



Leadership and Management in the Psychological Professions: Discussion Paper



The Psychological Professions Network

A collaboration of regional networks sponsored by Health Education England to give voice to all psychological professions in workforce planning and to promote excellence in practice

About the Psychological Professions Network

The Psychological Professions Network exists to maximise the benefits to the public of the psychological professions across NHS funded healthcare.

It consists of workforce networks across England that join up twelve psychological professions: adult psychotherapists, child and adolescent psychotherapists, children's wellbeing practitioners, clinical psychologists, cognitive behavioural therapists, counselling psychologists, counsellors, education mental health practitioners, family and systemic psychotherapists, forensic psychologists, health psychologists and psychological wellbeing practitioners.

The Psychological Professions Network provides a joined-up voice for the psychological professions in policy-making and builds bridges between psychological professionals, the public and policy-makers.

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The paper was prepared before the COVID-19 pandemic but we believe the topics raised are all the more relevant in the changing terrain that we find ourselves in.

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Executive Summary and Recommendations

The contribution that the Psychological Professions can make to leadership and management has not, as yet, been fully realised. This paper outlines the possible challenges that are contributing to this and makes a series of recommendations. The paper is intended as the start of a conversation, rather than the conclusion of one. We intend for it to stimulate debate, to highlight areas (both covered and not covered in the paper) that need more attention and action. We want to develop this plan with stakeholders, and hear everyone's perspective.

- I. The psychological professions occupy an array of leadership and management roles in NHS commissioned services. These range across clinical, professional and operational domains. They are making a significant contribution to healthcare with vast potential to contribute more.
- II. Management can be defined as effective oversight to deliver the task, leadership as the negotiation of setting the task and creating a vision.
- III. Psychological professionals of all grades can take up leadership in some form within their roles with evidence that distributed leadership 'at every level' is the most effective in delivering high quality, compassionate care to service users, carers and families.
- IV. Psychological professionals have some really valuable competencies from their core trainings that they can translate and bring to leadership and management, with a unique skill set to contribute to a specialist psychological perspective. There is value in promoting the Healthcare Leadership Model and evolving a shared language with healthcare colleagues.
- V. Progressing into specific leadership and management posts can present some challenges for psychological professionals, however, with more challenges for some of the 12 disciplines than others.
- VI. Psychological professionals often do not recognise their own leadership and management competencies, nor how they relate to a broader NHS leadership agenda, and some may be reluctant, or lack confidence to engage with development opportunities under this broader agenda. The relative lack of visibility of senior psychological professions roles, and resulting lack of mentoring and shadowing opportunities, may contribute to this. There is only limited system (Integrated Care System), regional and national infrastructure currently for professional leadership of the 12 psychological professions in policy making and delivery. In addition, there are legal constraints at board level which can prevent the development of psychological professional roles at a very senior level.
- VII. Psychological professionals specifically often lack opportunities to develop management (including people management) competencies that would normally be commensurate with their grade in other clinical occupations, such as nursing.
- VIII. Some psychological professions have a poor track record of recruiting a more diverse workforce that represents the communities served and progression into leadership and management posts also lacks the diversity sought under the Workforce Race Equality Standard, the NHS Long Term Plan and the Interim People Plan ambitions for senior leadership representation.

In response to these challenges, we recommend the following:

Getting psychological professionals into the Right Leadership Positions

1. Map the current representation of psychological professionals in leadership positions at national, regional and local level.
2. Establish a network of the most senior psychological professionals across the NHS and provider organisations, a Psychological Professions Network (PPN) in every region and the right substantive national leadership for the psychological professions.

Leadership by all the Psychological Professions, in partnership with Experts by Experience

3. Take targeted action to make clinical leadership and management of services more inclusive of psychological professionals from different professional backgrounds.
4. Create clear career progression opportunities and roadmaps through the leadership hierarchy for all the psychological professions, with opportunities for leadership at all bandings.
5. Ensure leadership development fosters an open and consultative process with service users, carers and families to support involvement and co-produced leadership of psychological professions services.

Addressing the Diversity Gap

6. Recognise and address the structural barriers that lead to an under-representation of women and those from Black, Asian and Minority Ethnic (BAME) groups at leadership level.
7. Take targeted action to improve diversity in leadership of the psychological professions through a combination of training for current and future leaders, alongside transformation of the current leadership structures and recruitment processes.
8. Enable the use of reciprocal mentoring and staff networks by BAME psychological professionals.
9. Ensure there are specific opportunities for mentoring and shadowing for those from BAME and other marginalised groups.

