

Psychological Professions Workforce Plan for England



2020/21 to 2023/24

Updated: December 2021

Executive Summary

The [NHS Long Term Plan](#), alongside the growth of Mental Health Support Teams (MHST) for schools, requires an unprecedented growth in the 12 psychological professions. It is anticipated that this workforce of psychologists, psychotherapists, psychological therapists, counsellors and psychological practitioners needs to grow by over 60% from the 2019 baseline by 2024, contributing a third of the overall growth required in the mental health workforce.

This integrated workforce plan for the psychological professions has been developed by the National Psychological Professions Workforce Group to fulfil a commitment of the Interim People Plan¹. This group brings together NHS England and Health Education England policy and delivery leads with stakeholders in the psychological professions, including service user and carer 'experts by experience' and 13 professional bodies.

Until recently there was no national or regional professional leadership of the psychological professions in NHS structures, meaning these groups have remained poorly understood in workforce planning, and their full potential remains to be realised.

The workforce plan sets out a direction of travel to maximise the impact of this workforce for the public to 2024. It highlights the role of the national NHS bodies, Integrated Care Systems (ICSs), employers and higher education institutes (HEIs) in working together to support this direction.

It lays out an ambitious but achievable programme to turn the NHS Long Term Plan ambitions into a lived reality for service users, families and carers. It is based around five strategic priorities:

1. **Grow:** Expanding the psychological professions workforce to improve access to psychological healthcare
2. **Develop:** Establishing clear career paths and development opportunities for all psychological professionals
3. **Diversify:** Attracting and retaining people of talent from all backgrounds
4. **Lead:** Developing the right local, regional and national leadership
5. **Transform:** Embracing new ways of working

Multiple stakeholders will need to play a role if we are to deliver on these priorities:

- Health Education England (HEE) with NHS England and NHS Improvement (NHSEI) can support delivery by ensuring the right level and type of education commissioning, alongside support to systems to deliver the required expansion in posts. This support will include both national and regional professional leadership for the psychological professions.

¹ [Interim NHS People Plan: the future allied health professions and psychological professions workforce](#)

- ICSs can contribute by ensuring that the required growth and development is part of their workforce planning, supported by professional and clinical leadership input from psychological professionals in their local and regional system.
- Employers will ultimately enable the change required by ensuring the recruitment of the expanded workforce, providing placements for the growing number of trainees, and supporting staff to manage the supervision requirements for this alongside the wider service needs.
- HEIs will play an important role in expanding, aligning and adapting their programmes to support the expansion, aligned to the NHS Long Term Plan strategic priorities.

By working together with focus across the system, we can achieve a step-change in psychological professions workforce, for the benefit of the public.

1. Introduction

This Psychological Professions Workforce Plan for England sets out the scale of the requirement for expansion of the psychological professions to 2023/24 to support delivery of the NHS Long Term Plan and the Mental Health Support Teams for schools. It shines a spotlight on the psychological professions specifically because of the massive growth required in these occupations and because the unique contribution of these diverse roles is not widely understood.

The [Mental Health Implementation Plan 2019/20 – 2023/24](#) set out an ambitious roadmap for workforce growth to improve access to the range of quality, evidence-based psychological therapies and interventions at a faster pace than ever before. The exact numbers in the Mental Health Implementation Plan were indicative and were modelled pre-COVID-19. Demand for psychological interventions and mental health services may need to grow further over the coming years as a result of the COVID-19 pandemic.

This plan aims to support local systems to deliver the growth in psychological professions that their wider mental health plans require and to make the effective use of the diverse roles in this professional grouping. Delivering this transformation will require a ‘step-change’ in our psychological professions workforce – investing in and growing the workforce by at least 60 per cent from 2019/20 to 2023/24, as well as supporting staff to work differently.

The NHS Long Term Plan financial settlement to support the growth in the posts required is secure to 2023/24. However, the delivery of education and training to enable individuals to progress into these posts will be dependent on further education and training funding being identified from 2021/22 onwards. It is likely that systems will need to take a range of actions using all levers at all levels to secure the supply required by ICS plans, and this workforce plan sets out the different actions that different partners might take.

No one organisation holds all the levers needed to achieve this ‘step-change’. Delivery will depend on all parts of the system working together to recruit, retrain and retain the staff we need. This integrated workforce plan for the psychological professions working in NHS commissioned services in England seeks to facilitate the required actions at local, regional and national levels.

It sets out the actions HEE, NHSEI, ICSs, providers, commissioners, regulators, Psychological Professions Networks (PPNs), HEIs, leaders in the professions and the professional bodies can take collectively to:

- Maximise the contribution of these professions to the delivery of the NHS Long Term Plan and Mental Health Support Teams
- Build on the far-reaching programme of development already underway
- Adapt in response to learning during the COVID-19 pandemic.

This plan is primarily focused on the mental health ambitions of the NHS Long Term Plan and on meeting people’s mental health needs. However, we also recognise that increasing numbers of psychological professionals work across physical and integrated healthcare, where they have potential to make a very significant and growing impact.

The document therefore seeks to look beyond the NHS Long Term Plan to other areas where psychological professionals can make a significant difference to the lives of services

users, families and carers, whether in physical healthcare settings, drug and alcohol services, forensic services, implementing the Mental Health Act Reform or working to prevent mental ill health.

This plan forms part of a wider strategic workforce planning process being undertaken by HEE and feeds into the overarching mental health workforce strategy. It also aligns to [We are the NHS: People Plan 2020/21](#) and the [National Vision for the Psychological Professions](#), which builds on the priorities of the NHS Long Term Plan, but also looks beyond it, to imagine a health and care service in which psychological healthcare is fully integrated.

While this plan focuses on the actions the system needs to take collectively in the short and medium term, we will also continue to work with our partners and stakeholders to develop a longer-term strategy to plan sustainable improvements beyond 2023/24.

2. Who are the psychological professions?

The psychological professions are a diverse group of professions whose work is informed by the disciplines of psychology and psychological therapy. They work to prevent and alleviate psychological and emotional distress, manage mental health and wellbeing and empower individuals and communities to improve their lives.

These professions work across the lifespan - with children and young people, adults and older adults - as well as with communities and supporting the wider NHS workforce, and across a wide range of settings, including mental health services, hospitals, primary care services, prisons, local authorities and educational settings.

Although a wide range of professions in the NHS draw on psychological theory and practice within their work, the professions specified below (and associate and assistant roles linked to these disciplines) are those represented within the psychological professions leadership structure within the NHS in England.

This workforce plan focuses particularly on these disciplines, although it may have relevance to other practitioners across the extended psychological professions family. It will be imperative that we continue to foster and develop the ongoing relationships between the 12 psychological profession groups and other professions (including medical psychotherapists, art, drama and music therapists) who also have a specialist psychological knowledge in order to reduce any silo working and learn from their collective leadership and management skills. This will also help to decrease any inter-professional barriers and allow the delivery of the safest, highest quality and evidence-based patient care.

Fig. 1 The Psychological Professions professional group in the NHS in England.

Psychologists	Psychological therapists	Psychological practitioners
<ul style="list-style-type: none"> • Clinical psychologist • Counselling psychologist • Forensic psychologist • Health psychologist 	<ul style="list-style-type: none"> • Adult psychotherapist • Child and adolescent psychotherapist • Family and systemic psychotherapist • CBT therapist • Counsellor 	<ul style="list-style-type: none"> • Psychological wellbeing practitioner • Children's wellbeing practitioner • Education mental health practitioner

Notes:

1. Art, drama and music therapists are part of the national allied health professions professional grouping within the NHS in England.
2. Clinical, counselling, educational and occupational psychologists can undertake further training to become neuropsychologists.
3. Medical psychotherapists are psychiatrists on the General Medical Council specialist register, recognising their additional training and specialism in various modalities of psychotherapies. This group of doctors belongs to the Royal College of Psychiatrists and is part of the medical professional grouping within the NHS in England. Additional new

