

New Ways of Working for Psychological Therapists

WORKSTREAM THREE

The Career Framework for Health Psychological Therapists

Compiled and edited by:

**Marc Lyall
Skills for Health**

**Jeremy Clarke
IAPT National Advisor**

**Roslyn Hope
IAPT National Workforce Advisor**

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Purpose of Work stream

1. The overall purpose of the development of a career framework for people delivering psychological therapies was to illustrate the options available to staff from different professional backgrounds to progress and change their careers, based on competences rather than on professional delineation. This has subsequently been highlighted in the Statement of Intent, announced by the Secretary of State in November 2008, where the importance of Choice of evidence based therapies was promised.
2. Three key areas have emerged during this process:
 - a. Specifically, to describe *new and changing* roles of practitioners within IAPT services, delivering evidence based interventions, in terms of competences
 - b. Generally, to describe *current* career pathways of professional disciplines, who deliver psychological therapies, highlighting progression routes and barriers
 - c. More broadly, to use results from an initial levelling exercise, to begin to scope a future project, post-regulation of the psychological therapies, and in consultation with DH, HPC, SHA's and the professions, for providing future national workforce planning and CPD strategies to meet ongoing needs for psychological therapy services.

What has been achieved in the project so far?

3. The project has used the following approach process to try and develop a Career Framework included:
 - A Career Framework Working Group was established and members came from a range of professional groups and disciplines
 - The Working Group met to debate the principles of developing a Career Framework, explore how this could be achieved and to help inform the final Career Framework model
 - Job Descriptions were gathered from across services that deliver Psychological Therapies
 - The Job Descriptions provided were allocated to levels using the Skills for Health Career Framework levelling methodology
 - Competences (NOS) were mapped initially by Skills for Health to a majority of the Job Descriptions provided
 - A one day event was run, which brought together an invited group, to try and review the matching of NOS to the Job Descriptions for accuracy
 - Several follow up meetings were had to review work undertaken to date and agree how to move forward. This report includes the outputs from this process.
4. Several lessons have been learnt, these include:
 - There are a wide range of job titles and roles that exist and are being used within services. This has been reflected by the diverse range of Job Descriptions submitted to SfH, many of which are essentially the same
 - Job titles are not a good indicator of job content and this can lead to an increase in confusion by service users, colleagues and commissioners
 - Job Descriptions tend to reflect local need and the diversity which arises from this, but ultimately there is similarity in the main generic categories of role being submitted

- There is a lack of understanding as to how NOS are used and fit within broader IAPT and education framework
 - There is widespread uncertainty about the links between Agenda for Change banding, Career Framework processes and job evaluation which adds to the complexity in developing this work
 - A level of concern exists around the number of different change initiatives that are currently taking place in the field of Psychological Therapies. These include IAPT, Regulation, the development of SfH NOS whilst constant change and evolution is a fact of life the impact that this has had on the profession has been significant
 - People were unfamiliar with the concept and purpose of the Career Framework, and of its relationship to National Occupational Standards.
5. The New Ways of Working Career Framework Working Group has discussed and piloted the Skills for Health approach to developing a competency based Career Framework for Psychological Therapists. As this work has progressed it has become clear that there are several areas where more time could have been spent explaining the *key constructs* behind the Skills for Health Career Framework model, these included:
- More detail on the utility of National Occupational Standards as a workforce development tool and how it relates to the KSF and Agenda for Change bandings
 - It was also important to have defined everyone's understanding of a Career Framework model and what they wanted from it, as it's a term which means something to everyone but inevitably not the same thing.
6. However this does offer several significant opportunities in moving forward, this will be explored in more detail later on in the report where an approach has been piloted within the IAPT programme, but can be outlined as:
- The need for a career framework model is one that has resonance with the majority of people who engaged with this work, because of the need to articulate and capture how individuals can progress throughout their careers
 - A career framework that uses a methodology to level roles which is unrelated to pay, can be used to compare jobs within and across the range of sectors where the delivery of psychological therapies occur.

Where has the Career Framework come from?

7. The Government's Next Stage Review, undertaken by Lord Darzi, reiterated the desire of clinicians to have "well defined career frameworks that provide the flexibility to change roles and settings, develop new capabilities and alter their professional focus in response to the changing healthcare environment, the needs of the patients and their own aspirations"(p9).
8. "Delivering HR in the NHS Plan" (DH, 2003) set the policy scene and provided the impetus for driving forward a modernisation agenda, identifying new ways of working and setting up a system that would provide a clear career pathway for staff both within and across specialisms. At the same time it has become clear that there are a number of strategic drivers, for example changes in technology, demographic changes both in patient and staff profiles, that will impact on workforce developments in the health sector and will require much more flexibility in ways of working. Improving our workforce intelligence in line with the recommendations *from the previous section (2)* clearly is an important part of this. Producing the conditions for a future workforce capable of providing

care across the IAPT age range, which *section 5* begins to articulate in part, is also important. But it is against a backdrop of healthcare system reform aimed at bringing care closer to the needs of patients that the work of Skills for Health in developing a Career Framework for Health is set.

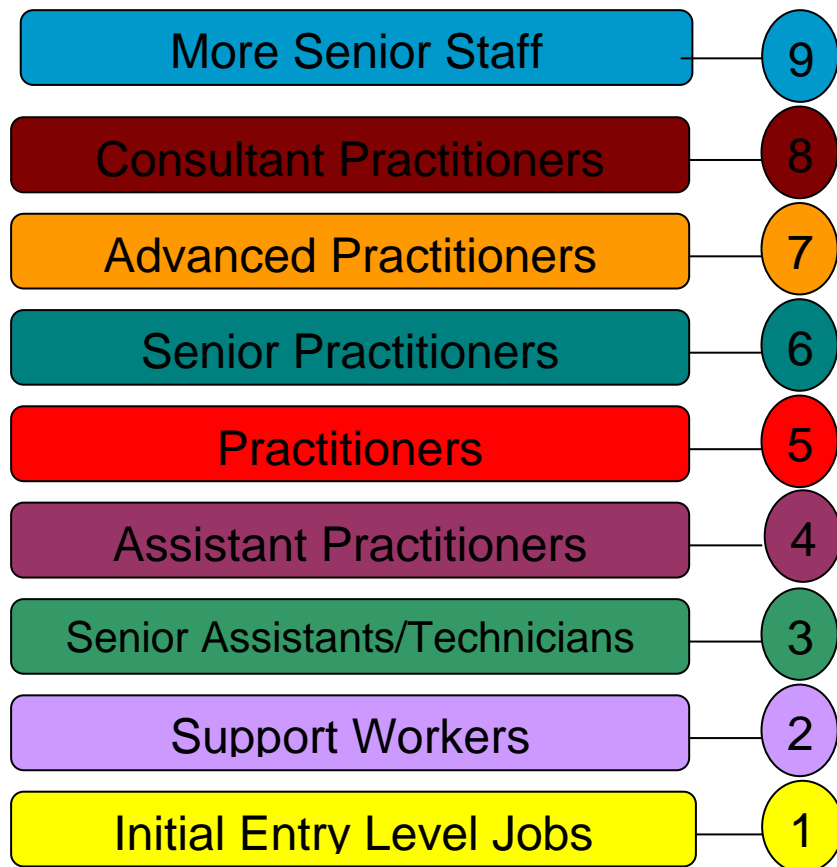
9. Since 2002, much work has been done in developing the Career Framework for Health with its focus on skills and National Occupational Standards. It shifts the emphasis from an approach based on the needs of specific professions to one based on the needs of the patients and service users. This section draws together work describing IAPT's established and emerging evidence-based roles, modality competences and National Occupational Standards. It seeks to illustrate the existing shape of career pathways in the various psychological therapy disciplines, and suggest a common framework for providing career progression.

What can a Career Framework do?