10. Proactively publicise and enable use of training programmes and networks for those underrepresented in leadership such as those for BAME staff and women on offer from the NHS Leadership Academy and the Health & Care Women Leaders Network.

The Right Leadership Training and Development for psychological professionals

11. Core training for psychological professionals should include raising awareness of leadership and management competencies, and promoting pathways for leadership and management development.
12. Ensure leadership development for the psychological professions includes raising awareness and competence in EBE involvement.
13. Ensure leadership development for the psychological professions includes training that leads to embedding anti-discriminatory practice across systems and leadership behaviours.
14. Investigate and identify leadership and management competency gaps for the psychological professions, and establish training and development opportunities that can plug these gaps.
15. Increase awareness of the NHS Leadership Academy programmes and encourage more widespread use of coaching and mentoring opportunities for the psychological professions, drawing on the Healthcare Leadership Model.

Overcoming Structural Obstacles

16. Embed protected time for leadership development and roles into job plans and job descriptions for psychological professionals.
17. Encourage working together across professional bodies and networks to reduce fragmentation and increase a coherent leadership offer, aligned to the NHS Leadership Compact.
18. Establish the right leadership infrastructure within the NHS Arm's Length Bodies to ensure a coherent and strong voice of the psychological professions into policy making and delivery.

1: Context and Definitions

1.1: Definitions of Management and Leadership

Management and leadership are terms that are often used interchangeably. Management can be conceptualised as effective oversight to deliver the task, with inherent authority to keep the organisation functioning and 'on task'. Leadership can be understood as the negotiation of setting the task and creating a vision (Obholzer, 1994). It is acknowledged that NHS roles often separate leadership and management tasks, though in reality most operational management roles involve some leadership functions and most leadership roles involve some management responsibilities. It is also recognised that clinical and professional leadership roles in the psychological professions can include the role of clinical or professional supervision, which hold specific governance functions.

For the purposes of this report we are considering leadership and management both within the psychological professions (e.g. professionally leading psychological professions services) but also in the broader sense to mean leadership and management across a system, or group of professions or structures, with responsibilities for a range of functions. It can be helpful to distinguish three functions in leadership and management of healthcare, which may overlap to varying extents within a role:

- **Professional Leadership:** Leadership within a professional discipline or defined set of disciplines (e.g. the psychological professions), drawing on specific expertise and training within that professional domain
- **Clinical Leadership:** Leading across a wide set of clinical disciplines (e.g. medicine, nursing, allied health professions and psychological professions), drawing on clinical expertise but not restricted to being trained in any specific discipline
- **Operational Management/Leadership:** Leading and managing delivery of a service, drawing on leadership and management expertise that need not be in a clinical domain.

1.2: The NHS Long Term Plan, Interim NHS People Plan and NHS Mental Health Implementation Plan

Mental health is prominent in The NHS Long Term Plan (2019d), building on the ambition set out in the Five Year Forward View (2014) and requiring a significant expansion of the psychological professional workforce (2019c). Strong leadership and management capability is required to support this ambition. The NHS Mental health Implementation Plan (2019c) suggests that an additional 2 million people will access mental health care, and the psychological professions workforce will need to expand by approximately 65% by 2024 to meet this demand. The demand is also likely to increase further due to the mental health repercussions of the Covid-19 pandemic.

The Interim People Plan (2019b) includes an important annexe and policy framework outlining next steps for the psychological professions; a key landmark in terms of national strategic workforce planning for the psychological professions. The Plan sets out the need for the development of a much stronger leadership system, with regional and national structures that include psychological professional leadership. This should include the establishment of a network of the most senior psychological professionals in every provider organisation, psychological professions representation within every Integrated Care System, a Psychological Professions Network (PPN) in every region to support regional delivery, and the right substantive national leadership for the psychological professions. In addition to new leadership structures, senior leaders within the psychological professions will be involved in the roll out of the NHS Leadership Compact, as well as the development of competency, values and behaviour frameworks for senior leadership roles, as recommended by the Kark review.

1.3: The Right Kind of Leadership

The right kind of leadership consists of many factors. We need both a model of appropriate leadership and a clear outline of who needs to be included in leadership structures.

