



Llywodraeth Cymru
Welsh Government

GUIDANCE

Returning allied health professionals and healthcare scientists: guidance

Includes pay and pensions for allied health professionals and scientists returning to help with coronavirus.

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Introduction: wherever you can help, you're needed

As a fully-qualified and experienced health and social care professional who has either temporarily or permanently left health and social care, your colleagues and local community are in urgent need of your support to join the fight against COVID-19 in a number of different ways that don't have to involve frontline care.

COVID-19 has the potential to put huge additional demand on our health and social care, and our fellow citizens. In such emergencies, the Government can allow the HCPC to grant temporary registration to certain groups. By offering to return to health and social care now, you will make more of a difference than ever before, not just to patients, but to colleagues and the wider community.

This isn't only about clinically treating patients – there is also a need to provide a calm and stoic presence whose ripple effect is felt way beyond any health or social care setting. Many members of the general public are anxious and need reassurance. Your expertise can help in so many ways, so even if you fall into a group which is considered to be at increased risk, you can still offer valuable support through a variety of roles in secondary, community and primary care.

We greatly appreciate the time and effort that you have already given and have put everything in place to ensure re-joining us is easy and safe for you. You can choose how much time you contribute and are free to stop working at any point. Your contract will reflect standard terms and conditions such as working hour protections, pay arrangements, and annual leave entitlement.

Understandably, you will have important questions to ask before making your decision, whether that be around your own health and wellbeing, professional indemnity, pensions or remuneration. We have aimed to answer many of these

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here but if you have any further queries, do please contact HSS-HealthSciences&AHPs@gov.wales

Your expertise and experience will be valued beyond measure at this difficult time.

Will I be paid? If so, how much and how regularly?

You will be remunerated for any work you do in a way that reflects the responsibilities you undertake. Most AHPs returning to help will be asked to provide general support and be paid at Agenda for Change Band 5. You may be asked to undertake work in line with the grade you were when you left the NHS or social care, in which case you would be paid at that grade.

What are the pension payment arrangements for staff returning to the NHS to assist in the response to the COVID-19 outbreak?

The government is bringing forward emergency legislation in response to the COVID-19 outbreak that contains important information on pension arrangements for extra NHS staff. It provides for the suspension of the 16-hour rule which currently prevents staff who return to work after retirement from the 1995 NHS Pension Scheme from working more than 16 hours per week, in the first four weeks after retirement. It also provides for:

- The suspension of both the abatement for special class status holders in the 1995 Scheme
- The requirement for staff in the 2008 Section and 2015 NHS Pension Scheme to reduce their pensionable pay by 10% if they elect to 'draw down' a portion of their benefits and continue working

Taken together, these measures will allow skilled and experienced staff who have recently retired from the NHS to return to work, and retired staff who have

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already returned to work to increase their commitments if required, without having their pension benefits suspended.

When will these measures take effect?

The legislation will give the Government the power to immediately bring these measures into effect, if required.

What will happen when these measures are no longer needed?

A six-month notice period will be given to staff and employers before these measures will cease to apply, at which point the relevant sections of the scheme regulations will take effect again. Staff and employers will therefore have six months' notice to readjust their working patterns.

Can I help without being in a directly patient-facing role?

Yes. There are ample opportunities for non-patient facing roles, such as working with NHS 111.

Where will I be placed or could I be sent to another part of the country?

Where possible, you will be asked to work in an organisation where you have worked before or are linked with. There might be rare occasions where we would ask if you would consider moving to a different area to cover an acute workforce shortage, but this would be discussed with you beforehand.

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Will I have insurance and indemnity cover?

Yes – arrangements are already in place to indemnify any professional working in a Health Board or NHS Trust. You would still be expected to have personal professional indemnity insurance as you would previously have done.

Will I have to pay to go back onto the HCPC register?

Your expertise and experience will be valued beyond measure, so you won't have to pay to temporarily return to the HCPC register.

Will I be expected to re-do an appraisal or re-validation process?

No, we appreciate that your existing skills and experience so this will not be necessary.

Will I receive an induction process?

Yes – you'll receive a fast track induction locally that will cover key mandatory training requirements as well as more specific guidance, for example, on the management of coronavirus and use of Personal Protective Equipment (PPE).

Will I need clearance from the Disclosure and Barring Service (DBS) – formerly the Criminal Records Bureau (CRB)?

Yes, though if you have a recent DBS Certificate or have maintained a subscription to the [DBS Update Service](#) then it may not be necessary for a further application to be submitted. An assessment will be done by your

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employing organisation, using [guidance from NHS Employers](#), to determine if a further check is required.

Where a new DBS application is required, the DBS are proposing to extend the scope of their services to include a new fast track check against the adults and/ children's barred lists. These arrangements will enable employers to recruit into a regulated activity before receiving the full disclosure certificate, where they have undertaken a risk assessment and put in place appropriate monitoring and supervision.

You will not be required to pay for a DBS check.

I have a co-morbidity or am a primary carer - can I also work?

Given the increased risk of COVID-19 in those with co-morbidity and in the elderly population, we would of course advise against returning to patient-facing clinical work if you belong to this group. However, there are a range of opportunities in non-patient facing roles that we are in urgent need of support with.

I've accepted temporary registration. What will happen next? How will I find out where I'll be working?

