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# New Ways of Working for Applied Psychologists in Health and Social Care

*Career Pathways and Roles*

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The National New Ways of Working project has been led by the National Institute of Mental Health (England) (NIMHE). As part of this programme of work a New Ways of Working for Applied Psychologists (NWWAP) was established which met between July, 2005, to July, 2007. This particular report is from one of the seven NWWAP project groups established to look at aspects of the work of applied psychologists (Appendix 1 – Membership). The roots of this programme are clearly linked to the English NHS and related social care contexts. This has meant that those applied psychologists whose work is mostly involved with the Health and Social Care sectors (namely Clinical, Counselling, Health and Forensic) have been at the forefront of the work.

This background means that the NHS context dominates much of the thinking and considerably more work is required to think through in depth, the implications for the applied psychologies working predominantly in other contexts (e.g. education, prison services, private sector). It is also worth noting that the origins of the project arose from concerns about mental health services and this has influenced the scope of the work. However, there have been active attempts to adopt an inclusive approach and involve all the applied psychologies including representatives from Scotland, Wales and Northern Ireland so that lessons could be shared and the wider implications considered.

# Applied Psychologists in health and social care – the current workforce in the UK

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A summary report (see Appendix 2 – Applied Psychology Workforce data) reviewed a number of surveys and studies of the Applied Psychology workforce in the UK and revealed the following themes:

- Retention rates for applied psychologists are notably high both during training and subsequently during their careers.
- The workforce is relatively female, young and White.
- Males are more likely to be working in the higher paid positions – this is in part because there are proportionately more men in the older workforce.
- Part-time working ranges from 19 per cent to 38 per cent with almost twice as many women currently working part-time than men.
- In terms of ethnicity, approximately 92 per cent of the workforce is ‘White’ with more psychologists from Black and Ethnic Minority groups (BME) working in the lower banded jobs (6.8 per cent) than the high bands (4 per cent).
- The undergraduate psychology courses, which represent the pool from which applied psychologists can be recruited, have many more female than male students but the proportion of students from Black and Ethnic Minority groups fits the national demographic profile.

The workforce is changing as fewer men and more people from Ethnic Minority groups are recruited into Applied Psychology. There remains a need to recruit a more ethnically and culturally diverse workforce for the future.

# What motivates Applied Psychologists?

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The workforce data shows that Applied Psychologists have high retention rates and there is some evidence to show that this is because their jobs are often rewarding.

Research in Scotland for Delivering for *Health and Applied Psychology: Current Workforce, Future Potential (Executive Summary)* by the Psychology directorate of NHS Education for Scotland investigated factors which attracted people into the Applied Psychology workforce and kept them working in these roles. We conducted two focus groups in England with Assistant Psychologists and third-year Clinical Psychologists in training as part of the New Ways of Working project. The Scottish research and the focus groups had similar findings about motivating factors.

The key factors that motivate applied psychologists appear to be:

- A job that is enjoyable and makes a difference.
- The opportunity of a good work-life balance.
- A clear career structure.
- Relatively good job security.
- Opportunities for further ongoing training and self-development.
- Challenging and complex work which uses psychological skills.
- Good support from management, supervisors and peers.

We interviewed Applied Psychologists who were already working in innovative ways as part of the New Ways of Working project. Several discussed what motivated them to do their work, and one commented:

*'I do work that I really believe in and where you can really see that people's lives are transformed.'*

# The roles at different stages of the career framework

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The development of Agenda for Change and the Knowledge and Skills Framework was based on a vision of achieving national consistency and fairness over what was expected of NHS staff at different stages in their career progression.

Knowledge and Skills Framework national outlines exist for all psychology roles and can be found on the KSF or Amicus websites.

The career pathway follows a coherent pattern:

## 1. Preceptorship (Band 7)

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](http://www.bps.org.uk) or [www.amicustheunion.org.uk](http://www.amicustheunion.org.uk)).

An example of a Band 7 post profile can be found in Appendix 3.

## 2. Highly Specialist Psychologist (Bands 8a – 8b)

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.

Examples of a Band 8a and a Band 8b post can be found in Appendix 3.

### 3. Consultant Psychologist (Bands 8c, 8d and 9)

The title 'Consultant' marks a clear divide between 8b and 8c posts with a significant increase in the level of responsibility expected from staff in consultant roles.

