

A Reflection on Assistant Psychologists Fixed Term Contracts

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This piece aims to reflect on some of the professional and personal impacts of employing assistant psychologists on a fixed term contract and offer creative solutions. It has been reviewed and endorsed by the trust CPPO, Dr Sally Benson.

Key words: *Assistant Psychologist, *fixed term contracts, *barriers, *representative, *clinical psychology

This reflective piece hopes to highlight some of the personal and professional impacts of employing Assistant Psychologists (AP) on a fixed term contract. This will be achieved by drawing on our own personal experiences and conducting an audit of advertised AP posts on the NHS jobs website between July and August 2022. We approach our reflection critically and offer potential solutions to the difficulties that short-term fixed contracts may cause.

The idea for this piece originated from a conversation in an AP reflective forum where discussions were held around the short- and long-term impacts of having fixed term contracts.

Assistant Psychologists work under the supervision of qualified, registered psychologists and take on varied delegated clinical and research duties that may vary by services and dependent on client groups. AP roles are often seen as a ‘pre-training pathway’ to the psychological profession, and as such responsibilities centre around development and on gaining relevant experience required for career progression (Association of Clinical Psychology UK, 2022). AP posts are seen as a transitional role, which supports aspiring psychological professionals to gain several relevant experiences and develop competencies to progress, commonly onto a doctorate training role.

To gain further understandings of the contract status of AP roles (e.g., fixed term vs permanent role), we reviewed advertised AP posts (including senior/higher assistant psychologist (SAP) roles) on NHS jobs between July and August 2022. Results can be seen in table 1.

Table 1: A table to show the data from auditing AP posts on the NHS jobs website

	Frequency
Total roles	96
AP (NHS AfC Band 4)	62
AP (NHS AfC Band 5)	17
SAP (NHS AfC Band 5)	17
Fixed term contracts	47
Permanent contracts	49

We were pleasantly surprised to find that 51% of advertised AP posts were permanent contracts. Nevertheless, we were left perplexed with services' current reasoning behind the employment of AP on fixed term contracts. We appreciate that some of the reasoning may lie within the issue of service funding for the post. In our current roles, we have been privileged to renew our contracts on several occasions, a blessing that may not be afforded by so many others in our position due to the inability to gain new funding or redirect slippage

To be employed as an AP on a fixed-term contract means to prepare oneself to move from one position to another, with some APs having to relocate often in the name of gaining experience. Fixed term contracts offer no long-term security which can be a financial burden and cause practical difficulties of obtaining a mortgage and eligibility for maternity/paternity leave, along with the uncertainty of future employment and long-term security. This is particularly difficult given the current cost of living crisis.

It is plausible that the existing nature of the AP fixed-term role may create an unfair system which may partly explain some of the accessibility barriers faced by aspiring psychologists from minority and disadvantaged groups (e.g., those from low socioeconomic background, minority ethnic groups, those with disabilities and or with caring responsibilities). In contrast, those with financial security or wider financial support are more likely to have a safety net if their contract isn't renewed or they do not find immediate employment following the end of their contract.

However, we recognise that fixed term contracts also contribute to the expansion of the psychological workforce through additional availability of AP posts. Commissioners, clinical psychologists, clinical leads etc. advocate to secure additional funding for AP roles on short term projects/research trials. These opportunities arguably increase the psychological workforce and without this, AP roles would be limited. In our experience, supervisors of APs often support employees in renewing contracts or finding new employment. This is an asset that other professions may not benefit from.

