leeds Clearing House.

Relevant KSF Competency	Activity	Infrastructure

Carry out complex psychological assessments sensitively and **independently** with a broad range of client groups including individual psychometric testing sessions	• Conduct assessment of complex psychological need with service users and carers by telephone and video call as necessary.
	• Triaging incoming referrals over the phone, inc.
	  ○ Semi-structured assessment information
	  ○ Initial risk assessments
	  ○ Gathering information and liaising with referrers
	• Triaging active clients over the phone, to review if additional support is needed
	• Following initial assessments, providing handover/summary statements to more senior clinicians to action
		• Access to secure telephone and/or video call connection, with clear guidance around compliance with data governance policy in the context of emergent clinical need.
		• Robust protocol around handling of immediate and/or significant risk information emerging as part of assessment
		• Support to work from home as required, including provision of necessary equipment or use of personal devices
		• Availability of regular, remote (as necessary) supervision for clinical oversight of casework

Formulates the nature, causes and maintaining factors of highly distressing psychological difficulties and presentations informed by a broad range of potentially conflicting clinical, theoretical and conceptual models, the empirical, experimental and clinical literature base and the results of assessment	• Remotely gather and synthesise clinical information gathered from diverse professional sources in formulating around individual needs of those affected by COVID-19 outbreak. • Incorporate factors relevant to diverse clinical populations, including needs emerging over course of COVID-19 outbreak (eg. Psychological impact of quarantine, stigma attached to experience of infection etc).	• Access to clinical record keeping systems, contact details of professionals from other agencies
To carry out psychological and psychometric tests accurately, and to develop interview and observation skills, to assess needs and eligibility for services	• Utilising testing to monitor outcomes/psychological distress/risk, as required	• Can be done remotely, either by e-mailing questionnaires or delivering through a variety of online platforms (e.g. q-global, NovoPsych, qualtrix) • IG guidance in place for use of third party systems
To determine appropriate psychological intervention, taking into account a range of potentially	• Following review/triage of referrals, stepping clients up	

conflicting clinical information and dynamics.	or down the stepped-care pathway • Developing recommendations for interventions (to be vetted by supervisor)	
Plans and implements individualised formulation-driven psychological interventions or programmes empathically, sensitively and **independently**, with a broad range of client groups, carers (including relatives), families, groups of clients etc. and evaluates the impact of such interventions.	• Remotely provide psychological support by telephone or video call as necessary to service users impacted by COVID-19 outbreak, and those in recovery from acute care, their families and carers. • Preparation of bespoke psycho-educational packages around managing psychological difficulties associated with COVID-19 for a range of service user and professional groups, adapting material according to need (eg for those with learning disabilities, dementia etc) • Implement robust evaluation methods from the outset of any novel psychological interventions to demonstrate efficacy, using technology for remote capture of data • Draw on emergent evidence base to remotely provide anxiety management strategies to those under quarantine (Brooks et al., 2020) and those affected by ongoing coverage of COVID-19 outbreak (WHO, 2020)	• Access to secure telephone and/or video call connection • Robust protocol around handling of immediate and/or significant risk • Support to work from home as required • Access to services enabling secure, digital remote capture of outcome data for evaluation. • Weekly 1-1 clinical supervision
Plans and delivers group sessions for clients or their carers	• Remotely provide evidence-based parenting support and consultation for those with increased childcare responsibilities as a result of school closures	• Access to secure telephone and/or video call connection • Robust protocol around handling of immediate and/or significant risk • Support to work from home as required • Weekly 1-1 clinical supervision
Provides advice and support for carers and other professionals.	• Facilitation of peer support groups for band 4 and 5 assistant psychologists and health care assistants	• Access to video conferencing software • Weekly 1-1 clinical supervision
Networks and consults with relevant external agencies such as social services, independent and voluntary	• Interface remotely with network professionals to compile and adapt clinically relevant information for	• Access to clinical record keeping systems, contact details of professionals from other agencies