There is a growing acknowledgement that the best performing healthcare systems have clinical and compassionate leadership at their centre (West et al., Kings Fund, 2015). The Interim People Plan (2019a) also strengthens the need for compassionate and inclusive clinical leaders who are lifelong learners throughout their careers. There is a timely acknowledgement and a strong evidence base (West, Dawson & Kaur, 2015b) that good leadership requires specific behaviours including active listening, understanding and empathy, but is also relationship focused with the need to evolve a culture of collective responsibility. The attributes of compassionate leadership play to psychological professions' core professional skills and strengths.

At the heart of compassionate leadership should be involvement. There is a clear need, in line with the NHS Long Term Plan, to have an open and consultative process for involving service users, carers and families, along with professionals and the public in leadership and service design.

Although there has been a long history of service user activism in third sector organisations, this learning needs to be translated to the psychological professions within NHS funded services in an authentic way. Any developments in leadership and management need to promote this open and consultative process.

The psychological professions need to be an active part of exciting new conversations in the context of more recent recommendations by NHS Improvement (2019), endorsed by both the British Psychological Society and the Association of Clinical Psychologists, which highlight the effectiveness of professionally diverse clinical leadership and management teams. There is a growing acknowledgement that the changing needs of the NHS demand agile and adaptive leadership which can work with both providers and Integrated Care Systems.

2: Where are we now?

2.1: Current Leadership and Management Roles for psychological professionals

There are currently over 20,000 psychological professionals working for NHS funded services (Psychological Professions Network, 2018a), which include a wide variety of leadership and management roles. These leadership roles range across clinical, professional and operational domains. The psychological professions’ professional grouping within the NHS Arm’s Length Bodies currently comprise 12 distinct occupations working in NHS funded care; adult psychotherapists, child and adolescent psychotherapists, children’s wellbeing practitioners, clinical psychologists, cognitive behavioural therapists, counselling psychologists, counsellors, education mental health practitioners, family and systemic psychotherapists, forensic psychologists, health psychologists and psychological wellbeing practitioners.

It is expected that all psychological professionals, at all levels, can take up leadership in some form within their roles, with evidence that distributed leadership ‘at every level’ is the most effective in delivering high quality, compassionate care. There are a range of leadership and management roles within specific psychological therapy services, but also roles which offer broader leadership and management across systems and professional boundaries. Each professional group will have its own clinical supervision needs, which hold a governance function, and which is sometimes also incorporated into professional and clinical leadership roles.

Table 1: Examples of psychological professional leadership and management roles in the NHS

Level	Example of Psychological Professional Roles in the NHS
National or Regional Leadership Roles	<p>Professional lead for the psychological professions within the NHS Arm’s Length Bodies (ALBs).</p> <p>National Leadership of an area of policy delivery (e.g. development of Psychological Professions Networks (PPNs), technology enhanced learning).</p> <p>Clinical advisor to an NHS ALB on a specific policy area (e.g. children and young people’s mental health, adult mental health, improving access to psychological therapies [IAPT]).</p> <p>Clinical lead for a policy area (e.g. adult’s mental health, learning disabilities and autism, children and young people’s mental health) across an NHS region.</p> <p>Chair of a PPN for an NHS region.</p>
Provider Board Level	<p>Voting member of a Trust Board with a professional leadership and wider portfolio including psychological professions, allied health professionals and service user experience.</p> <p>Voting member of a Trust Board including a portfolio of research, innovation and strategic development.</p> <p>Non-voting member of a Trust Board leading on clinical strategy.</p> <p>Chief Executive Officer of a voluntary agency providing NHS-commissioned psychological healthcare.</p>

Level	Example of Psychological Professional Roles in the NHS
Senior Leader/Manager	<p>Clinical director in a mental health Trust, including a range of psychological professionals and allied health professionals and who leads on Trust staff wellbeing initiatives.</p> <p>Service director in a mental health Trust, responsible for the strategic and operational delivery of a diverse portfolio of mental health and learning disability service.</p> <p>Professional lead for psychological professions in a mental health and community Trust who provides professional leadership across a range of psychological professions. Provides clinical and strategic leadership with internal and external stakeholders.</p> <p>Head of psychological professions training programmes delivered in partnership between the NHS and a University, responsible for developing and providing these programmes across a region.</p>
Leader/Manager	<p>Clinical lead in an IAPT service.</p> <p>Leading psychological provision in a specialist field such as clinical neuropsychology.</p> <p>Programme lead, who is overseeing a broad range of mental health related workstreams.</p> <p>Team manager, who has gained management experience alongside their clinical role, who is line managing a range of staff from different disciplines.</p>
Senior Psychological Professional	<p>Experienced psychological professional in child and adolescent services offering specialist clinical supervision and clinical leadership to other clinicians.</p> <p>Experienced psychological professional providing clinical leadership to other practitioners working within primary care network integrated teams.</p> <p>Experienced IAPT practitioner who supervises and leads other clinicians within their team.</p>
Psychological Professional	<p>A practitioner who also provides consultation and supervision to other professionals across children and young people's mental health services.</p> <p>A qualified psychological professional who works in secondary care with adults presenting with a range of complex mental health presentations and the team that support them.</p> <p>A psychological professional providing coaching to other NHS staff.</p> <p>A psychological professional who holds a champion role for working with older adults in the IAPT service.</p> <p>A psychological professional who works in both research and clinical practice, providing leadership (building bridges between theory and practice) to promote evidence based practice in national publications.</p>

