



Should Psychological Wellbeing Practitioners be a registered workforce?

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1. Think Positive, Bolton
 2. Healthy Minds, Tameside and Glossop
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The Psychological Wellbeing Practitioner (PWP) workforce was established in 2008 as part of the English government's *Improving Access to Psychological Therapies* (IAPT) programme. The PWP Role can be likened to that of a 'coach' delivering brief psychological interventions to people experiencing mild to moderate common mental health problems through the provision of education and high quality self-help materials. PWPs are understood to deliver a low intensity and high volume intervention. PWPs make a significant contribution to the wellbeing of the public and are a crucial part of the IAPT workforce, with typically large caseloads of patients, distinct training, supervision and CPD requirements. PWPs are employed at National Health Service (NHS) band 5 pay grade, but senior roles are now well established in some services at band 6. There are examples of PWPs rising to more senior roles with clinical responsibilities on a level with nursing, occupational therapy and other allied health professions. Further information on the role is available from the Centre for Outcomes Research and Effectiveness, University College London (2015).

All PWPs complete a BPS* accredited Post Graduate Certificate (or undergraduate route certificate) in Primary Care Mental Health Practice during their first year in post, which equips them with the necessary skills to undertake the role. However, as a new clinical role within the NHS, there is currently no professional registration route available for this workforce. At the start of the programme it was envisaged that PWPs would become formally registered with the BABCP* or BPS. Currently, registration is only possible via the BABCP, but with no obvious benefits to the individual PWP or their employers, uptake has been poor. Some people feel that these professional bodies have been slow to take up the issue.

The absence of professional registration has been identified as a significant issue in a number of different forums, including the Psychological Professions Network, and there are three specific areas in regards to this problem:

Individual development and professional standing: The PWP role is not recognised as a 'profession' because there is no registration. PWPs often report feeling less valued, and not having the same opportunities as clinicians as other roles within the same teams. PWPs were not included in the recent national review of the Psychological Professions Workforce because of this lack of recognition of the role as a 'profession'. The absence of professional registration can also be a barrier to career progression within Psychological Therapies and the wider NHS, where many more senior roles stipulate the need for a 'core profession'.

* See references below.

Service Governance and Patient Safety: PWP's are generally the only qualified staff group within IAPT services who do not have professional registration, which creates significant problems in regards to service governance, and in particular, significant risk in terms of patient safety, including as they may progress through the workforce in management and supervisory roles. There is no code of conduct for PWP's to adhere to, and, while accountable to their organisation as an employee, there is no mechanism to ensure patient safety and no recognised quality standards or checking process to ensure the safe appointment of qualified PWP's if they move within the role. This has also been raised as a significant issue in regards to the increasing use of temporary or 'recruitment agency' PWP's.

Workforce planning and Continuing Professional Development (CPD): A register of a workforce supports intelligent workforce planning, which cannot currently be accurately undertaken for the PWP workforce, causing significant challenges for workforce planners and education commissioners, as well as individual IAPT services. CPD has been highlighted as a significant issue by the PWP workforce themselves in terms of access to appropriate training, but also in regards to having the necessary time and opportunity to access this within services: a principle which is explicit within registrations for other professions.

While the benefits of professional registration for the PWP workforce are clear, particularly in regards to patient safety, professional standards and service governance, there are important principles of benefit to PWP's themselves including their professional standing and a requirement for continuing professional development and supervision standards.

However there are a number of challenges associated with this. There is a lack of clarity as to who the workforce would be registered with, and how this would be achieved. There would potentially be significant logistical and operational challenges for services. For example, if the supervision and CPD requirements to maintain professional registration were in line with the IAPT programme's recommendations this would be one hour of individual case management supervision every week and one hour of individual or group clinical skills supervision every fortnight. Such requirements would carry a potential cost in time for services in allowing PWP's time to, for example, attend CPD or relevant conferences, when they contribute so significantly to IAPT clinical contacts and targets. There would also be an additional challenge of registering PWP's who completed training as Primary Care Graduate Mental Health Workers between 2004 and 2008, and so have not undertaken the BPS accredited IAPT training, although they are working in the same roles delivering the same interventions for the most part.