Thank you for agreeing to join us in the fight against COVID-19. With permission, your contact details will be passed on to regional teams so that you can be linked with local organisations.

Will I be sent to multiple different clinics/hospitals or stay in one role?

Ideally you would be placed in one role, but this cannot be guaranteed.

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Will I need to learn new skills?

Fast-track induction processes are being developed locally. This will include refreshing on old skills, as well as new skills such as PPE training.

What if I become ill when I am working?

If you become ill while working, you should immediately inform your line manager and withdraw from work. If you think you may be ill due to COVID-19 you should follow national guidance in place at the time (likely to be self-isolation).

What if I change my mind and don't want to work anymore – who do I tell?

You are free to change your mind at any time. If you don't want to work anymore you should tell your line manager.

Could I be asked to work in an area I am not familiar with?

As far as possible, we would aim to match your skills and experience to suitable specialties. In some situations, you may need to be placed in a different specialty according to need but would receive full support. If your experience is in social care it may be possible to consider using your skills there. This would be an individual discussion with you

I am working in an educational or research role, what are the next steps for me?

If you have a joint contract between clinical and educational/research roles, your

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organisation will contact you to discuss whether you are prepared to give up these activities in the short term (unless working on education or research in relation to COVID-19) to provide more clinical support in the workplace. Those with teaching expertise may be able to help provide induction for others, including returning health care professionals – for example, in the use of PPE, managing high flow oxygen or ventilated patients (if appropriately trained to do so).

I work in a part time clinical role with a second non-clinical role - what are the next steps for me?

Discuss with your employers under what circumstances you should temporarily suspend your non-clinical commitments in order to provide more clinical support in your employing organisation. The balance between supporting front-line NHS services directly and delivering the business as usual work of organisations should be carefully balanced in each case.

What sort of work might I be expected to do? Will I have a choice?

There are multiple possible roles that you might be expected to take on including (but not limited to): contributing to the clinical part of the NHS111 service, backfill for clinicians dealing with acute respiratory patients, helping with outpatient clinics (this could be via telephone), training other clinicians and providing routine clinical cover.

How long will I be needed for?

You are likely to be needed for a short time period but at this stage, the exact length is unpredictable. You are free to stop working at any point. Contracts are likely to be drawn up for six months with the possibility for extension.

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Will I have a contract?

Yes. You will have a contract that reflects all the working hour protections, pay arrangements, annual leave entitlement and hospital inductions that are provided to NHS employees.

What documentation do I need to have checked before I start work? Can this be done remotely?

Identify checks will be required but this will be a fast-track process with your local HR department.

Will I have a rota or need to work a specific number of hours?

Your working hours and pattern will be agreed between you and the department you will be placed in locally.

Will you check that I don't have coronavirus?

If you develop symptoms, national guidance for testing will be followed.

Will I be provided with PPE if required?

Yes.

What happens if I treat patients while having coronavirus?

As soon as coronavirus is identified in staff, they will be withdrawn from work

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and contact tracing procedures will follow.

I haven't been fit tested for the correct masks (FFP3)? Could I be asked to go into a room with a patient with suspected or confirmed COVID-19?

Clinicians preparing to assess a patient with suspected COVID-19 must wear PPE, which as a minimum should be:

- A correctly fitted FFP3 respirator
- Gown
- Gloves
- Eye protection

Clinicians seeing patients with confirmed COVID-19 must wear full PPE comprising of:

- A FFP3 respirator
- Disposable eye protection (and preferably a visor)
- A long sleeved disposable gown
- Gloves

For symptomatic, unconfirmed patients, clinicians should wear:

- A fluid resistant surgical mask
- Gloves
- Apron
- Eye protection if there is a risk of splashing into the eyes

I'm pregnant or immunosuppressed. What rights do I have to protect myself from infection at work?

Pregnant women may be particularly vulnerable and employers have additional

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responsibilities to protect them. Employers should regularly assess risk and discuss options with pregnant employees. It may be appropriate to move them to a different location, arrange for them to work from home or even to temporarily remove them from the workplace. If this is the case they will receive full pay. Any action must be taken with consent and preferably with support from Occupational Health. Further advice is available from the Royal Colleges.

Is there specific advice for other high risk chronic diseases?

People with chronic heart and lung disease have a higher risk of complications and higher mortality than the general population. Given the increased risk of COVID-19 for people in those groups, we would of course advise against returning to patient-facing clinical work. However, there are a range of opportunities in non-patient facing roles that we are in urgent need of support with.

How can I decline if I am asked to work beyond my clinical competence?

The HCPC acknowledges that you may be anxious about working in these very challenging circumstances. These are unprecedented times. If the epidemic worsens it is likely that clinicians will have to work outside their normal field of practice. When deciding the safest and best course of action in the circumstances, we'd encourage you to consider:

- what is within your knowledge and skills
- the protection and needs of all patients you have a responsibility towards
- minimising the risk of transmission and protecting your own health

If a concern is raised about a registered professional, it will always be considered on the specific facts of the case, taking into account the factors relevant to the environment in which the professional is working. The HCPC would also take account of any relevant information about resources, guidelines,

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or protocols in place at the time.

I'm about to graduate as an AHP and would really like to help. Can I start work before I graduate?

We greatly appreciate your offer of support in the fight against COVID-19. Welsh Government is in discussion with the HCPC and universities to see how you could safely help. We will share the outcome of these discussions as soon as we have it.

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