The skills and competencies which distinguish a Consultant Applied Psychologist from one who is not yet at Consultant grade can be seen from the table below. It is based on information from the *Agenda for Change Handbook* collated by the Society's National Assessors.

<i>Agenda for Change Factor</i>	<i>Factor number</i>	<i>Distinction between 8b and higher grades</i>
Analytical and judgemental skills	3	The distinction is between the complexity of the facts or situations which require analysis and judgement, with Consultants needing to make decisions in 'highly complex' circumstances.
Planning and organisational skills	4	Consultants need to be more strategic and operate across a broader range of activities or programmes.
Responsibility for policy/service development	7	8a or 8b posts are expected to implement policies and 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.
Responsibility for financial and small department	8	Consultant Psychologist posts vary in the level of financial authority they involve, from a minimum of being responsible for a non-pay budget (at 8c) to holding the budget for a whole service.
Responsibility for human resources	9	Again Consultant posts vary from a minimum of being responsible for the supervision of a small number of staff or students (at 8c) to line-managing a large multi-disciplinary service.
Responsibility for research and development	11	The variation in levels of responsibility here reflects the 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	12	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.

It is evident from the Agenda for Change factors summarised in the table above, that there are some common factors for all Consultant posts, but there is also room for variation. 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.

Examples of different kinds of Consultant Psychologist posts are attached in Appendix 3.

The key distinctions between 8c, 8d and 9 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.

## What does it mean? Examples of good practice.

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As part of the New Ways of Working task group, we elicited examples of good practice from psychologists working in the NHS. The aim of this mini-project was to investigate and collate qualitative data on examples of new ways of working and innovative practice within the applied psychology professions.

Questionnaires were distributed throughout the UK inviting applied psychologists to nominate such ways of working in their service. From the replies, examples of innovative and new ways of working were chosen based on three criteria:

- the work was in progress or completed;
- it made a real difference for service users;
- it made an impact in NHS priority areas (e.g. service-user involvement, engaging BME communities).

A trainee clinical psychologist using a semi-structured interview format, either over the telephone or face to face, conducted a series of interviews that took approximately an hour. There were 16 interviews in total that included examples from a range of Applied Psychology professions (e.g. clinical, health, forensic, counselling), across the UK from a range of disciplines (e.g. learning disability, older adults, adult, trauma, neuropsychology).

From the interviews a series of vignettes have been drawn to illustrate examples of new ways of working. These are presented in Appendix 4 (Good Practice Vignettes). More vignettes will be available on the Society's website ([www.bps.org.uk](http://www.bps.org.uk)).

The vignettes give a vivid picture of the kinds of innovative roles which psychologists in the NHS have undertaken. The table alongside shows some of the themes which emerged from the interviews, together with real life examples from practice.

The psychologists were asked what had made it possible for them to work in these new ways. Some key themes were:

- Positive feedback from service users and their families;
- The support of managers and colleagues;
- Flexible working;
- Partnership working across organisational and sector boundaries;
- Good team-working;
- Skills that could transfer from one specialist area or service user group to another;
- Access to pump-priming money;
- Learning from evaluation and outcomes;
- Further training and development, e.g. in project management, teaching and training skills.

