

Thank you to all who joined our annual conference, **Psychological Professions Week** in November 2021. Your input and feedback was greatly valued and we have been working since on incorporating the ideas shared that week into future practice developments.

A number of questions were raised in the session on **NEW ROLES in the PSYCHOLOGICAL PROFESSIONS** held on 17-11-21.

As a reminder, the new roles covered in the session included:

Psychological Wellbeing Practitioners	PWPs
Children's Wellbeing Practitioners	CWPs
Educational Mental Health Practitioners	EMHPs
Clinical Associates in Psychology	CAPs
(Trainee) Associate Psychological Practitioners	(T)APPs
Mental Health & Wellbeing Practitioners	MHWPs

It was also briefly mentioned that the specialist commissioning team at NHSE&I have been working on another role for children and young people's in-patient and crisis services, namely Youth Intensive Psychological Practitioners (YIPPs).

We made a pledge to ensure we shared some responses to these. Please find a summary of these (in the same order as the table above) below:

Getting into the field, accreditation & registration and advice

QU: What advice do you have for aspiring psychologists who hope to enter and progress in the field?

ANS: Do have a look at the [PPN career map: PPN - Career map for the Psychological Professions](#) which sets out the roles within the psychological professions, with information on entry points and career progression opportunities. Across the psychological professions there is a mission to widen access points so do persevere to find ways in if graduation with a psychology degree is not your initial starting point.

If you are interested to find an accredited course, this link to the BPS website might be helpful:

<https://www.bps.org.uk/public/become-psychologist/accredited-courses?type=WPW>

QU: Will people in the newer roles be required to be registered with a specific professional body to ensure safety and quality are monitored and regulated?

ANS: The BPS (British Psychological Society) and the BABCP (British Association for Behavioural and Cognitive Psychotherapies) are working on individual accreditation / registration opportunities for the children and young peoples' practitioner roles following the recent PWP route. Regulation by the HCPC (Health and Care Professions Council) is a matter for the government and while this is being reviewed (alongside all other professional groups), it is not clear what this will look like. There is further information on professional registration here:

<https://babcp.com/PWP/About-PWP-Registration>

<https://www.bps.org.uk/our-members/professional-development/society-registers-and-cpd/wider-psychological-workforce>

QU: Will the new roles be included in the career map?

ANS: New roles will be included as they become adopted widely and/or funded nationally. To keep updated with policy developments, visit [HEE's psychological professions webpage](#).

QU: Please share some advice for aspiring psychologists so we can enter and progress in the field, developing ourselves to be more helpful to clients.

ANS: An enthusiasm for working with other people and being able to demonstrate some experience in working with others is important. Many psychology students undertake voluntary roles during their degree – a little is as important as a lot in being able to talk about what has been learnt from the experience.

QU: How does a conversion student who is a non-national get the required life experience?

ANS: Volunteering opportunities are widespread and identifying areas where as a non-national one can contribute can demonstrate relevant experience in being able to work with others.

Psychological Wellbeing Practitioners

QU: What does the career pathway for a **PWP** look like?

ANS: Following completion of training as a PWP, there is a requirement to work as a PWP in IAPT services before being eligible for further HEE funded training. All PWPs are encouraged to undertake further training in working with people with Long Term Conditions once qualified. Some PWPs go on to become senior PWPs, providing the opportunity to be more involved in service development and/or supervision. These roles vary depending on their setting. Pilot training programmes exist to support individuals to progress to senior roles, in addition to Post Graduate Diplomas now being offered. There is also the possibility of going on to train as a high intensity therapist, clinical psychologist or counsellor.*

More information is available here: [Psychological wellbeing practitioner | Health Careers](#)

Blogs by PWPs can be found here: [NHS England » The role of Psychological Wellbeing Practitioner and career progression](#)

[NHS England » A Psychological Wellbeing Practitioner career pathway: an exciting and diverse role](#)

<https://www.bps.org.uk/sites/www.bps.org.uk/files/Accreditation/Psychological%20Wellbeing%20Practitioner%20Handbook%202019.pdf>

*If you start NHS-funded training from April 2022, you will normally be unable to access further NHS-funded training for a new occupation in the psychological professions until two years after your qualifying exam board. Visit [the funding for psychological professions training programmes web page](#) for more information on NHS funding.

Education Mental Health Practitioner

QU: Do **Education Mental Health Practitioners (EMHP)**'s have Care Co-ordinator role in CAMHS or Early Intervention in Psychosis service?

ANS: EMHPS are based in Mental Health Support Teams and work in education settings. They have links to other services and are often hosted by CAMHS services. It is not intended that they would be care coordinators.

