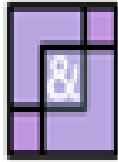


Health & Care Partnership
for Cheshire & Merseyside



New Roles for Psychology Graduates - Associate Psychological Practitioners Pilot

Dr Gita Bhutani
Dr Miranda Budd
Dr Mark Roy

New routes for psychological professions

- Phase 1: 2018/19

Scoping the opportunities in psychological professions to improve workforce supply

- Phase 2: 2020/21

- Implemented TAPP programme: 50 TAPPs in key priority areas as determined by local systems
 - Proposed career framework
 - Opportunity to address local and national workforce priorities including primary care ARRS
 - Workforce planning at system level
 - Strategic Coordination and stakeholder engagement
- Health Education England funded project running in parallel: 2020 - 2021
 - Mental Health Promotion & Prevention Support: A Feasibility Study for the Deployment of Psychology Graduates in General Practice & Community Settings

Ambition

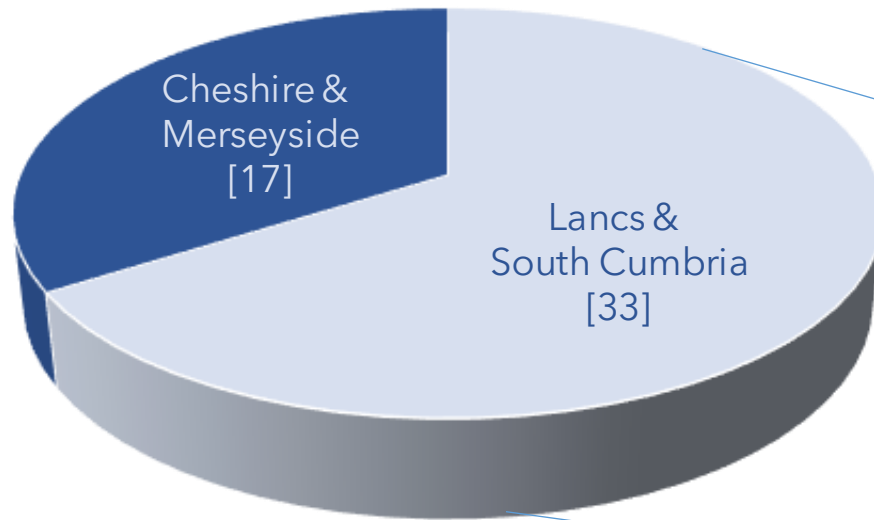
- Improving access to psychological interventions is a key deliverable in the long term plan
- The Covid pandemic has significantly increased demand for psychological interventions
- The current arrangements are complex and not fit for purpose to meet this demand
- To move away from short term role and pathway 'fixes' to a sustainable workforce supply, including a recognised graduate entry point and an integrated career pathway
- Workforce planning at system rather than pathway/organisational levels

The Associate Psychological Practitioners Pilot

- Funding support from Health Education England
- North West Coast AHSN/Innovation Agency hosting



Geographic & Service Role Deployment of TAPPs (2021)

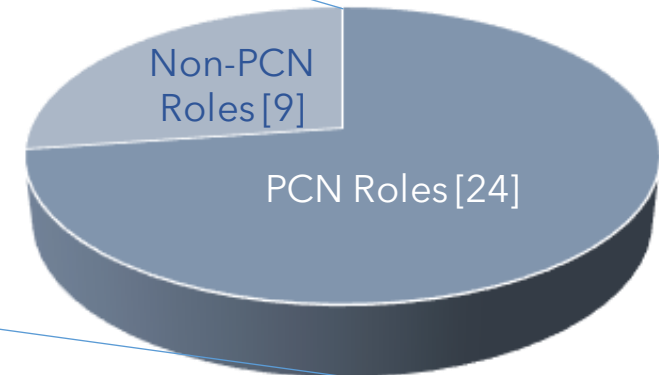


Cheshire & Merseyside

- Crisis Team [6]
- Eating Disorders Service [2]
- Long-term Respiratory [1]
- Staff Support [1]
- Community Therapies Hub [1]
- Recovery Team Hub [1]
- Specialist Psychology Services (incl. crisis line) [1]
- Primary Care [1]
- Clinical Health Psychology [1]*

Lancs & South Cumbria Non-PCN Roles

- Long-term conditions [4]
- Occupational Health/Staff Support [2]
- Learning Disabilities [1]
- Community Adult Mental Health [1]