<i>Theme</i>	<i>Example from practice</i>
<b><i>Innovation</i></b>	<p>Developed a flexible new service for pregnant women, new mothers and babies based on the assertive outreach model.</p> <p>Set up a multi-agency service for looked after children and their families. Rehabilitates people with learning disabilities and additional complex needs back into the community from forensic settings – working with both commissioners and service providers.</p> <p>Grasped funding opportunity to set up a project for people with brain injury that has been running for four or five years now.</p>
<b><i>Sustainability</i></b>	<p>Established a service for adults with sickle cell disease which was the first of its kind – it has been running for 12 years now.</p> <p>Developed a resource pack and then a training and development programme which has made a significant difference to staff cultural competence.</p>
<b><i>Collaboration, joint working</i></b>	<p>Worked with the acute trust, social services, the mental health trust, the PCT and the private and voluntary sector to set up the project for people with brain injury and their families.</p> <p>Promoted psychological thinking in nurses in A&amp;E and acute trust wards to help them think about critical incidents and how to manage them effectively.</p>
<b><i>Flexibility</i></b>	<p>Willing to work out of hours.</p> <p>Runs groups out of regular hours.</p> <p>Telephone counselling.</p>
<b><i>Transferable skills</i></b>	<p>Used skills developed in a learning disability setting to set up a new care pathway and service for children and young people with autistic spectrum disorder.</p>
<b><i>Building capacity in the health and social care team</i></b>	<p>Tackled a long waiting list for psychological services by building the psychological thinking and capacity of the whole team.</p> <p>Ran support and educational groups for interpreters working with traumatised service users – the interpreters are now able to use anxiety management techniques to help them manage any personal trauma and prevent burnout.</p> <p>Identified communication problems between health professionals and service users – and got the funding to run training sessions on communication and cultural awareness.</p> <p>Ran training sessions for admin staff to help them manage service users in distress on the phone or in the reception area.</p> <p>Trained other health care staff to administer and interpret outcome measures, to deliver basic cognitive behaviour therapy and to use motivational interviewing techniques.</p>
<b><i>Measuring improvement</i></b>	<p>Outcome measures show reduction in psychological distress, reduction in length of hospital stay – and an improvement in take-up of employment and education.</p> <p>Outcome measures focus on challenges, activities and relapses.</p> <p>Service now routinely uses measures (CORE and HADS) to monitor service users' mental health.</p> <p>Feedback from health care professionals is that there is better engagement and use of services.</p>
<b><i>Complex clinical skills</i></b>	<p>Person-centred planning which includes comprehensive risk assessment – the plans are constructive, pro-active and reactive (to manage risk).</p>

## Public protection and assurance of quality and standard of psychologists – the role of National Assessors

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The KSF provides a consistent framework for assessing the skills and competence of the psychology workforce, but differentiating at the higher bands can be challenging for employers. When investing in Applied Psychologist posts, especially Consultant Psychology roles, employers need assurance that staff are performing at the highest level and that they are comparable with national standards.

The British Psychological Society provides a National Assessors scheme whereby experienced members of the Applied Psychology professions are available to advise on recruitment and staff development. This provides an additional level of assurance to Trusts which are looking to make an appointment, or need advice on staff development issues. The role which Assessors can play is described in the recent Society papers *Professional Board Guidance on the Appointment of Consultant Applied Psychologists* and *Professional Practice Board Guidelines for National Assessors*. Both are available to download from the Society's website ([www.bps.org.uk](http://www.bps.org.uk)).

The role of the Assessors is purely advisory: they do not have a vote in the selection process and the final decision rests with the employing authority. Their role is to advise the employer whether the applicant has the necessary skills and competencies to fulfil the job description. They can also give feedback to candidates and advise on further professional development.

Under the new legislation from the White Paper on professional registration, *Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century* (available on the Department of Health website – [www.dh.gov.uk](http://www.dh.gov.uk)) it is anticipated that Applied Psychologists may soon be registered through the Health Professions Council. This regulation will provide a basic level of public protection which is essential. The Assessors can strengthen the public protection by providing knowledgeable and informed advice about the standards which are to be expected by Psychologists at the different bands in different specialist areas.

## Challenges and opportunities for the future

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The vignettes in Appendix 4 show the kind of innovation and impact on service delivery which Applied Psychologists working in health and social care can provide – and some of the examples came from work which has been sustained over many years. For this capacity to become more widespread and integrated into the heart of the delivery of health services, there are challenges and opportunities for applied psychologists and for their colleagues in the NHS as a whole.

For psychologists, the message from their Agenda for Change bands is that they are seen in positions of clinical leadership and authority in the NHS. In order to embrace new leadership roles, changes need to be made to pre-qualification training to change expectations and provide the knowledge base and skills necessary to enable newly qualified staff to take on leadership roles post-qualification as appropriate to their Agenda for Change pay band. In addition, Applied Psychologists need to have access to appropriate training and resources to enable them to meet the continuing professional development needs that arise from taking on the leadership and management roles identified through this New Ways of Working initiative.

Traditionally some psychologists have undertaken roles a little to the side of the NHS hierarchies and have not always been fully integrated in multi-disciplinary teams, which has presented an ambivalent message to colleagues. For New Ways of Working to be effective, the added value from Applied Psychologists is as much to do with the resource which they bring to the rest of the team as with quality of the work they undertake with service users with complex problems.

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.

