



The Psychological Professions in the South West:

Workforce Report

March 2021

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Executive Summary

This report presents available intelligence gathered by the Psychological Professions Network South West (PPN-SW) about the current Psychological Professions Workforce, the common issues they face and the broader NHS workforce context in the region. It aims to inform professional workforce planning at multiple levels within NHS commissioned services, to establish baselines against which to measure required expansion and makes recommendations to support effective NHS workforce planning in the region.

The report highlights a number of current difficulties in determining detailed and accurate workforce information on Psychological Professionals working in the NHS, connected to the relative lack of profile of this increasingly important professional group within NHS workforce planning. Without specific projects such as this one, to collate local information about providers, to coordinate different workforce reporting methods, to check the reliability of recorded information and to gather local experience it is very difficult for workforce planners to access the information about Psychological Professions required for effective planning.

Recent national projects conducted by the Psychological Professions Networks have reported that there are around 20,000 Psychological Professionals working in the NHS across England. This report establishes that in the South West there are around 2350 Psychological Professionals working in NHS commissioned services, and a whole time equivalent of around 2000 posts. These figures are roughly proportional to the size of population in the region. The information available suggests that across the region there are around 36 Psychological Professionals and between 1 and 1.5 senior professional leadership roles per 100,000 population. Due to difficulties with NHS workforce coding, it is not currently possible to report accurate figures for each of the 12 Psychological Professions. However, while the majority are coded as working in 'Mental Health' or 'Psychiatry', a significant proportion of Psychological Professionals in the region currently work in physical health settings outside Mental Health or Learning Disability services. There are relatively low levels of demographic diversity amongst Psychological Professionals in the South West, although on some dimensions this does not appear to be significantly different to the information available about the regional population. Nevertheless, Psychological Professionals in the South West are predominantly female, declare low levels of disability, predominantly identify as heterosexual, and the majority are white

and of British nationality. Although a significant proportion of Psychological Professionals do not state a religious belief of those that do, by far the largest numbers describe their beliefs as Atheist or Christian.

Current national NHS policy (including the Long Term Plan and associated Mental Health Implementation Plan), makes specific recommendations about increases in the numbers of some Psychological Professions by 2024. In addition to this many other roles identified as requiring rapid expansion can be effectively fulfilled by existing or newly developing Psychological Professions. On the national level, it has been estimated that collectively the above implies a 65% expansion in the numbers of Psychological Professionals in NHS commissioned mental health services and applied to the South West, this implies a growth of 1300 whole time equivalent Psychological Professionals by 2024. Despite availability of training programmes for many of the 12 Psychological Professions in the South West, with natural turnover of existing staff the current supply of qualified Psychological Professionals will have to expand further to meet this demand.

The report also highlights how Psychological Professionals are often not well placed within NHS structures to support workforce planning and effective expansion. The different training routes and career structures, availability of clinical training placements, the complicated relationship between professional and specific psychological practice competencies and the governance requirements for workplace supervision and professional leadership present a complicated picture that is often poorly understood in NHS workforce forums which often do not have access to advice from senior Psychological Professionals. Safe and effective expansion and the implementation of newer roles in particular requires significant professional leadership at service level and this report also identifies a range of other locally experienced workforce issues in the region. Therefore, the achievement of current NHS policy ambitions is not only limited by the availability of places on training courses but also by the availability of existing experienced Psychological Professionals to act as supervisors, service/clinical leaders and to advise working planning. Despite this, the current report was unable to identify any of the seven local care systems in the region with regular input of a senior Psychological Professional to a workforce planning forum.

The increasing recognition of the need for Psychological expertise in NHS policy is to be welcomed and there are real opportunities for the Psychological Professions to make a significant contribution to addressing overall workforce issues experienced in the NHS across the region. However, the large expansion in the Psychological Professions workforce required by 2024 and the current position, recognition and understanding of Psychological Professions within current NHS structures presents significant workforce planning challenges. This report therefore outlines key recommendations to support effective NHS workforce planning and expansion in the region including; improvements in workforce intelligence, the development of a regional Psychological Professions workforce forum, improved engagement of senior Psychological Professionals in system level workforce planning, support for Chief Psychological Professions Officer (CPPO) roles within provider organisations, the development of a multi-year regional level strategy for Psychological Professions and the development of a substantially funded leadership role for Psychological Professions across the region. The recently established and growing PPN-SW is now well placed to support the implementation of these recommendations for the benefit of the public in the South West NHS region.

Catherine Gallop and Phil Self
Co-Chairs of PPN-SW

1. Introduction



While many healthcare professions draw on psychological theory, there are 12 specific Psychological Professions formally recognised within formal NHS leadership structures¹. Alongside assistant, support and some newly developing roles, these make up a coherent professional grouping with shared as well as unique competences, values and underpinning evidence and theoretical basis to training and practice. Unlike other professional groupings within the NHS (Medicine, Nursing, Allied Health Professions and Healthcare Scientists), Psychological Professions have historically lacked formal representation through lead roles at regional and national levels. This is now changing

The 12 Psychological Professions

Counselling Psychologists
Health Psychologists
Clinical Psychologists
Forensic Psychologists
Cognitive-Behavioural Therapists
Counsellors
Adult Psychotherapists
Child and Adolescent
Psychotherapists
Family and Systemic Psychotherapists
Psychological Wellbeing Practitioners
Children's Wellbeing Practitioners
Education Mental Health Practitioners

rapidly with the establishment of the National Psychological Professions Workforce Group² and Psychological Professions Networks (PPNs)³ funded by Health Education England in every region of the country, overseen by the Board of PPN England.