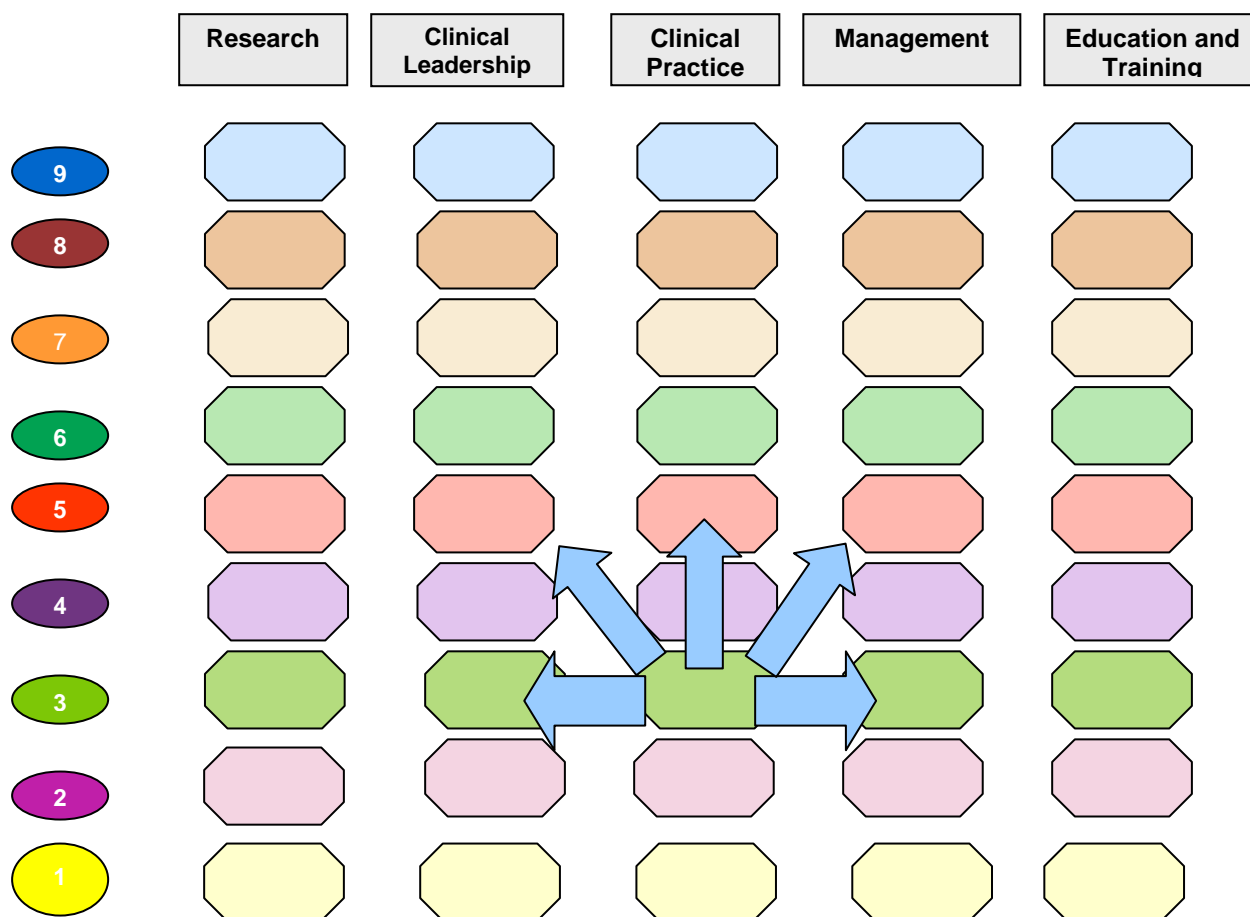
10. The Career Framework for Health, developed by Skills for Health, provides a guide for all organisations working in the NHS, private, independent or third sector to help with the implementation of flexible careers and skills escalation, enabling an individual member of staff with transferable, competence-based skills to progress in a direction that meets workforce, service and individual needs. It also provides a method whereby the level of practice for particular jobs can be identified; in addition roles can be illustrated in terms of National Occupational Standards.
11. The Career Framework for Health is work in progress and is currently being populated and tested. It is UK wide and a significant number of applications of the career framework have already been developed. These include Public Health, Health Informatics, the Allied Health Professions, Health Care Scientists and in some cases development has been undertaken locally to fulfil specific organisational requirements. The framework has recently been re-launched in Scotland and is being consulted on in Northern Ireland in the context of developments for Nursing.
12. It should also be noted that one of the strengths in using a career framework model which is not linked to Agenda for Change is that a common language used can be applied across all service providers, practitioners and disciplines for different backgrounds whether NHS, private, independent or third sector. This is particularly useful in Psychological Therapies in view of the cross sector work that takes place.
13. There are a wide variety of roles that exist within the discipline/field of Psychological Therapies. The Career Framework can provide a common language and currency to support psychological therapies career development by offering:
 - consistency – because it provides a structure and language that is common to all the groups, easy to understand and follow;
 - progression – because it provides individuals with a means to articulate their achievements and identify options available to develop their skills and progress their careers; and
 - flexibility – because it provides a framework that balances the overarching elements required to ensure national consistency with maximum flexibility for local health organisations, by reflecting jobs that exist within current services.
 - It can be used to help plan both an individual's career development and also to profile and plan the workforce you need in your department or organisation to deliver best patient services now and in the future.

What does the Career Framework look like?

14. A visual representation of the 9 levels within the career framework:-



A representation of possible movement within a career framework



Are the levels on the Career Framework the same as the bands on Agenda for Change?

15. No. Agenda for Change bands refer to the level of pay allocated to a specific post. The Career Framework arranges roles based on the learning and skills needed to carry them out, and the levels of autonomy and decision-making required of individuals in those roles. At times, you may find that the number used to represent the level which someone is working at on the Career Framework is the same as their banding on Agenda for Change – but this is not always the case. Care should be taken to avoid automatic correlation between Agenda for Change band and Career Framework level.

What is a National Occupational Standard?

16. National Occupational Standards (NOS) is a particular model of competence that describes what individuals need to do and know to be able to carry out work activity. They provide descriptors of performance criteria to be met and the knowledge and understanding that are required to undertake work activities successfully.

17. Each individual NOS covers:

- The work activities which need to be carried out to achieve a particular purpose
- The quality standards to which these activities need to be performed
- The knowledge and skills people need to carry out these activities.

18. Put together, the NOS meet the key aim of health care services i.e. to promote, maintain and improve health, with each competence focussing on an individual function needed to deliver that key aim. This functional focus centres on the needs of the patients and their carers and means that each competence provides an objective description of what needs to happen, rather than focussing on where it is being done or by whom.

How can I use National Occupational Standards (NOS's) together with the KSF?

19. Although both the KSF dimensions and NOS's describe the standard to which an individual should be working, they focus on different areas. A KSF post outline provides a description of how knowledge and skills are applied within the job, whilst NOS's describe in detail what individuals need to do and the criteria by which individuals performance can be assessed.

20. Used in combination, they can provide a very detailed description of the standards of work required by a particular post. All NOS's are linked to relevant KSF dimensions and can be included in KSF post outlines to supplement the information included in the post outline.

How can I use NOS to assess my performance?

As part of my KSF outline, I must meet HWB4 Level3.

HWB4/Level 3: Enable people to address specific needs in relation to health and wellbeing

Indicators Examples of application

The worker:

- a) respects people's dignity, wishes and beliefs; involves them in shared decision making; and obtains their consent
- b) identifies with the people concerned:
 - goals for the specific activities to be undertaken within the context of their overall care plan and their health and wellbeing needs
 - the forms the activities should take
 - the involvement of other people and/or agencies
 - relevant evidence-based guidelines.
- c) enables people to address their specific needs consistent with legislation, policies and procedures acting as a resource as and when they need it
- d) takes the appropriate action to address any issues or risks
- e) reviews the effectiveness of specific activities as they proceed and makes any necessary modifications
- f) provides feedback to the person responsible for the overall care plan on its effectiveness and the health and wellbeing and needs of people
- g) makes accurate records of the activities undertaken and any risks.

This KSF dimension and level is indicatively linked to the specific National Occupational Standard MH83.

MH83 - Work with others to facilitate the transfer of individuals between agencies or services.

The Performance Criteria for this NOS include:

You need to:

1. evaluate individuals' needs and preferences against agreed **criteria** laid down for **agencies or services** using the appropriate protocols
2. identify the agency or service which can best meet the needs of an individual
3. take appropriate action to identify a suitable agency/service when one is not readily available to meet the individual's needs
4. evaluate **referral information** for its appropriateness to the agency or service concerned
5. obtain further relevant information where the referral information is insufficient to allow an effective assessment to take place

The NOS gives more detail to a specific application to the KSF Dimension, and the performance of an individual can be assessed against the criteria that are laid out either through observation at work or through the production of evidence as part of a staff development process.

21. It is useful to be aware of the existence of the e-KSF which is a web based toolkit, developed in partnership and funded centrally by the four UK Government Health Departments to help organisations apply and manage all aspects of the Knowledge and Skills Framework (KSF).
22. The e-KSF supports all elements of the KSF development process including the creation of post outlines, assigning post outlines to staff, recording the KSF development review, creating short term action plans (if required) and the creation, management and evaluation of Personal Development Plans (PDP's). National Occupational Standards can be accessed and used as part of the e-KSF tools.

Developing NOS for broader psychological therapy modalities: progress to date

23. Skills for Health are working with practitioners to ensure the NOS for Psychological Therapies are based on the realities of front line practice. The project team have been gathering evidence of good practice and working with practitioners' professional bodies. The NOS development has drawn on practitioners' and other stakeholder's knowledge and experience. The process has been supplemented by the commissioning of Statements of Evidence which have been the product of the analysis of existing literature, evidence and investigation of best practice – this work has been undertaken by Pilling and Roth (2009) and is also being used as the competencies for the IAPT programme.

Where do the 10 Essential Shared Capabilities (ESC) for Mental Health fit in?

24. The aim of the ESC is to set out the shared capabilities that all staff working in mental health services should achieve as best practice as part of their pre-qualifying training. Thus the ESC should form part of the basic building blocks for all staff who work in mental health whether they are professionally qualified or not and whether they work in the NHS, the social care field or the private and voluntary sectors.

In summary how does this all fit together?

25. The driver in the NHS is Agenda for Change as this defines the pay band of the individual and is a 'must do'. The KSF is designed to help in the development and review of staff employed in the NHS and to provide the basis of pay progression. The ESC were developed to make explicit the values based capabilities underpinning what staff should do; they have been implemented variably across England and Scotland. NOS set out the key functions for the delivery of mental health services; the standards to be achieved by way of performance criteria; and the knowledge and understanding required to deliver the key roles. They provide specific evidence in support of KSF skills escalation as required.. Given the importance of the Agenda for Change in the NHS, and its link to annual appraisal of performance, the immediate focus should be to consider which areas of the KSF apply and to measure their detailed progress by way of the NOS.

Competences and new roles within IAPT

26. Skills for Health is undertaking a project to develop National Occupational Standards (NOS) for four Psychological Therapy Modalities:
 - Cognitive Behavioural Therapy
 - Psychodynamic and Psychoanalytic Therapy
 - Family and Systemic Therapy
 - Humanistic, Person-Centred and Process Experiential Therapies.

An example of the Career Framework in use – Health Informatics

Health Informatics is about the effective use of data, information, knowledge and technology to support and improve health and health care delivery.. At present there is no structured career pathway for health informatics as a whole, and for this group of staff.

As part of wider programme of work for the health informatics community, Informing Healthcare has initiated the development of a career framework for staff in this area. The aim of the career framework is to identify and open up career opportunities in health informatics. It is also designed to help individuals plan their own careers, and organisations to workforce plan in this important area. The approach is consistent with Skills for Health, the Sector Skills Council for the Health Sector, who are developing career frameworks for a variety of staff groups (e.g. Allied Health Professions).