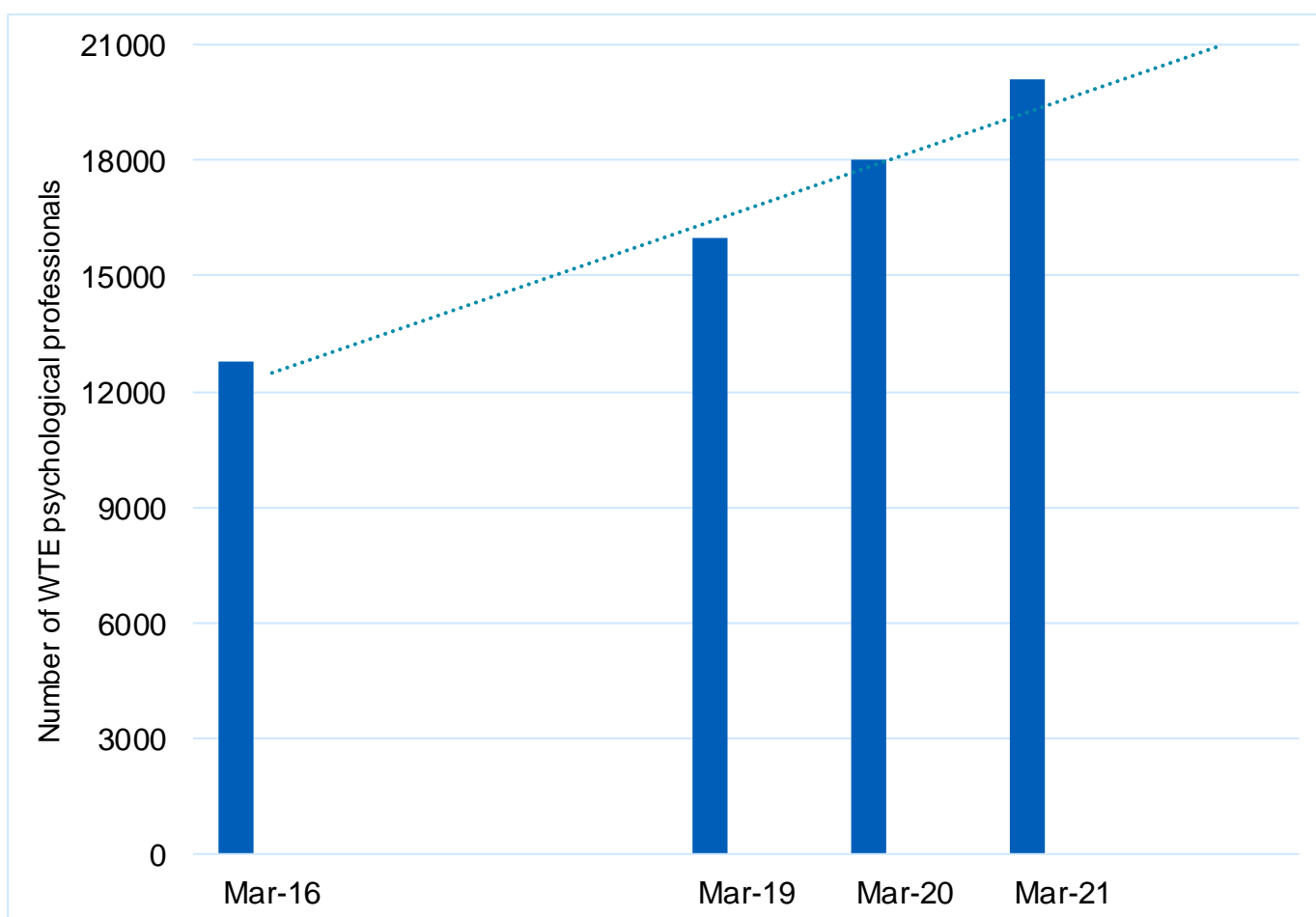
roles are being developed and deployed through national and regional programmes such as the mental health and wellbeing practitioner (MHWP), youth intensive psychological practitioner (YIPP), clinical associate psychologists (CAPs) and associate psychological practitioner (APP).

4. There are many different specific types of psychological practice, therapy and intervention which are delivered as part of NHS commissioned services by practitioners across this extended group. Some practitioners or approaches may not fit neatly into a single category represented here, but their work and impact is no less important for this.

3. Our current workforce: Where are we now?

Since the publication of [Stepping Forward to 2020/21: The Mental Health Workforce Plan for England](#) in 2017 the psychological professions workforce has grown rapidly. In 2016, there were around 13,000 (whole time equivalent [WTE]) psychological professionals providing psychological interventions and therapies in NHS commissioned mental health services, rising to about 16,000 in 2019. In March 2021, the workforce stood at around 20,100 WTE. While the workforce has expanded across all NHS commissioned mental health service pathways, there has been particularly significant growth in Children and Young People’s (CYP) mental health² and Improving Access to Psychological Therapies (IAPT) services³.

Fig. 2 Comparative growth of psychological professions workforce in NHS commissioned mental health services 2016-2021



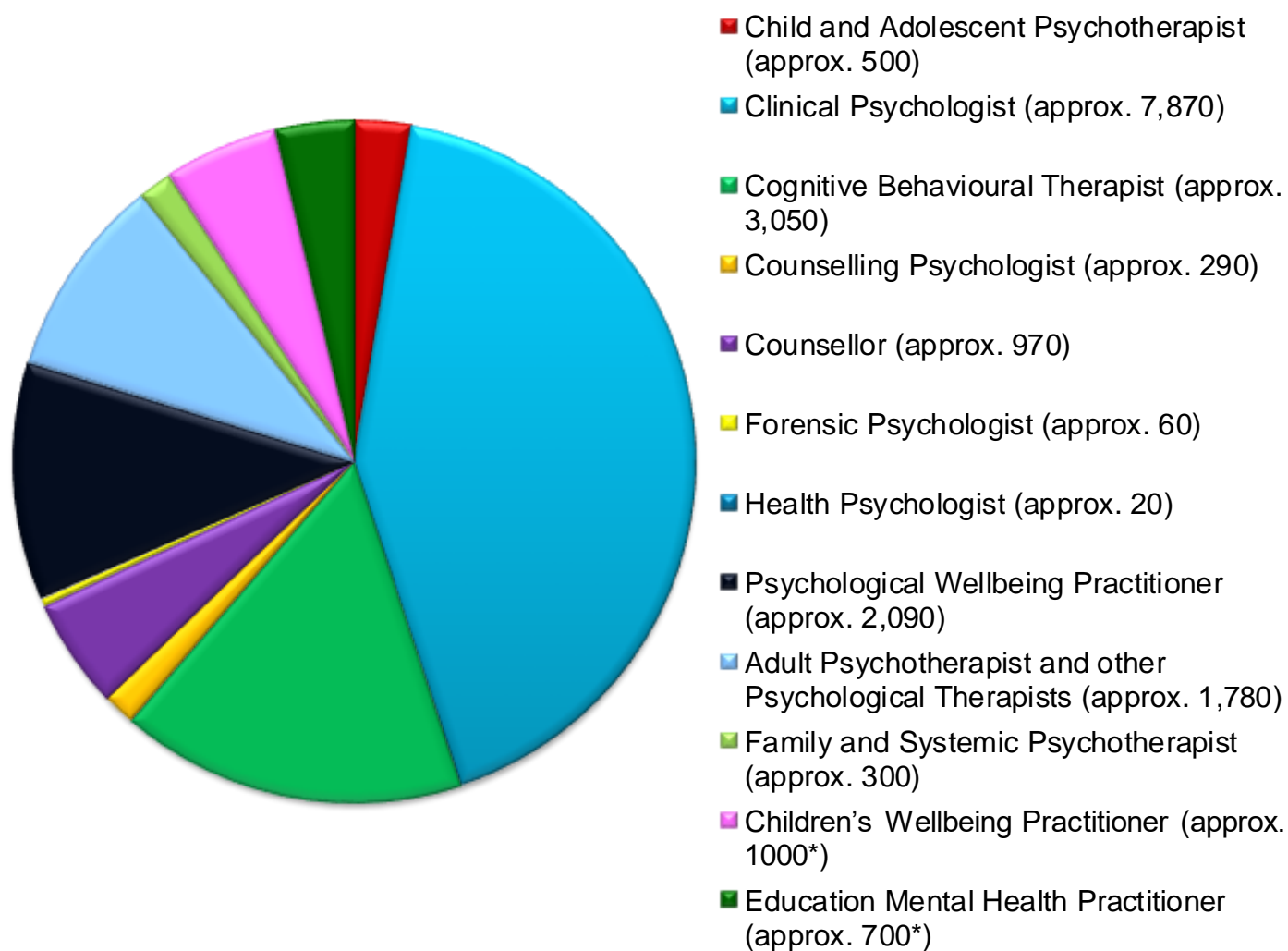
The largest professional groupings in NHS commissioned mental health services are clinical psychologists, cognitive behavioural therapists (CBT Therapists) and psychological wellbeing practitioners (PWPs), which together made up around three quarters of psychological professionals working in NHS commissioned mental health services.

² [Children and young people’s \(CYP\) mental health workforce benchmarking report](#)

³ [Adult IAPT mental health workforce benchmarking report](#)

This workforce has also seen significant innovation in the past few years, with the creation of a number of new roles, including education mental health practitioners (EMHPs), children’s wellbeing practitioners (CWPs) and, more recently, MHWPs and YIPPs. These new roles are playing a key role in supporting the development and expansion of important new service pathways and numbers of staff in these roles are set to grow rapidly over the next few years.