PPN South West was the third regional membership network to be established and held its first stakeholder event in January 2020. Over the course of its first year the network has expanded to over 500 members, established links with NHS regional Arm's Length Bodies, identified senior Psychological Professional leads in every NHS provider Trust in the South West and made connections with regional branches of individual professional bodies.

This project was initiated by PPN-SW to gather and present available intelligence about the current Psychological Professions Workforce, the common issues faced and the broader NHS workforce context in the region. There are connected workforce projects also currently being undertaken by HEE and NHSE&I looking at the broader Mental Health workforce and the workforce delivering Psychological Therapies. However, Psychological Professionals work throughout the NHS and not exclusively in Mental Health, provide a range of services beyond formal Psychological Therapy and although they are often required to supervise and lead this area of practice, they are not the only professional group able to train to deliver evidence-based Psychological Therapies. Therefore, these projects only partially overlap and once completed will complement this one in supporting regional workforce planning. The specific aim of this report is to inform professional workforce planning at multiple levels within NHS commissioned services and to make recommendations to guide future action planning for PPN South West.

¹ <https://www.ppn.nhs.uk/resources/ppn-publications/28-who-are-the-12-psychological-professionals-in-nhs-funded-healthcare/file>

² <https://www.hee.nhs.uk/our-work/mental-health/new-roles-mental-health/psychological-professions>

³ <https://www.ppn.nhs.uk/>

2. The South West of England Context

The South West region encompasses an area of just over 9,000 square miles.⁴ From the top of Gloucestershire to the Isles of Scilly is just over 230 miles and according to google would take 4 1/2 hours to drive even before you get on a boat to the islands. The region accounts for 18% of the land mass of England but with 5.6 million people, only 8.2% of the population live here. There are relatively small pockets of urban density in the cities of Bristol and Plymouth and in Bournemouth and Poole but on average population density is low. There is a large variation in the levels of affluence and considerable amounts of rural poverty. In the year to June 2020, the average weekly earnings of someone in full-time employment in the South West was £33.50 less than the UK average⁵ (ONS). While COVID infection rates were relatively low in 2020, the economy here was hit hard. According to the ONS between October 2019 and October 2020 the South West region saw the largest increases in unemployment in the country, the largest decreases in employment and the largest increases in economic inactivity⁶. These are three different measures but all were associated within increased prevalence of a range of mental health problems in the most recent Psychiatric Morbidity Survey (2014)⁷, which also found that the South West had the highest rates of common mental health problems in the country (20.9%). Even before the impact of COVID, the region had a high rate of part-time working too. There are many seasonal jobs in the South West and the region had the highest proportion of people in employment working less than full-time and the lowest average number of hours of work in England.



We also have an older than average population as a whole.⁸ At district level, the area of the country with the highest proportion of residents over 65 is East Devon and at CCG level Dorset has one of the most elderly populations. There are more young people in the few urban centres which have student populations; Bristol, Bath, Exeter and Plymouth. However, as a whole the region has less students as a proportion of the population than the UK as a whole. These areas also have larger ethnic minority communities but collectively the South West has low ethnic diversity. At the last census (2011)⁹ 91.8% of the population in the South West was White British, the South West had the lowest proportion of people of Asian descent and only the North East region had a lower ethnic minority population by percentage. Minority communities are often more isolated and dispersed than in other areas of the country.

⁴ <https://web.archive.org/web/20140814150714/http://www.ons.gov.uk/ons/rel/regional-trends/region-and-country-profiles/region-and-country-profiles--key-statistics-and-profiles--october-2013/key-statistics-and-profiles---south-west--october-2013.html>

⁵ Annual Population Survey (2020), Office for National Statistics.

⁶ <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/regionallabourmarket/previousReleases>

⁷ McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) (2016) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital.

⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2019estimates>

⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/2011census/2013-05-16>

All of the above has an impact on the health and wellbeing of the population and on the available workforce too. Health and Social Care roles make up a larger percentage of existing jobs in the South West than in the UK generally (ONS) suggesting that a greater percentage of the population are already working in this sector. Travelling distances and the availability of transport links across the region significantly affect the mobility and flexibility of the local workforce and while our training and education centres in Bristol, Bath, Exeter and Plymouth attract many talented aspiring Psychological Professionals, many other young people leave the region for opportunities in large urban areas elsewhere, often returning later in life, bringing expertise but not always wishing to work fulltime. All these factors have been cited in local reports as well as low levels of turn-over in senior posts, relatively infrequent opportunities for progression without moving home and both difficulties recruiting and challenges in retaining NHS Professionals at different grades.

3. The NHS in the Region

The South West region encompasses 7 STP/ICs, 7 CCGs, 17 Acute Trusts, 5 Community and Mental Health Trusts and 1 Ambulance Trust. There are also other private and voluntary sector providers of Health services some of whom deliver services commissioned by the NHS. There were 129,156 (111,372 FTE) people employed in the NHS across the region in July 2020¹⁰, which was just under 10% of the total across England.



While this is roughly proportional to the size of the population as a whole, it is the smallest regional NHS workforce apart from the East of England. Estimates based on the NHS Electronic Staff Record (ESR), NHS Jobs adverts, the HR TRAC IT system and NHSE/I workforce returns, suggest that in January 2020 there were between 2000 and 7000 vacancies across the region (6.4% according to NHSE/I returns) but these reduced considerably by June 2020 in the context of COVID¹¹. This overall pattern of a significant reduction in vacancies was consistent nationally as general recruitment slowed in the first few months of the pandemic. Interestingly, in the South West the vacancy rate for Mental Health was higher in January 2020 (8.1%) and did not show the same pattern of reduction in Q1 20/21. This lack of reduction in mental health vacancies during COVID despite a reduction across the NHS generally was also seen in the South East and London but not in the other regions of England, where similar reductions in vacancies did occur. It is not clear why this would be.