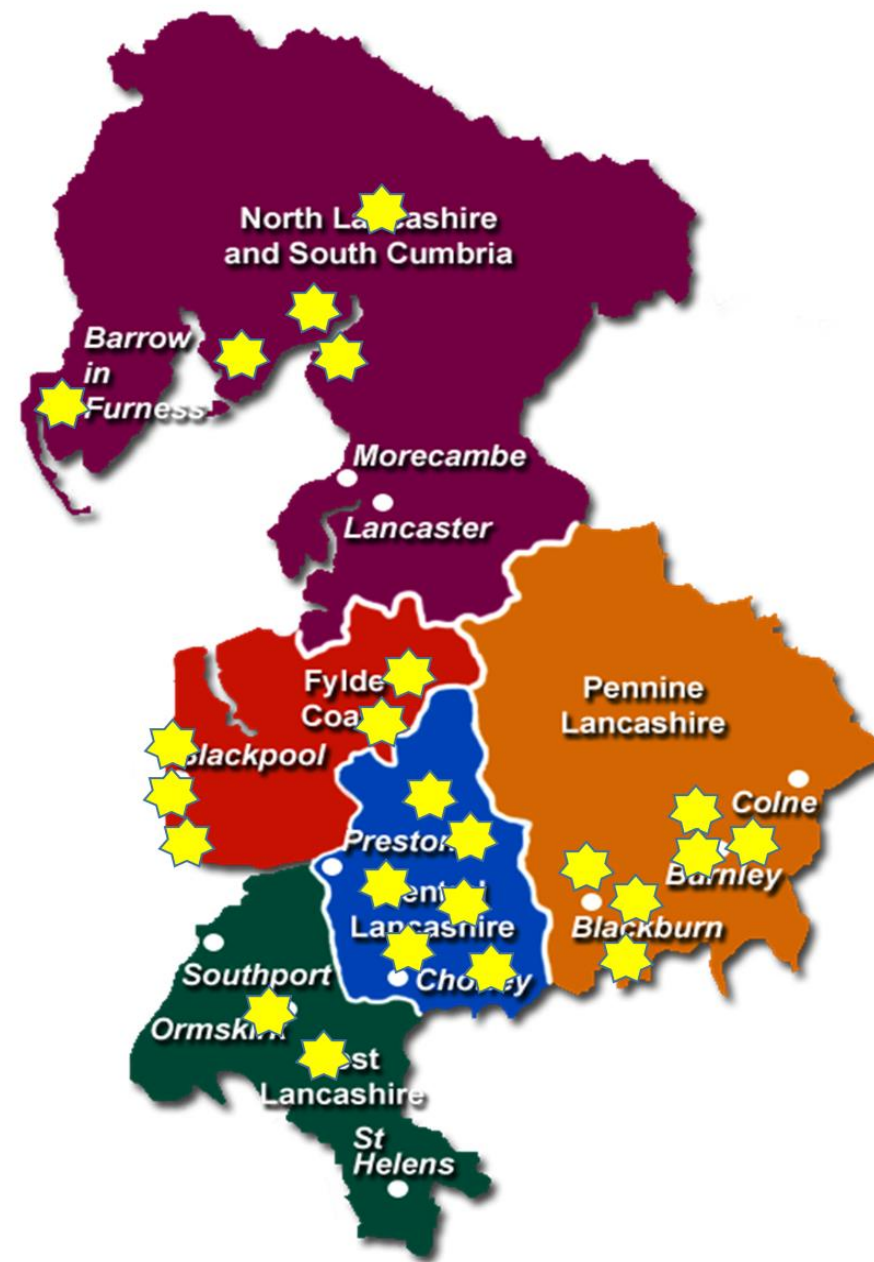
Lancs & South Cumbria Mental health prevention & promotion

- Primary Care Networks - General practice & Community Settings (20)
- Integrated Neighbourhood Teams (2)
- Council for Voluntary Service (2)