***References and related links**

Centre for Outcomes Research and Effectiveness. (2015). *PWP Training Review - Curriculum and Associated Products*. University College London: London. Available at: <https://www.ucl.ac.uk/pwp-review/the-pwp-review>

British Association for Behavioural and Cognitive Psychotherapies (BABCP). <http://www.babcp.com/Default.aspx>

British Psychological Society (BPS). <http://www.bps.org.uk/>

North West Psychological Professions Network (NW PPN). <http://www.nwppn.nhs.uk/>

Turpin, G., and Wheeler, S. (2011). *IAPT Supervision Guidance (Revised March 2011)*. University of Sheffield, University of Leicester. Available at: <http://www.iapt.nhs.uk/silo/files/iapt-supervision-guidance-revised-march-2011.pdf>

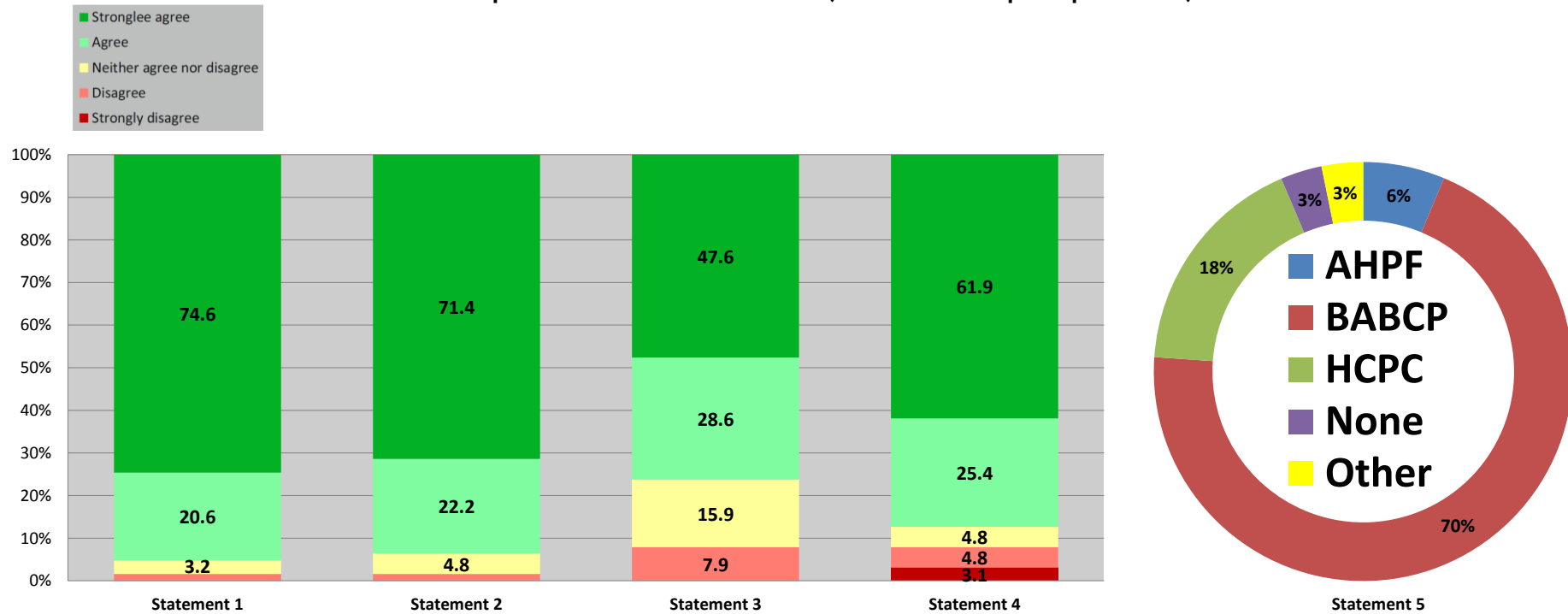
Debate this topic

- Statement 1 The PWP workforce should be registered with a nationally recognised regulator.
 Statement 2 Registration is necessary to support the professional standing of PWPs.
 Statement 3 Registration is necessary to assure clinical governance and patient safety.
 Statement 4 Registration is necessary to support training and development.
 Statement 5 Which organisation would be the most appropriate registration body?