While there are difficulties determining accurate vacancy rates for Psychological Professions as a whole (see section below), the British Psychological Society has recently reported a 14% vacancy rate for Psychology posts in the NHS and Psychologists were recently added to the Migration Advisory Committee's shortage occupation list following an analysis that concluded that there is a national shortage¹². A previous BPS Clinical Psychology Workforce Report conducted in 2015 showed variation in the numbers of posts across regions in the UK. It reported that at that time the South West region had the 4th lowest number of Clinical Psychologists per head of population amongst the 13 HEE regions then in existence and a significantly lower number than the England average¹³. Similar information for other Psychological Professions has not been available to date.

¹⁰ NHS Digital Health and Social Care Information Centre: <https://digital.nhs.uk/data-and-information>

¹¹ <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-vacancies-survey/april-2015---june-2020-experimental-statistics>

¹² <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Best%20practice%20in%20psychology%20recruitment.pdf>

¹³ <https://www.bps.org.uk/sites/www.bps.org.uk/files/Page%20-%20Files/Clinical%20Psychology%20Workforce%20Report%20%282015%29.pdf>

4. Psychological Professionals in the South West

It is difficult to precisely determine the number of Psychological Professionals working in the NHS for a number of reasons. Although improvements were made in 2020, the NHS Electronic Staff Record (ESR) system does not have one overall code that relate to Psychological Professions as it does for Medical, Nursing and Allied Health Professions Staff¹⁴. There are now lower level codes that relate to 'Applied Psychology' and to 'Psychological Therapy', with sub-codes for 'qualified' and 'support' roles but this leads to a complicated set of rules relating to which Psychological Professions should be coded to which grouping. While high level information about Psychological Professions as a whole can be extracted from this, the complications make it difficult to do easily and result in poor quality information at finer levels of detail. ESR is also not used by all independent organisations that are commissioned by the NHS and so has to be supplemented by workforce information submitted to NHS England and NHS Improvement in other reports. Nationally, there has been a wide range of different organisations who have provided Improving Access to Psychological Therapies (IAPT) services and housed new children and young peoples' (CYP) roles in particular, which complicates the picture for Psychological Professionals. This means that without specific projects such as this one, to collate local information about providers, to coordinate different

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- **2350** Psychological Professionals in NHS (ESR)
- **2008** WTE Posts
- Estimated **100** additional PPs not in ESR

workforce reporting methods and to check the reliability of recorded information, it is very difficult for workforce planners to access useful information about Psychological Professions.

Nevertheless, recent national projects conducted by the Psychological Professions Networks have reported that there are around 20,000 Psychological Professionals working in the NHS across England (16,400 WTE), accounting for 1.7% of the NHS staff group and around 12% of the registered clinicians in

Mental Health Trusts¹⁵.

In the South West region, ESR data based on detailed coding and a further analysis of job titles, indicates that there are around **2350** Psychological Professionals working in NHS commissioned services, and a whole time equivalent of around **2000** posts¹⁶. Further analysis of providers not using ESR suggests that there may be up to 100 additional Psychological Professionals not included in the ESR data across the region. These figures are roughly proportional to the percentage of the population of England that live in the South West based on the national estimates of Psychological Professionals reported by PPNE.

4.1 Diversity within Psychological Professions

According to available ESR data, the Psychological Professions workforce in the South West is predominantly female and relatively young (See Figures 1 and 2 below). 83.64% of people coded as Psychological Professionals in the region are female, 54.51% are under 45 years of age. Nearly 6% of

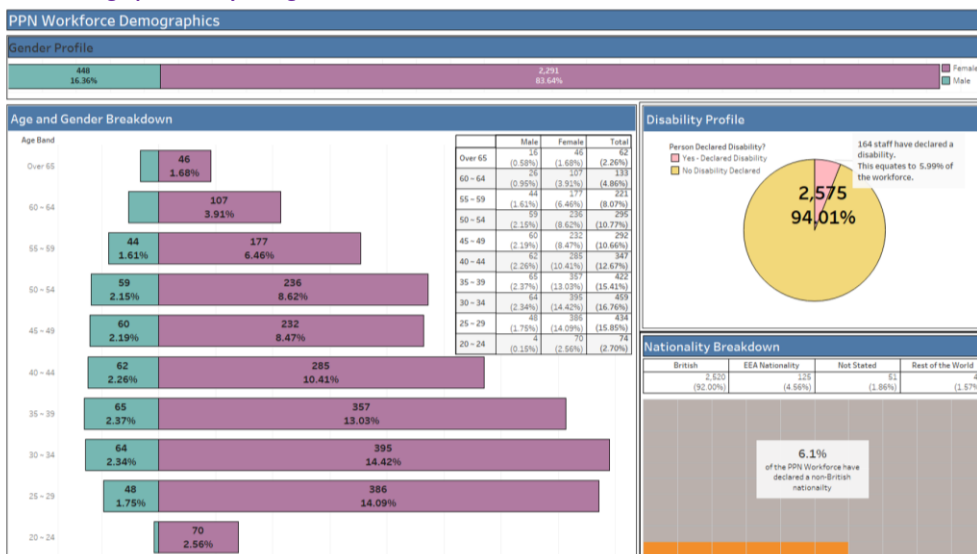
¹⁴ <https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/national-workforce-data-set-nwd-guidance-documents#agreed-definitions>

¹⁵ <https://www.ppn.nhs.uk/resources/ppn-publications/29-implementing-the-nhs-long-term-plan-maximising-the-impact-of-the-psychological-professions/file>

¹⁶ Unpublished analysis of regional Psychological Professions workforce data derived from NHS Electronic Staff Records, HEE Workforce Planning and Intelligence South West, 2020.