* Was originally located in Lancs & South Cumbria

TAPPs in GP & community settings

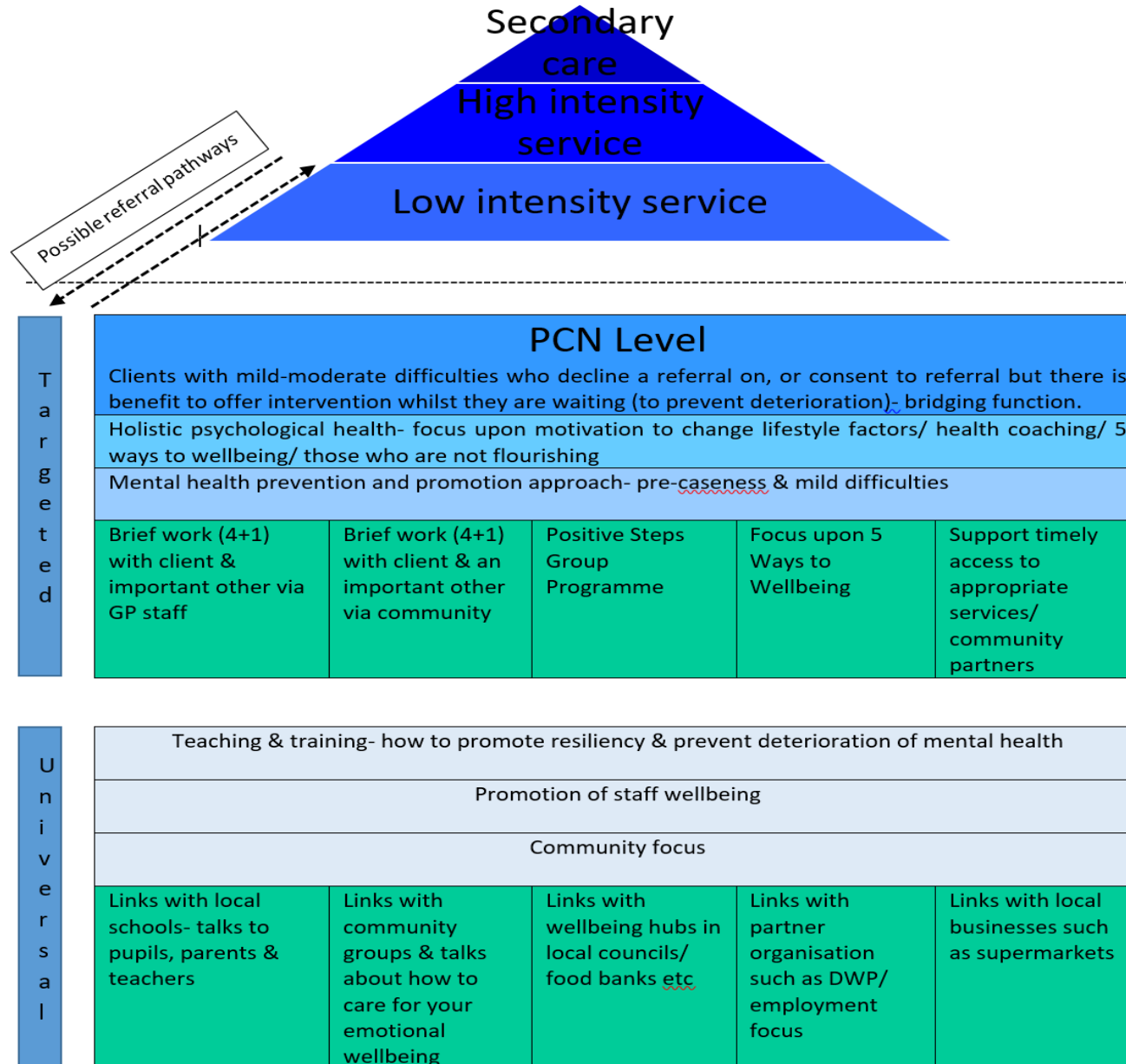
ICP	PCN
West Lancs	West Lancs/ Skelmersdale CVS
Flyde Coast	Blackpool Central West
	Blackpool North
	Lytham St Annes & Ansdell
	Wyre Integrated Neighbourhood
	Wyre Rural Extended
Central	Ribble Medical Group Penwortham
	Preston North & East
	Bridgedale
	Chorley
	Buckshaw & Addlington
Pennine	Hyndburn Central
	Burnley East
	Blackburn & Darwen INT
	Pendle East
	Pendle West
Bay	Grange & Lakes
	Bay
	Western Dales
	Kendal
	Barrow



What do the Associate Psychological Practitioners do?