Fig. 3 Estimated Psychological Professions in post (WTE) in NHS commissioned mental health services by profession, March 2020⁴



⁴ Note: estimated workforce numbers do not include psychological professions working in physical healthcare settings, GP services or in non-NHS commissioned settings.

* Number of CWP and EMHP in training or completed training by March 2020. This does not account for those who may have left the role since completion of training.

4. The NHS Long Term Plan and beyond: Where do we need to be?

Building on the [NHS Five Year Forward View](#), the NHS Long Term Plan set out ambitious proposals to expand access to psychological therapies and interventions at a faster pace than ever before. This includes specific commitments to expand access to evidence-based psychological therapies and interventions in perinatal mental health, children and young people's mental health, for adults with common mental health problems and for those with severe mental health problems, expanding access to high quality, evidence-based mental health services to an additional two million people.

Since the publication of the NHS Long Term Plan, we have seen an additional increase in need for mental health services across the lifespan arising from the COVID-19 pandemic. This includes a rise in prevalence of eating disorders, depression, anxiety disorders, post-traumatic stress disorder and complicated grief, as well as increased need for psychological rehabilitation following severe disease and long COVID-19. There is also a backlog of people who did not get help for their mental health needs during the COVID-19 pandemic. This need looks set to continue to rise over the coming months and years.

Delivering the transformation in access to mental health services required to meet these changing needs will require a 'step-change' in our workforce - expanding in numbers, but also investing in our staff and supporting them to work differently. Across NHS mental health services in England, an estimated 27,000 (WTE) new mental health posts will be needed to deliver the NHS Long Term Plan, in addition to the growth that was already being delivered under Stepping Forward to 2020/21.

This includes a significant and rapid expansion in the psychological professions workforce, growing not only established professions like clinical psychologists, but also embedding new roles, like EMHPs and MHWPs, across the system.

The NHS Mental Health Implementation Plan 2019/20 – 2023/24 indicates an estimated 8,140 (WTE) additional psychological professionals will be needed in post between 2019/20 and 2023/24, including an additional 2,520 (WTE) practitioner psychologists and 2,860 (WTE) high intensity psychological therapists and PWPs in IAPT services. In addition, outside of NHS mental health services, an estimated 2,500 (WTE) EMHPs will also be needed in post by 2023/24 to support the national roll out of Mental Health Support Teams.

Taken together, both the Mental Health Implementation Plan and Mental Health Support Teams expectations amount to an indicative 10,640 (WTE) growth in psychological professions staff, representing an expansion in the workforce between 2019/20 and 2023/24 of over 60 per cent. This does not include any existing requirements specified in Stepping Forward to 2020/21 or additional need resulting from the COVID-19 pandemic.

Alongside delivering a net expansion of skilled staff to support growth and transformation in psychological care, it will be essential to retain the skilled staff we have, investing in their skills and supporting them to use their expertise where it is most needed. This includes up-skilling our workforce, establishing more coherent and integrated career paths for all psychological professions and developing and embedding new roles.

While the focus of this workforce plan is on the NHS Long Term Plan’s commitments for meeting mental health needs, ignoring other areas of healthcare would risk missing significant opportunities to benefit service users, families and carers.

The system also needs to collectively consider other areas where, with the right support, psychological professions could make a real difference over coming years – such as in further extending psychological practice into physical healthcare settings and major health conditions, helping people to live well with dementia, working with communities to prevent ill-health, supporting NHS staff wellbeing and implementing the forthcoming Mental Health Act reforms.

Table 1: Indicative additional posts required by NHS Long Term Plan service area and staff group (according to [Mental Health Implementation Plan 2019/20 – 2023/24](#))

Service area	Profession(s)	Staff (WTE)
Perinatal mental health	Psychologists	210
Children and young people’s (CYP) services	Psychologists	1,360
	Psychotherapists and psychological professionals	2,550
Adult common mental illnesses (IAPT)	Psychotherapists and psychological professionals	2,860
Adult severe mental health problems (SMHP)	Psychologists	750
	Psychotherapists and psychological professionals	210
Therapeutic acute mental health inpatient care	Psychologists	160
Problem gambling mental health	Psychologists	40
Total additional practitioner psychologists (WTE)		2,520
Total additional psychotherapists and psychological professionals (WTE)		5,620
Total staff (WTE)		8,140

Table 2. Indicative additional posts combining NHS Long term Plan growth and Education Mental Health Practitioners for Mental Health Support Teams

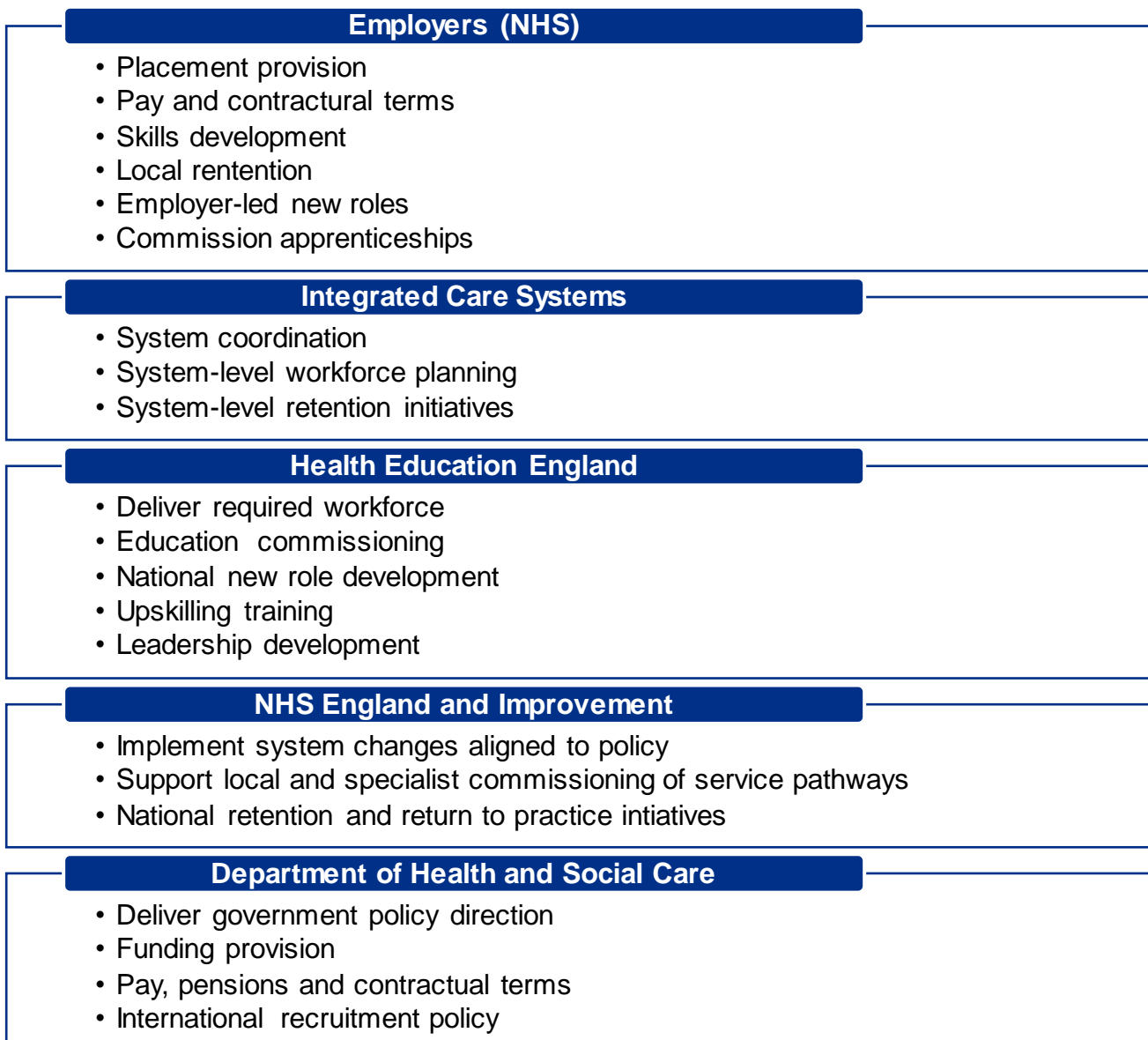
Profession(s)	Staff (WTE)
Total additional practitioner psychologists, psychotherapists and psychological professionals for NHS Long Term Plan Growth (WTE)	8,140
Total Education Mental Health Practitioners for Mental Health Support Teams (WTE)	2,500
Total staff (WTE)	10,640

5. How we will get there: A system-wide approach

Across the system, there are a range of levers that can help us achieve this transformation in the psychological professions workforce by 2023/24. Government, working with employers, make decisions on pay, pensions and contractual terms and conditions. NHSEI commissions service pathways, develops guidance and funds national Return to Practice (RtP), Recruit to Train and national recruitment initiatives.

