

Written evidence submitted by the British Psychological Society (EPW0069)

This submission sets out the British Psychological Society's (BPS) key recommendations to the *Health and Social Care Select Committee's Expert Panel Evaluation on workforce*. The BPS is the representative body for psychology and psychologists in the UK, and is responsible for the promotion of excellence and ethical practice in the science, education, and application of the discipline.

As a society we support and enhance the development and application of psychology for the greater public good, setting high standards for research, education, training and knowledge generation, and disseminating our knowledge to increase public awareness.

Introduction

1. We would like to reiterate the recommendations outline in our submission to the Health and Social Care Committee's inquiry in to *Workforce: training, retention and recruitment*.¹
 - all practitioner psychologist routes should have funded options available for postgraduate training;
 - funding decisions for training places are made much further in advance, whilst still leaving some scope to amend numbers depending on evidence-based need;
 - there needs to be further opportunities for growth in the wider psychological workforce to support and deliver services;
 - the down banding of practitioner psychology posts should cease and opportunities for appropriate re-banding of roles made available to help with the retention of staff;
 - all trust boards should have psychological representation, with the introduction of a Director of Psychological Therapies position at board level; and
 - an England-wide wellbeing strategy should be implemented as a matter of urgency to ensure a thorough and consistent approach to the provision of support to staff.

Planning for the workforce

2. Expansion of the psychological workforce is key to the delivery of the NHS Long Term Plan, in which it was made clear that the expansion of the psychological workforce within the NHS is imperative to the continued effective provision of services.² It includes specific commitments to expand access to evidence-based psychological therapies and interventions in perinatal mental health, children and young people's mental health, for adults with common mental health problems and for those with severe mental health problems. It is

¹ <https://committees.parliament.uk/writtenevidence/43114/html/>

² <https://www.longtermplan.nhs.uk/>

underpinned by a ring-fenced local investment worth at least £2.3 billion a year in real terms by 2023/24.³

3. The Psychological Professions Workforce Plan for England provides details of the integrated workforce plan for the psychological professions and sets out the direction of travel for the workforce.⁴
4. However, these are ambitious targets and the BPS acknowledges the challenges to delivery due to both the impact of the pandemic and an increasingly competitive recruitment landscape. Whilst some improvements have been made, we have not yet seen tangible benefits from the commitment to workforce expansion.
5. The number of professionals available to undertake roles remains an issue. Recruitment is difficult largely due to a lack of trained people available. In recent years there has been a significant expansion of psychology posts but difficulty in recruiting with one in seven posts unfilled.⁵ We know from the experiences of our members that there are areas where there are particular concerns regarding recruitment and the subsequent 'unrealistic expectations on staff.' For example, these issues are particularly acute in, although not unique to, children and young people's services. Children's mental health services can often only take the most severe cases, meaning that staff are under pressure to take a high volume of complex patients and without time to allow for other aspects of the role.
6. We welcome the expansion in new roles for Psychological Professionals, however the vast majority of these must be supervised by Practitioner Psychologists, a resource that needs to be considered. Resource continues to be a problem for a number of areas of practice. The Long Term Plan commitments to children and young people's services for example, still only commit to increasing access to services for a proportion of those who need it. As we know, and is demonstrated by NHS Digital data – since these commitments were initially made demand has further expanded considerably since the pandemic onset. CAMHS waiting lists are longer than ever, thresholds for access are high and numbers of children presenting in crisis to acute medical settings is at an unprecedented level. So we have not yet seen tangible benefits from the commitment to workforce expansion
7. Many of the targets within the NHS Long Term Plan relate to specific professional groups and place less emphasis on key professional groups that really have an important role to play in terms of early intervention and prevention, such as health visitors, school nurses and family support workers. Of course, we absolutely welcome investment in psychology, however in some areas in particular, workforce planning must take a more holistic approach for it to be effective and preventative.
8. There are absolutely some positive initiatives in place for expanding the psychological workforce to address workforce concerns, such as for example, new roles. However, in many cases these are pilots and we won't know their efficacy for a while.

³ <https://www.hee.nhs.uk/our-work/mental-health/psychological-professions>

⁴ <https://www.hee.nhs.uk/our-work/mental-health/psychological-professions>

⁵ BPS Best Practice in Psychology Recruitment Guidelines (2021)

9. Salary support will be key to maintaining workforce growth needed to deliver the growth still required as set out in the Long Term Plan. Consideration should continue to be given to the wider structures necessary to delivering against the aims of the LTP including making the NHS a great place to work, developing supervision structures, supporting staff wellbeing, encouraging diversity, developing progression pathways, supporting staff access to CPD, further promoting the value of psychology and its wider positive impact across a range of health settings (both physical and mental).
10. More broadly, a review of the full breadth of psychological professions and their pipeline/career trajectories would inform the support required to attract and retain the psychological workforce: for example, we know that a lack of funded training opportunities outside of Clinical Psychology is a key issue and one which deters many graduates entering the NHS workforce.