- Working in a CMHT
 - Psychoeducation groups supporting qualified psychological professional
 - Working towards semi-autonomous co-delivery
 - Use of specific techniques to support therapeutic interventions
 - Exposure, activity scheduling and monitoring, applied relaxation and self-soothing techniques
 - Specific competencies e.g. CBT based
 - Assessment
 - To support therapy readiness
 - Risk and general functioning
- Working within acute and specialised services
 - Stroke, diabetes, living with cancer
 - Psychoeducation groups supporting qualified psychological professional
 - Working towards semi-autonomous co-delivery
 - Use of specific techniques to support therapeutic interventions
 - Adjustment, working with loss, behavioural change
 - Specific competencies e.g. solution-focused approaches
 - Assessment
 - To support therapy readiness
 - Risk and general functioning

The Service Delivery Model: Primary Care



Clinical Delivery: Primary Care

- 3 days clinical work/1 day community focus/ 1 day with UCLan
- Referral pathway
- Brief intervention work 4 +1
- Various psychological models
- Encourage an-important-other to attend
- Evaluating with psychometrics & qualitative feedback
- Embed within general practice/PCN & community settings
- Population Health Management Projects
- Positive Steps Programme Group

Supervision and supervisors

- Supervision & support
 - Consistent with other psychological professional roles
 - When in training weekly 1:1/ group supervision
 - Dependent upon setting/ team around the clinician
 - NW Supervisors network meeting
- Supervisors
 - Qualified psychological professionals
 - Supervision is linked to competency development
 - Includes focus upon referrals and caseload responsibility

Entry Requirements

- Psychology degree
 - Not restricted to 2i
 - BPS recognised
- Experience
 - Not specific number of years
 - Demonstration of work with communities/people
 - Volunteering/paid work

Training programme

- Post-graduate diploma
 - 1 x 120 credit module - learning outcomes and class content (180 hours) are based around the competencies on the TAPP job description.
 - Course delivery and teaching methods (e.g., workshops and case study review, problem based learning) are designed to support knowledge and skill development to enable the effective transfer of knowledge and demonstration of clinical competencies.
 - Trainees complete a competence portfolio which documents their development of competence and which is pass/fail; this is assessed at the end of the 12 month Course.
 - One-to-one Course Tutor supervision to coordinate periodic training reviews and provide support to trainees and Clinical Supervisors.
- Balance between teaching and work-based placement
 - Induction period and 2 x full week teaching blocks to front load delivery of core topics in January and February, followed by 1 day per week engaged in teaching or independent learning from March to December
 - Placement based – four days per week
- Supervisors
 - Supervisory model
 - Capacity

Competencies

- Knowledge and understanding of NHS and social care system
- Model of psychological intervention
 - Adjustment
 - Working with loss
 - Solution-focused approaches
 - Models of change
 - Psycho-educational approaches
 - Sleep
 - Behavioural activation
- Population specific knowledge
 - Children/Adults/People with physical health problems
- Delivering in groups/delivering training
- Receiving supervision and reflective practice
- And....
 - Interpersonal skills
 - Communication skills
 - Evaluation/research skills
 - Analytical skills

Hours Model (1-study : 4-clinical experience) and Course Structure

2021 Hours model structure

1 day per week study over 52 weeks – 35 days leave @ 7.5 hrs/week = 352.5 hrs
4 days per week in service over 52 weeks – 35 days leave @ 30 hrs/week = 1400 hrs

120 credits @ 30hrs/20credits = 180 hrs

Intro block

10 days @ 8 hrs/day = 80 hrs

Post Intro Block

8 core delivery days @ 8hrs / day = 64 hrs

18 days (144 hrs) of core delivery

Journal Club

4 days @ 8hrs / day (about 10 45-min presentations) = 32 hrs
Presentations can be individual/group according to deployment

Total= 176hrs

Clinical Supervision: 50 hrs of clinical supervision (a mixture of 1:1 and small group).

There are 2 individual interim progress review meeting cycles and a terminal review cycle. This adds up to around 10 hours with 1:1 meeting with clinical supervisor and 1:1 clinical tutor meetings for each cycle.

Total= 236 hrs

This leaves about 115 hrs towards course study in contracted hours and trainees are expected to supplement this appropriately to meet learning needs.

2021 Hours model structure

1 day per week study over 52 weeks – 35 days leave @ 7.5 hrs/week = 352.5 hrs
4 days per week in service over 52 weeks – 35 days leave @ 30 hrs/week = 1400 hrs

120 credits @ 30hrs/20credits = 180 hrs

Intro block

10 days in class @ 8 hrs/day = 80 hrs
10 days online @ 4 hrs/day = 40 hrs

Post Intro Block

7 core delivery days @ 4hrs / day = 28 hrs

18.5 days (148 hrs) of core delivery

Journal Club

4 days @ 8hrs / day (about 10 45-min presentations) = 32 hrs
Presentations can be individual/group according to deployment

Total= 180hrs

Clinical Supervision: 50 hrs of clinical supervision (a mixture of 1:1 and small group).

