Report of the North West Senior PWP Consultation Event

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Aim of the Consultation event

* “To bring together senior members of the IAPT PWP workforce from across the North West to understand the current issues impacting on this relatively new group of psychological practitioners, and explore opportunities to establish a professional network with the support of PPN North West”

Background

* PWP – new workforce introduced in 2008 under IAPT
* PWPs – primarily in Primary Care using a stepped model of care to provide brief, evidence based interventions.
* High volume 'low intensity' model of service delivery
* North west is 2nd largest IAPT region in England – PWP workforce approximately 450
* Typically band 4 trainees, band 5 qualified

PWP Development to date

* PWP role increasingly valued and embedded within IAPT teams: recent development of Senior PWP positions employed on band 6
* Senior role typically involves supervisory responsibilities, PWP line management and mentoring, and in some areas service development
* Some evidence of development into band 7 / 8a roles

Qualification / Profession

* Core training Post Graduate Certificate –accredited by the British Psychological Society
* Strong emphasis on clinical skills & practice-based learning with undergraduate route available
* Undergraduate route introduced to try to increase variety of individuals working in the PWP role, to ensure a workforce representative of populations served
* Currently PWP role is not professionally regulated
* Individual practitioner accreditation is offered by both the BPS and BABCP, but is not mandatory and uptake is limited

PWP Professional Network

* Culture of networking amongst North West PWP workforce primarily supported through very successful PWP Masterclass forum – hosted by the 3 north west PWP training providers and coordinated by group of PWPs
* Events attended on average by approx. 100 PWPs
* Proved invaluable for creating CPD opportunities as well as networking and peer support

Consultation Event

* PPN North West establishing Psychological Professions Workforce Board and is seeking PWP representation – providing opportunity to strengthen identity of the PWP role, take forward workforce issues, and develop professional leadership
* Consultation event was opportunity to bring together the Senior PWP workforce to discuss the value of and appetite for developing a PWP professional network lead by a Senior PWP group working alongside the PWP masterclass forum

Discussion

* 4 main themes identified and explored:
  * Professional development and CPD for existing practitioners
  * Promoting and maintaining professional standards of the workforce
  * Recruitment and retention
  * Setting up the PWP Professional Network and representation on the PPN workforce board

1) Professional Development & Access to CPD

* Importance of CPD in all roles to remain effective and maintain clinical standards
* Lack of CPD designed for the specific needs of step 2 working ensuring fidelity to the model
* Strong focus on targets in IAPT = time constraints impact on uptake of CPD
* Relatively high number of PWPs within services & limited CPD options
* Lack of knowledge of CPD opportunities that do exist
* Need for PWP to be able to operationalise new skills gained through CPD

Choice and suitability of existing CPD

* Lack of access to appropriate CPD specifically designed for the PWP workforce skill set
* Anecdotally, concern that when PWPs are ‘skilled up’ they then leave
* Concern re ‘mid-intensity drift’, - how CPD can support skills and development ‘within’ the PWP role
* What does ‘drift’ mean?

CPD Recommendations

* Use of existing evidence to demonstrate importance of CPD for professionals and how this relates to PWPs
* Need to demonstrate rationale for broadening the skill base of the PWP
* Balance of smaller workshops and more formal modules
* Need for CPD specifically for PWP workforce (recent e.g. of PIT)
* Need for senior PWPs to have access to CPD that supports them in the development of their supervision and management skills

2) Promoting & Maintaining Professional Standards

* Continued lack of recognition & understanding of the work and skill set of the PWP
* Challenge for the work of the PWP to be regarded as different but of the same value and quality as e.g. Step 3 CBT
* Need to promote PWP role and improve understanding of what PWP's do and how they work
* Burden of administrative duties of the PWP role – need to 'streamline' processes and share good practice to raise standards and issues across services
* Proposed 'shadow a PWP for the day' campaign aimed at service managers, clinical leads and commissioners to promote understanding of the skills and challenges of the PWP working week

Maintaining standards of training and audit of clinical placements for PWPs

* Need to ensure the quality of training experiences PWPs receive
* Recommendation of PWP representation within future plans for HEI placement audits
* Current review of the UCL curriculum may have further implications for training new recruits and post qualification training
* Also possible link with IAPT service accreditation

Preventing Burnout

* Recognition of ensuring the wellbeing of PWPs through:
  * Building variation into the working week
  * Access to case management and clinical supervision
  * Opportunities to develop within exist roles e.g. public health activity, delivery of groups, working within specialist areas such as LTC
  * Access to appropriate CPD
  * Regular personal review linked to training and career development opportunities
  * Opportunities to share and celebrate good practice

Accreditation & Regulation

* Key issues of no requirement for PWPs to be accredited, and lack of professional regulation.
* Individual accreditation available through BPS & BABCP but low uptake – no clear benefit to individual or requirement from employer
* Without requirement for accreditation, or statutory regulation, PWPs lack professional recognition and the parity this brings alongside other professional groups
* This impacts on development of workforce, potentially affecting the maintenance of standards – e.g. the use of properly trained agency staff and stated requirement for access to appropriate supervision and CPD

Accreditation/Regulation (Cont)

* While individual accreditation is welcomed as a useful tool, agreement that these issues needed to be considered for the whole workforce across the region, and nationally, for it to become useful
* Felt that regulation and accreditation should be a priority for a PWP professional network going forward
* Particularly important in relation to continued use of agency staff across PWP workforce

3) Recruitment, Retention & Career progression

* Awareness both locally & nationally that staff retention is a significant issue within the PWP workforce
* Relatively young and well qualified workforce is highly mobile and often willing to move for development opportunities
* Trainee PWP vacancies are massively over subscribed, with up to 100 applicants within 24 hours for one post
* Qualified PWP vacancies very difficult to fill
* May change with reduction of HIT training posts in coming years but issue of how future supply of newly qualified PWPs is maintained

Use of agency staff and maintaining professional standards

* Use of agency PWPs poses a specific challenge to maintaining professional standards within the workforce, in particular, lack of clarity about training standard required for agency staff
* Efforts to 'plug the gap' are reportedly resulting in some services looking at ways in which alternative workers might be recruited - significant threat to the professional identity and skills of the PWP role
* Also contradictory to recent evidence highlighting importance of core training in PWP skills to achieve good clinical outcomes (Green et al 2014)
* Development of best practice guide for recruitment of trainee, qualified, permanent and agency PWPs

Opportunities for career and clinical development

* Opportunities to develop both clinical and non-clinical skills seen as essential in supporting staff to develop whilst remaining within the PWP role
* Urgent need to address career development *within* PWP role as opposed to moving to other clinical professions such as HIT or Clinical Psychology
* Welcome development of 'senior' roles but need to develop 'specialisms' within the role as well e.g. older adults and LTCs
* Has happened in some areas e.g. prisons, but not mainstreamed
* If PWPs knew they would be able to develop clinically they would be more likely to stay within a service

4) Developing a PWP Professional Network

* Within the North West, substantial success in creating and maintaining a community of practice,
* General agreement to develop a senior PWP group to provide peer support and a forum to take forward issues relating to the development of the workforce enabling consultation with wider PWP network and representation on PPN north west workforce board
* Opportunity to begin to take forward recommendations within this report e.g. in relation to issues of registration/accreditation and PWP recruitment Best Practice Guide