The HICF is represented in the form of a matrix showing levels in the Career Framework down the left hand side, and Health Informatics staff across the top.

The Career Framework levels are numbered from CF1 to CF9 and are defined in terms of Initial Entry Level Jobs (at Level CF1) through to Consultant Practitioners (at Level 8) and More Senior Staff (at Level CF9). HI staff can progress through the levels of the framework by developing their skills and competences through learning and development.

There are several Health Informatics staff groups which are covered by the HICF and within each of these groups a variety of jobs are covered.

It should be noted that although a diverse range of jobs are included within these overarching headings they will often require competences that may be shared across different staff groups. For example; an ICT Trainer may be placed under 'HI Educators and Trainers', but will require a number of competences that ICT staff may also have.

In this way, although many of the HI jobs identified within the framework are placed within a particular area, they may also have expertise required in other areas. The content of the HICF will help to identify these common and transferable skills with a view to opening up career progression.

There is a relevance to outlining work that has been done on a Career Framework for Health Informatics, as within IAPT teams in the NHS, Health Informatics' professionals make up an important part of any multi-disciplinary team. It is therefore important for staff with distinct roles in a team to be able to see where commonalities exist as well as how greater transferability between professions might be further explored.

27. This project links with various initiatives across the UK. To reflect these links the project has strategic representation from the health departments of England, Scotland, Northern Ireland and Wales. The Health Professions Council (HPC) also has representation as well as the Children's and Adolescent Mental Health Service (CAMHS) and the National Institute for Mental Health Education (NIMHE). A joint statement from Skills for Health, the NIMHE and the HPC is available on our website: www.skillsforhealth.org.uk/psychologicaltherapies

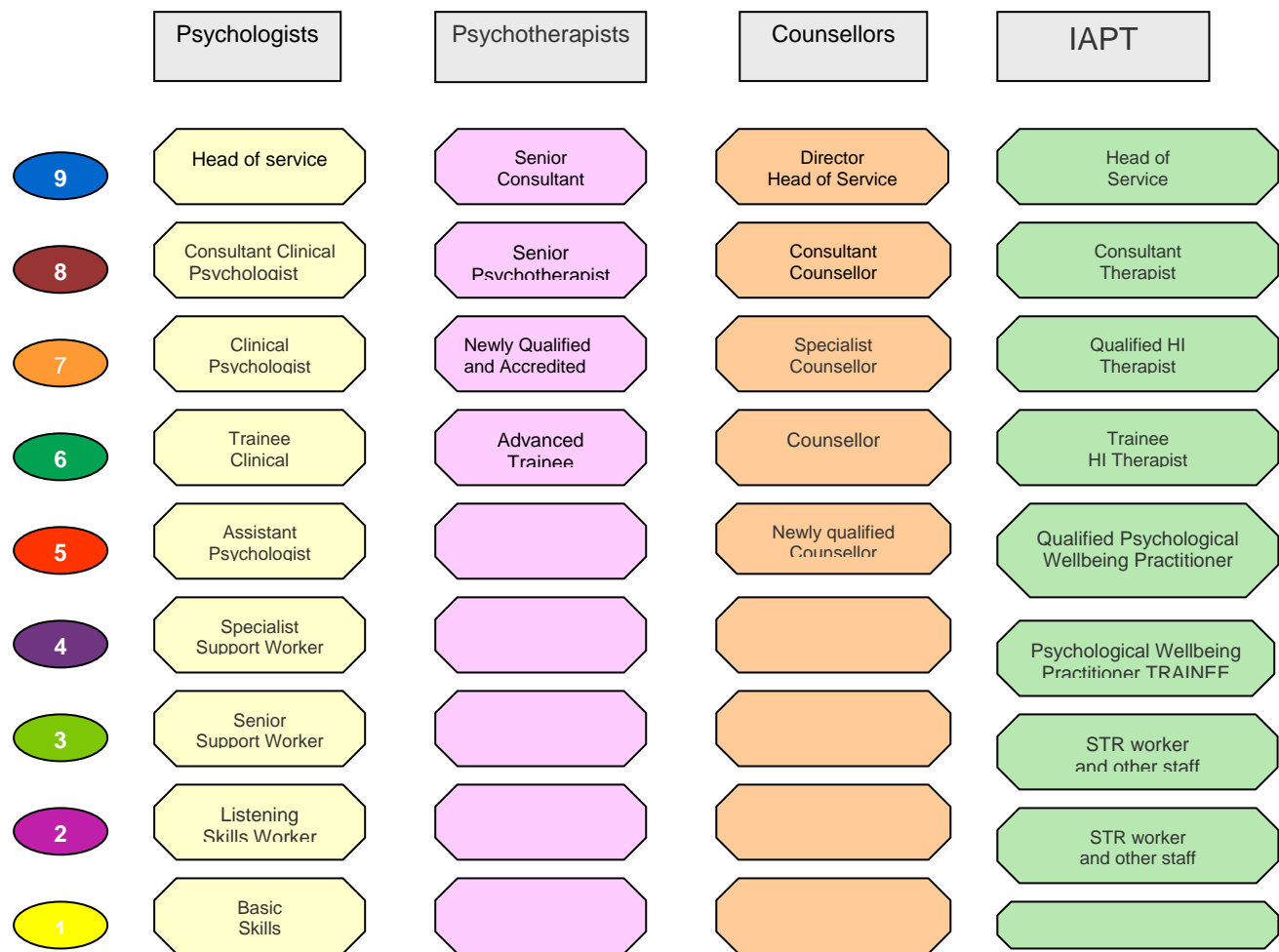
28. Practitioners with relevant expertise are working with University College London (UCL) to identify the evidence base used to inform the development of the NOS for each of the four modalities. IAPT has pioneered this approach in the development of its roles for practitioners at Steps 2 and 3 in its' service model for common mental health problems. The starting points for this approach are:

- 1) An evidence based intervention (see Section 1)
 - 2) An extraction from training manuals of what experienced therapists were required to undertake in the research trails, described as competences, that were tested out and agreed by an expert reference group
 - 3) The use of those competences to define the High Intensity curriculum, and two audit tools for accreditation of courses and of the individual practitioner.
 - 4) These competences are being translated into NOS as part of the Skills for Health project, which can then be used to develop job descriptions
29. IAPT's Statement of Intent commits the programme to taking this work on a further stage to include other practitioners, delivering additional NICE approved interventions at step 3. These interventions, in addition to CBT-based interventions, include (See Section 1): Counselling, Couples Therapy, *Brief Dynamic Therapy*, and Interpersonal Therapy. There will also be a need to specify the interventions for Children and Young People where integrated service models are developed. It is anticipated that competences will be developed in the same way where possible and not already available, to inform the development of education and training based on service need.

How do you link IAPT with Current Career Framework Pathways?

30. The key disciplines/settings, which provide trainings and access routes towards practising as a psychological therapist, include:-
- Psychotherapy
 - Psychology
 - Psychiatry
 - Nursing
 - Counselling
 - Arts Therapists
 - CAMHS
 - IAPT.
31. From this list several representatives from the identified disciplines agreed to develop a description of the types of role that exist at each level of the Career Framework (levels 1 to 9) and also provided a description of the nature of the role by describing the job content and tasks that are undertaken in each role. A summary of this work can be seen in the table below, whilst a more in depth description of each discipline list can be found in Annex 2. Medical psychotherapists and psychiatrists come under the NHS medical career framework and therefore have not been included within the table below.
32. Work has also been done between the IAPT team and Skills for Health to level the posts that exist within IAPT services against the 9 levels in the Career Framework model, the results of this work are also included below:-

NWW: WORKSTREAM 3 – FINAL DRAFT



What can this mean for individuals?

33. Case Studies were identified which show how an individual may have progressed through several stages of a Career Framework. These can be used to illustrate to the wider workforce how progress can be made in career development by moving through specific roles or development opportunities.

An example of a Case Study is shown below, several are also available in Annex 2.

From Carer to Course Leader

Having being prompted to enter mental health services by my experience as a carer for a relative with Alzheimer's Disease I began work in support development for the Alzheimer Society. I found supporting carers and those experiencing dementia a very rewarding part of my role and moved into Primary Care as a Graduate Mental Health Worker to enable me to do more face to face patient work. I was lucky enough to work in Doncaster and was involved in the IAPT Demonstration Site from its inception. I enjoyed working within this challenging and highly rewarding environment and was able to observe the evolution and dissemination of IAPT over the next 2 years. Involvement in the production of the IAPT low-intensity training materials brought me closer to the educational needs of IAPT workers and reawakened a desire to pass on my knowledge and enable acquisition of clinical and academic skills in others. As one of the first Clinical Educators for IAPT in the country I was able to compliment my clinical knowledge with experience of the challenges and issues IAPT workers in often emerging services face. This enabled me to support and facilitate students in developing not only skills but confidence in those skills and the important role they undertake. Now, as Course Leader on the Low-intensity Interventions training course at the University of York I am enjoying the challenge of ensuring the course continues to develop and ensure students are equipped for the vital work they undertake in improving access to psychological therapies.

Where next?

34. One way forward is to have a model which is based on the principle of there being *core functions* for all roles within the Psychological Therapies field, including:-

- Clinical Practice
- Supervision of practice.
- Management - a corporate focused set of responsibilities/functions
- Clinical Leadership
- Research – to include Audit and evaluation
- Education and training

35. These core functions could be used as the horizontal axis for any future work when defining a career framework model. It would be against these functions that Job Descriptions/Roles are organised. The vertical axis for the Career Framework model will be the *nine levels* which are used by Skills for Health in previous CF models that have been developed.