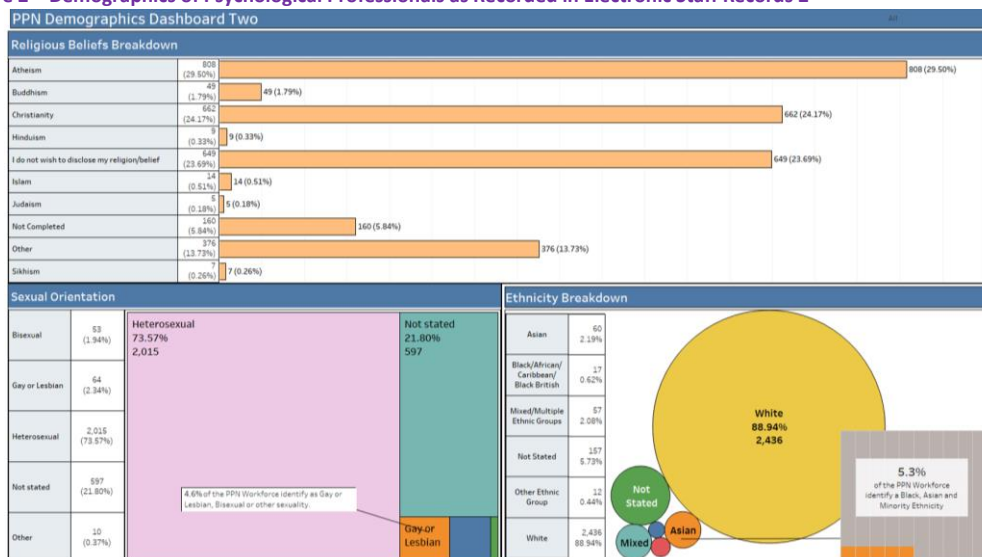
Psychological Professionals have declared a disability, which is significantly lower than the 23% of the South West population (DWP, 2018-19) and 6.1% have a non-British nationality.

Figure 1 – Demographics of Psychological Professionals as Recorded in Electronic Staff Records 1



Although a significant proportion of Psychological Professionals do not state a religious belief within ESR, of those that do, by far the largest numbers describe their beliefs as Atheist or Christian. 74% identify as heterosexual, with just less than 5% identifying as Gay, Lesbian, Bisexual or another sexuality. Interestingly, this percentage is higher than the South West population as a whole according to ONS data from 2018 which reported that 2.2% of the regional population identified as LGBTQ¹⁷. Psychological Professionals in the South West are also predominantly white (89%), with 5.3% identifying as Black, Asian or of Minority Ethnicity. There are less recent figures available for the ethnicity of the South West population generally but the last census (2011) reported that nearly 92% were white. This suggests that although by far the majority of Psychological Professionals in the region are white, unlike in many other regions of the UK, this may not be significantly different from the population as a whole.

Figure 2 – Demographics of Psychological Professionals as Recorded in Electronic Staff Records 2



¹⁷<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2018>

4.2 Individual Psychological Professions

As noted above, the lack of an overall occupational code for Psychological Professions makes interpretation of ESR data difficult. Summing lower-level codes for Applied Psychologists and Psychological Therapists and inspection of associated job titles does provide a way to estimate overall numbers and validation of this data with professional leaders across the region suggests that these overall estimates are fairly reliable. However, there is far less confidence about the information recorded in ESR at individual professions level. Specific codes do not exist for most Psychological Professions and correct coding relies on a complicated set of rules described in a manual¹⁸. Discussions with local leads suggest that this coding system is not well understood by most senior Psychological Professionals and the range of psychological professions not well understood by workforce planners. This results in a lack of consistency over how particular roles are coded (for example Psychological Wellbeing Practitioners who are a large group of staff in IAPT services) and in large numbers of professionals being coded as ‘Applied Psychologist – Clinical’, who may actually be registered as a member of a different Psychological Profession. Therefore, it is not currently possible to report accurate figures for each of the 12 Psychological Professions.

Art, Music and Drama Therapists (collectively Arts Therapists) do have their own occupational code within ESR. While they are recognised as 3 of the 14 ‘Allied Health Professions’¹⁹ rather than Psychological Professions within the national occupational groupings, they often work within psychological professions structures at provider level, particularly in Mental Health services. ESR data suggests that there are currently around 86 (82wte) Arts Therapists working in the NHS in the South West.

4.3 Clinical Area of Work

The NHS Electronic Staff Record (ESR) system does include a coding for clinical specialism. The caveats about the accuracy of this data noted above apply to this area too. However, ESR records in the South West indicate that 82% of Psychological Professionals are coded as working in ‘Mental Health’ or ‘Psychiatry’ (84% by wte). Of the rest, the largest numbers were recorded as working in ‘Primary Care’, ‘Medicine’ or other specific medical specialties. This suggests that a significant proportion (possibly 15-20%) of Psychological Professionals in the region currently work in physical health settings outside mental health.