Employers are responsible for the local recruitment, retention and skills development of their staff. HEE funds training and clinical placements for a number (but not all) of the psychological professions. ICSs determine the number of posts that are needed in each region, commission expansion posts and develop regional workforce plans.

Fig. 4 NHS system-wide levers for workforce transformation



No one organisation holds all the levers to achieve success. The scale of the challenge we face in securing not only the required expansion in funded posts, but also the trained people

to fill them, means the whole system – HEE, NHSEI, ICSs, providers, commissioners, regulators and professional bodies – must work together, using their respective levers in a concerted and collaborative effort to deliver the net growth of staff and skills.

ICSs have a particularly critical role to play in coordinating this effort in order to deliver the minimum 60 per cent expansion needed across the psychological professions workforce by 2023/24.

5.1 What does this mean for the psychological professions?

A competency-based approach to workforce design can help us challenge traditional thinking around who does what in order to ensure we have the right roles and skill mix in place. Focusing on competences, rather than professions or job titles, requires that we have service users, families and carers in mind from the outset, designing services and roles around the needs of people. It can also help us unlock knowledge, skills and experience already within our workforce, support staff retention and reduce barriers between professions.

To consider which levers to use to increase the supply of psychological professionals by 2023/24, it is important to understand the unique contribution and competences each occupation offers, the specific challenges each faces and the training 'pipeline' for each.

5.1.1 Clinical psychologists

Clinical psychologists work with service users, families and carers directly and make vital contributions at team and organisational level, as multi-disciplinary team members/leaders, supervisors, trainers, psychological therapists and clinical researchers. The profession offers important areas of expertise, including leadership and service redesign that will be particularly critical in this period as we expand access to psychological healthcare.

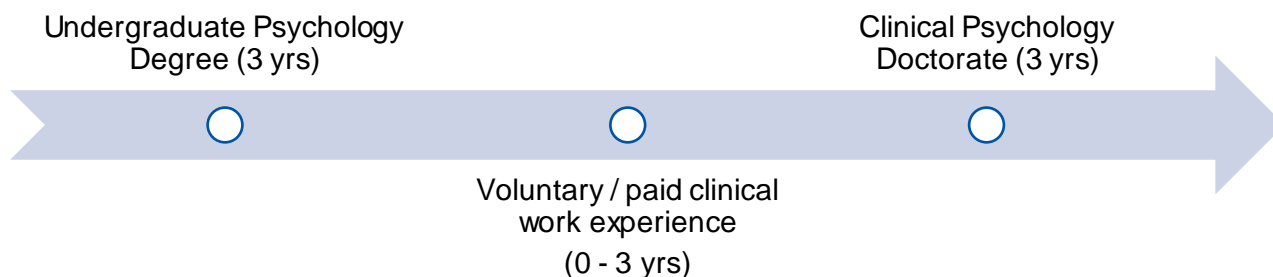
By 2023/24:

- An estimated additional 2,520 WTE practitioner psychologists will be needed in post nationally to deliver the NHS Long Term Plan
- A further indicative 366 WTE clinical psychologists are needed to provide interventions in IAPT, to staff wellbeing hubs and to backfill staff taking on Responsible Clinician roles
- Additional clinical psychologists will also be needed to provide leadership and supervision to the new Mental Health Support Teams and to fill vacancies across the NHS

Numbers of clinical psychologists have been rising in recent years but need for the profession continues to outstrip supply. In 2019, clinical psychologists were added to the Migration Advisory Committee's Shortage Occupation List (SOL) for the first time in a decade.

Clinical psychologists undertake specialist training with people of all ages (across the lifespan), including people who have learning disabilities, typically specialising and undertaking further training post-qualification. The training 'pipeline' for clinical psychologists from undergraduate to qualification is typically 6-9 years.

Fig. 5 Typical clinical psychology training pathway



While over 20,000 people graduate with a degree in psychology in the UK each year, there are limited opportunities for them to gain clinical work experience (particularly paid), with still fewer opportunities to undertake the Clinical Psychology Doctorate due to limited funded training places. To address this, in 2020/21 and 2021/22 HEE:

- Funded paid clinical experience opportunities for disadvantaged psychology graduates wishing to enter clinical psychology careers; and
- Increased clinical psychology training commissions for both 2020/21 and 2021/22 by 25 per cent each year.

The investment in additional Clinical Psychology Doctorate training places will have an immediate impact on service capacity as trainees hold caseloads on placement, as well as help to close the long-term gap in workforce supply. Subject to funding, further sustained investment in training places over a number of years, along with retention and return to practice measures, will be needed to safeguard the future supply of clinical psychologists.

5.1.2 Child and adolescent psychotherapists

In March 2020 there were approximately 500 WTE child and adolescent psychotherapists (CAPTs) working in NHS commissioned mental health services. Working across a range of NHS services, CAPTs provide specialist psychoanalytic psychotherapy to children and young people (up to age 25) with the most complex mental health difficulties, their families and carers. The profession also contributes to multi-disciplinary teams and networks to support complex casework, lead and supervise colleagues and make vital contributions at team and organisational levels.

As access to children and young people's mental health services is expanded, it will be important to ensure there are enough staff with the competences to support and treat those children and young people with the most severe or long-standing problems. In recognition that retention measures alone will not be sufficient to meet the need for CAPTs, in 2020/21 and 2021/22 HEE expanded CAPT clinical training programme places significantly each year, delivering a much-needed increase in the supply of CAPTs across the country.

Subject to funding, further sustained investment in CAPT training places in future years may be needed to meet rising needs, alongside targeted interventions to address the significant regional disparities in access to child and adolescent psychotherapy.

5.1.3 Children's wellbeing practitioners

A new role established in response to Implementing the Five Year Forward View for Mental Health, CWPs offer brief, focused evidence-based interventions in the form of low intensity support, guided self-help and psychoeducation to children and young people (and their parents/carers) with mild/moderate anxiety (primary and secondary school age), low mood (adolescents), and common behavioural difficulties (working with parents for under eights).

The CWP training is commissioned by HEE and delivered by HEIs that have been core to the CYP IAPT learning collaboratives. Since the roles' introduction in 2018, more than 1,700 CWPs will have completed training or qualified to work by January 2022. In some areas, they are being carefully supported into supervisory and mentoring roles for CWPs and EMHPs.

5.1.4 Cognitive behavioural therapists

CBT therapists work within a variety of key NHS mental health expansion areas, including IAPT services, adult community services and CYP mental health services. Professional training is specific to a population group and a set of problem types (e.g., anxiety and depression, or psychosis and bipolar). Interventions are delivered on a one-to-one basis (with or without parents/carers present), or in groups.

In adult IAPT services, High Intensity CBT Therapist trainees are increasingly being recruited from the PWP workforce, rather than from a broader multidisciplinary pool (mental health nurses, counsellors, social workers, clinical psychologists etc.). This is leading to a loss of professional diversity within the IAPT workforce, as well as of skills and experience in PWP teams.

To expand the adult IAPT workforce and improve access to services, HEE, NHSEI, employers, ICSs and commissioners will need to use every available lever to maximise the supply and retention of CBT therapists. This includes attracting more people from outside of IAPT into training and bringing back staff who have left the NHS.

In CYP mental health services and adult community mental health services Recruit to Train roles are helping to transform clinical practice in a range of evidence-based interventions. Over 1,100 clinical professional staff have been trained in CBT through CYP IAPT since 2012.

5.1.5 Counselling psychologists

Counselling psychologists work across NHS mental health settings, as well as in education, research, the third and independent sectors. In March 2020 there were an estimated 290 (WTE) counselling psychologists working in NHS commissioned mental health settings.

Taking a competency-based approach to workforce development, counselling psychologists may provide some of the 2,520 (WTE) additional practitioner psychologist posts required to meet the needs of the NHS Long Term Plan. Counselling psychology combines evidence-based specialist psychological therapeutic practice with research and wider psychological competences including psychometric assessments in the care of clients. Counselling psychology continues to offer the additional career route to bring practitioner psychologist competences into the NHS.

One strength of this route is that training can often be completed part-time, making it accessible to candidates with other responsibilities. At the same time, this route is currently self-funded. Training places are competitive but trainees and qualified counselling psychologists continue to contribute to the practitioner psychology workforce within NHS mental health settings.

5.1.6 Counsellors

In March 2020, there were approximately 970 (WTE) counsellors⁵ working in NHS commissioned mental health services in England. 855 counsellors were employed within adult IAPT services as high intensity therapists, with the remaining working predominantly in CYP mental health services.