2.2: Current Training and Professional Support for Leadership and Development

Psychological professionals are supported by a number of professional bodies, including the Association of Child Psychotherapists (ACP), the Association of Clinical Psychologists UK (ACP-UK), the Association for Family Therapy and Systemic Practice (AFT), the British Association for Cognitive and Behavioural Psychotherapies (BABCP), the British Association for Counselling and Psychotherapy (BACP), the British Psychoanalytic Council (BPC), the British Psychological Society (BPS) and the United Kingdom Council for Psychotherapy (UKCP).

Other professional organisations support additional specific particular modalities of psychological therapy. Some of these organisations offer specific access to leadership development programmes and mentoring schemes. There are also a number of specialist leadership training providers, which provide leadership programmes, as well as the NHS Leadership Academy programme offer for all staff working in NHS funded services.



3: Challenges and Opportunities

In 2019, NHS Improvement set out a Framework for Action for developing greater professional diversity at provider Board level (NHS Improvement, 2019). This framework highlights the need to promote and unblock the path to a more diverse set of professions at very senior level to enable organisations to adapt so they can meet the changing needs of the population and the increasing complexity of healthcare systems. Significantly, a broader talent pool including the psychological professions is identified here:

It will be important to understand and find ways to overcome systemic barriers that have led to a lack of professional diversity in leadership and management roles, and to how psychological professionals can step forward into these roles. This section explores the challenges and opportunities to developing a stronger leadership voice for and by psychological professionals across healthcare.

“Traditionally, doctors and nurses have seats at the provider board table. However, there are a host of other clinicians - allied health professionals (AHPs), pharmacists, healthcare scientists, midwives, psychologists - who also have great leadership contributions to make but, because of career structure or expectations, may be less able to find their way to strategic roles that maximise their contribution.”

(NHS Improvement, 2019, p. 3)

3.1: Existing Leadership and Management Structures

Between 2004 and 2019 there was no national leadership role for the psychological professions within the national NHS structures. This left the 12 psychological professions without national professional representation, with an adverse impact on policy development reaching down to provider level. In 2019 a temporary infrastructure was established at NHS England and Improvement and Health Education England including the role of National Lead for Psychological Professions. Ongoing national leadership infrastructure is under development. At both national and regional level the Psychological Professions Network (PPN) offers an additional opportunity to promote a ‘shared voice’ for the 12 psychological professions within the professional grouping in the NHS Arm’s Length Bodies into policy making, policy delivery and workforce planning.

At a more local level, NHS Improvement (NHSI, 2019) recognises the importance of diverse boards, though also recognises the limits that certain board requirements can create. For example, NHS Foundation Trust boards are subject to the requirements of the NHS Act 2006, Schedule 7. These requirements do not include needing to have a psychological professional, or allied health professional at Board level, although do require boards to include an executive director who is a registered doctor or dentist, and another who is a registered nurse or midwife. NHSI does highlight that non-executive director roles can also present other opportunities for professional diversity, with some part-time options also available.

3.2: Visibility and Confidence

The psychological professions arguably need to get better at 'pushing at the door' to promote their potential.

"To be effective leaders we need to know how to move from reflection to action, and to 'push at the door' rather than wait to be invited. We need to know when to take risks to broaden our portfolio of experience with the opportunity to psychologise services at systems level."

(Sonya Wallbank, NHSI)

As a relatively small group of professions (although due to expand significantly), this means that there have been fewer visible role models, resulting in fewer opportunities for shadowing and mentoring for both leadership and management roles. It can also mean that the psychological professions can be omitted from 'talent' conversations and conversations with Organisational Development (OD) teams which can help identify career development opportunities. Psychological professions share some overlapping skills with OD teams, for example in coaching and mentoring, yet structures rarely support close collaboration.