4.4 STP/ICS Level Representation

Table 1 and Figure 3 show the number of Psychological Professionals in the South West region broken down by STP/ICS area according to ESR data, including the number of senior professional leadership roles defined as those at Agenda for Change spine point 43 or above (this equates to 8c or Consultant level roles). This information should be

Table 1 – Psychological Professionals by STP/ICS

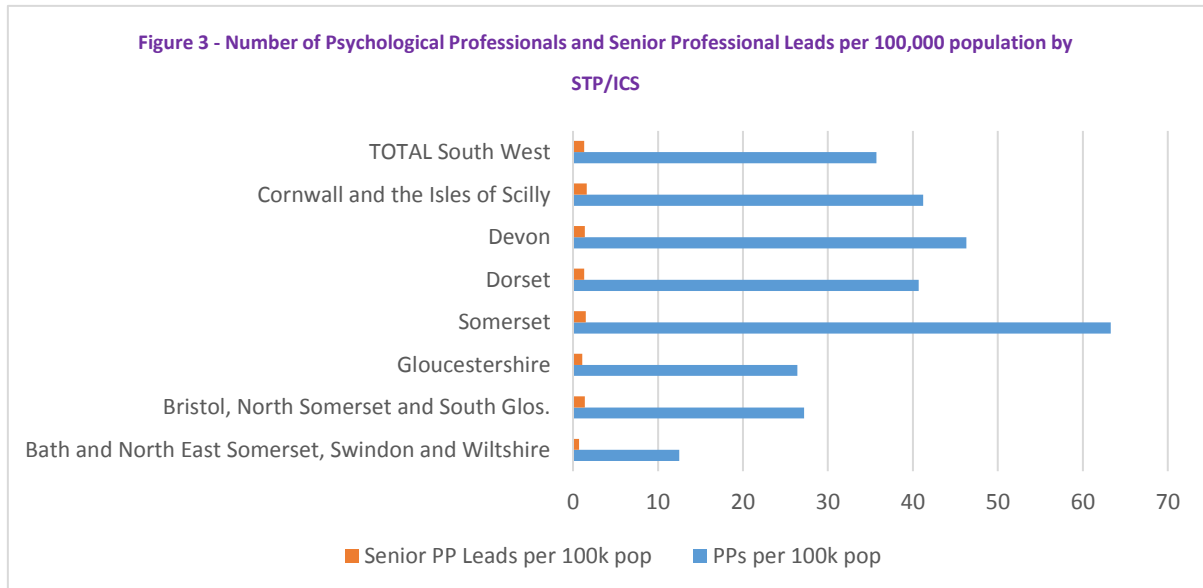
interpreted with caution for a number of reasons. It does not show the relative seniority of posts or the balance of accredited to un-accredited roles, which does appear to vary between areas (and may explain the apparently higher

STP/ICS	Population	PP WTE	Senior Leader (Sp43) Head-count	Senior Leader (Sp43) WTE	PPs per 100k pop	Senior PP Leads per 100k pop
Bath and North East Somerset, Swindon and Wiltshire	921,971	115.7	7	6.4	12.5	0.7
Bristol, North Somerset and South Glos.	963,522	262.3	19	13.7	27.2	1.4
Gloucestershire	637,070	168.3	10	7.3	26.4	1.1
Somerset	562,225	356.2	10	8.7	63.3	1.5
Dorset	773,839	315.1	11	10.1	40.7	1.3
Devon	1,200,739	555.4	21	17.2	46.3	1.4
Cornwall and the Isles of Scilly	571,802	235.3	10	8.9	41.2	1.6
TOTAL South West	5,631,168	2008.3	88	72.2	35.7	1.3

¹⁸ <https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/national-workforce-data-set-nwd-guidance-documents>

¹⁹ <https://www.england.nhs.uk/ahp/role/>

numbers in Somerset) but cannot be accurately reported due to the recording inconsistencies in ESR noted in earlier sections. In addition to this, in Bath, North East Somerset and Wiltshire, some services are delivered by a Trust based in Oxfordshire (outside the South West) which may explain the relatively low number of Psychological Professionals per head of population in this area. Thirdly, the number of senior banded posts will be influenced by the number of provider Trusts (Acute, Mental Health and Community) in a particular STP/ICS, by the range of specialisms provided and by the balance of senior managerial to clinical posts (for example Multi-professional Approved Clinicians). In addition to this, some clinical-academics and training providers based within Universities in the region are actually employed through NHS Trusts and will appear in this data.



Therefore, the number of senior-banded professional lead posts in a particular STP/ICS may not be a good reflection of professional leadership capacity within clinical services.

Nevertheless, the information available suggests that across the region there are around 36 Psychological Professionals and between 1 and 1.5 senior professional leadership roles per 100,000 population.

Despite the 72 (wte) senior leadership posts identified from ESR, information collected from STP/ICSs and from senior professional leaders in provider Trusts across the region identified **no Psychological Professionals directly involved with STP/ICS level workforce or strategic planning forums anywhere in the South West.**



5. Expansion Requirements of Current National Policy

The NHS Long Term Plan and the associated Mental Health Implementation Plan made specific recommendations about increases in the numbers of some Psychological Professions by 2024²⁰. Nationally, this included 2520 additional Psychologists and 5610 additional Psychotherapists and other Psychological Professionals. NHSE/I produced an ‘ambitions tool’ based on additional funding provided to CCGs to deliver some aspects of the LTP, which estimated this element of expected expansion of Psychological Professions at STP/ICS level and was published on the NHS Futures Collaboration Platform²¹. This tool indicated funding in CCG baselines intended to support an additional 468 specific Psychological Professions posts in Mental Health in the South West.



However, in addition to these specific professional posts, the LTP also identified large numbers of clinical support posts that could potentially be fulfilled by Psychological Professionals. Further, the ‘ambitions tool’ excluded expansion in areas intended to be funded centrally (e.g. Gambling Addiction and Liaison Psychiatry) and did not include the requirements of the Long Term Plan for Learning Disability services. In addition to this, there are also other national policy

requirements with implications for Psychological Professions, including Education Mental Health Practitioners in schools²², Multi-Professional Approved Clinicians (Mental Health Act)²³, the Community Mental Health Framework²⁴ and other policy recommendations in Primary Care and Physical Health Specialties²⁵. On top of this, during the COVID-19 Pandemic there was a growing recognition of the need to expand the psychological support available to NHS staff themselves. The NHS People Plan²⁶ required the development of staff Health and Wellbeing Hubs many of which nationally have been led and significantly staffed by Psychological Professionals, adding to the requirement for additional Psychological Professions workforce.