36. The final construct which has been discussed for a future career framework model is how to represent the *level of intensity and time spent* by a particular role on each of the core functions identified. It is envisaged that each role within the framework will, once highlighted, show visually the proportion of time spent on the core functions.

37. It is also proposed that an IAPT specific tool could be developed which aims to:

- Provide a facility for staff to self-assess to see how they can enter into the IAPT pathway or indeed move through it
- Articulate the various roles and related educational pathways that exist within the IAPT workforce programme and how practitioners from the range of disciplines can access these.

Career Framework levelling methodology

In order to identify a career framework level for a particular job, information is taken from the job description and related to statements found in eight different descriptors, which are set at nine different levels. A calculator then aggregates the eight different domain levels to produce the career framework level for the job.

The eight descriptors are:

- Knowledge, skills, training and experience
- Supervision
- Professional and vocational competence
- Analytical/clinical skills and patient care
- Organisational skills and autonomy/freedom to act
- Planning, policy and service development
- Financial, administration, physical and human resources
- Research and development.

NWW – Psychological Therapists Workstream 3: Career Frameworks

Career Framework for Applied Psychologists

Applied Psychologists bring a range of essential skills to their teams and services:

- Research, evaluation and audit skills;
- Training and development, clinical supervision and advice;
- Planning and delivery of innovation and service improvement projects;
- Clinical leadership which may be clinical capacity building, managerial or research based.

Band 9 – Lead/Consultant

The national Agenda for Change (AFC) profiles for Consultant Psychologists Bands 8c, 8d and 9, in the main, describe posts with significant line management responsibilities. The NWW Career Pathways and Roles group have explored the possibilities of Consultant roles which emphasise other leadership responsibilities and competences particularly those involved in therapy, training and research. Accordingly, two non-managerial Consultant posts are described below (Type 1 and Type 2). Two further profiles are also included. These are the more usual Head of Section and Head of Service profiles (Type 3 and Type 4).

Type 1: Consultant Psychologist in Psychological Therapies

This is a non-managerial Consultant Psychology Post. The Consultant is an expert clinician highly skilled in psychological therapies who provides clinical supervision to clinical psychologists as well as individuals from a range of other disciplines. The Consultant spends over 50 per cent of their time in face-to-face clinical activities and 20 per cent of their time in research/evaluation/audit in the area of psychological therapies. There is an expectation that, as a senior clinician, the Consultant will regularly take part in Trust working parties and have responsibility for developing policies within the service. Planning competencies include complex staff or work planning, organisational skills for example, where the job holder is the main person organising case conferences or discharge planning typically involving a wide range of other professions or agencies. The post holder is responsible for initiating plans and co-ordinating the area of activity. The level of physical skills in this job profile recognizes the requirement for the post holder to receive formal restraint training. Responsibility, includes participation in working parties/proposing policy and service policy changes as an integral part of the job development (not as a one-off exercise). At this level policy must implementation impact on other disciplines, sections, departments or parts of the service. Research/Audit and Evaluation are a major requirement for research and of the job. The post holder spends at least 20 per cent of development the working week on research.

Type 2: Consultant Psychologist/Trainer and Research Lead in Psychological Therapies

This is a non-managerial Consultant Psychology Post. The Consultant is an expert clinician highly skilled in psychological therapies and may be a clinical supervisor for other disciplines and other psychologists. The Consultant carries out a small amount of face-to-face clinical work but a major component of the job is research and training. The Consultant is responsible for the establishment of training programmes in Psychological Therapies and also directing a research programme in this area. There is an expectation that as a senior clinician the Consultant will regularly take part in Trust working parties and have responsibility for developing policies within the service. Planning includes complex work planning, for example, organisational skills where the job holder is the main person organizing training programmes typically involving a wide range of other professions or agencies. The post holder is responsible for initiating plans/co-ordinating the area of activity. Participation in working parties/proposing policy and service policy changes as an integral part of the job development (not as a one-off exercise). At this level policy must implementation impact on other disciplines, sections, departments or parts of the service.

Type 3: Consultant Psychologist Head of Section Profile

This is a managerial Consultant Psychology Post. The Consultant is an expert clinician who in addition to their individual clinical responsibilities manages a group of staff within the context of a larger Psychology Department. The post holder manages a budget and has organizational and planning responsibilities for a specialist service. The post holder leads on R&D, audit and evaluation in the specialty. The post holder plans the delivery of a significant specialist psychology organizational skills service including long-term planning. They develop specialized programmes of care/care packages patient/client care accountable for direct service delivery of a sub-division of a clinical, clinical technical or social services. They are also responsible for policy implementation and discrete policy and service policy or service development for a service.

Type 4: Consultant Psychologist Head of Service

This is a high level managerial Consultant Psychology Post. The Consultant is an expert clinician who in addition to their individual clinical responsibilities manages a large psychological service for one or more Trusts. Key responsibilities in the job statement will be:

Responsibility for organisational and professional leadership/management and policy development of psychology services, for one or more services. Manages leads and motivates qualified practitioners, assistants and trainees from their own and other professions. Leads on research, audit and evaluation. Teaching and supervisory responsibilities. Responsibilities for the psychological aspects of policy development across one or more organisations. In addition to staff management, the post holder manages a budget and has planning and organizational responsibilities for the service. They would plan the delivery of a significant specialist psychology service including long-term planning. Accountable for direct delivery of a clinical service, patient/client care and responsible for organisational and management/professional leadership of psychology services in one or more organisations. They develop and implement policies for service/directorate policy and service or equivalent. Proposes and implements policy changes development service development for service/responsible for implementation psychological aspects of policy development for other services across one or more organisations. Holds budget for psychology service. Co-ordinate and implement R&D activity as a job for research and requirement/developing R&D programmes or activities development which support organisational objectives as an integral part of the job.

The title 'Consultant' marks a clear divide between (lower banded) posts with a significant increase in the level of responsibility expected from staff in consultant roles.

Analytical: The distinction is between the complexity of the facts or judgemental skills situations which require analysis and judgement, with Consultants needing to make decisions in 'highly complex' circumstances.

Planning: Consultants need to be more strategic and operate across an organisational skills broader range of activities or programmes.

Responsibility: (Lower banded) posts are expected to implement policies and service policy/service changes in their own work areas, but Consultants are expected to be influential in a wider arena and take responsibility for service developments across a number of areas. Consultant Psychologist posts vary in the level of financial and authority they involve, from a minimum of being responsible small department for a non-pay budget to holding the budget for a whole service. Consultant posts also vary from a minimum of being responsible for the supervision of a small number of staff or students to line-managing a large multi-disciplinary service. The variation in levels of responsibility may reflect the research and difference between consultant posts where the primary role is to deliver research programmes across multiple sites to those where there is a minimum requirement of relevant research and development activity at least once a month.

Freedom to act: This distinction is critical and reflects the step change that a clinician taking up a Consultant role needs to take. The Consultant has to establish the ways in which health, organisational or occupational policies should be implemented by themselves and others, rather than being guided by peers or external reference points. With greater freedom to act comes greater responsibility and accountability.

The role of Consultant Applied Psychologist can be summarised as:

- Autonomous clinician with responsibility for own caseload (complex cases) and continuing professional development and updating.
- Resource for service in:
- Working with the most complex service users and those who present significant risks to themselves or others;
- Research, evaluation and audit skills;
- Delivery of training and development, clinical supervision and advice;
- Delivery of innovation and service improvement projects
- Significant leadership role in team or service which may be clinical capacity building, managerial or research based.

Some Consultants are primarily research leaders and managers – others focus on management, service development and innovation, while others may have a training and capacity building role.

The key distinctions between high bands are:

- Span of control and authority with higher band posts having board level, regional or national responsibilities for the delivery of significant areas of work (e.g. co-ordinated psychological therapies services or research programmes)

- The level of responsibility for developing the capacity and culture of the employing organisation to deliver health and well-being effectively, efficiently and safely.

Case Example: Long-term conditions – work with sickle cell disease

The consultant health psychologist established a dedicated psychological service, the first of its kind, for adults with sickle cell disease and it has been up and running for approximately nine years. The work includes providing psychological assessment to identify base-line levels of psychological problems and delivering CBT informed interventions to patients and their families. The psychologist obtained permanent funding for a full-time clinical psychologist who could conduct neuro-psychological assessments, and a part-time support group therapist, and the service takes regular trainees from health and clinical psychology courses. The psychologists contribute a psychological perspective to health care professionals in a variety of settings that include MDT meetings, staff training and consultation and support for nurses. For example, psychologists work collaboratively with nurses in A&E and on wards to think about critical incidents and how to manage them effectively. Psychological concepts have been used in the development of guidelines and protocols for health-care professionals. Following the identification of communication problems between the health care professionals and their patients who are experiencing a life threatening and challenging illness, the psychologists obtained funding to run a training course focusing on communication and cultural awareness skills training. The aim is to work creatively and flexibly (e.g. telephone counselling, out-of-hours groups) to build trust and engagement in both medical and psychological services with patients and their families who live with sickle cell disease. A variety of outcome measures have been employed that have shown a reduction in psychological distress using the General Health Questionnaire, reduction in hospital stay and length of stay and an improvement in coping skills and patients taking up employment and educational opportunities.

What the Psychologist said:

'I gain a huge sense of job satisfaction from building great relationships with patients, families and health professionals.'

'The diversity and complexity of need is exhilarating!'