Along with other clinical professions, there can be a perceived and/or actual lack of competence for roles: for example, applying for management roles for which psychological professionals may not be specifically trained. Uncertainty about competence may also prevent clinicians more generally pursuing senior roles. These issues are viewed as factors potentially discouraging people from considering new opportunities that may not be obviously related to their current clinical practice (NHS Improvement, 2019).

3.3: Competencies, Core Skills and Specialist Skill Sets

In many ways, the psychological professions possess competencies and skills that would enable them to succeed in leadership and management since they share the values of compassionate leadership. The key skills of listening with attention and empathy chime directly with the key competencies and strengths as trained therapeutic professionals. Many psychological professionals have specific strengths in understanding intrapsychic and interpersonal dynamics across teams, organisations and systems. Psychological professionals could therefore make an important contribution to the ongoing work around the roll out of the NHS Leadership Compact and the development of the competency frameworks for senior NHS leaders.

However, there are also systemic barriers that may prevent the development of other skills or competencies required for leadership and management roles. Psychological professions specifically often lack opportunities to develop specific management, including people management, competencies that would normally be commensurate for their grade in some other clinical occupations, such as nursing. For example, a newly qualified CBT practitioner, clinical or counselling psychologist could be working alongside a nurse who has already taken on significant management responsibility with teams at the same NHS job banding. Psychological professional training also often neglects to develop leadership and management skills and these are not included on training curricula.

In addition, the NHS often splits operational management from clinical and professional leadership roles, which can leave psychological professionals lacking in key 'management' and 'people management' skills, experience and confidence which are perceived as essential to taking on senior, broader roles. We recognise that clinical roles are often highly demanding and specialist roles, with little time for formal leadership development or mentoring and potential professional isolation.

Many psychological professions also face challenges in maintaining clinical registration requirements when progressing to a more senior level that requires additional leadership and management responsibilities. Taking on a broader leadership or management role can present barriers to fulfilling these requirements. In addition, psychological professionals are often wary of losing their clinical skills and specialist knowledge by moving into non-clinical roles and may perceive management roles as being too generalist.

3.4: Fragmentation

There have been various routes to developing as a leader and a wide variety of leadership and training across the psychological professions. There has also been significant work undertaken by professional bodies, such as the BPS 'Clinical Psychology Leadership Development Framework' (Division of Clinical Psychology, 2010) in the context of New Ways of Working (Lavender and Hope, 2007). However, this variety also brings its challenges. For instance, each pre-registration training programme is likely to have a slightly different approach to leadership training even within each professional group. In addition, some psychological professions currently do not have a professional body and therefore may have historically been excluded from leadership development that came through these bodies.

3.5: Diverse and Inclusive Leadership

Leadership needs to be fully inclusive and diverse to be both ethical and effective. The psychological professions have a poor track record of recruiting a diverse workforce that represents the communities served. Progression into leadership and management posts also lacks the diversity sought under the Workforce Race Equality Standard, the Long Term Plan and the Interim People Plan. Within the psychological professions, for example, there continues to be a lack of diversity in the leadership workforce, with too few leaders and visible role models from Black, Asian and Minority Ethnic (BAME) groups, and an under-representation of women in senior leadership roles.

The psychological professions need to take action to enable entry of more BAME candidates to psychological professions training and to enable culturally adapted practice (e.g. see the Black, Asian, Minority Ethnic Service User Positive Practice Guide: Beck, Naz, Brooks, and Jankowska, 2019). As can be seen from the under-representation of women in senior leadership roles, being more numerous in the workforce does not guarantee representation at a leadership level. There are also structural barriers to progression into leadership and management roles. For instance, WRES data highlights that white applicants are more likely to be appointed from shortlisting compared to BAME applicants and a lower percentage of BAME staff believed that their trust provided equal opportunities for progression or promotion (WRES report, 2018). Unfortunately, there is no specific data for the 12 psychological professions but these figures apply in both acute and mental health trusts.

4: Next Steps

4.1: Implementing a Shared Model for Leadership and Management Competency for the Psychological Professions

“People across the system need to agree on ‘what good leadership looks like’ at different levels and develop consistent descriptions, using language common to all organisations and systems.”

(NHS Improvement, 2016, p. 20)

The Healthcare Leadership Model, developed by the Leadership Academy (2013) is currently the prominent model in the NHS. It offers a shared set of competencies with self-assessment tools designed for all those, at any level, who work in health and care settings.