Building a skilled workforce

11. According to Clearing House for Postgraduate Studies in Psychology, for the clinical psychology postgraduate course specifically, retention is incredibly high. The national non-completion rate for NHS clinical psychology trainees for the academic year 2019/2020 was only 0.4%, which includes both people who withdrew and people who failed. This is slightly lower than the rates for the previous 10 years of between 0.5% and 1%.⁶ Not only is retention high on the programme, retention in to the NHS is also high. For people completing NHS training in 2020, (of those who returned data) 95.3% took up employment as a clinical psychologist (or in an equivalent post) within 12 months of graduating. This is in line with the rates for the previous 7 years which were between 92.0% and 96.8%. Of those working as clinical psychologists (or in an equivalent post) 98.0% were working in the NHS or in other public sector funded posts. This is slightly higher than the rates for the previous 7 years which were between 92.3% and 97.0%.⁷
12. We have heard from a number of our members however that anecdotally, more recently across NHS Trusts in England, we are seeing a greater number of practitioners leaving the NHS for development and promotion opportunities once they are further on in their careers. Due to a flattening of hierarchies, 'downgrading' across the Band 8 grades, and the virtual disappearance of band 9 posts⁸, we are seeing people 'get stuck' with little opportunity to further develop their careers within the structures of the NHS. This 'downgrading' of bands – where the Agenda for Change pay band for a post is reduced – has led to practitioners needing to leave the NHS in order to progress. This is not a new problem and is an issue that the trade union Unite has raised extensively over the past ten years.⁹ We recommend that halting the 'downgrading' of posts and creating a greater number of opportunities for the re-banding of roles in order to help with the retention of staff, particularly as they progress through their careers. Softer work rewards such as protected time and additional funding for training and CPD, clear job plans to maximise impact and ensure balance, and adopting flexible working policies are ways that the NHS can offer more favourable conditions.

⁶ <https://www.leeds.ac.uk/chpccp/numbers.html>

⁷ <https://www.leeds.ac.uk/chpccp/numbers.html>

⁸ Band 9 would be for a psychologist leading a large group of psychological therapists in a mental health trust.

⁹ <https://thepsychologist.bps.org.uk/clear-message-needs-be-sent>

13. It is also essential that the skillset and experience set for specific roles is at the correct Agenda for Change band. We have heard from our members of instances whereby standalone psychological roles in medical settings, whilst commissioned with the best of intentions, are sometimes employed at a lower band than appropriate without an adequate structure in place, such as supervision, management or professional network.¹⁰
14. This involves properly funded CPD that is a professional requirement. Anecdotally from our members, we know that due to savings needing to be made by Trusts, whilst increasing activity, so budgets for CPD are cut or not existing and clinicians are struggling for time for essential CPD.
15. Better technology is welcomed in terms of patient safety, such as better access to notes. Covid-19 has produced a profound shift in practice, with an increased number of services being delivered remotely. Services have had to adapt, and we have examples from our members where services have, for example, sought to use apps and online resources to support patients. However, we believe there needs to be further training available to support psychologists to use technology effectively and to the best advantage of patients. Despite this, there is very little training to support psychologists in using technology. Similarly, many patients need support with technology to be able to properly access available services. In order to improve digital inclusion, we believe investment in 'IT enablers' would benefit both staff and patients to make the most effective and efficient use of technology to the wider benefit of the provision of services. We welcome the opportunities for patient choice and flexible working that come with the advancement in the use of technology in the profession.

Wellbeing at work

16. Stress-related sickness absence is already at a higher-than-average level in the NHS when compared to all job sectors across the country. Stress, alongside anxiety and other psychiatric illnesses, is consistently the most reported reason for sickness absence in the NHS, accounting for over 511,000 full time equivalent days lost¹¹ costing the NHS up to £400 million per annum.¹²
17. For health service staff and those working in other frontline services, psychological welfare needs to be a high priority, with the required funding in place to ensure that support can be given. A rise in the number of staff experiencing stress is understandable as the NHS has worked in emergency mode during the Covid-19 pandemic, but the further increase from 40.3 to 44 per cent of staff experiencing work-related stress is the continuation of a long-term trend. The likelihood of staff burnout will only increase as the effects of working

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<https://static1.squarespace.com/static/5c6430d40490795d08392e1b/t/5fb7e78ee2d38f3fe664f4f3/1605887887284/Unite+factsheet+-+down-banding.pdf>

¹¹ NHS Digital Statistics, 2020

¹² <https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/taking-a-targeted-approach/taking-a-targeted-approach/stress-and-its-impact-on-the-workplace>

through a pandemic become more apparent, and there is a particular risk of psychological difficulties for the 40.3 per cent who were experiencing stress before the pandemic.

18. Whilst the country has moved back towards business and usual following on from the immediate crisis of the Covid pandemic, it must be recognised that this will not equate to a reduction on the intense – and unsustainable - pressure on those working in the health service, many of whom have been working in emergency mode since the beginning of the pandemic.
19. We were particularly concerned to hear from some of our members working within the NHS about the cancellation of annual leave requests over the past two years, as well as a lack of access to basic services during the working day, such as access to rest areas. We recommend that an England-wide wellbeing strategy should be implemented as a matter of urgency to ensure a thorough and consistent approach to the provision of support to staff. Psychologists have a key role to play in the provision of an integrated system of support, alongside colleagues from other disciplines, such as HR, and their involvement will reinforce the retention of the psychology workforce, as well as the wider NHS workforce.
20. Whilst the provision of mental health services for staff is supported by many of our members, there needs to be a much greater emphasis on prevention. We know from our members that a considerable number of clinicians – for example in children’s and young people’s services - are leaving services to go in to private practice. Better wellbeing support, including preventative, could go some way to reducing the number of practitioners choosing to leave the NHS.

Conclusion

21. Overall, whilst we welcome the ambition in the Long Term Plan, and the steps that have been taken, there is still a significant way to go before the workforce has sufficiently grown and adapted to the need it is required to service.

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