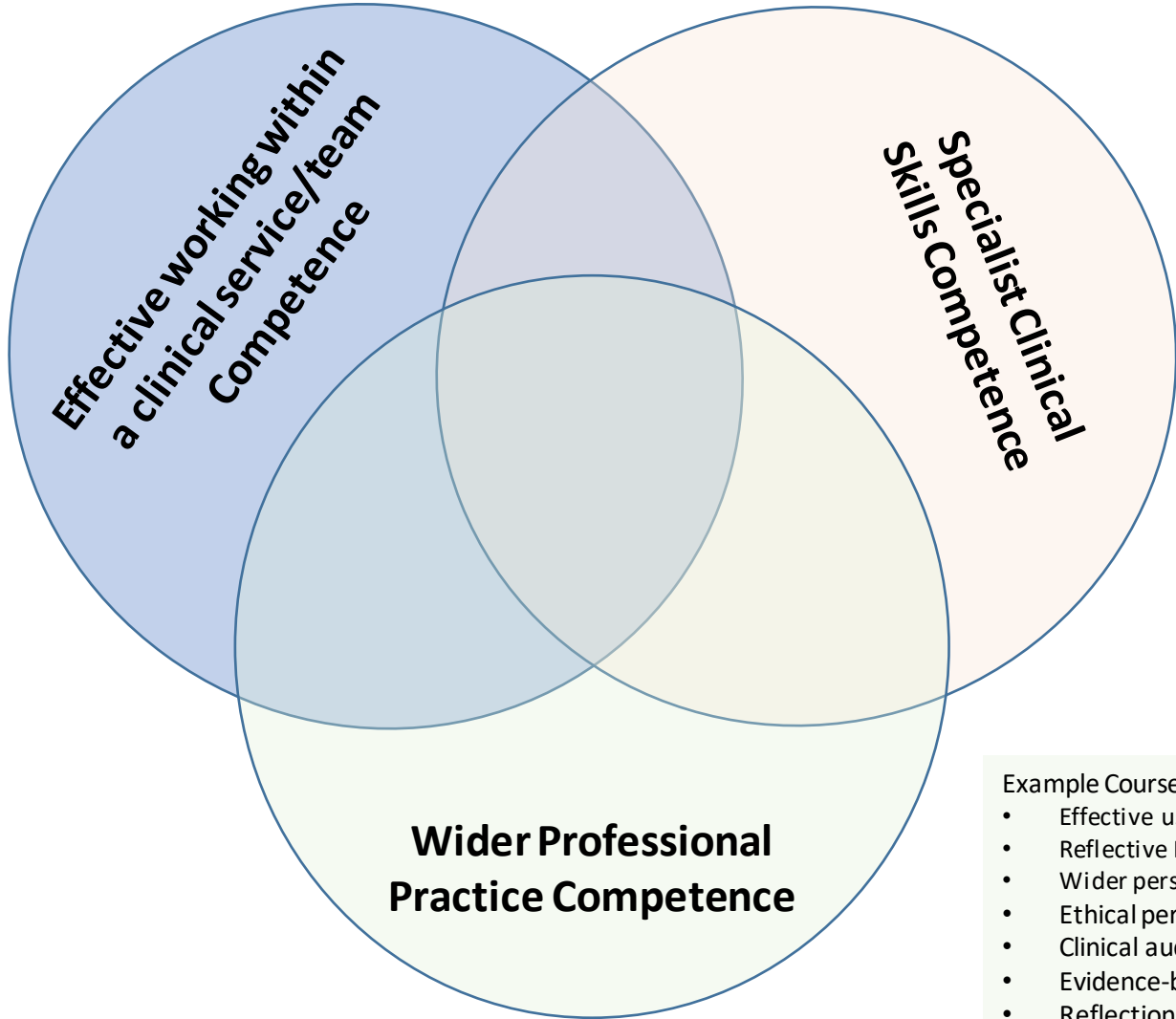
There are 2 individual interim progress review meeting cycles and a terminal review cycle. This adds up to around 10 hours with 1:1 meeting with clinical supervisor and 1:1 clinical tutor meetings for each cycle.

Total= 240 hrs

This leaves about 110 hrs towards course study in contracted hours and trainees are expected to supplement this appropriately to meet learning needs.