The model is arranged around 9 ‘leadership dimensions’, each with a description and self-rating scale. The scales are presented as a series of short questions, designed to explore intentions and motivations, and highlight areas for development according to each dimension. It is advised that the outcome of self-evaluation can inform appraisals and talent conversations, with additional ‘Guidance for using the Healthcare Leadership Model within talent conversations’ (2014).

The Interim People Plan (2019b) is committed to the development of an explicit set of competencies, values and behaviours required in different senior NHS leadership roles, as recommended in the Kark review. This offers a further opportunity for the psychological professions to articulate their strengths and development needs, so that they can promote their capabilities in a language that is shared across the healthcare system. Self-evaluating the existing leadership competencies of the psychological professions has the opportunity to promote confidence and provide new insights. For example, ‘soft intelligence’ indicates that psychological professionals are not aware that many of their existing skills would translate well into leadership competencies; and people are often surprised at how their existing skills lead them to have a strong leadership profile.

4.2: Learning to be Leaders and Managers

“According to research, senior executives report their sources of key development as learning from experience in role and on the job (70%), learning from others, especially mentors, coaches and learning sets (20%) and formal coursework and training (10%). At present, there are examples of excellent leadership and career development in different areas of NHS funded activity, but evidence shows the offer is not consistent across the services or through people’s careers.”

(NHS Improvement, 2016, p.20)

Leadership development tends to work best when ‘on-the-job’ learning is combined with other learning support (West et al., 2015). In reality, this usually means a combination of learning from supervisors, clinical leads and managers, seeking out mentors (informally or formally), as well as attending further leadership or management training.

The NHS Leadership Academy offers a range of subsidised leadership and management development programmes specifically designed for people working in health and care, and pitched at different levels to meet the development need of each individual at any specified point in their NHS career. Table 2 outlines the programmes available via the Leadership Academy, with examples of how these could apply to the psychological professions.

Table 2: The current NHS Leadership Academy Offer

Programme	Level	Example of Use by a Psychological Professional
Edward Jenner (free online course)	Foundation skills to enhance competence in your role	A Psychological Wellbeing Practitioner (PWP) progressing to senior PWP
Mary Seacole	For those in their first formal leadership role	A Cognitive Behavioural Therapist, Psychologist or Counsellor taking on their first team or professional lead role or integrated team lead role
Rosalind Franklin	Clinicians or managers leading from the middle of healthcare systems, aspiring to lead large and complex programmes, departments, services or systems of care	A psychological professional becoming a clinical services manager or clinical lead for a specialty
Elizabeth Garrett Anderson (MSc)	Designed to develop high-level people management skills and business acumen to prepare for the demands of senior leadership in today's NHS	A psychological professional taking on a clinical lead, deputy director or system leadership role
Nye Bevan	Specifically designed to develop senior leaders and shown to accelerate individuals into executive roles. Opportunity for clinicians to take up additional offers.	A psychological professional aiming to progress to board level, with responsibilities broader than a psychology portfolio

4.3: Coaching and Mentoring

The NHS Leadership Academy also provides a network of available coaches and mentors. Their website identifies coaching as an effective intervention, using facilitative questioning approaches and techniques familiar to psychological professionals, with the aim of helping individuals find clarity and direction in the context of the uncertainty of leadership. Mentoring is defined as often led by a more experienced mentor who is there to “support and expand the professional leadership development” of the mentee in the workplace “fuelled by reflective practice, shared learning and improved ownership for solution focused thinking” (Coaching and Mentoring, NHS Leadership Academy, Accessed 6 July 2020).

Psychological professionals may benefit greatly from coaching and mentoring to support transitions into leadership and management roles. They can also make great coaches and mentors as the psychological professional practice of supervision may already include elements of coaching and mentoring within the specifics of the workplace. To be a registered coach or mentor with the NHS Leadership Academy, individuals must have completed the significant current requirements with the coaching registering bodies; the Institute of Leadership and Management (ILM) Level 5 or European Mentoring and Coaching Council (EMCC) or equivalent (approximately 18 months duration). There may be potential to increase participation in coaching and mentoring for the psychological professions through targeted action or bespoke schemes.

4.4: Action for More Diverse and Inclusive Leadership

Leaders can have the important role of being an ally in creating more diverse and inclusive leadership. This describes the concept of role modelling endorsement for other marginalised individuals and groups, holding others to account and offering support. Senior psychological professions leaders taking on the role of an ally has the potential for significant impact for those both within and outside of the psychological professions. Senior leaders can help to break down structural inequalities that create disadvantage, and raise awareness and learning among other leaders. Specific practical steps should be taken, urgently.