On the national level, it has been estimated that collectively the above implies a 65% expansion in the numbers of Psychological Professionals by 2024²⁷. Applied to the South West, this implies a growth of **1300** whole time equivalent Psychological Professionals by 2024.

²⁰<https://www.longtermplan.nhs.uk/>

²¹<https://future.nhs.uk/>

²²<https://www.england.nhs.uk/mental-health/cyp/trailblazers/>

²³<https://www.hee.nhs.uk/sites/default/files/documents/Multi%20Professional%20Approved%20Responsible%20Clinician%20Implementation%20Guide.pdf>

²⁴<https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>

²⁵<https://www.ppn.nhs.uk/resources/ppn-publications/34-maximising-the-impact-of-psychological-practice-in-physical-healthcare-discussion-paper/file>

²⁶<https://www.england.nhs.uk/wp-content/uploads/2020/07/We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf>

²⁷<https://www.ppn.nhs.uk/resources/ppn-publications/35-leadership-and-management-in-the-psychological-professions-discussion-paper/file>

6. Workforce Supply

The 12 Psychological Professions and the 3 Arts Therapy Allied Health Professions all have different training routes²⁸. While the Health and Care Professions Council (HCPC) regulates individual Practitioner Psychologists and Arts Therapists under legal statute, other Psychological Professions are not subject to statutory regulation but can be voluntarily accredited by a range of bodies under the Accredited Registers Scheme run by the Professional Standards Agency. Some of the newer Psychological Professions do not currently have access to individual professional accreditation/registration (PWPs, CWPs and EMHPs), although there are proposals in development. The HCPC and a range of different bodies representing different Psychological Professions also accredit professional training courses. Often courses are accredited at different levels, not all of which are sufficient to meet 'qualified professional' level and there are different multiple stage pathways to reach registration or accreditation standards for the different professional groups. Again for some newer Psychological Professions, course accreditation processes have not been fully established yet either. Understandably, this complicated picture is often poorly understood in NHS workforce forums that do not have access to advice from senior Psychological Professionals.

The relationship between *professional* and specific psychological *practice* competences is also a complicated one that makes workforce planning in the NHS complex. Training and accreditation in different Psychological Professions requires a range of competences that are shared with other professional groups in the NHS, as well as some that are unique to Psychological Professions as a group and some that are specific to individual Psychological Professions. In addition, Psychological Professionals often achieve additional competences and accreditations beyond their initial professional training and with additional training and supervision, members of other professional groups (e.g. Nursing or Social Work) can also meet competency frameworks for specific area of psychological practice (e.g. specific psychological therapies)²⁹. Again, this complicated picture is often poorly understood in NHS workforce planning forums at Trust, STP/ICS and regional level, without access to advice from senior Psychological Professionals.

6.1 Professional Training Opportunities in the South West

The number of professional, qualifying-level training courses accredited by relevant professional and regulatory bodies where available or meeting other national training standards and delivered in the South West can be seen below. In addition to these, the British Psychological Society offers HCPC approved independent training routes to qualification in Health, Forensic and Counselling Psychology and some other professional bodies offer routes to individual accreditation that do not require completion of a specifically accredited course. However, it should be noted that all professional trainings require experience of practice under supervision of a qualified Psychological Professional. The implementation of newer roles in particular also requires significant professional service leadership. Therefore, expansion of numbers is limited not only by the availability of places on training courses but also by the availability of existing experienced Psychological Professionals to provide suitable work "placements" and to act as supervisors and service/clinical leaders. This can present particular problems in areas where there is already a shortage of the required Psychological Professionals further emphasising the need for careful and well-informed workforce planning.

The length of qualification-level training also varies across Psychological Professions, as does the pre-requisite academic or professional requirements to enter training courses or achieve professional

²⁸ <https://www.ppn.nhs.uk/resources/careers-map>

²⁹ <https://www.ucl.ac.uk/pals/research/clinical-educational-and-health-psychology/research-groups/core/competence-frameworks>

Table 2 - Professional Body Accredited Qualifying-Level Training Courses in the SW Region			
Profession	Professional Accrediting Body	No. of Courses in Region	Approx. No. Qualifying per year (2020)
Counselling Psychology	HCPC	1 (UWE)	TBC FOI in process
Health Psychology	HCPC	1 (UWE)	10
Clinical Psychology	HCPC	3 (Bath, Exeter, Plymouth)	36
Forensic Psychology	HCPC	0	0
CBT Therapists	BABCP	3 (Exeter x2 and Bath DClInPsy)	87
Systemic and Family Psychotherapy	AFT	1 (Exeter U)	9
Child Psychotherapy	ACP	0 but some HEE funded out of region	6 (HEE funded)
Adult Psychotherapy	UKCP/BPC/BACP	Information not available	Information not available
Counselling	UKCP/BACP/NCS	9 (Various)	Information not available
PWPs	BPS	2 (both Exeter U)	210
CWPs	N/A	1 (Exeter U)	25
EMHPs	N/A	1 (Exeter U)	61
Art Therapy	HCPC	0	0
Music Therapy	HCPC	1 (UWE)	TBC FOI in process
Drama Therapy	HCPC	0	0

accreditation. Several Psychological Professions require a high level of previous academic attainment in comparison to other NHS professions, in order to enter clinical training programmes. This can lead to relatively long training supply routes and can contribute to reduced diversity in the professional workforce.