Until 2021 IAPT services have relied on an entirely self-funded training route to supply counsellors for high intensity roles. This differs to most other NHS psychological professions, which have funded and salaried core training. This anomaly also means the training path and content is has not been specifically aligned to the priorities of the NHS Long Term Plan.

In recognition of the scale and pace of expansion in adult IAPT posts required, in 2021/22 NHSEI and HEE launched a recruitment initiative to encourage people from outside of IAPT (including many accredited counsellors and psychotherapists) into IAPT posts to deliver the range of high intensity modalities.

Alongside this initiative, HEE is working to establish clear entry points and better training and career pathways, including piloting an NHS professional training for psychotherapeutic counsellors incorporating an IAPT therapy modality (i.e., Person-Centred Experiential Counselling for Depression, Interpersonal Therapy, Couple Therapy for Depression or Brief Dynamic Interpersonal Therapy) within the training. This training pathway will support the expansion of the IAPT High Intensity workforce in line with the modelled requirements for these modalities and increase access to these therapies and choice for service users, families and carers across the country.

5.1.7 Education mental health practitioners

The EMHP is a new role established in 2018. Based across education settings and working alongside other mental health and wellbeing support, EMHPs work within Mental Health Support Teams to promote resilience and wellbeing, support earlier intervention, enable appropriate signposting and deliver evidence-based interventions. They work with children and young people with mild to moderate mental health problems and their families, parents and carers.

EMHPs also support school/college mental health leads to develop their whole school approaches to promoting better mental health and liaise with external specialists to help children and young people stay in education.

EMHPs are one of the fastest growing psychological professions. The one-year EMHP training programme, which drew on the CWP and other CYP IAPT curricula, is funded by HEE. Since it commenced in January 2019, more than 1,500 EMHPs will have started training by January 2022 and will working alongside hundreds of senior practitioners. By

⁵ Note, Counsellors who take up CBT high intensity training and work within IAPT services are categorised here as CBT therapists.

2023/24 around 2,500 EMHPs will be in post across the country. In some areas, further career progression training opportunities are in development to enable EMHPs to train and progress into more senior EMHP supervisor roles.

5.1.8 Health psychologists

Health psychologists support changes in population health behaviours, work to promote healthier lifestyles and support healthcare settings to provide better psychologically-informed care and treatment. Settings can vary from large-scale public health programmes to organisations and systems, group and individual work, academia, teaching and research.

Currently only a very small number of health psychologists are directly employed by NHS commissioned services. However, over the coming years numbers are likely to increase as psychological practice in physical healthcare is expanded and there is an increased focus on prevention.

HEE are presently funding a programme to employ seven trainee health psychologists to build capacity and capability for workforce redesign within the NHS, applying the psychology of system and health behaviour change. They will build capability within regions and systems through workforce projects and the training of others, as well as contribution to existing projects and service delivery. Trainees will achieve qualification with the British Psychological Society and register to practise as a health psychologist.

5.1.9 Family and systemic psychotherapists

Currently there is a lack of consistency in provision of family and systemic psychotherapy regionally and within services, as well as a growing need for family and systemic psychotherapy in many of the expanding service pathways. While there will be some scope to gain additional supply into the NHS from those who are not currently working for NHS commissioned services, this is unlikely to be sufficient to meet the capacity need by 2023/24.

The training 'pipeline' for family and systemic psychotherapists is long. Trainees must hold a prior clinical qualification in a relevant health or social care field, have substantial work experience in the field and then undertake a four-year part-time Masters professional qualification. Trainees also need access to appropriate clinical placements to fulfil the practice requirements of the training.

To support the expansion of access to family and systemic psychotherapy, in both 2020/21 and 2021/22 HEE provided additional funding for qualifying Masters training across all NHS regions. HEE is also working with commissioners, providers and professional bodies to explore the potential for an apprenticeship route into the profession to widen access to this profession.

There are a number of potential pathways that prepare people for family and systemic psychotherapy Masters qualification, such as the recruit to train CYP IAPT Systemic Family Practitioner programme.

5.1.10 Forensic psychologists

Forensic psychologists work primarily in the criminal justice system with psychological problems associated with criminal behaviour. HM Prison Service is the largest single

employer of forensic psychologists in the UK, although a small number of forensic psychologists are also employed by the NHS and private healthcare providers, in specialist mental health settings, social services and offender management services.

5.1.11 Psychological wellbeing practitioners

PWPs work within adult IAPT services to provide short-term, evidence-based low intensity psychological interventions, in line with NICE guidance, to people experiencing mild to moderate anxiety and/or depression. In March 2020, there were an estimated 2,090 WTE PWPs in post in adult IAPT services in England.

Staff turnover amongst PWPs is higher than in other established psychological professions – each year around 30 per cent of PWPs leave their posts. While most leave to progress onto High Intensity training programmes and are therefore not lost to IAPT services, significant numbers of PWPs also leave to take up training or entry level positions within other NHS occupations or leave the NHS altogether. This high turnover of staff creates a sustained pressure on services to keep recruiting and training PWPs, as well as a significant loss of talent and experience.

Addressing the retention of PWPs will be critical to expanding the adult IAPT workforce to meet the NHS Long Term Plan ambitions and additional need arising from COVID-19. ICSs will need to work with employers to improve retention in services and stem the flow of this crucial workforce, particularly to High Intensity trainee posts and other NHS occupations.

Nationally, NHSEI and HEE are supporting this effort in broadening the recruitment focus of high intensity CBT training, NHSEI developing new career progression opportunities for PWPs and establishing a new route into the profession, through the PWP apprenticeship, which may be more attractive for career changers looking to PWP as a later career destination.

5.1.12 Adult psychotherapists and other psychological therapists

Adult psychotherapists and other psychological therapists work across a wide range of NHS settings, including in adult IAPT services, adult community mental health services and children and young people's mental health services. They are trained in-depth as specialists, usually in a single modality of psychotherapy or psychological therapy. They may provide supervision and deliver psychological support for other NHS staff, as well as progress into leadership positions.

The NHS Mental Health Implementation Plan 2019/20 – 2023/24 indicates that a large expansion in psychological therapist posts will be required across a number of service pathways, including adult community mental health services, in-patient care and specialist services by 2023/24.

In 2019/20 and 2020/21, HEE embarked on a large expansion programme in evidence based psychological therapies for people with severe mental health problems, including psychosis, bipolar, personality disorder and eating disorders. Expanding training programmes to grow more psychological therapists include postgraduate programmes for mental health professionals in CBT for Severe Mental Health Problems (with either a personality disorder, psychosis and bipolar or eating disorder specialism), and Dialectical Behaviour Therapy (DBT), with plans in place for Cognitive Analytic Therapy (CAT).

Upskilling programmes for those with existing psychological therapy competence are also underway in Mentalisation Based Therapy (MBT) and planned for Eye Movement Desensitisation and Reprocessing (EMDR). This training expansion is set to accelerate to 2024.

The children and young people's improving access to psychological therapies project (CYP-IAPT) is further supporting workforce expansion through the delivery of specialist education and training in children and young people's mental healthcare. Commissioning of CYP IAPT modality training programmes⁶ are contributing to the NHS Long Term Plan target of enabling an additional 345,000 children and young people to access NHS funded mental health services and school-based mental health support teams.

In addition to ensuring there are sufficient qualified staff in place, it will be important to ensure there are career progression and leadership opportunities for psychotherapists / psychological therapists to retain these staff in services.

5.1.13 Mental health and wellbeing practitioners

Mental health and wellbeing practitioner is a new role aimed at supporting transformation of adult community mental health services, helping to shift services to provide trauma-informed care, with wider access to psychologically-informed interventions and NICE psychological therapies for severe mental health problems.

The MHWP role is designed to support collaborative care planning, alongside other members of the multi-disciplinary team. They also will deliver a set of brief, wellbeing-focused psychologically informed interventions (not psychological therapies), including behavioural activation and graded exposure, problem-solving, improving sleep, recognising and managing emotions, guided self-help for bulimia and binge-eating, confidence building and support with medication management.

Trainees will undertake a HEE funded one year programme of clinical and academic learning (due to commence spring-summer 2022) and be recruited jointly by employers and education providers.

⁶ Cognitive Behavioural Therapy, Parenting Training, Interpersonal Psychotherapy for Adolescents or Systemic Family Practice, Learning Disability and Autism.