Contact details: Nicky Thomas – nicky.thomas@gstt.nhs.uk

Case Example: Supporting people with learning disabilities and complex needs moving from secure settings to community placements

The consultant clinical psychologist works with local MDTs from the community and secure service, local commissioners and agencies to support people with learning disabilities and complex needs, primarily from a forensic or secure setting back into the community. Psychology is involved in the comprehensive assessment and developing a robust theoretical intervention framework for staff teams. This is informed by person-centred approaches, client wishes, clinical information, risk assessment and the health needs assessment. This in turn informs the person and service specification of the package. This information is presented to the joint health funding panel. Following this the care packages are put out to tender to different agencies. Following the appointment of team, psychology is involved in individualised training of the staff group around the formulation, assessments and the therapeutic

approaches which inform the staff intervention strategies. The staff are closely monitored and supervised by the psychologist and specialist nurse before and after discharge, with the staff taking more ownership of the strategies as they gain in skills and confidence. As staff and team managers become more experienced in working with psychological techniques within a person centred framework our teams input reduces. These packages are usually intensively staffed in the initial stages. The aim is to reduce staffing as challenges decrease. Thus showing a cost saving in the LT. This process usually takes two years following a move and hopefully leads eventually to discharge from psychology. The overall aim is to improve the quality of life of people with complex needs by supporting them to live successfully in the community. Outcome measures are currently under construction to include measures focusing on challenges, activities and relapses.

What the Psychologist said:

'People and labels are just that and by combining person centred and clinical information with their motivated staff team you can successfully support the most complex individuals in the community.'

Contact details: Richard Whitehead – Richard.whitehead@merseycare.nhs.uk

Band 8 – Senior/Highly Specialist/Principal Psychologist

This is an example of a second level clinical psychology post:

Training: In addition to the undergraduate and postgraduate training required for a Band 7 post and in order to fulfil the major requirements of the post the post holder will have undertaken additional specialist training to postgraduate diploma level. This may be in the form of short courses or may involve a lengthier course of training. In addition the post holder will have received further training to enable them to supervise clinical psychologists in training.

Clinical work: The additional clinical training mentioned above allows the psychologist to be to begin to develop the clinical skills required for expert practice.

Supervision of others: As in the previous post the psychologist is able to provide clinical supervision for others in psychological interventions, methods and approaches, for example, assistant psychologists, nursing staff and other professionals and following additional training clinical psychologists in training.

This is an example of a third level clinical psychology post:

Training: Although additional training (to that required for a Band 8a post – see above) is not recognized in the AFC profile below or in the AFC Job Evaluation Framework, where there are ceiling effects for clinical psychology posts on the 'Knowledge and Skills' Factor, nevertheless most psychologists will continue to develop their knowledge, skills and experience by a range of training routes.

Clinical work: This additional clinical training will allow the psychologist to be able to further develop the clinical skills required for expert practice.

Analytic and judgement skills: The development of expert analytic and judgement skills are reflected in this 8b post by the higher level given to this Analytic and Judgement Skills AFC factor in this job profile. 'This type of judgement is shown where post holders are experts in their field and judgements have to be made about

situations which have unique characteristics and where there are a number of complicated aspects to take into account which do not have obvious solutions.'

Supervision of others: As in the previous post the psychologist is able to provide clinical supervision for others, for example, assistant psychologists, nursing staff and other professionals, clinical psychologists in training as well as qualified psychologists who are less experienced than the post holder.

Policy and service development: At this level a principal psychologist will have a broader roles and responsibilities for establishing and implementing policies and procedures relating to psychological care, for example, within a specialist team.

Highly Specialist Psychologists continue to provide a direct service for service users and work with the most complex people. However, their added value comes from the extra skills and knowledge which they bring to a multi-disciplinary team or service, and their ability to extend the capacity of the whole team through supervision, training and consultancy. The role can be described in brief as:

- Autonomous clinician with responsibility for own caseload (complex cases) and continuing professional development and updating.

Resource for team in:

- Working with the most complex service users and those who present significant risks to themselves or others;
- Clinical leadership;
- Research, evaluation and audit skills;
- Delivery of training and development, clinical supervision and advice;
- Delivery of innovation and service improvement projects.

Case Example:

Supporting interpreters to work with traumatised service users

The highly specialist counselling psychologist works in a specialist trauma service. In addition to the clinical client work, he negotiated with his managers and now provides consultation and support to an Interpreting Service. The Head of the psychology department provided mental health training as a first stage to improve the interpreters' understanding of psychological therapy, particularly PTSD, trauma, depression and anxiety. The counselling psychologist runs support groups for the interpreters who are at risk of secondary trauma from listening to the client's experiences or at risk of their own personal traumas being re-experienced. The aim is also for the interpreters to be more sensitive and aware of mental health issues so that they will be able to be positive advocates and have a direct and beneficial impact on the clients who require the use of interpreters. The work also enables the interpreters to use psychological techniques (e.g. anxiety management techniques) to help them manage any personal trauma, which in turn helps to prevent burnout and ensures continuity for the clients. The psychologist collates informal outcome measures to obtain feedback from the interpreters to improve the service he delivers.

What the Psychologist said:

'I have gained an enormous insight into the world that interpreters work and live in.'
'The humanity and commonality keeps me humble!'

Contact details: Shawn Katz – shawn.katz@sussexpartnership.nhs.uk

Case Example: Building capacity across a care pathway – work with people with Hepatitis C

The highly specialist clinical psychologist began as a basic grade who individually set up and delivered psychological services to clients diagnosed with, or at risk of, hepatitis C within a variety of medical settings across Sheffield, including the Acute Trust, Community Mental Health teams and Substance Misuse. Following negotiation with service, the main part of the psychologist's work is to train and support health care professionals to administer and interpret psychological tools (e.g. HADS, CORE) and training them in basic CBT and motivational interviewing techniques. A staff consultancy model was developed and delivered, together with group supervision and individual coaching. The psychologist runs training for administration staff to help them manage clients who are in distress either on the phone or in the reception area. The major aims are to develop an appropriate support package for clients that is informed by psychological ideas and formulation techniques and to facilitate health care professionals to work in a psychologically minded way. It is difficult to measure outcomes with this difficult to engage client group but the service now routinely uses the CORE and HADS to monitor the client's mental health.

What the Psychologist said:

'I am someone who likes to run with innovation and I wanted to work in a way that utilised the consultancy model to develop an excellent service to clients.'
'It is a rewarding way of working.'

Contact details: Sara Whittaker – sara.whittaker@sth.nhs.uk

Band 7 – Applied (Qualified) Psychologist

This is the first level career post for a qualified clinical psychologist.

Training: At this level a psychologist will have completed at least three years postgraduate accredited doctoral training course with supervised clinical experience. In addition they will have an undergraduate psychology degree that is recognised by the British Psychological Society (Graduate Basis for Registration: GBR) and will have experience of working with a wide variety of client groups across the life span presenting problems that reflect the full range of clinical severity.

Clinical work: In this post a clinical psychologist is able operate independently in their clinical work. They are able to assess, develop and implement specialist psychological interventions and provide advice to others concerning their specialist area of work. They are able to plan and prioritise their own workload. In this preceptor-ship period they will consolidate their clinical experience in a designated clinical specialty, for example, Learning Disabilities, Child and Adolescent Mental Health Paediatric Psychology, Renal Medicine, Pain Services, Older Adults, etc., and they will develop their ability to take on the most

complex of cases in their speciality.

Supervision of others: At this level the psychologist is able to supervise others in psychological therapies for example assistant psychologists, nursing staff, etc., but they are not yet able to take full responsibility for the clinical supervision of clinical psychologists in training.

Research: All qualified psychologists at this level will have research skills at doctoral level and will be able to undertake research supervision of less qualified staff as well as carry out research, audit or development work as part of a formal research programme as a major job requirement.

(Clinical) Psychologists will be in such a post between one to three years.

The main function of an applied psychologist at band 7 is direct service user care and treatment, but they are also a resource for the whole multi-disciplinary team they work in. The role can be summarised as:

- Autonomous clinician with responsibility for own caseload.

Resource for team in:

- Working with complex service users (e.g. people with multiple or atypical problems);
- Research, evaluation and audit skills;
- Training and development skills;
- Capacity for innovation and service improvement.
- Continuing development of specialist role and leadership skills.

A detailed description of the Preceptorship role which is supported by both the professional body and the trade union for applied psychologists working in the NHS is available in the joint Division of Clinical Psychology/Amicus paper, which can be downloaded from either the British Psychological Society or the Amicus websites (www.bps.org.uk or www.amicustheunion.org.uk).

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http://www.bps.org.uk/downloadfile.cfm?file_uid=27684C76-1143-DFD0-7E69-B4082996B8E8&ext=pdf

Psychotherapists

From John Monk-Steel and Carmen Ablack (UKCP)

New Ways of Working for Psychotherapists

NWW – Psychological Therapists Work Stream 3: Career Frameworks

Career Framework for Psychotherapists

Psychotherapists bring a range of essential skills to their teams and services:

- Research, evaluation and audit skills;
- Training, Practice and Development, Clinical Supervision and Practitioner Mentoring;
- Planning and delivery of innovation and service improvement projects;
- Clinical leadership that may be clinical capacity building, managerial, consultancy or research based.

Band 9 – Senior Consultant Psychotherapist

This is a non-managerial Senior Consultant Psychotherapist Post.

The Consultant is an expert clinician highly skilled in psychotherapy who provides clinical supervision to psychotherapists as well as individuals from a range of other disciplines. The Consultant spends over 50 per cent of their time in face-to-face clinical activities and approximately 20 per cent of their time in research/evaluation/audit in the area of psychological therapies. There is an expectation that, as a senior clinician, the Consultant will regularly take part in Trust working parties and have responsibility for developing policies within the service. Planning competencies include complex staff or work planning, organisational skills for example, where the job holder is the main person organizing case conferences or discharge planning typically involving a wide range of other professions or agencies. The post holder is responsible for initiating plans and co-coordinating the area of activity. At this level policy must implementation impact on other disciplines, sections, departments or parts of the service. Research/Audit and Evaluation are a major requirement for research and of the job. The post holder spends at least 20 per cent of the development time during the working week on research.