TAPP Metacompetency Areas

- Example Course Content Areas
- Role of Psychology Practitioner in knowledge/skill transfer
 - MDT
 - Clinical communication
 - Role of Psychology Practitioner in wider NHS community
 - Remote working and the internet in clinical practice
 - Training hub induction to primary care/access to NHS networks and resources
 - EMIS system



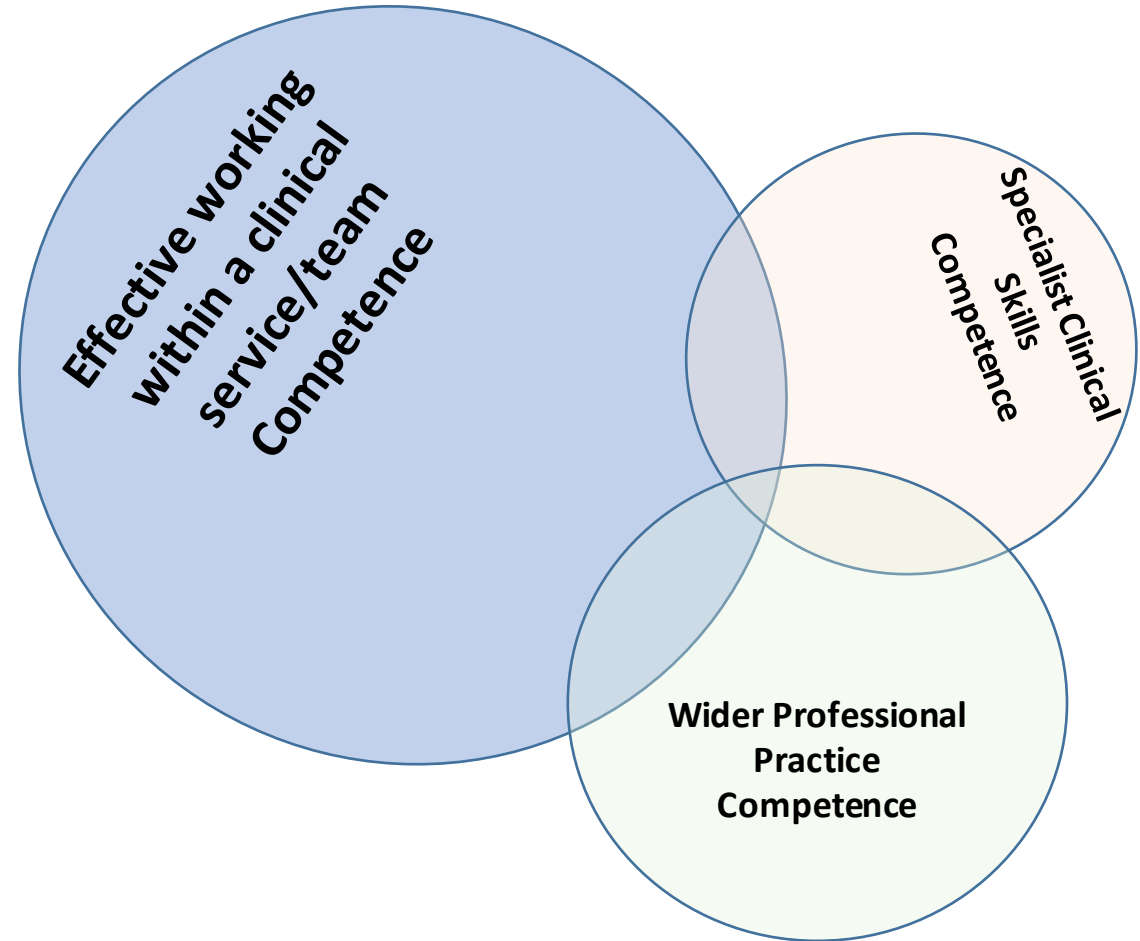
- Example Course Content Areas
- Therapeutic relationship, questioning techniques and case notes
 - Assessment and case formulation
 - Risk assessment and safeguarding
 - Biopsychosocial Model and Assessment
 - Stress response behaviour
 - Behaviour change and COM-B
 - Psychometric testing and assessment
 - Mental health distress, wellbeing and Trauma-Informed Care
 - Therapeutic interventions
 - Motivational Interviewing and behaviour change
 - Health promotion and risk reduction
 - MECC brief interventions, skills, activation, health coaching, risk assessment
 - CBT
 - ACT
 - DBT and schema therapy
 - Individual Differences
 - Working with groups
 - Learning disability and therapeutic work
 - Working with children and young people
 - Service user perspective on clinical working