QU: Are there any options available to convert from Psychological Wellbeing Practitioner (PWP) to Education Mental Health Practitioner (EMHP) or Children's Wellbeing Practitioner (CWP) if you already have the PWP qualification?

ANS: A recent look at the training by the National Workforce Skills Development Unit suggested that there was not sufficient overlap between the trainings to allow for easy conversion. Entering training as an EMHP or CWP would be required*.

The report is here:

https://tavistockandportman.nhs.uk/documents/2163/Final_Report_-_Maximising_efficiency_in_psychological_professions_training_routes_V4.0.pdf

QU: Are there plans to extend **Children's Wellbeing Practitioner (CWP)** training across the regions as some regions seem a lot more developed than others?

ANS: CWP training is provided by a limited number of training providers. However, opportunities for CWP roles and training are available across England.

QU: Both CWPs and EMHPs work in schools and colleges to support children and young people - what are the key differences between these roles?

ANS: Although some CWPs work in schools, the majority work in children and young peoples' mental health and community settings and this is where they will be predominantly based moving forwards. EMHPs are based in Mental Health Support Teams (MHSTs), working in schools and colleges. Both roles offer psychologically informed low intensity interventions, whereas the EMHPs also support whole school approaches to mental wellbeing. Other differences are set out in the following documents:

https://tavistockandportman.nhs.uk/documents/2163/Final_Report_-_Maximising_efficiency_in_psychological_professions_training_routes_V4.0.pdf

[Roles in the psychological professions | Health Careers](#)

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Clinical Associates in Psychology

QU: What should **Clinical Associates in Psychology (CAPs)** call themselves during their apprenticeship? Is there an agreed term?

ANS: We think it might depend on local convention: either CAP in Training or Apprentice CAP.

QU: The new CAP role has not been advertised in every area, so there is a gap in vacancies to apply for. Are there plans to recruit this role across all NHS Trusts?

ANS: This is an employer led initiative so it is dependent on local circumstances.

QU: Will CAPs be added to the list of psychological professions? If so, will they be psychological practitioners or psychologists?

ANS: We are working on the inclusion of CAPs and discussions are in place about where this role should sit in the career taxonomy.

QU: What will the career progression be for Qualified CAPs?

ANS: A number of career options could be open to qualified CAPs. They may wish to move onto other professional trainings*, and the CAPs role would be taken into account in terms of training and experience.

CAP roles have been developed in Community Mental Health Teams, 18-25 services, child and adolescent services, forensic, in-patient, primary care, older people's mental health, and learning disabilities services so far.

QU: As a non-psychology graduate, can I train/apply for the role of Apprentice Clinical Associate in Psychology and/or Trainee Psychological Therapies Practitioner?

ANS: At present trainee psychological therapists stipulate graduate entry points, but not specifically a psychology degree. There are non-graduate routes for trainee psychological practitioners such as PWP, EMHP, MHWP and CWP.

QU: With CAPs, is there any progression beyond Band 6 with increased experience (after qualification) or are these roles capped at band 6?

ANS: This is a new role and career progression aspects are still being developed.

QU: For the CAP role - do you need an accredited undergraduate psychology degree and which are the trailblazer regions?

ANS: To be eligible for the CAP role you will need a degree in Psychology recognised for the "Graduate Basis for Chartered Membership" by the British Psychological Society. Alternatively, you will need to have completed a British Psychological Society accredited post-graduate Psychology conversion course. Trusts who have been involved creating the standards for the CAP role are listed here; Trailblazer regions include London, Yorkshire and the South West:

[Clinical associate in psychology \(CAP\) \(integrated degree\) / Institute for Apprenticeships and Technical Education](#)

QU: How does the role of a CAP differ from that of an **assistant psychologist** (AP)?

ANS: AP posts are designed to support clinical services to make use of short-term funds to enhance the contribution of qualified staff. Under supervision, APs carry out research, audit and service evaluation, clinical assessment and report writing (amongst other tasks). Such posts do not offer a recognised professional training in applied

psychology. In contrast, CAPs are selected by employers to study for a Masters qualification with a locally-shaped curriculum (within a national accreditation framework) to contribute to psychologically informed intervention and service-based research. On graduation, CAPs would be employed at NHS Agenda for Change Band 6.

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Trainee Associate Psychological Practitioners

QU: What are the distinctive differences between a **Trainee Associate Psychological Practitioner (TAPP)** and Psychological Wellbeing Practitioner (PWP)?

ANS: PWPs work in Improving Access to Psychological Therapies (IAPT) services. The (T)APP role does not work in IAPT but may work in primary care, physical health, secondary care mental health, staff support.