6. Delivering the plan: priority actions

Transforming psychological healthcare will require sustained and long-term effort across the system at local, regional and national levels. HEE, NHSEI and other key organisations have already taken a number of steps in recent years to increase capacity and skills in many of these areas, including:

- Increasing training entry to clinical psychology and child and adolescent psychotherapy by 60% between 2020 and 2022
- Reviewing alignment of clinical psychology and child and adolescent psychotherapy training programmes to the NHS Long Term Plan priorities
- Investing in additional family and systemic psychotherapy training across all regions
- Developing an action plan for improving equity of access and inclusion of black, Asian and ethnic minority candidates in clinical psychology training
- Conducting a strategic review of action required to ensure sustainability of the IAPT workforce
- Reviewing CWP and EMHP training to ensure congruence and sustainability of the two roles and consider development of senior CWP and EMHP roles.

Further action will be needed by arm's length bodies (ALBs), commissioners, regulators, employers and professional bodies in the coming years to 2023/24.

This section sets out the steps we can take collectively to deliver this workforce transformation across the psychological professions. It sets out five strategic priorities as a framework for action:

1. **Grow:** Expanding the psychological professions workforce to improve access to psychological healthcare
2. **Develop:** Establishing clear career paths and development opportunities for all psychological professionals
3. **Diversify:** Attracting and retaining people of talent from all backgrounds
4. **Lead:** Developing the right local, regional and national leadership
5. **Transform:** Embracing new ways of working

6.1 Grow: Expanding the psychological professions workforce to improve access to psychological healthcare

Local services will decide on their own staffing requirements, based around the needs of their local population and HEE is working with local providers to support them in developing these local workforce plans. But there is a risk that without a strategic understanding of the long-term, national workforce need, local decisions about 'demand' for staff will become conflated with 'affordability', or we will end up with just more of the same.

Delivering the minimum 60 per cent net growth needed across the psychological professions workforce by 2023/24 will be challenging, particularly given the lengthy training pathways for many of these disciplines. The scale of the challenge requires all organisations in the system to use their respective levers in a concerted and collaborative effort to deliver the net growth of staff and skills.

Key actions for growth:

- **Increasing commissioned posts:** ICSs and NHS commissioned employers must work together to increase the number of salaried expansion posts, in line with the requirements set out in the Mental Health Implementation Plan. Psychological professions networks can support this process in facilitating regional conversations bringing together the workforce, chief psychological professions officers, providers, commissioners and ICSs.
- **Retaining and supporting our existing staff:** A high turnover rate is often associated with poorer quality of care, as well as being costly for employers. While retention rates for many of the psychological professions are higher than the NHS average, there are specific professions, like PWPs, where retention rates are low – around 30 per cent of PWPs leave their posts each year.

To improve retention of the PWPs, NHSEI is supporting IAPT services to create new career progression opportunities for PWPs that will enable more to develop professionally within IAPT services, rather than needing to leave services. Across the psychological professions, employers, together with ICSs, NHSEI and professional bodies, are taking action to prevent staff 'burn out', particularly in the light of the COVID-19 pandemic, and to improve mental health support for their own workforces.

- **Broadening supply 'pipelines':** To address specific challenges in IAPT services, HEE and NHSEI are taking targeted action to broaden the supply pipeline for high intensity therapists (CBT therapists, counsellors and psychotherapists) in adult IAPT services.

In 2020/21 this included a specific recruitment initiative to encourage qualified, accredited counsellors and psychotherapists into NHS commissioned IAPT services. ICSs and employers will also need to act to identify new pools of potential supply for other service pathways locally and regionally.

- **Expanding education and training commissions:** Psychological professions training programmes typically attract large numbers of applicants and enjoy high retention and completion rates. HEE commissions the core professional training programmes for six psychological professions. In 2019/20 and 2020/21 HEE has been

investing in the extensive expansion of training places for these professions, as well as expanding scope to others.

For example, HEE has expanded clinical psychology and child and adolescent psychotherapy training places by 25 per cent year-on-year and invested in qualifying Masters level family and systemic psychotherapy training across all regions. Further expansion in training is dependent on ongoing funding being secured beyond 2021/22.

- **Opening up new training pathways:** In addition to investing in existing education and training programmes, HEE is developing innovative new training pathways into professions. This includes piloting a high intensity psychotherapeutic counselling training programme to support the expansion of the IAPT High Intensity workforce in line with modelled requirements for the expansion of NICE-recommended modalities.

Employers are also developing apprentice training routes into professions, notably PWP, clinical associate in psychology and family and systemic psychotherapy training.

- **International recruitment to help fill short-term gaps:** The specific training requirements, governance and accreditation frameworks of the psychological professions make international recruitment challenging. However, ICSs and the ALBs could explore whether new routes could be developed to support the expansion of specific professions in the short term, such as ethically sourcing more clinical psychologists from the global market.
- **Widening participation in training programmes:** HEE are introducing changes to HEE-commissioned psychological professions core professional training programmes to widen participation to groups that have been historically excluded from taking up these opportunities. This includes exploring the potential for part-time training options for core professions training and providing bursaries for disadvantaged applicants to CAPT training programmes.
- **Encouraging staff to return to practice:** Historical data suggests that return to practice programmes are likely to have limited impact on the size of the psychological professions workforce. Instead, the system should focus on targeted recruitment initiatives to attract professionals working outside of NHS services into training and roles.
- **Embedding new roles:** Targeted design and deployment of new roles can expand access to psychological healthcare at pace, taking care to avoid counter-productive disruption to existing roles. Employer-led initiatives, such as clinical associates in psychology across a number of areas, associate psychological practitioner in the North West, and graduate mental health practitioners in the South East, are helping to meet specific regional workforce challenges.

Nationally, NHSEI is working with HEE, ICSs and employers to recruit, train and embed EMHPs (including senior psychological practitioner roles) and Mental Health Support Teams across the country. HEE is also deploying new psychological practitioner roles in adult community mental health (MHWPs) and CYP inpatient and

crisis mental health services (YIPPs) that will improve access to psychological therapies and interventions in these service pathways nationally.

- **Expanding recruit to train:** Recruit to train programmes have an important role to play in contributing to net growth in skills and competences across key service areas, particularly children's and young people's mental health services (CYPMHS). For example, recruit to train roles are being made available through CYP IAPT training programmes⁷ that seek to transform clinical practice in a range of evidence-based interventions, including CBT for anxiety and depression. Over 1,100 clinical professional staff have been trained in CBT through CYP IAPT since 2012, and 96 per cent of CYPMHS community teams report staff trained to deliver CBT, compared to 86 per cent of inpatient teams, and 63 per cent of community eating disorders teams.
- **Improving data quality:** The information required to guide workforce planning at local, regional and national levels has not always kept pace with the development of the professions and, as a result, there may be some data gaps regarding the psychological professions workforce, measures of need and estimates of capacity requirements to meet future need.

These gaps reflect a number of specific and historical issues, such as the complex commissioning arrangements for psychological services and that many psychological professionals hold dual qualifications and/or multiple contracts with different employers.

Changes to NHS Electronic Staff Records (ESR) Occupation Codes and Job Roles introduced in April 2019 have made significant improvements to the accuracy of workforce data, but further changes are likely to be required. The ALBs, together with ICSs and employers, will need to consider whether further guidance is needed to support providers in implementing the coding and additional revisions are needed given the rapidly evolving nature of this field. Workforce data must also be used routinely across the system to monitor expansion posts and progress in growing the psychological professions.

⁷ Cognitive Behavioural Therapy, Parenting Training, Systemic Family Practice, Interpersonal Psychotherapy for Adolescents, Learning Disability and Autism.

6.1.1 Grow actions

Across all levels of the system (national, regional, system, employers and HEIs) to work together to deliver the actions in Table 3.

Table 3: Psychological professions Grow actions

Action	HEE and NHSEI implementation	ICSS implementation	Employers / HEIs implementation
1. Expand clinical psychology and child and adolescent psychotherapy training places by 25 per cent in 2021/22 and support further expansion in line with funding	●	●	●
2. Continue to expand IAPT training and other workforce interventions to fulfil the expected growth of the IAPT clinical workforce	●	●	●
3. Increase the proportion of IAPT High Intensity recruitment from outside of IAPT services		●	●
4. Align IAPT trainee posts to all High Intensity modalities in proportion to modelled requirement for NICE-recommended therapies and choice of treatment	●	●	●
5. Launch a paid core professional training pathway into adult IAPT services for psychotherapeutic counsellors to deliver NICE-recommended therapies for depression	●		●
6. Continue to expand Mental Health Support Teams and EMHP posts nationally	●	●	●
7. Expand access to NICE recommended psychological therapies for severe mental health problems at scale across adult community services through upskilling existing staff and recruiting new staff into psychological therapy trainee positions, ensuring staff have	●	●	●

Action	HEE and NHSEI implementation	ICSS implementation	Employers / HEIs implementation
substantial dedicated time to deliver therapies on qualification			
8. Invest in family and systemic psychotherapy training to support expansion of this discipline in CYP mental health services and beyond	●		●
9. Support the development of an apprenticeship in family and systemic psychotherapy for entry from 2022	●		●
10. Deploy new psychological practitioner roles in adult community mental health and CYP inpatient and crisis services to deliver multi-disciplinary team care planning and psychologically informed interventions, underpinned by a formulation	●	●	●
11. Use annual workforce surveys and improve Electronic Staff Record data to monitor expansion in posts	●	●	
12. Expand part-time core professional training pathways across the psychological professions	●		●

6.2 Develop: Establish clear career paths and development opportunities for all psychological professions

Improving access to evidence-based psychological healthcare demands not only that more staff are trained and employed, but also that we make best use of the staff we have. Alongside delivering rapid growth in the psychological professions workforce, the system needs to upskill staff to ensure they have the competences we need and establish clear and efficient career paths to provide opportunities for psychological professionals of all disciplines to progress in a managed and fair way.