It is often poorly understood in the NHS that several Psychological Professions do not require an undergraduate Psychology Degree for individual or training course accreditation or that an academic qualification in Psychology does not necessarily involve any clinical competency development. Nevertheless, there are large numbers of people who achieve Psychology degrees and other relevant pre-requisite qualifications in the South West every year and many aspire to train as Psychological Professionals. Numbers of applications for training and assistant posts that do not require a professional qualification are often very high. This presents a potential opportunity to grow the Psychological Professions and to address broader workforce challenges in the NHS. However, it can also lead to inappropriate appointments and unrealistic competency expectations if workforce planning generally

and professional supervision and practice requirements in particular, are not well understood and informed by senior Psychological Professionals.

6.2 Funding for Training and Training Numbers

Training numbers for Psychological Professions are determined in different ways. Some qualification level courses are commissioned centrally with national determination of the numbers required and funding available, followed by a local allocation. Others are procured at a regional level through Health Education England based on assessment of local need and supported service developments. Some trainees are employed by local providers during training, others by a host organisation within the region and then allocated to placements more widely, and others still are expected to find individual placements and supervisors themselves. Similarly, trainees in some Psychological Professions receive an NHS salary during training, some benefit from backfill or training tariff funding paid to an employing service and some either work in an unpaid voluntary capacity or in unqualified roles that are not specific to their training in order to meet placement requirements.

To add to this complicated picture, many Psychological Professions trainings are predominantly self-funded and some examples of international trainees (some funded by foreign states) are emerging too. Apprenticeships funded through the apprenticeship levy are also either in place or being developed for some Psychological roles. This development will potentially afford a greater level of influence on Psychological Professionals supply by local Trusts if needs are well understood. Again

the lack of consistency between different Psychological Professions results in a very complicated picture and highlights the need for access to advice from senior Psychological Professionals in workforce planning.

New roles within Psychological Professions are also emerging and the South West has led on some developments in this area, for example Clinical Associate Psychologists (CAPS)³⁰ and Assistant Practitioner Roles^{31 32}. CAPs were first developed and implemented in Cornwall and both training courses and NHS posts are now emerging across the Country as well as throughout the South West. These new roles have specific competences and scopes of practice, requiring supervision from other Psychological Professionals in order to offer clinical services. This again emphasises the need for careful workforce planning that is well informed about the requirements of, and range of possibilities offered by, Psychological Professions, supports clear career pathways, avoids unintended negative impacts on one profession from developments in another and ensures safe and effective implementation of workforce innovations.

6.3 Continuing Professional Development

HEE does fund a number of CPD courses specifically for groups of Psychological Professionals³³ in the South West as well as generic opportunities for all NHS staff. However, unlike Nurses and Allied Health Professionals, Psychological Professionals were not included in the dedicated CPD funding scheme introduced to the NHS in 2020³⁴. In some areas this has led to a reduction in the accessibility of funding for continued professional development for Psychological Professionals and this has had a disproportionate impact on the CPD funding received by Mental Health Trusts where a far greater proportion of the workforce are Psychological Professionals. Unless mitigated at Provider, STP/ICS or regional level, this is likely to impact on career development, retention and upskilling of Psychological Professionals relative to other professional groups in the NHS.

Some national programmes to support multi-professional areas of advanced clinical practice are available to some Psychological Professions but not others, while some have not yet been developed in relation to areas of psychological practice³⁵. The majority of Multi-Disciplinary Approved Clinicians who are not Medical Doctors, able to exercise particular responsibilities under the Mental Health Act, currently are Psychologists³⁶. National programmes to fund and encourage senior multi-disciplinary professionals to undertake further training and become approved clinicians have the potential to improve access to psychologically informed practice and address overall workforce challenges. However, this could also have a disproportionate impact on the Psychological Professions workforce if not carefully accounted for through well-informed workforce planning.

Health Education England South West has developed a Faculty of Advanced Clinical Practice to support the local implementation of the national programme to develop advanced clinical competences across a range of NHS roles. However, the potential of the ACP framework to support advanced clinical skill development within Psychological Professions and areas of psychological practice, and the potential impact of this on the workforce in the region have not yet been explored.



³⁰ <https://haso.skillsforhealth.org.uk/wp-content/uploads/2019/03/2019.03.14-CAP-FAQS-v2.pdf>

³¹ <https://www.nwppn.nhs.uk/support-roles-assistant-practitioners-for-mental-health>

³² <https://www.nwppn.nhs.uk/attachments/article/2798/Paul%20Farrand.pdf>

³³ Examples include: supervision and other short courses for IAPT staff, CPD events and leadership programmes.

³⁴ <https://www.gov.uk/government/news/career-boost-for-almost-half-a-million-frontline-nhs-staff>

³⁵ <https://www.hee.nhs.uk/our-work/advanced-clinical-practice>

³⁶ <https://www.bps.org.uk/sites/www.bps.org.uk/files/Policy/Policy%20-%20Files/Approved%20Clinician%20FAQ%20-%20June%202017.pdf>

7. Locally Experienced Workforce Issues

NHS workforce information on recruitment, vacancies and turn-over is estimated from a number of different sources (NHS Digital) but usually only reported at higher levels of occupational coding making it extremely difficult to determine figures for Psychological Professions (unlike Nursing and Medicine). This is often replicated in local workforce data sets. Local intelligence suggests that difficulties recruiting vary considerably between different Psychological Professions, different grades and different clinical specialties across the South West. Generally, reported experience is that lower-banded roles and those not requiring a pre-existing registration or accreditation present few difficulties attracting applicants, while there can be difficulties filling some vacancies for higher banded posts requiring statutory registration (Practitioner Psychologists). However, without consistent recording and reporting in NHS systems it is very difficult to determine overall patterns objectively.