Fixed term contracts may also limit the potential of APs employed to fully consolidate their skills and knowledge within their role. From our experience, it took 6 months - 1 year to develop the knowledge and necessary skills to perform within our roles. From experience of moving from one AP role to another and given the inconsistent nature of AP roles and the differences in services, a new set of skills is frequently required. This process can feel

frustrating as there are missed opportunities of skill development and consolidating already acquired skills from previous roles. We appreciate that skills are transferable, and development of new skills contribute to more informed psychological working. However, the time constraint required to learn about the new job role, the services process, and ways of working can sometimes feel counterproductive to the overall development of an AP. As APs, we have found it difficult to gain experience in all areas of competencies, given the competitive nature of AP posts. Moreover, an emphasis is placed on applicants' ability to reflect on how the knowledge and skills acquired through experiences have prepared them to train in the psychological profession. Therefore, it is more about the quality of the APs experience rather than the duration.

We have also considered that fixed term contracts encourage APs to make the most of their experience. With a limited timeframe of employment, APs may seek to gain a range of opportunities within their role that support their development. However, this may also increase the likelihood of APs accepting a large workload that cannot be managed within their working day. We have experienced a sense of self-pressure to utilise our AP experience whereby we believe that rejecting work opportunities may be detrimental to our development. As we are not in a permanent post, we have felt that to increase our future employability, and gain a training place on the doctorate, we must accept all work that we are offered. Supervisors seek to ensure that APs work only their contracted hours through workload discussions in supervisions, however, we have experienced that APs may not disclose feelings of being overwhelmed with their workload to ensure they gain as much as experience within their fixed term contract. Consequently, our AP colleagues have discussed feelings of burnt-out that they believe they must endure until future employment is secure. This can have negative impacts on individuals' overall wellbeing that must be considered when employing APs on fixed term contracts. Job plans and highlighting skill gaps may support APs during clinical/line management supervision whereby priority skills are developed and enhanced, with future projects in mind to support career progression.

Justifying fixed term contracts by stating that APs need a range of experiences, reduces the autonomy of an individual to recognise their own developmental needs. Being reflective is a competency that needs to be met by all practitioners, and from our experience reflective practice is embedded and encouraged within AP roles (e.g., AP reflective practice groups). As such, we are often self-reflective and self-aware of our strengths and weaknesses, including our developmental needs. It can feel that fixed term contracts, when justified by the need to

develop a range of skills, suggest that we are not able to identify this gap in our skill set and removes our control in seeking further developmental employment.

We believe that employing APs on permanent contracts, or extended fixed term contracts (e.g., 24 months) with rotational requirements across different departments may provide a solution to the difficulties we have discussed above. Adopting a longer term/permanent contract may offer APs increased financial security, longer periods of skill consolidation and skill development. We recognise that this may not be realistic for all services that employ APs, but we advocate for consideration of incorporating APs in a more longer-term financial structure.

Overall, we are grateful to be in such privileged positions as APs but reflect on the personal and professional difficulties we have experienced. We feel the financial burden of fixed term contracts can cause significant stress for APs, particularly if they are needing to re-locate. In addition, we believe that the short nature of fixed-term contracts can result in skills not being fully developed upon completion of the contracts and removes the autonomy of an AP to recognise gaps in their skill set. These reflections offer an opportunity to review the current system of an APs contracts and we advocate for longer term periods of contracts, or permanent contracts. We are thankful for the opportunities in our roles and the support of our supervisors in our continued development and hope that this piece can encourage the reflections of others.

Reflective comment by trust CPPO

Senior Psychologists across the E of E system are acutely aware of the challenges described in this excellent article.

Where AP's are employed on substantive contracts they are generally actively encouraged to recognise the value of different clinical / service experiences if they remain in the post. Furthermore, AP's are increasingly encouraged to consider CAPS posts following an AP post, as part of career progression. The proposal of rotational roles is very welcome, however, feedback from Trusts that have endeavoured to do this, points to some organisational challenges in the delivery of this model. However, as staff recruitment and retention is as high a priority as ever, I believe organisations are well placed to take a fresh look at the opportunities a rotational model may afford.

References

Associate of Clinical Psychologist (2022, April). Assistant Psychologists. Ensuring quality supervision and service provision. Retrieved from <https://acpuk.org.uk/wp-content/uploads/2022/04/AP-Guidance-ACPUK-Ver1.pdf>