Reciprocal mentoring offers the opportunity to learn from the people you mentor, with the potential to have the opportunity to listen and learn from those who have experienced exclusion and from those from a different background to yourself. However, caution must be exercised to ensure that there is clarity around how constructive outcomes might be actioned and that disempowering dynamics are avoided.

Staff networks can be viewed as a proactive step to create safe spaces to engage with issues relating to identity, building confidence, building a shared voice and purpose and challenging discriminatory practices. Some Trusts have, for example, established LGBT+, BAME and Disability networks. Women leaders can be supported by the Health and Care Women Leaders Network. It is unknown how many psychological professionals are members of such networks, or take leadership roles within them.

The NHS Leadership Academy also currently offers positive action leadership programmes to support people who work in healthcare from a Black, Asian and Minority Ethnic (BAME) background. These programmes are detailed below:

Table 3: NHS Leadership Academy Offer for people who work in healthcare from a BAME background

Programme	Description
Stepping Up	Designed to bridge the gap between where applicants are and where they need to be to progress into more senior roles
Ready Now	For support of your work within the system with your next move towards a significantly more senior role or towards a board level position

5. Conclusion

The 12 psychological professions currently occupy a variety of leadership and management roles throughout NHS commissioned healthcare and it is expected that all psychological professionals, at all levels, can take up leadership in some form within their roles. However, they have the potential to offer much more in terms of leadership and management, and many psychological professionals have unique skill sets that would make them well suited to these roles. Despite these skills and competencies, the psychological professions face unique challenges at accessing leadership and management roles such as a historic lack of national leadership, fewer role models across the system and structural barriers. In order to mitigate these challenges and allow the 12 psychological professions to realise their full potential in leadership and management, this paper makes recommendations grouped into the following five categories (see Executive Summary for more detail):

1. Getting psychological professionals into the right leadership positions.
2. Leadership by all the psychological professions, in partnership with experts by experience.
3. Addressing the diversity gap.
4. The right leadership training and development for psychological professionals.
5. Overcoming structural obstacles.

It is hoped that by implementing these recommendations, the psychological professions will be more accurately represented in leadership and management roles across health and social care, which will in turn benefit the system as a whole.