sector, to facilitate and enable intervention at multiple levels & To communicate confidential and personal information concerning ability level and psychological needs, obtained through assessments and interventions, to referring agents and to the client themselves, who may have limited understanding and difficulties with acceptance, and where appropriate to relatives and carers.	sensitive communication to service users	
Plans and provides formal and informal training to other psychologists, other professionals, and carers, including the presentation of complex and sometimes contentious psychological and research material	• Provide training for acute care staff dealing with COVID-19 patients around impacts of trauma in health care settings. Eg. encouraging staff awareness for warning signs of burnout and PTSD symptoms • Develop psycho educational resources for acute care staff teams facing risk of mental health difficulties; keep mental health as a priority on the agenda in context of increasing concern around physical health	• Weekly 1-1 clinical supervision
Formal and informal research and development activities designed to inform service development	• Conduct systematic reviews of empirical evidence in support of psychological input to acute care settings (eg. Intensive Care Units) • During period of anticipated change nature of psychological need in population, conduct audits of referrals to evolving pathways to inform ongoing service development • Carry out research into evolving areas of psychological need in the face of COVID-19 outbreak, eg those with health anxiety or OCD, those in extended isolation, those struggling with unemployment and homelessness • Dissemination of novel research findings through diverse range of media	• Access to online databases of clinical research (routinely provided via university single access log-in) • Access to clinical record keeping systems • Access to secure telephone and/or video call connection for contact with research participants
To work in a highly emotive atmosphere, frequently encountering highly distressing problems and circumstances, and maintain a high degree of professionalism at all times.	• Provide evidence-based psychological support via telephone and video to those struggling with bereavement following death associated with COVID-19 symptoms.	• Access to secure telephone and/or video call connection • Support to work from home as required

	• Provide evidence-based psychological support to frontline health care professionals around trauma relating to provision of acute care under exceptional circumstances • Facilitate reflective practice in teams providing frontline response to COVID-19 outbreak	• Weekly 1-1 clinical supervision
To work in situations where there are barriers to acceptance and possible exposure to aggression.	• Engagement with service users, carers and staff teams in acute and crisis management settings	• Weekly 1-1 clinical supervision
To receive regular clinical supervision in accordance with British Psychological Society (BPS) guidelines and criteria, University procedures, and Health & Care Professions Council (HCPC) requirements.	• Arrange with supervisors regular (weekly, for at least one hour) supervision sessions in accordance with the BPS Guidelines on Clinical Supervision. "Supervisors should monitor the balance of time spent by the trainee on work at different levels (direct client work, indirect and organisational work). This balance will vary according to the stage of training and the type of placement" (BPS, 2010). • In the context of unprecedented service demand, it should be noted: "to determine both the quantity and nature of the supervision, the psychologist may consider their need for supervision from various perspectives: their own assessment of need, the competencies required for their practice; the context of their work; organisational requirements; and the support available" (BPS Practice Guidelines, 3rd Edition, p.13) • Although supervisors wil need ongoing oversight of trainee workload, daily clinical activities may be undertaken relatively independently, and need not be supervised on a daily basis by a clinical psychologist.	• Weekly 1-1 clinical supervision

To plan and undertake formal Doctoral research, as agreed with the Programme staff.	• Development of doctoral level research to investigate the impact of COVID19 • Developing innovative practice to deliver core business whilst in pandemic conditions • Developing innovative practice to respond to COVID19 impact • Supporting in publication of research	• Co-ordinated research response across the UK about appropriate and helpful research into COVID19 to avoid replication or • Available supervisors • Flexibility of courses in developing new thesis projects, where existing projects are no longer viable or trainees have demonstrated an explicit interest • Ethic approval
To plan and undertake clinical audits, service evaluations or practice-based research using appropriate methods and statistical procedures, as agreed with the clinical supervisor(s).	• Evaluating existing practice to improve efficiency and ensure safety • Evaluating novel practice to demonstrate efficiency and ensure safety • Developing recommendations and clinical guidelines based on current best practice	• Access to clinical data • Support from services • R&D approval • Supervision