- Example Course Content Areas
- Effective use of clinical supervision & self-care
 - Reflective Practice
 - Wider perspectives upon inclusivity & diversity in clinical work
 - Ethical perspectives in clinical practice
 - Clinical audit and service evaluation
 - Evidence-based practice in clinical work
 - Reflections on service specific competence development

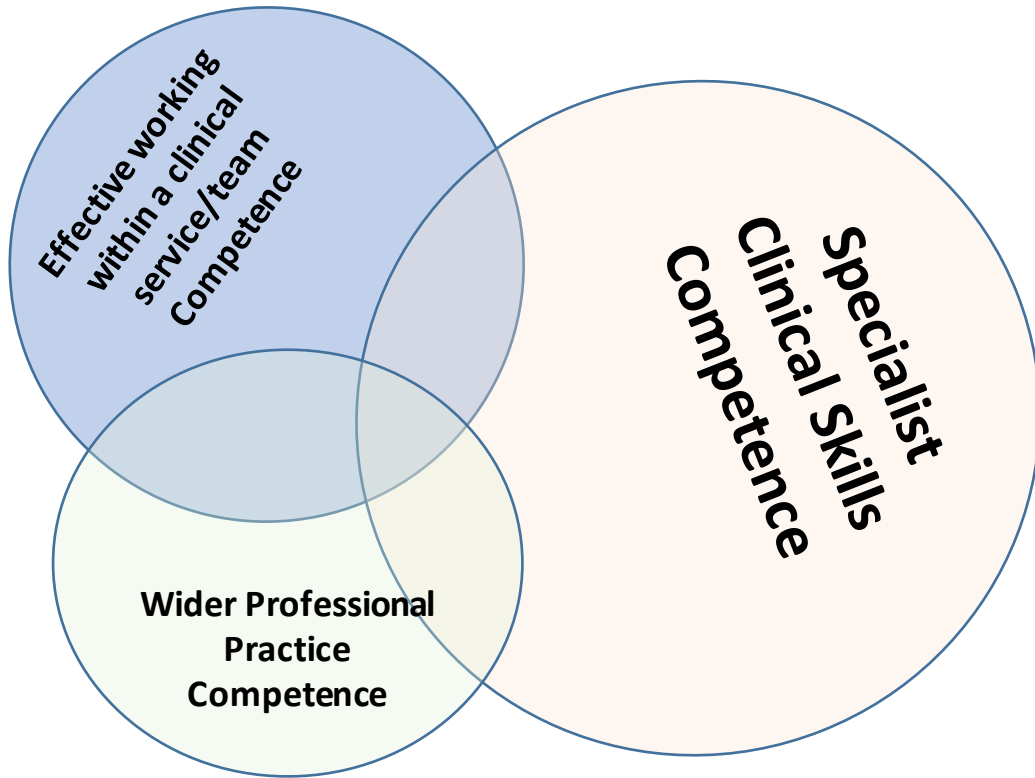
TAPP Metacompetency Area I

Example Course Content Areas

- Role of Psychology Practitioner in knowledge/skill transfer
- MDT
- Clinical communication
- Role of Psychology Practitioner in wider NHS community
- Remote working and the internet in clinical practice
- Training hub induction to primary care/access to NHS networks and resources
- EMIS system



TAPP Metacompetency Area II



Example Course Content Areas

- Therapeutic relationship, questioning techniques and case notes
- Assessment and case formulation
- Risk assessment and safeguarding
- Biopsychosocial Model and Assessment
- Stress response behaviour
- Behaviour change and COM-B
- Psychometric testing and assessment
- Mental health distress, wellbeing and Trauma-Informed Care
- Therapeutic interventions
 - Motivational Interviewing and behaviour change
 - Health promotion and risk reduction
 - MECC brief interventions, skills, activation, health coaching, risk assessment
 - CBT
 - ACT
 - DBT and schema therapy
- Individual Differences
 - Working with groups
 - Learning disability and therapeutic work
 - Working with children and young people
 - Service user perspective on clinical working