These skills are very much required in health and social care services which are being shaped by current policies such as Choosing Health, Improving Access to Psychological Therapies, Health, Work and Well-being, or the HEAT mental health targets in Scotland.

The role which psychologists play in the delivery of psychological therapies may be seen and understood more easily than the core professional role of applying psychological knowledge and skills in the context of the whole NHS. Psychologists have much to offer in health behaviour change, for example, or in the effective, psychologically informed management of long term conditions. Although New Ways of Working is written in conjunction with New Ways of Working for other mental health professionals, there is a wider remit for the application of psychological skills and knowledge in the NHS. This in return brings benefits to mental health services, as psychologists in mental health settings can advise on motivation or capacity, informed by practice which has developed in other parts of the NHS.

Service users in the course of the New Ways of Working for Applied Psychologists work have spoken of their positive experiences of psychologists and the wish to see more of them, more easily accessible in the NHS. What they have valued is often the quality of human interaction – listening – as well as effective help for a wide range of mental and physical health problems. The psychologists interviewed for the vignettes spoke of the value and learning they derived from working closely with service users to make improvements. This partnership between service users and applied psychologists is a great opportunity for health and social care – for the quality of care and treatment and for leading and evaluating improvements.

# Appendix 1

## NWW Career Pathways and Roles Project Group Membership

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Malcolm Adams	Group of Trainers
Kay Austin	
Tina Ball	DCP Managers' Faculty
Alan Bellamy	Division of Counselling Psychology
Astrid Ingham Brooke	Consultant Clinical Psychologist
Angela Carter	Division of Occupational Psychology
Chris Cullen	National Assessors
Denise England	Skills for Health
Dorothy Fielding	Head of Psychological Services, St James's University Hospital
Chris Gilliard	Consultant Clinical Psychologist
Laura Golding	DCP Managers' Faculty
Christine Grant	BPS National Assessors
Ian Gray	Consultant Clinical Psychologist
Mike Hopley	BPS National Assessors
Theresa Joyce	Faculty for Learning Disability
Tony Lavender	Project Lead for New Ways of Working project
Daryl O'Connor	Division of Health Psychology
Margot Ononaiye	Trainee Clinical Psychologist
Graham Turpin	IAPT
Antony Vassalos	Amicus

## Appendix 2

# Applied Psychology Workforce data: Summary of main themes from workforce surveys

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The New Ways of Working for Applied Psychologists Career Pathways and Roles Task Group collated workforce data for qualified applied psychologists. The aim of this was to describe the current workforce and to identify key themes. Group members summarised all existing recent workforce surveys known to the group under agreed headings. These summaries were then analysed for key themes. The main findings are presented below.

### The Surveys

The group identified a total of 12 recent applied psychology workforce surveys which were summarised and then analysed for the purposes of this report. The reports were:

1. British Psychological Society (2003). *Applied Psychologists in Health Care: All Wales Workforce Survey 2002*. British Psychological Society: Welsh Branch.
2. British Psychological Society (2004). *Widening access within undergraduate psychology education and its implications for professional psychology: Gender, disability and ethnic diversity*. Leicester: The British Psychological Society.
3. British Psychological Society (2005a). *English Survey of Applied Psychologists in Health and Social Care and in the Probation and Prison Service*. Leicester: The British Psychological Society.
4. British Psychological Society Division of Clinical Psychology's Faculty of Clinical Health Psychology (2005b).
5. British Psychological Society Division of Health Psychology (2006a). *A Survey of the Diversity and Variability of Employment of Health Psychologists in the UK*. Leicester: The British Psychological Society.
6. British Psychological Society (2006b). *OP-FIRST Project of Occupational Psychologists in the UK*. Leicester: The British Psychological Society.
7. NHS Scotland (2006). *Clinical Psychology Workforce Planning Report*. NHS Education for Scotland
8. NHS Scotland (2006). *Delivering for Health and Applied Psychology: Current Workforce, Future Potential*. NHS Education for Scotland.
9. North Central London Clinical Psychology Sub-Group/London Regional Advisory Committee for Clinical Psychology (2007). *London Clinical Psychology Workforce and Vacancy Survey: Progress Report 2006*. Unpublished Report.
10. Rezin, V. & Elliot, D. *Workplace Difficulties of Female Clinical Psychologists*. West Hampshire NHS Trust (on behalf of AMICUS Clinical Psychology Occupational Advisory Committee).
11. Sadler, L. & Golding, L. (2006). *Report of the 2005 Continuing Professional Development Survey of Clinical Psychologists in North West England*. Unpublished report – available from the North West Clinical Psychology CPD Scheme
12. South London & Maudsley Group NHS Trust Psychology Equality & Diversity Steering Group (2004). *An Audit of Equality & Diversity in Psychology Recruitment: August, 2002 to July, 2003*.