Debate results:

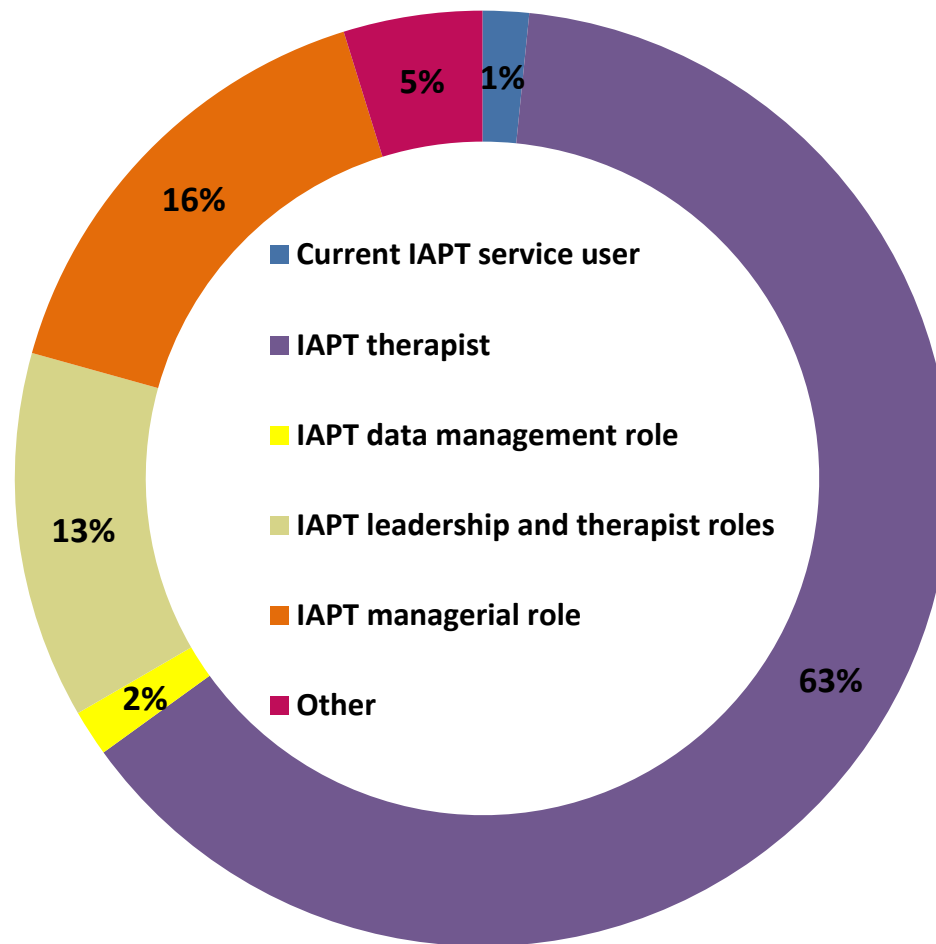
This public debate was launched in August 2015 via an open-access and anonymous survey promoted online, via email to IAPT services linked to the Northern IAPT Practice Research Network and through social networking sites. The survey concluded in November 2015.

Responses to the above statements (Total number of participants = 63)



Notes: AHPF = Allied Health Professions Federation; BABCP = British Association for Behavioural & Cognitive Psychotherapies; HCPC = Health and Care Professions Council; None = Disagree with the need to register
 See linked debate blog at <http://www.iaptprn.com/debate/should-psychological-wellbeing-practitioners-be-a-registered-workforce#comments>

Profile of survey participants (N = 63)



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