Case Study

Senior Consultant Psychotherapist

Mark is a Senior Consultant Psychotherapist based in a PCT specialist psychological therapies service. He is a highly experienced practitioner and trainer with many years experience of delivering training to a wide range of mental health professionals, including other psychological therapists, more junior psychotherapists and qualified specialists registrars and specialist counsellors. He has gained this experience in the NHS and the Third Sector.

He is a qualified experienced supervisor with a post-registration diploma in the theory and practice of supervision plus a number of years of CPD in the practice and

application of supervision. Mark regularly provides supervision, mentoring, professional and clinical leadership to psychotherapists, specialist registrars, specialist counsellors, advanced trainee psychotherapists and other practitioners. He is responsible for maintaining an overview of teaching and training ensuring that what is offered is appropriate and relevant to the needs of trainees and participants at all levels of specialization, and that it is in line with the relevant clinical governance.

Mark works clinically with individuals and groups of patients with very severe and complex problems involving situations with high levels of risk management, emotional complexity and acute stress. His work requires highly developed clinical expertise and professional capacity delivered with balanced judgment and sensitivity. He also oversees and trains others within the service and in the wider PCT in the assessment and placement of such patients.

He is regularly involved as a specialist in multidisciplinary CPA and child protection meetings; he sits on working groups for and on behalf of the trust and liaises with his counterparts in other services, agencies and trusts etc as needed.

Mark's role includes keeping up to date with advanced and specialist research in the field of psychotherapy, regarding both the understanding of human nature and development, and the principles of psychotherapeutic practice - particularly in relation to the specialist client groups that use the service. Mark oversees and undertakes clinical research pertinent to the service and the service users. He is responsible for communicating, disseminating and sharing research information, as appropriate, with medical clinicians, Adult Psychotherapists in Training, Adult Psychotherapists and other clinicians, so that clinical practice is appropriately informed by current developments in the field. This is both a formal and informal training and development responsibility.

He is part of the senior team managing the strategic and operational planning of the service. As a consultant lead clinical specialist he is responsible for major aspects of the strategic and clinical management of the service, for maintaining an overview of these and supporting their ongoing effectiveness.

Band 9 – Senior Consultant-Education

This is a non-managerial Senior Consultant Psychotherapist Post. The Consultant is an expert clinician highly skilled in psychological therapies and may be a clinical supervisor for other disciplines and other psychotherapists. The Consultant carries out a small amount of face-to-face clinical work but a major component of the job is Education and Training. The Consultant is responsible for the establishment of training programmes in Psychological Therapies and also directing a research programme in this area. There is an expectation that as a senior clinician the Consultant will regularly take part in Trust working parties and have responsibility for developing policies within the service. Planning includes complex work planning, for example, organisational skills where the job holder is the main person organizing training programmes typically involving a wide range of other professions or agencies. The post holder is responsible for initiating plans/co-coordinating the area of activity. Participation in working parties/proposing policy and service policy changes as an integral part of the job development (not as a one-off exercise). At this level policy must address implementation impact on other disciplines, sections, departments or parts of the service.

Case Study

Senior Consultant-Education

Agneska is a Senior Consultant Psychotherapist specializing in Education, Training and Research in a university based NHS Trust. She carries a small client and research supervision (different psychological therapists) load. Her main role is to train and develop clinicians and advanced trainees in the practice and application of psychotherapeutic clinical work and to promote and develop the research base and understanding of psychological therapies' staff and allied professional groups of the Trust.

She does this work across the psychological therapies disciplines and contributes to training, development and research publications and other discourse media, nationally and internationally. Agneska sits on several working groups, including a group exploring differential (multi disciplinary) treatment protocols and research methods. This work contributes to her input on programmed development for the trust and improvement in strategic and clinical operational services and the evaluation of the impact of such work, including risk assessment and change management protocols.

Professional Head of Psychotherapy Services

This is a high level managerial Professional Head of Psychotherapy Services Post. The Professional Head of Psychotherapy Services is an expert clinician who in addition to their individual clinical responsibilities manages a large psychological service for one or more Trusts.

Key responsibilities in the job statement will be:

- Responsibility for organisational and professional leadership/management and policy development of psychotherapy services, for one or more services.
- Manages leads and motivates qualified practitioners, assistants and trainees from their own and other professions.
- Leads on research, audit and evaluation.
- Teaching and supervisory responsibilities.
- Responsibilities for the psychotherapeutic aspects of policy development across one or more organisations. In addition to staff management, the post holder manages a budget and has planning and organizational responsibilities for the service.
- They would plan the delivery of a significant specialist psychotherapy service including long-term planning.
- Accountable for direct delivery of a clinical service.
- Patient/client care
- Responsible for organisational and management/professional leadership of psychotherapy services in one or more organisations.
- They develop and implement policies for service/directorate policy and service or equivalent.
- Proposes and implements policy changes development service development for service/responsible for implementation psychological

aspects of policy development for other services across one or more organisations.

- Holds budget for psychotherapy service.
- Co-ordinate and implement R&D activity as a job for research and requirement/developing R&D programmes or activities development which support organisational objectives as an integral part of the job.

Case Study

Service Head – Psychotherapy

Caroline is a Psychotherapist with substantial clinical experience and extensive levels of leadership and management experience. She heads the service providing psychotherapy and other psychological therapies across a large Trust. She sets the lead for the service in the organisation, management, development, delivery and quality of psychotherapy and psychological therapy provision and research. She holds overall managerial lead responsibility for the continued development of high quality mental health services within the Trust including setting the tone for research and development.

Clinically, she provides at consultant supervisor level, highly specialist assessment and treatment protocols grounded in the principles and techniques of evidence based psychotherapy. Additionally she is directly answerable for the provision and development of training provision and research undertaken by the service.

It is a substantial leadership role where she is accountable for the service budget, and the planning and delivery of the service in a complex organisation.

Band 8 – Senior Psychotherapist

A Senior Psychotherapist is an expert psychotherapist who is able to work with complex clinical cases. They are able to exercise expert analytic and judgement skills in complex and unique situations. In addition they will provide supervision to other psychotherapists and other professionals working in the psychological services who are less experienced than themselves.

Policy and service development: At this level a senior psychotherapist will have a broader roles and responsibilities for establishing and implementing policies and procedures relating to psychological care, for example, within a specialist team.

A Senior Psychotherapist continues to provide a direct service for service users and work with the most complex people. However, their added value comes from the extra skills and knowledge that they bring to a multi-disciplinary team or service, and their ability to extend the capacity of the whole team through supervision, training and consultancy.

The role briefly:

- Autonomous clinician with responsibility for own caseload (complex cases) and continuing professional development and updating
- Resource for team in:
 - Working with the most complex service users and those who present significant risks to themselves or others

- Clinical leadership
- Research, evaluation and audit skills
- Delivery of training and development, clinical supervision and advice
- Delivery of innovation and service improvement projects.

Case Study

Senior Psychotherapist

Neela has responsibility for the management and delivery of a defined patient/client caseload, from referral to discharge, within the philosophical integrity and boundaries of a defined psychotherapeutic approach (in Neela's case this is *Integrative Psychotherapy*).

As a full member of the Specialist Psychotherapy Services' multi-disciplinary team, she regularly engages in the promotion of psychotherapy services within the Trust and or with other agencies including providing clinical / consultative supervision and formal / informal psychotherapy training programmes for mental health professionals.

She has responsibility for assessment, planning, delivery and evaluation, providing a highly specialised psychotherapy to consenting individuals referred to the service with complex and enduring psychological difficulties. She is required to exercise professional judgement in interpreting overall health service policy and local trust / services standards within the sphere of her own specialist psychotherapy practice.

Neela has a responsibility to initiate, design, implement and evaluate research and development programmes relevant to her sphere of psychotherapeutic practice and the wider service / trust objectives. She is accountable for auditing activities and standards relevant to her own sphere of psychotherapeutic practice and for the planning, implementation and evaluation of audit projects set against agreed service/trust standards.

Band 7 – Newly Qualified and Accredited Psychotherapist

This is the first level career post for a qualified psychotherapist

Training: At this level a psychotherapist will have completed at minimum a four year MSc, other Masters or equivalent level training.

Clinical work: In this post a psychotherapist is able operate independently in their clinical work. They are able to assess, develop and implement psychotherapeutic interventions and provide advice to others concerning their specialist area of work. They are able to plan and prioritise their own workload.

Supervision of others: At this level the psychotherapist is able to supervise others in psychological therapies for example nursing staff, etc.

Research: Qualified psychotherapists are able to undertake research supervision of less qualified staff as well as carry out research, audit or development work as part of a formal research programme as a job requirement.

The main function of a newly qualified and accredited psychotherapist at band 7 is direct service user care and treatment, but they are also a resource for the whole multi-disciplinary team they work in.

The role can be summarised as:

- Autonomous clinician with responsibility for own caseload.
- Resource for team in:
- Working with complex service users (e.g. people with multiple or atypical problems);
- Research, evaluation and audit skills;
- Training and development skills;
- Capacity for innovation and service improvement.
- Continuing development of specialist role and leadership skills.

Case Study

Accredited Psychotherapist

John is a recently qualified and accredited psychotherapist who originally trained as a social worker. He worked within multi-disciplinary mental health teams in the voluntary sector whilst doing his training and training practice as a psychotherapy trainee. He qualified as an Integrative Body Psychotherapist this included PTSD and Somatic Trauma Therapy training and receiving clinical supervision of work in these areas.

He holds a large caseload of short to medium term psychotherapy patients, many with severe complex needs and has some experience of providing supervised practice to other mental health professionals. John manages his own workload and provides advice and support to the rest of the team on somatic illness and psychotherapeutic processes.

John has experience of research methodology and practice and is a researcher on two research projects (short and medium term) in his workplace. He is also part of the audit working-group in his service. He is currently undertaking an Integrative supervision qualification.

Band 6 - Advanced Trainee Psychotherapist.