### Key Findings and Themes

#### Sample Size and Type

The total sample size for nine of the surveys was 5960 applied psychologists, although not all the survey reports gave exact sample size figures. This includes, in some cases, a small number of unqualified psychologists. In addition, the South London & Maudsley (SL&M) NHS Trust report (2004) looked at equality data collected for 71 posts within the SL&M psychology service (including pre-qualification posts), and audited a total of 1115 applications. The North Central London Clinical Psychology Sub-Group/London Regional Advisory Committee for Clinical Psychology (2007) report looked at 2012 posts from 200 services. This included Assistant Psychologist and other psychological therapist posts, as well as applied psychologist posts.

Where possible, the data pertaining to unqualified psychology staff (i.e. Assistant Psychologists) were taken out of the analysis of key findings and themes. It is likely, however, that the total sample number of 5960 double counts some psychologists who may have been surveyed more than once. Four surveys were regional, the rest were either UK-wide or specific to England, Scotland or Wales. The surveys covered a range of applied psychologists working across the UK including those working in the public sector in health, social care, probation and prison service as well as those in the private sector. The British Psychological Society (2005a) survey resulted in a 100 per cent response rate from the Prison Service but a much lower response rate from those working in the NHS and health and social care due to difficulties accessing potential respondents.

### ***Response Rates***

The survey response rates, where given, ranged from 19 per cent to 90 per cent (mean = 50 per cent).

### ***Gender***

Where given, the gender of survey respondents was:

Female – range 62 per cent to 78 per cent. Male – range 17 per cent to 37 per cent.

The SL&M (2004) audit of applicants for psychology posts found that out of 196 applicants for A Grade posts, 154 (78.6 per cent) were female and 42 (21.4 per cent) were male. Out of 17 applicants for B Grade posts, six were male and 11 were female.

The British Psychological Society (2005a) survey found that the profession of applied psychology is relatively young with the basic age profile information indicating that 68 per cent of the workforce is under 45, and 81 per cent under 50.

### ***Part-time working***

Several reports found that the majority of respondents who worked part-time were female. The total range of part-time workers was 19 per cent to 38 per cent. The British Psychological Society (2005a) survey found that 19.3 per cent of male applied psychologists, and 35.8 per cent of females, were working part-time. The survey found that the percentage of female staff working part-time was considerably higher than males across all age bands although the actual number of sessions worked part-time was very similar.

### ***Speciality***

Respondents worked in the following specialties (all means):

- Adult Mental Health – 29 per cent;
- Child & Adolescent – 19 per cent;
- Learning Disability – 16 per cent;
- Forensic – 9 per cent (NB: It is likely that this is a distorted figure due to the high response rate from the English survey from the psychologists working in the prison service);
- Older Adult – 6.5 per cent;
- Physical Health – 4 per cent.

### ***Ethnicity***

This was reported by two surveys. The British Psychological Society (2005a) report found that 94.2 per cent of its respondents were 'White', but reported variation across age bands. The average percentage of 'non-White' in the 25–44 bands was 6.8 per cent, whilst only 4.0 per cent in the 45–60 bands. The under-24 band, however, had only 4.6 per cent 'non-White', which consists largely of non-qualified psychologists. The British Psychological Society (2006a) report found that the majority of its respondents were White Caucasian (92 per cent,  $N=235$ ). These figures can be compared to the 2001 Census (Office for National Statistics, April 2001) which reported 90.92 per cent of the population of England as describing themselves as 'White'. The SL&M survey found that Black and Black British groups were under-represented in terms of the local population at short-listing for A Grade posts and appointment.

The British Psychological Society's 2004 report on undergraduate psychology education and its implications for professional psychology in terms of gender, disability and ethnic diversity (BPS, 2004) reported concerns that people from Black and Ethnic Minority groups appear to experience some disadvantage with respect to acceptance onto clinical psychology training programmes.