HEE is implementing a comprehensive programme to upskill the workforce in line with the national transformation plans for mental health. Key priorities include:

- Up-skilling staff to provide evidence-based psychological therapies and interventions in Early Intervention in Psychosis (EIP) and eating disorder services
- Training practitioners in adult services to meet the developmental needs of young adults
- Up-skilling IAPT staff to work with long term conditions
- Training staff working in community mental health services to deliver evidence-based psychological therapies

Reflecting the whole system approach to workforce planning, many of these skills development opportunities are open across professions (such as, to mental health nurses, social workers, and occupational therapists) who do not have existing psychological therapy qualifications. Other shorter trainings are designed to upskill staff with existing psychological therapy qualifications.

Alongside providing these skills development opportunities for employers and staff, NHSE I and HEE are also working closely with professional bodies and training providers to align existing core professional training programmes, such as clinical psychology and child and adolescent psychotherapy training, to the priorities of the NHS Long Term Plan.

These conversations will identify areas where training programmes could helpfully align to support the delivery of national policy and what supervisors, placement providers and courses need to achieve this. The alignment of these training programmes to national policy includes ensuring trainees have the tools and cultural competence to work explicitly to redress inequality of access and outcome in psychological healthcare across the protected characteristics and socio-economic status.

Retaining talent within the workforce means developing more integrated and coherent career paths with clearer and more efficient routes of entry, progression and development for all of the psychological professions. This includes making better use of entry routes into professions (paid work experience, apprenticeships, core training programmes, undergraduate placements and direct-entry clinical roles), designing more efficient pathways between the professions and developing clear career progression opportunities through the leadership hierarchy for all the psychological professions.

Priority areas of action for the system by 2023/24 include:

- **New roles:** Developing clear career progression paths for new roles, such as CWP, EMHP, MHWP, YIPP and CAPT. This includes considering the development of

senior CWP and EMHP roles, as well as ensuring all new roles are fully integrated into the wider professions, with clear career progression opportunities to support retention.

- **Supervision:** The unprecedented expansion in the psychological professions over the next few years is likely to put pressure on supervision capacity, particularly in areas like CYPMHS and perinatal mental health. Historically the need for supervision capacity has not always been identified within workforce planning processes. This is a significant omission that will need to be addressed in workforce planning process at all levels – national, regional and local - in order to ensure workforce expansion is sustainable and delivers maximum impact for service users, families and carers.

The delivery of new roles is predicated on the availability of suitably qualified staff able to provide the supervision and leadership required. Where supervision capacity is a concern, particularly in the short-term, looking at capacity across larger geographical areas or utilising technological solutions to be able to deliver supervision to individuals and teams should be explored.

- **Governance and accreditation:** As the psychological professions workforce expands and new roles are embedded, our governance and accreditation frameworks must keep pace. Individual registration is now being introduced for PWP, CWP and EMHP. The ALBs will also engage with the Department of Health and Social Care in their planned review of regulation of psychological therapies to support effective protection of service users, families and carers.

6.2.1 Develop actions

Across all levels of the system (national, regional, system, employers and HEIs) to work together to deliver the actions in Table 4.

Table 4: Psychological professions Develop actions

Action	HEE and NHSEI implementation	ICSS implementation	Employers / HEIs implementation
1. Develop more integrated and coherent career paths for each of the psychological professions, including into leadership roles	●	●	●
2. Widen participation by enabling entry to wellbeing practitioner training roles to accept more entrants with level 5 qualification / credit, and graduates of all disciplines	●		●
3. Ensure all new roles in the psychological professions are meaningfully aligned to existing roles and have clear career progression pathways to support retention	●	●	●
4. Review HEE-commissioned core professional trainings to ensure they align to the NHS Long Term Plan and national policy priorities, with targeted investment to support HEIs in progressing this	●		●
5. Implement a policy change for future eligibility for NHS funding across specific psychological professions training programmes for individuals who wish to undertake more than one NHS-funded training	●		●
6. Ensure there is sufficient supervision and management capacity for new roles	●	●	●

6.3 Diversify: Attract and retain people of talent from all backgrounds

There is strong evidence that where an NHS workforce is representative of the community it serves, service users' experience is more personalised and improves. Our current psychological professions workforce is under-representative of ethnic minorities, people with disabilities and men, and is increasingly skewed towards youth. Senior leadership positions under-represent ethnic minorities and women. Across the system, there needs to be systemic action – from training and recruitment to leadership - to diversify our psychological professions workforce, giving due consideration across all protected characteristics.

Ethnic diversity varies between the psychological professions and between NHS service pathways. The IAPT workforce, for example, is broadly reflective of ethnic diversity across England. However, the clinical psychologist and child and adolescent psychotherapist professions are less ethnically representative of the national population. Across all service pathways, ethnic minority staff are also more likely to experience racism and discrimination.

The creation of new roles, such as PWP, CWP and EMHP, has filled an important career pathway gap for many of the key service areas. However, it has also had a significant impact on the age profile of the psychological professions workforce. These roles have provided valuable new routes into the NHS for young people. Now more needs to be done to open up roles and training opportunities for career changers and those with caring responsibilities.

HEE and NHSEI are taking targeted action to improve inclusivity and diversity at all levels of the psychological professions, from leadership to training. Specifically:

- In 2020/21 and 2021/22 HEE invested in leadership mentoring for ethnic minority psychological professionals to tackle the continued lack of visible diversity in the leadership of the psychological professions workforce
- HEE is working with professional and accrediting bodies and training providers to improve equity of access and inclusion in HEE-commissioned psychological professions training programmes. This includes implementing the Action Plan to Improve Equity of Access and Inclusion for Ethnic Minority Entrants to Clinical Psychology Training
- HEE is encouraging part-time training options and funding bursaries, mentoring schemes and paid work experience opportunities for disadvantaged aspiring psychological professionals to widen participation in the workforce
- In IAPT services, NHSEI is improving equity of access and outcome to psychological care through a programme of funded and targeted action to challenge racism and further sustain embedding of the recommendations of the IAPT Positive Practice Guide

As the psychological professions expand, employers, ICSs, HEE and NHSEI will need to monitor and report on diversity in the psychological professions across the protected characteristics, identify where there are systemic barriers to diversity and design interventions to target inequities in recruitment, training and development opportunities.

6.3.1 Diversify actions

Across all levels of the system (national, regional, system, employers and HEIs) to work together to deliver the actions in Table 5.

Table 5: Psychological professions Diversify actions

Action	HEE and NHSEI implementation	ICSS implementation	Employers / HEIs implementation
1. Support HEE-commissioned training programmes to deliver measurable improvements on equity and inclusion for ethnic minority applicants, including implementing the Action Plan to Improve Equity of Access and Inclusion for Black, Asian and Minority Ethnic Entrants to Clinical Psychology Training	●		●
2. Target investment to reduce systemic obstacles to disadvantaged aspiring psychological professionals from entering the psychological professions. This includes: 2.1. Creating paid work opportunities for disadvantaged psychology graduates wishing to enter clinical psychology careers 2.2. Providing bursaries to support disadvantaged aspiring child and adolescent psychotherapists to undertake pre-clinical training	●	●	●
3. Deliver a programme of funded and targeted action to challenge racism in IAPT services	●	●	●
4. Invest in a leadership mentoring programme for ethnic minority psychological professionals aspiring to leadership roles	●		
5. Monitor and report on ethnic diversity in the psychological professions, across all pay bandings, designing future interventions to target inequities	●		●

6.4 Lead: Develop the right local, regional and national leadership

The psychological professions are starting from a relatively low base in terms of leadership and engagement at all levels of the system. Until recently, there were no formal national professional leadership roles within the NHS that cover the full territory of the psychological professions. As a result, workforce planning has been neither integrated across the psychological professions, nor with the wider mental health workforce and beyond.