An engagement event organised by PPN-SW in September 2020 brought together Psychological Professionals in a range of roles from across the region to share and discuss common issues being experienced in local areas. A number of clear workforce related themes were identified during the event. These included the following:

- **Invisibility**
PPN members reported experiencing a lack of recognition of Psychological Professions within local contexts. They were often not represented as a group within local workforce data, not represented within workforce planning forums, particular professional and accreditation requirement were often not understood and Psychological Professions were often not considered as potentially providing solutions to overall workforce and recruitment challenges.
- **Fragmentation**
PPN members described fragmentation between different groups of Psychological Professionals working within different operational structures, different Trusts/services and different STP/ICS areas. This was despite a recognition of common challenges and the identification of some potential collective solutions to local workforce problems.
- **Sustainability**
Common concerns were expressed about the sustainability of the Psychological Professions workforce, especially in relation to newly developing roles. Lack of organisational recognition of the need for professional supervision, senior clinical posts, professional structures and career pathways were all described as challenges to sustaining and expanding the psychological workforce.
- **Leadership**
PPN members reported that not all trusts have identified leads for Psychological Professions and where they do exist they are not always well supported to be effective by operational structures, afforded sufficient organisational authority or included with a 'seat at the appropriate tables' to appropriately represent Psychological Professions, knowledge or perspectives.

Several of these themes described by members of the PPN-SW are supported by information included in other sections of this report.

8. Conclusions and Recommendations

The Psychological Professions in the South West of England face a number of workforce challenges. The increasing recognition of the need for Psychological expertise in NHS policy is to be welcomed and the high level of interest and ambition within the population to enter Psychological Professions, coupled with the large number of people who apply for training programmes presents real opportunities for the Psychological Professions to make a significant contribution to addressing overall workforce issues experienced in the NHS across the region. However, the large expansion in the Psychological Professions workforce required by 2024 and the current position, recognition and understanding of Psychological Professions within current NHS structures presents significant workforce planning challenges. In particular, the current professional leadership structures within the NHS and lack of engagement of senior Psychological Professionals in workforce planning at Trust, STP/ICS and regional level potentially limit the contribution that this growing professional group can make to the NHS in the South West over the next few years.

The following recommendations are made in order to support effective NHS workforce planning in the region. PPN-SW commits to work actively with regional NHS Arms-Length Bodies, local systems, provider organisations, training providers, Psychological Professionals and other stakeholders across the South West, to support implementation.

Improvements in workforce intelligence for Psychological Professions:

- 8.1 That senior Psychological Professionals in NHS provider Trusts work with workforce planners in their own organisations to improve the shared understanding and accuracy of workforce data for Psychological Professions as recorded in the Electronic Staff Record (ESR), in line with the national workforce data set.
- 8.2 That NHS workforce information presented at Trust, ICS/STP and regional level includes a representation of Psychological Professions alongside other professional groups such as Nursing, Medicine and Allied Health Professions
- 8.3 That future revisions of the national workforce coding structure include consideration of a single higher-level code for Psychological Professions

Development of a regional workforce forum to assist in workforce planning for Psychological Professions

- 8.4 That PPN-SW establishes a Regional Psychological Professions Workforce Council for the South West of England. This council should have representation from each of the Psychological Professions, NHS Arms-Length Bodies and links to workforce forums in all 7 ICS/STPs. The Council should be enabled to provide advice, guidance and support to workforce planning at regional and ICS/STP levels.

Improved engagement of senior Psychological Professionals in STP/ICS workforce planning forums

- 8.5 That requirements for workforce planning submissions from providers, local systems (ICS/STP) and at regional level include an explicit requirement of involvement of senior Psychological Professionals prior to submission.
- 8.6 That workforce forums in all 7 ICS/STPs in the South West ensure that they have access to advice, guidance and support from a senior Psychological Professional or from a local

Psychological Professions forum and that this access is included in the terms of reference of relevant meetings.

Support for CPPO roles within Trusts and Professional engagement with workforce planning at Trust level

- 8.7 That the role of Chief Psychological Professions Officer (CPPO), with professional responsibility for all Psychological Professions within an organisation and the expectation of involvement in workforce planning is recognised and supported by every NHS provider in the South West. These duties should either be made explicit in job descriptions relating to existing posts or new posts established to ensure that this function is fulfilled by an identified individual.
- 8.8 That workforce planning forums at provider Trust level should ensure that CPPOs or other senior Psychological Professionals are included in their terms of reference to ensure access to appropriate advice and support.

Development of a multi-year regional level strategy for expansion of Psychological Professions by HEE and NHSE/I, supported by the PPN-SW.

- 8.9 That PPN-SW supports HEE and NHSE/I in the South West, to develop a written multi-year strategy to guide and support a coordinated approach to expanding the Psychological Professions across the region. This should include a clear strategic approach to funding and support for training, CPD, the development and sustainability of new roles, enhanced roles and professional leadership as well as the increase in funded posts for Psychological Professionals. The strategy should be evaluated against data demonstrating progress towards the expected expansion and sustainability of posts required to meet current national policy objectives.
- 8.10 That in support of the above, PPN-SW is funded to undertake specific projects to improve career pathways for Psychological Professions, expand professional roles, stimulate and spread innovation, broaden access to training and to increase diversity within the workforce.

Development of a funded Professional leadership role for Psychological Professions across the region.

- 8.11 That a substantially funded regional professional leadership role for Psychological Professions, to sit alongside those already in existence for Nursing, Medicine, Allied Health Professions and Healthcare Scientists is developed in the South West. This role should work with the PPN-SW, the Psychological Professions Workforce Council and across Arms-Length Bodies in the region to support effective overall workforce planning, development and innovation across NHS funded services.