This is an advanced trainee psychotherapist who is competent to maintain a clinical caseload under supervision. They would also be responsible for presenting their cases at case reviews and case conferences. Their work would also be under the supervision of a senior psychotherapist.

Case Study

Advanced Trainee Psychotherapist

Sophie, whilst undertaking her psychiatric placement in the Recovery Team, was asked to take on a couple of clients for psychotherapy. Following this Sophie was offered a position in the team first as a Community Support Worker but was quickly given a CFL 5 position. She became the lead psychotherapist for two psychotherapy groups and was also seeing individual clients for psychotherapy.

In this role she is presenting cases in case conferences and clinical team meetings.

Sophie is also the lead psychotherapist in developing and writing the care plans for her individual and group clients as well as keeping the client notes.

Given the level of responsibility she is inappropriately graded. As an Advanced Trainee Psychotherapist she should to be graded at minimum CFL6.

Counsellor Career Framework

General information: Unlike other NHS professionals, counsellors lack the benefit of a national standardised training and career pathway. The production of the Counselling Profiles for Agenda for Change, welcomed by the profession, set out the level of knowledge, training and experience required to work as a Counsellor in the NHS.

The minimum qualifications, required by newly qualified counsellors in the NHS are:

- Knowledge to degree or equivalent level acquired through previous experience and Diploma in Counselling plus ongoing clinical supervision and working towards accreditation/registration with the relevant professional body.

Accreditation is not awarded automatically at the end of basic training but must be earned. To be considered for Accreditation, a counsellor must submit evidence that they have: undertaken substantial additional training, extensive clinical practice and other criteria including personal work which has made significant impact on the individual counsellor.

During their academic training, students embark on counselling placements in variety of settings including colleges and universities, third sector counselling organisations and in Primary Care. The placements are monitored by the academic tutor, the counsellor supervisor and the manager of the service to ensure that the trainee counsellor can transfer their academic learning into clinical practice, working safely with a variety of clients and psychological difficulty. A good percentage of students continue with their training to master's level, using their clinical experience as a basis for research.

All counsellors are expected to participate in counselling supervision for the duration of their career regardless of experience. It is a requirement of the professional bodies, such as the British Association for counselling and Psychotherapy (BACP) and seen as a clinical governance issue which benefits and protects the client

Entrants to the profession: Counsellors come from all walks of life and academic backgrounds from those with few formal qualifications to PhDs, but the majority have a first degree before commencing counsellor training. Many individuals chose counselling as a second career and these entrants to the profession, bring with them transferable skills from their former roles as nurses, teachers, social workers, health visitors, bank managers, dentists etc.

NHS Counsellors are employed in Primary, Secondary and Tertiary Care settings. The basic qualifications required to work in any of these settings are the same but there are differences arising from the particular work environment.

The majority of NHS counselling takes place in primary care and a counsellor in this setting is likely to be part of a managed service within a multidisciplinary team. In a similar way to a GP, counsellors in primary care are required to have the training and additional knowledge to work across a broad spectrum of conditions and treatments.

Counsellors employed in secondary and tertiary care setting, are frequently the only counsellor in that department (e.g. gynaecology, oncology, psychology, rehabilitation

or a hospice) and over time they gain an in-depth knowledge in their own specific field.

Counsellors in all three settings can be in any of the NHS A4C bands depending upon the duties they perform

Whatever the setting counsellors provides a range of essential skills to clients, colleagues and their service through:

- Clinical direction
- Training and development, advice and clinical supervision
- Research, evaluation and audit skills;
- Planning and delivery of innovation and service improvement
- Partnership working (organisational and through staff mix)
- Quality assurance
- Management
- Service development and delivery.

In whatever post, counsellor or managerial, the individual will work with people with different cultural backgrounds and ages, using interpreters when necessary.

Band 5: Job Title: Counsellor in Primary Care (entry level newly qualified):

At this level a counsellor would have the knowledge, skills and ability to work in a time-limited manner (often 6 – 8 appointments) with clients experiencing mild to moderate mental health problems. During assessment the practitioner is eliciting highly sensitive information relating to behaviour, state of mind and attitude of the client as well as providing them with information needed to agree to a therapeutic regime. Even at this level Counsellors may be involved in conducting therapy through an interpreter.

As an autonomous practitioner the counsellor would liaise with other healthcare professionals, keep relevant client notes, and provide statistics relevant to own practice required by the service manager. Depending on the experience of the practitioner, the service may offer additional supervision and mentoring for a period of time.

At this level a counsellors would be expected to be actively working towards BACP Accreditation (or equivalent).

Case Study

Counsellor Profile

Tom previous employment history: Fire officer

Qualifications: Diploma in Counselling.

Experience: Although Tom had no previous NHS experience he had experience of counselling in his place of work, within a Therapeutic community, an agency offering counselling to victims of domestic and sexual violence and an organisation working with young people aged 18 – 25. .

Band 6: Job Title Counsellor Primary Care (Accredited)

Training/Qualifications: As in band 5: Plus Accreditation/registration and further substantial training to acquire specialist knowledge of a range of counselling procedures, techniques and skills such as solution focussed therapy, cognitive behavioural techniques and have specialist mental health knowledge. or another area of practice such as clinical supervision:

Clinical work: At this grade the counsellor, with their additional experience and training is likely to be seeing clients who are more in the moderate to severe end of the spectrum. Clients who may be actively suicidal, aggressive or verbally abusive, those who are terminally ill, or with challenging family situations e.g. child abuse and providing therapy to individuals with multiple presenting problems/co-morbidity including the depressed, bereaved and anxious and those with alcohol related issues.

The counselling practitioner carries out their clinical duties by exercising autonomous professional responsibility through assessment using a range of self-report measures, treatment and discharge of clients whose problems are managed through appropriate evidence-based interventions and referring on those whose needs would be best met by specialist services

Counsellors at this level can mentor newly qualified counsellors and students on placements, advise and support other healthcare professionals in their work with clients.

Completes regular waiting list audits, case load statistics, undertakes and contributes to regular audit/evaluation and analysis of clinical activity. Counsellors may be required to assist with research and evaluation of service activity

At this stage in their career, whatever the setting, an individual may decide to specialise for example, in a single modality such as CBT or Psychodynamic, a client group e.g. post natal mothers, or providing therapy in groups. Frequently counsellors engage in further training to become clinical supervisors

Case Study

Counsellor profile

Margaret, a dentist, trained as a counsellor with Relate before gaining a diploma in counselling at university.

Clinical placements: Women's refuge, Relate, Substance Misuse Agency, and Relate.

Because of her training with Relate she became the 'specialist' within the service to whom client couples with relationship difficulties were referred

Band 6/7 Job title Senior Counsellor

Training/qualification: As a band 6 with additional responsibility.

A senior counsellor would have a clinical role and additional responsibilities within the service. This may be working with a specific client group, liaising with GPs or other healthcare professionals, line management, having responsibility for all trainees and placement provision.

Case Study

Carol, a Senior Counsellor: Previous to her clinical training Carol had been a secretary, this experience was put to good use as her additional responsibility was to organise the in-service training for all staff both clinical and non clinical to meet the CPD and mandatory training requirements of the Trust.

Band 7 JOB TITLE: Counsellor Specialist in Primary or Secondary Care
Qualifications/training all of the previous plus specialist courses to master's or equivalent level Specialist knowledge across range of procedures underpinned by theory

At this level the therapist would manage a specialist case load assessing patients/clients and developing and delivering specialist therapeutic treatment to meet the needs of individual clients e.g. treatment of phobias, critical incident debriefing, post trauma counselling, therapeutic group work; provides specialist advice to other disciplines/services

Can provide professional/ clinical supervision act as professional lead for trainees or newly qualified counsellors, coordinate a multidisciplinary team.

In this post a practitioner would likely be involved in specialist research, plus audit and evaluation.

Case Study

Counsellor profile

Jane, previous experience, counsellor in a third sector organisation providing counselling to women with reproductive health issues.

Specialist Counsellor: Now employed in the obstetrics and gynaecology department of a large NHS Trust. Provides specialist counselling to women (and their partners) e.g. post traumatic stress, conflict resolution following a stillbirth, pre and post termination, abnormal delivery or major gynaecological surgery.

Profile Label: Counsellor Consultant

Training/qualifications: Advanced theoretical, practical knowledge and specialist therapeutic techniques acquired through professional diploma, or further substantial training plus experience plus further theoretical learning, training, experience to doctorate level or equivalent

Clinical: The Consultant Counsellor assesses and provides counselling to patients/clients presenting with multiple and complex issues within an expert area of practice

through the development of specialist programmes of care/ care packages and able to provide highly specialised advice

They act as clinical lead within an area of expertise; provide expert advice/supervision to other counsellors, other professionals across a directorate or the wider geographical area and provide expert interpretation where opinions differ.

Training: The post holder would provide specialist training to professionals within the serviced and to external agencies.

Research: They regularly undertake R&D activity as a major job requirement and/ co-ordinate, implement others R & D activity as job requirement. Undertakes complex audits, participates in research activities/carries out research projects in own specialist area at local and national level as a major job responsibility

Service development: The consultant counsellor proposes policy and develops procedures in own area of expertise, which would impact on other disciplines and the service. May be authorised signatory, small payments / authorised signatory; holds delegated budget

Case Study

David, Previous experience as a nurse retrained as a counsellor and had been employed in both primary and secondary care. His gained a PhD and became, a consultant counsellor specialising in oncology,

Profile Label: Counsellor Professional Manager / Head of Service bands 8/9

The main difference between A4C banding 8/9 and the lower bandings is the degree of accountability and responsibility to patients/clients, staff and commissioners. At this level the post holder may have responsibility for one department e.g. counselling or the whole of the service. They have an obligation to ensure that there is equity of access for all client groups that the service adheres to national guidelines and protocols, clinical governance is met and that they are an equal opportunities employer. They are accountable for meeting the targets and service specifications laid down by the commissioners and other stakeholders.