This gap in embedded leadership has been replicated at local and regional levels. Employers usually do not have a psychological professional at Board level, resulting in missed opportunities for shaping systems of care and delivery. Regionally there has also often been a lack of input from the psychological professions in NHS decision-making and workforce planning.

In recent years, important progress has been made:

- Nationally, NHSEI has established the role of National Lead for Psychological Professions to provide a strong and coherent input into policy making, policy delivery and workforce planning.

The role is supported by the National Psychological Professions Workforce Group, which brings together the ALBs, professional bodies, experts by experience and other key stakeholders. In the coming years, NHSEI will build on this infrastructure to ensure the psychological professions continue to have a strong and unified input into policy formation, workforce planning and delivery.

- Psychological Professions Networks (PPNs) have been established in all seven NHS regions to offer professional leadership across systems. PPNs are membership networks commissioned by HEE to provide a joined-up voice for the psychological professions in workforce planning and development, and support excellence in practice. As such, they offer an important resource to support delivery of psychological professions workforce requirements.

More needs to be done. Strong leadership will be particularly critical in the coming months and years as services are transformed, the psychological professions workforce expands and the system continues to respond to the COVID-19 pandemic. In CYP services, for example, embedding CWPs and EMHPs in substantial numbers into existing and newly emerging service pathways will require significant change management and leadership support. This historic deficit in leadership capacity therefore needs to be addressed at all levels of the system.

Regionally, it is essential that Chief Psychological Professions Officers (the most senior psychological professional in each provider organisation) are fully integrated into the workforce planning process. This will help to ensure ICS workforce planning is informed by and co-produced with those with the clinical expertise and experience of psychological service delivery to maximise the benefit for service users, families and carers.

Leadership also needs to be fully inclusive and diverse to be effective. Traditionally those psychological professions outside of clinical psychology have had limited opportunities to progress into senior leadership positions. This is despite many psychological professions

possessing specific strengths in understanding systemic approaches to teams and organisations.

Employers, ICSs and NHSEI must work together to take targeted action to open up leadership opportunities to all the psychological professions and to improve diversity and inclusion amongst those who lead the psychological professions.

6.4.1 Lead actions

Across all levels of the system (national, regional, system, employers and HEIs) to work together to deliver the actions in Table 6.

Table 6: Psychological professions Lead actions

Action	HEE and NHSEI implementation	ICSs implementation	Employers / HEIs implementation
1. Adopt and promote a multi-disciplinary approach to leadership and development of the psychological professions as a united group, recognising each's unique strengths	●	●	●
2. Support the integration of Chief Psychological Professions Officers in ICSs workforce planning processes	●	●	●
3. Embed the Psychological Professions Networks as providers of the united professional leadership for the psychological professions at regional level, supporting and enabling workforce planning, expansion and development	●	●	●
4. Take targeted action to make leadership positions more inclusive of all psychological professions based on competency requirements of the roles	●	●	●
5. Establish a long-term national NHS professional leadership infrastructure for the psychological professions	●		

6.5 Transform: Embrace new ways of working

We know that expanding workforce capacity by simply doing more of the same is no longer a viable solution. Organisations across the NHS system need to be open to new ways of thinking and challenge established ways of working in order to address workforce supply challenges and meet changing needs.

The psychological professions have demonstrated their ability to embrace change. Throughout the COVID-19 pandemic, these professions have risen to the challenge, with many taking on different roles, working in new settings or moving their practice to remote delivery methods. These professions have shown strengths in drawing on evidence, expertise and the voices of service users, families and carers to develop and embrace new ways of working. NHSEI and HEE are committed to continuing to work in genuine partnership with services users, families and carers to support service design, development and delivery. HEE is, for example, requiring all HEE-commissioned psychological professions training programmes to embed meaningful involvement of experts by experience in the design and delivery of programmes.

In the coming years, the ALBs, together with ICSs, providers, commissioners, regulators and professional bodies, will need to support staff and services to continue to innovate and adapt. Key areas for action include:

- **Breaking down traditional hierarchies:** Continually improving what we do requires us to look beyond traditional roles and professional silos and be open to new ways of working. HEE and NHSEI are rolling out investment in training and salary backfill to improve the spread and adoption of Responsible Clinician roles, traditionally held by psychiatrists, to include a wider group of professions including practitioner psychologists.
- **New ways of working:** The COVID-19 pandemic has shown that remote delivery can support the expansion in access to psychological therapies and enable better continuity of care for some service users, such as students and looked after children. Where outcomes have been reported, the evidence shows that this move has not reduced the overall effectiveness of psychological interventions.

In the coming years, NHSEI will work with employers and the professions to develop flexible approaches to delivering psychological therapies and interventions that puts service users', families and carers' needs and choices at the heart of how psychological therapies are delivered.

- **Digital learning:** The pandemic has required many training providers to deliver part or all of their programmes online and it is a mark of the flexibility and adaptability of training providers, accrediting bodies, placement providers and trainees that courses have been able to continue and delays to qualification have been minimal. Blended learning programmes offer opportunities, as well as challenges in the delivery of psychological professions training and education.

HEE has developed a [digital capability framework](#) to support the improvement of the digital capabilities of everyone working in health and care.

- **New roles:** Nationally, a number of new roles are being developed and established to support delivery in key service pathways. This includes investing in MHWP roles in adult community mental health and YIPP roles in CYP inpatient and crisis services, to increase access to psychologically informed interventions and support multi-disciplinary team care planning.

These innovations will help to improve supply across the mental health workforce and open up new career pathways into key expansion service areas. In addition, employer-led, new roles initiatives such as the CAP and APP are also under development and proving popular with services and applicants. Across new roles, further work is needed to ensure the different roles and associated career paths are coherently described and integrated.

- **Contribute to the emerging evidence base:** Psychological professionals are continuing to support the development of our knowledge and evidence-base⁸ through research and evaluation across therapy modalities, service models and psychological practice. This includes improving how meaningful progress in service users' recovery and quality of life is reported.

By 2023/24, services are expected to expand the introduction and publication of routine patient-reported outcome measurements beyond IAPT services. There will be a need for training to enable all practitioners to use these measures in their clinical work.

- **New settings:** It is now widely acknowledged that integrating physical and mental health by embedding talking therapies and psychologically informed practice into physical health care improves patient outcomes and recovery. The expansion of IAPT Long Term Conditions services marks a significant shift towards psychological practice in physical healthcare.

But there is scope to integrate psychological practice within physical healthcare more widely. HEE and NHSEI have therefore established an Expert Advisory Group on Psychological Practice in Physical Health to explore the case for the development of psychological practice in physical healthcare and support change. HEE is also investing in the deployment of trainee health psychologists to support service development across a range of settings.

⁸The term 'evidence-based' refers to the application of research knowledge in light of clinical expertise and service user choice.

6.5.1 Transform actions

Across all levels of the system (national, regional, system, employers and HEIs) to work together to deliver the actions in Table 7.

Table 7: Psychological professions Transform actions

Action	HEE and NHSEI implementation	ICSs implementation	Employers / HEIs implementation
1. Adopt a well governed and consistent approach to the expansion in psychological therapies: guided by NICE, published competence frameworks, national curricula, course accreditation and individual practitioner registration / multi-disciplinary markers of competence	●	●	●
2. Facilitate and support the routine collection and service-level publication of patient-reported outcome measures for psychological professions' activity	●	●	●
3. Embrace and embed meaningful involvement of experts by experience in psychological professions service design, development, delivery and training	●		●
4. Invest in and expand the spread and adoption of Responsible Clinician roles among practitioner psychologists, alongside other disciplines, subject to funding	●	●	●
5. Develop frameworks for the optimal use of blended learning in psychological professions training	●		●
6. Support the extension of psychological professions and psychological practice in physical healthcare settings and primary care. This will include:	●	●	●

<p>6.1. The completion of a case for change in psychological practice in physical healthcare</p> <p>6.2. Investment in a programme to deploy trainee health psychologists to support service transformation development projects</p>			
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7. Conclusion

The Psychological Professions Workforce Plan for England has been developed in alignment with the [NHS Long Term Plan](#), [Five Year Forward View for Mental Health](#), the [We are the NHS: People Plan 2020/21](#) and the [National Vision for the Psychological Professions](#). The overall aim is to support delivery of the NHS Long Term plan ambitions for meeting people's mental health needs. However, psychological professionals also have a broad scope across physical health and integrated healthcare and can support the health and wellbeing of service users, families and carers across multiple settings of the NHS.

Achievement of all five strategic priorities (Grow, Develop, Diversify, Lead and Transform) will require collaborative working across all levels of the system to create lasting change. Through action now to 2023/24, and beyond, we will deliver sustainable improvements in access, quality and outcome of psychological healthcare for the public.