6. Bibliography

- Beck, A., Naz, S., Brooks, M. and Jankowska, M. (2019). *Improving Access to Psychological Therapies (IAPT): Black, Asian and Minority Ethnic Service User Positive Practice Guide* [online] Available at: <http://www.babcp.com/files/About/BAME/IAPT-BAME-PPG-2019.pdf> [Accessed 17 March 2020]
- Bolden, R., Adelaine, A., Warren, S., Gulati, A., Conley, H., & Jarvis, C. (2019). *Inclusion: The DNA of leadership and change* [online] Available at: https://www.leadershipacademy.nhs.uk/wp-content/uploads/ldm_uploads/2019/06/BLFI-Literature-review-Clear-Print-Version.pdf [Accessed 17 March 2020]
- Division of Clinical Psychology, British Psychological Society (2010). *Clinical Psychology Leadership Framework* [online] Available at: <https://www.bps.org.uk/sites/www.bps.org.uk/files/Member%20Networks/Faculties/Leadership/Clinical%20Psychology%20Leadership%20Development%20Framework%20-%20BPS%20%282010%29.pdf> [Accessed 18 June 2020]
- Faculty of Medical Leadership and Management (2018). *Barriers and enablers for clinicians moving into senior leadership roles* [online] Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/756483/Clinical_leadership_report_f.pdf [Accessed 17 March 2020]
- Health Education England (2017a). *Multi-professional framework for advanced clinical practice in England* [online] Available at: <https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf> [Accessed 17 March 2020]
- Health Education England (2017b). *Stepping Forward to 2020/21: The Mental Health Workforce Plan for England* [online] Available at: <https://www.hee.nhs.uk/sites/default/files/documents/Stepping%20forward%20to%20202021%20-%20The%20mental%20health%20workforce%20plan%20for%20England.pdf> [Accessed 17 March 2020]
- Kark, T. (2019). *A review of the fit and proper persons test* [online] Available at https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/787955/kark-review-on-the-fit-and-proper-persons-test.pdf [Accessed 29 July 2020]
- Lavender, A., & Hope, R. (2007). *New ways of working for applied psychologists in health and social care: the end of the beginning: summary report*.
- NHS (2019a). *Interim NHS People Plan* [online] Available at: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf [Accessed 17 March 2020]
- NHS (2019b). *Interim NHS People Plan: the future of allied health professions and psychological profession workforce (Annexe)* [online] Available at: https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/IPP-future-AHP-workforce_2june.pdf [Accessed 17 March 2020]
- NHS (2019c). *NHS Mental Health Implementation Plan 2019/20-2023/24* [online] Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/07/nhs-mental-health-implementation-plan-2019-20-2023-24.pdf> [Accessed 14 May 2020]
- NHS (2019d). *The NHS Long Term Plan* [online] Available at: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf> [Accessed 17 March 2020]
- NHS Employers, NHS Terms and Conditions (AfC) Pay Scales [online] Available at: <https://www.nhsemployers.org/pay-pensions-and-reward/agenda-for-change/pay-scales> [Accessed 18 June 2020]
- NHS England (2014). *Five Year Forward View* [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> [Accessed 17 March 2020]
- NHS England (2018). *NHS Workforce Race Equality Standard* [online] Available at: <https://www.england.nhs.uk/wp-content/uploads/2018/12/wres-2018-report-v1.pdf> [Accessed 17 March 2020]
- NHS England (n.d.). *About AHPs Into Action* [online] Available at: <https://www.england.nhs.uk/ahp/ahps-into-action/> [Accessed 17 March 2020]
- NHS Improvement (2016). *Developing People - Improving Care* [online] Available at: https://improvement.nhs.uk/documents/542/Developing_People-Improving_Care-010216.pdf [Accessed 17 March 2020]
- NHS Improvement (2018). *Leadership of allied health professions in trusts: what exists and what matters* [online] Available at: https://improvement.nhs.uk/documents/2904/Leadership_of_AHPs_in_trusts.pdf [Accessed 17 March 2020]
- NHS Improvement (2019). *Clinical leadership - a framework for action* [online] Available at: https://improvement.nhs.uk/documents/3702/Clinical_leadership_-_framework_Jan2019.pdf [Accessed 17 March 2020]
- NHS Leadership Academy (n.d.). *Building Leadership for Inclusion* [online] Available at: <https://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/blfi-2/> [Accessed 17 March 2020]
- NHS Leadership Academy (n.d.). *Coaching and Mentoring* [online] Available at: <https://www.leadershipacademy.nhs.uk/resources/coaching-register/> [Accessed 6 July 2020]
- NHS Leadership Academy (2014). *Guidance for using the Healthcare Leadership Model within talent conversations* [online] Available at: <https://www.leadershipacademy.nhs.uk/resources/talent-management-hub/conversation/> [Accessed 18 June 2020]
- Obholzer, A. and Roberts, V. Z. (1994). *The Unconscious at Work: Individual and Organizational Stress in the Human Services*. Hove: Routledge
- Psychological Professions Network (2018a). *Implementing Stepping forward to 2020/21, The mental health workforce plan for England: Delivering the Expansion in the Psychological Professions* [online] Available at: <https://ppn.nhs.uk/resources/ppn-publications/2-ppn-brochure-june18-online-singlepages/file> [Accessed 15 May 2020]
- Psychological Professions Network (2018b). *Implementing the NHS Long Term Plan: Maximising the Impact of the Psychological Professions* [online] Available at: <https://ppn.nhs.uk/resources/ppn-publications/29-implementing-the-nhs-long-term-plan-maximising-the-impact-of-the-psychological-professions/file> [Accessed 15 May 2020]
- Psychological Professions Network (2018). *Delivering the Expansion in the Psychological Professions* [online] Available at: <https://kss-ppn.nhs.uk/resources/ppn-kss-publications/2-ppn-brochure-june18-online-singlepages/file> [Accessed 17 March 2020]
- West, M., Armit, K., Loewenthal, L., Eckert, R., West, T. and Lee, A. (2015). *Leadership and Leadership Development in Healthcare: The Evidence Base*. [online] London: Faculty of Medical Leadership and Management. Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/leadership-leadership-development-health-care-feb-2015.pdf [Accessed 17 March 2020].
- West, M., Dawson, J. and Kaur, M. (2015b). *Making the Difference: Diversity and inclusion in the NHS* [online] Available at: https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Making-the-difference-summary-Kings-Fund-Dec-2015.pdf [Accessed 17 March 2020]