Qualifications/training: As a clinician a Counsellor Professional Manager is require to have a highly developed specialist knowledge underpinned by theory across a range of counselling procedures and substantial additional experience in other areas of practice.. Plus clinical supervision and managerial experience to master's level or equivalent.

Clinical activity: Complex/Highly complex client assessment or situations requiring analysis, interpretation, comparison of a range of options.

Managerial: The manager would have responsibility for some/all aspects of the service including recruitment, appraisal, CPD, clinical performance and line management across one or all professions.

They would be responsible for policy implementation and development for part of the service/ directorate or equivalent with impact across other organisations and hold a delegated budget or be the budget holder for department/ service

Research and development would be part of the managerial responsibilities as would undertake surveys, audits and research activities necessary for the service or as part of their own specialist area.

Service development: Understanding the impact of NICE guidelines and other government initiatives on psychological services and how these impacts on the service in own locality. And being involved in discussions on service development with Trust commissioners and taking part in working groups at local and regional level.

Case Study

Joan, a Counsellor with many years clinical and line management experience within the service who took advantage of training offered by the Trust in research and business studies. .

Post: Head of service: Band 9

This is the most senior management post and as such requires a great deal of skill and experience in clinical settings, staff management, being a visionary and communicating at the highest level both verbally and in writing..

The post holder is likely to have responsibility for one or more psychological services across a geographical area working with the PCT and SHA. The duties would be similar to the service manager but on a grander scale due to the increased budget, number of staff, the patient population, the demands of the PCT/ SHA, knowledge of legislation such as health and safety and additional research and audit requirements.

Clinical: They would be expected to have a small clinical case load working with complex cases and complete case records and service activity.

Training/Qualifications: MA in a related health field, substantial clinical experience, considerable experience of service delivery, recruitment across professions, staff developing, audit and research, managing budgets and knowledge of health and social care policies and procedures.

Case Study

Helen, Previous career history, counsellor and manager of a third sector counselling organisation, became a counsellor in primary care, gain additional qualifications both externally and through in- service training and considerable clinical and staff management experience

Pat Seber, Counsellor, NHS Manager
Consultant to BACP on Workforce Issues

Summary of career progression for medical psychotherapists.

| Stage | Years (Min.) | Credentials to be attained | Psychotherapy competences | Key additional clinical competences | Non-clinical competences | Supervision |
|-------------------------------------|---------------------|---|---|---|--|---|
| Pre-clinical medical student | 0-2 | (Equivalent to B.Sc.. Additional qualifications such as B.Med.Sci also often awarded) | Rationale of main treatment approaches | Human psychology & biology in health and disease. Principles of physical therapeutics. | Optimise self organisation / learning efficiency | |
| Clinical medical student | 3-5 | MB BS (or MB ChB) | Indications for main treatment approaches Basic counselling skills | Diagnosis of common mental and physical disease. | Ability to work amid uncertainty and pressure | |
| Foundation doctor | 6-7 | Full GMC registration is confirmed. | Assessing psychiatric crises & emergencies; Self-reflective practice | Devising clinical management plans. Limiting pain and fear. | Working safely in multidisciplinary teams | All work under close supervision |
| Basic trainee in psychiatry (CT1-3) | 8-10 | MRCPsych | Maintaining working alliances; Learning from own reactions; Basic skills in 2 therapeutic approaches; Capacity to formulate mixed clinical needs. | Use of physical and social treatments in mental disorders. Ability to work in community, day, in-patient and emergency settings. | Work effectively with non-medical colleagues; Prioritise between competing demands; Make evidence-based decisions. | Most work under close supervision; some independent decisions |

NWW: WORKSTREAM 3 – FINAL DRAFT

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|---|-------|--|---|--|--|---|
| Specialist trainee in medical psychotherapy (ST4-6) | 11-13 | CCT (Certificate of Completion of Training) in Psychotherapy (Registered specialist with General Medical Council). | Expertise in 1 therapeutic approach at varying intensities; working knowledge of 2 others; Ability to work with individuals, groups and families; Assess therapeutic needs across medical/ psychiatric conditions; Monitor progress of treatments. | Working with severe and complex disorders; management of high levels of risk; Consultations for/ advise other professionals; Effective crisis resolution. | Teach theory and practice of psychotherapy & psychiatry; Conduct supervision of psychological therapies; Carry out audit and primary and secondary research; Service management skills. | Most work under supervision; increasing levels of independent work towards latter stages of training; Supervised supervision of others including inexperienced trainees. |
| Consultant psychiatrist in psychotherapy | 14 + | Annual GMC appraisal, review of personal development plan; 5 yearly revalidation and recertification | Apply therapeutic approach(es) to needs of specific patient groups and settings (usually the most disturbed, including mentally & physically ill); Assist other teams in managing uncertainty and risk; Provide brokerage across wide range of treatment options. | Monitor performance of trainees and other staff; Expert in combination of treatment approaches; Prevention and reduction of adverse outcomes; Direct patients to most appropriate help across healthcare system. | Service development and quality assurance; Represent, advocate and negotiate with external stakeholders; team leadership; Enable professional development of other staff. Multiple teaching and training functions | Peer group case discussion of own work as and when needed; Supervision of ongoing psychotherapeutic work; Supervision of others' work, including senior trainees and trained staff. |

Consultant Psychiatrist in Psychotherapy

This is a medical Consultant Psychiatrist position with clinical responsibility including direct patient care of the most complex patients; provision of consultation and advice; supervision; education and training. The role combines the medical and psychotherapeutic overview and treatments of patients.

Such posts have a large strategic role with networking responsibilities; a remit in shaping service designs and their evaluation and collaboration with management and internal and external stakeholders. There is a large indirect and direct training remit in terms of design and delivery of training to a variety of staff. The postholder has responsibility for leading research and development, audit, service evaluation and implementation of evidence based practice.

Case study

Claudia is a Consultant Psychiatrist in Psychotherapy and Adult Psychiatry in a Mental Health Trust and honorary lecturer at the local university. She works in a Psychotherapy Department and specialist mental health team. After studying medicine she undertook higher specialist training within the NHS as adult psychiatrist and psychotherapist for about 9 years. The psychotherapy training included majoring in psychodynamic psychotherapy, with extensive experience at intermediate level of delivery of the two other main forms of psychotherapy (cognitive-behavioural and systemic). Alongside her higher specialist training she has obtained a qualification as Cognitive Analytic Psychotherapist from an external training organisation. She has also attended modules of other external courses to complement her NHS based training. She has completed work for a PhD and MSc whilst working clinically.

In her post Claudia provides highly skilled clinical leadership to the multi-professional teams she works with and leads on the evidence based delivery of her specialist form of psychotherapy. In addition, she undertakes assessments of the most complex referrals and provides interventions in all other main modalities of psychotherapy according to need across the whole range of psychiatric diagnostic presentations and services within the trust. Because patients who are referred have complex difficulties with multiple traumata and psychiatric problems, interventions often need to be combined and applied in a skilful and well-considered way. She is a specialist in combining different forms of psychotherapy and other interventions. Because of her medical and psychiatric training she is an expert in combining psychological with biochemical interventions that may be crucial in aiding recovery. This includes the management of the withdrawal of medication when no longer needed or of adjustments of medication in new referrals. This is important, since most patients with psychological conditions are already prescribed some medication at referral to psychotherapy.

Claudia offers advice and consultation about psychotherapy and related issues to other teams within the Trust where she works as well as to external agencies. She takes on a lead role in implementing guidelines relating to psychotherapeutic treatments within her own and other areas in the Trust and in service evaluation and audits.

She offers psychotherapy supervision and experiential psychotherapy training to a variety of staff, in particular very junior psychiatric trainees with little psychotherapy experience. This supervision can be a combination of clinical case supervision as well as training in a specific modality and educational supervision. Furthermore, she

has gained therapeutic community (TC) experience during her specialist training and as Consultant psychotherapist and now supervises the team providing the local day TC service.

Claudia is an experienced trainer of junior medical staff in both psychiatry and psychotherapy and the Programme Director for Higher Specialist Training in Psychotherapy. In the latter role she ensures the training standards for the local postgraduate higher specialist training, including recruitment of trainers and trainees.

She is responsible for devising and teaching on the psychotherapy module of the postgraduate mandatory training course for trainee psychiatrists and contributes to other graduate and postgraduate psychotherapy training courses locally. She is a member on the regional postgraduate Deanery's board of the School of Psychiatry and is its quality assurance lead for the delivery of training.

Claudia's role includes keeping up to date with recent developments in Research and Development, integrating the findings to adjust the evidence based delivery of psychotherapy locally and disseminating important findings to the various stakeholders. She leads on the departmental CPD programme and ensures that relevant audits are undertaken. It is important that she maintains a large overview of local services and of key players both locally and nationally with whom she regularly networks and collaborates about new developments. She regularly presents her work and ideas at international and national conferences.

Claudia is involved at strategic levels within the Trust relating to psychotherapy and adult mental health issues, and she collaborates closely with the psychological services directorate providing a medical perspective in order to ensure a coherent, continuous service provision for the benefit of patients. She has taken on varying lead consultant and service governance functions for the consultant group and for management for a wide range of Trust services. She bridges the interface of primary and secondary care, working in close collaboration with GPs by providing strategic input to service configurations and structures. Her strategic work is in partnership with service user and carer networks. She meets with commissioners and service leads to shape the direction of new developments within the Trust with presentations to the Trust Board.

She is a Fellow of the Royal College of Psychiatrists (RCPsych) and an elected member of its psychotherapy executive committee, which steers the psychotherapy agenda at the Royal College. In this role she has been a delegate at several national committees working with the Department of Health.

Dr Brigitta Bende, Consultant Psychiatrist
Royal College of Psychiatrists representative on NWW career framework for health for psychological therapists