Additional considerations

- Location and deployment of trainees
    - Risk assessment for individuals at high risk vs those healthy – who on the phones/homeworking vs who supporting staff in ICU/clinical high-risk settings
    - Extension of current placements instead of rotating, where possible/appropriate
    - If rotation is possible/necessary, recommendation of staying within trust/health board if possible so not have to retrain IT systems etc.
    - SWOT analysis if redeployment considered, mapping additional training needs and access to ongoing supervision and support.
- Delays in completion of training
    - Course staff to work with final years to consider what competencies need for required and come up with bespoke plans/redeploy, as appropriate, to best meet those needs
    - If in self isolation, plans for re-allocation of research days for writing up research projects or working on other competencies (e.g. leadership/service development) and production of practice guidance based on evidence (as above) –once these have been completed clinical competencies can be focussed on in longer term
    - If no available placements, consider what level of "novel working" could be completed by using course centre as clinical base to maintain competency acquisition with course staff acting as clinical supervisors or "bought in" supervision from available local clinicians
- Identifying alternative ways to meet core competencies: As direct clinical work may become more problematic agreeing with the training courses activities acceptable to count as evidence to enable trainees to develop their skills

Best practice across DClinPsy Training Courses and Current Concerns from Trainees

Courses have done well (but need to develop consistent practice across courses)	**Concerns**
Lots of updates about corona from courses, government and stakeholders – daily e-mail from course describing implications for trainees.	Different and conflicting information from courses, wider university, NHS trusts/directorates/services – lack of clarity over which guidance to follow
Course director translating government/PM statements into what that means for trainees/course staff	Lack of clarity of whether next placements will take place in any form and if trainees will stay put or have to suspend training
Course leads acting as liaison between government, wider university structures and NHS services	Lack of clarity over potential that training will be delayed; implications for funding/research/workforce planning/job security (at band 6)
Points of contact/leads for liaison have been appointed (e.g. research queries to go through this person)	Concerns about delays in recruitment to band 7 posts post-qualification
Permission obtained from NHS education authority to extend trainee contracts if training delayed (Edinburgh)	Teaching cancelled and not rescheduled/no online facilities set up yet.
Clear advice about face-to-face contact	Speculation at lower service levels about contingencies/redeployment without strategy/discussion/indications from senior leadership team (e.g. you might be asked to do x, y, z/be an HCA, etc. – but without any actual discussion or realistic vision these things may take place/messages from SLT etc)
Teaching moved to virtual environment. Continued through combination of web-platforms hosting long-distance type teaching materials and online lectures	Lack of clarity about what is happening with selection
Individual plans developed for home-working/self-isolation procedures (inc. Risk of homeworking/lack of access to patient notes/systems etc.)	Uncertainty about large scale research projects being closed early, what this means for write ups/passing research component/vivas
Course tutors working with trainees to evaluate remaining competency needs for the year and developing plans to complete them with placement	• No extensions/delay of Vivas in this instance; though an acknowledgement this has the benefit of potential qualification on time but no advice at the moment of accommodations being made for extenuating circumstances
Flexibility around order of competency achievement and rotations of placements.	E-mail requests from courses asking placement supervisors/trainees to outline plans for placement
Regular support for everyone in how to tolerate uncertainty. Delivered virtually through peer supervision/reflective practice and course tutors; with resources.	

Liaised discussions between NHS services and course about appropriate work and working arrangements for trainees. Informed selection is going to take place virtually and selection candidates being supported through this 1:1 meetings with research supervisors to discuss large scale research project contingencies/funding/extensions	activity – already stretched placements do not have time to respond to this, this happening through e-mail feels unsupported, concern may in some situations compromise placement through additional demands on services, some services feel would be helpful for courses to take lead on making plans for trainees in placement with service liaison Lack of a clear strategy for trainees Lack of guidance around thesis planning for 2nd and 1st years; likely unable to get ethics at this time/start data collection etc. – what this means for training Lack of flexibility/clear guidance over clinical competency achievement/assignment hand-ins etc. Not meeting clinical contacts/competencies – no clear plan for adaptation

Key texts and references

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