TAPP Metacompetency Area III



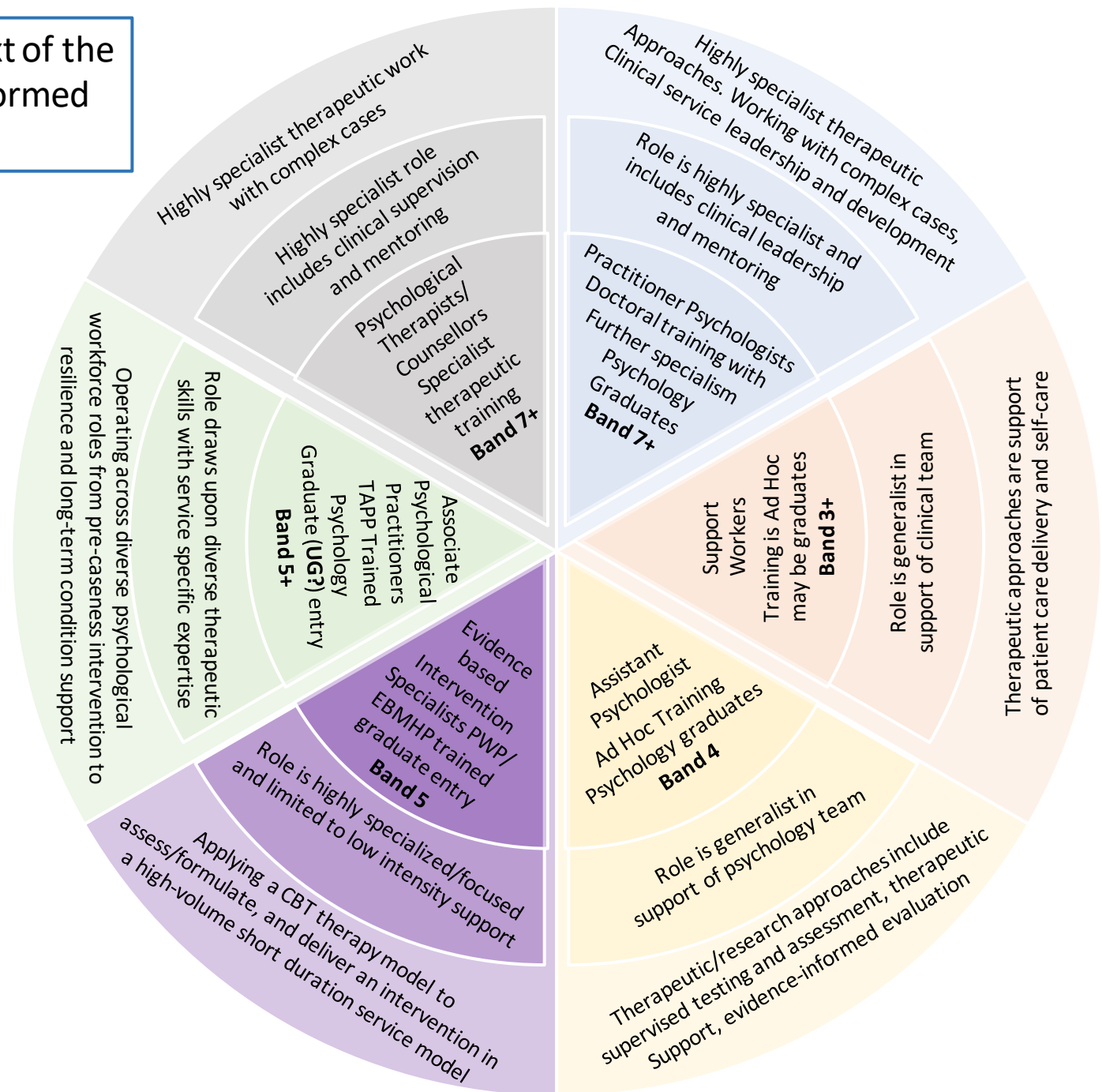
Example Course Content Areas

- Effective use of clinical supervision & self-care
- Reflective Practice
- Wider perspectives upon inclusivity & diversity in clinical work
- Ethical perspectives in clinical practice
- Clinical audit and service evaluation
- Evidence-based practice in clinical work
- Reflections on service specific competence development

Job description and banding

- Banding
 - Train at Band 4, qualify at Band 5
 - Consistent with psychological professional roles – counselling, PWP
- Job description
 - Training JD
 - Qualified JD
- Also requires career progression planning
 - A pathway into other training will be proposed

Locating APPs in the context of the wider psychologically-informed clinical team





Opportunities and challenges

- Need for new roles to meet the NHS LTP ambition
- Interest in developing solutions – locally and nationally
- Emerging range of new roles – CAPS, MHWPs, APPS
 - Disruptive Innovation?
- How does it fit together?
 - Need for integrated career structure

Q&A