The (T)APPs are trained in generic psychological competencies that allow them to work in a variety of service settings.

Although (T)APPs work may be informed by CBT/ partly underpinned by CBT principles, they also draw upon a range of psychological models. PWPs tend to focus upon low intensity CBT approaches.

PWPs offer 1:1 (or individual) appointments, (T)APPs are encouraged to work with wider systems. In general practice settings, (T)APPs encourage 'important others' to attend sessions.

There are less barriers around suitable clients for (T)APPs, in terms of a stepped care model.

QU: What are the governance arrangements for APPs? Who supervises you/how often?

ANS: APPs receive weekly supervision with a qualified psychological professional.

They are governed by the policies and governance procedures of the trust they work within. CQC standards are a helpful guide to governance related issues for the APPs.

Mental Health Wellbeing Practitioners

QU: What are the supervision requirements for **Mental Health Wellbeing Practitioners (MHWP)** and by whom?

ANS: The MHWP role is designed to support collaborative care planning, alongside other members of the multi-disciplinary team. They will also deliver a set of brief wellbeing-focused psychologically informed interventions under the supervision of qualified clinicians in the setting.

Whilst on the one-year training programme trainees spend one day a week studying at university and the remainder of the time (3-4 days) working in or undertaking specific training tasks in a community mental health service. Trainees should undertake a minimum of 40 hours of clinical supervision of which at least 20 hours should be case management supervision and at least 20 hours should be clinical skills supervision. Case management supervision can be provided by any suitably qualified professional in the team. In addition, there should be fortnightly individual or group-based clinical skills supervision. Clinical skills development supervision should be provided by a practitioner with competence in the interventions MHWPs will offer, drawn from one of the following occupations: an HCPC registered Clinical Psychologist, a BABCP accredited CBT Therapist or a MHWP with at least two years of post-qualification practice experience. Supervision (case management and clinical skills) of MHWPs should be by practitioners who have undertaken specific training on MHWP supervision. For more information visit the MHWP curriculum: [National Curriculum for Mental Health and Wellbeing Practitioners - Specialist Adult Mental Health \(1\).docx \(live.com\)](#)

Other questions

QU: When will the counselling doctorate be NHS funded?

ANS: There are currently no plans to fund the counselling psychology doctorate.

QU: Is there a functional difference between what a psychological practitioner is and what a psychological therapist is?

ANS: There are three broad categories of psychological professionals. These are: psychological practitioners, psychological therapists and psychologists. The differentiation is broadly on the basis of level of qualification and the interventions provided. Psychological practitioners usually provide brief interventions or low intensity interventions. Therapists provide psychological therapies.

QU: Can you share links to the career map (see above) and associated information pages, available training opportunities, and training jobs funded by NHS?

ANS: It is sometimes difficult to keep these up to date. The PPN Career Map can be viewed [here](#). You can find useful information about the psychological professions on the NHS Health Careers website: [Roles in the psychological professions | Health Careers](#). NHS jobs will be where most of these are advertised. HEE funding information is available on their psychological professions page: [Psychological Professions | Health Education England \(hee.nhs.uk\)](#)

QU: What roles are available for people who may struggle with academic qualifications but are committed to work in the psychological professions network?

ANS: You might want to consider routes into mental health via the Assistant Practitioner route which can support foundation qualifications which can lead into PWP training or similar. It is worth noting that the apprenticeship route to PWP training requires academic qualifications at Level 5 (e.g. foundation degree, Diploma of Higher Education [DipHE], Higher National Diploma [HND], National Vocational Qualification [NVQ]), with maths and English at GCSE grade C or above, or Functional Skills Level 2. There are also several university programmes offering entry with a Level 5 qualification, however the majority require an honours degree at Level 6, to study for a Level 7 Post Graduate Certificate. If you don't have a degree but can demonstrate equivalent academic skills you may still be considered for postgraduate certificate level training.

QU: Which psychological role offers DBT?

ANS: DBT may be offered by a range of psychological professionals. It relies on additional training which is usually accessed by staff in specific services. It is usually those services who identify staff to undertake training. Services offering DBT are typically in secondary mental health settings.

Implementation of the increase in availability of DBT (and other therapies) is outlined here: <https://ppn.nhs.uk/resources/approved-national-pt-smhp-resources/40-psychological-therapies-for-severe-mental-health-problems-implementation-guidance/file>

Thank you to all who participated in the new roles workshop: please reach out to your local Psychological Professions Network (PPN) if you require further information or have a suggestion to make about any of the new roles and career enhancement.