### ***Pay Bands***

Most of the surveys were carried out prior to Agenda for Change (AFC) being introduced into the NHS. Where NHS staff were surveyed and asked to provide pay band details, the data (which has been 'converted' into a best guess at AFC bands) suggest that a mean of 44 per cent of respondents were employed at below 8c (probably bands 7–8b) and a mean of 40 per cent employed at 8c or above. The North Central London Clinical Psychology Sub-Group/London Regional Advisory Committee for Clinical Psychology (2007) survey was carried out in 2006, post AFC. From an analysis of data from 1173 posts, it found that 25 per cent of these posts were banded at 8c or above, with 63 per cent banded at 7–8b inclusive.

The British Psychological Society (2005a) survey found that a higher proportion of the males are in the two highest pay bands and that the difference in the percentage from each gender at the two highest bands is considerable.

### ***Retention***

The British Psychological Society (2005a) survey found very low attrition rates from English doctoral clinical psychology training programmes within an average rate of only 3.4 per cent. Similarly, data from the clinical training programmes shows that the vast majority (93 per cent) of newly-qualified clinical psychologists take their first posts within the NHS and that this high level of retention within the NHS is retained on follow up five to 10 years later. A similarly high retention rate of staff within the NHS was also found by Sadler and Golding (2006).

## **Conclusions**

An analysis of the available applied psychology workforce survey data shows some consistent trends despite differences in the ways in which the surveys were carried out and the methods used. Consistent findings are that the workforce is predominantly female, relatively young and White. Part-time workers are more likely to be female and the highest earners are more likely to be men. Another key theme is the almost equal split of posts between bands 7–8b and band 8c and above. Attrition from clinical training programmes is very low and retention of qualified staff within the NHS is very high. It is predicted, however, that current changes in the profiles of psychological therapy services across the UK, including reviews of bandings due to skill mix and financial constraints could mean that the pay band profile will be considerably different over the next 10 years or so. The workforce data raises a number of questions, and the need for change, regarding the diversity of the profession in terms of gender and ethnicity.

## Appendix 3

### Examples of job profiles from the different bands (Band 7 to Band 9)

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#### Non-Consultant Roles

##### Band 7 Preceptor-ship Clinical Psychologist (Specialist)

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. This is reflected in the change of level on the Agenda for Change (AFC) 'Freedom to Act' Factor from Level 3 to Level 4 which at Level 4 assumes less clinical guidance from more senior colleagues.

**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.

JE Factor	AFC Level	JE Score	Comment
1. Communication and relationship skills	6	60	<b>Provides and receive highly complex, sensitive or contentious information significant barriers to acceptance: hostile, antagonistic or highly emotive atmosphere.</b> Communicates highly complex condition related information to patients who may be manipulative, hostile.
2. Knowledge, training and experience	7	196	<b>Highly developed specialist clinical knowledge underpinned by theory and experience.</b> Professional knowledge acquired through degree postgraduate doctoral degree supplemented by short specialist courses, clinical supervision.
3. Analytical and Judgemental skills	4	42	<b>Complex facts or situations requiring analysis, interpretation, comparison of a range of options.</b> Skills for assessing clients relatives and interpreting client, family situations and appropriate formulation.

JE Factor	AFC Level	JE Score	Comment
4. Planning and organisational skills	2	15	<b>Plan and organise straightforward activities some ongoing.</b> Plans and prioritises own patient workload research programmes and activities, group sessions.
5. Physical skills	2–3	15–27	<b>Physical skills obtained through practice/developed physical skills: manipulation of objects people narrow margins of error.</b> Keyboard skills, driving skills when working in the community, use of psychometric test equipment/formal restraint training
6. Responsibility – patient/client care	6	39	<b>Develops specialised programmes of care/care packages/ provide highly specialised advice concerning care.</b> Assesses, develops and implements specialist psychological interventions provides advice in specialist area
7. Responsibility for policy/service development	2	12	<b>Implement policies and propose changes to practices, procedures in own area.</b> Proposes changes for policy, service development.
8. Responsibility – financial and physical resources	1	5	<b>Personal duty of care in relation to equipment, resources.</b> Careful use of equipment.
9. Responsibility for human resources	2	12	<b>Day-to-day co-ordination of staff/professional/clinical supervision.</b> Supervises work of assistant psychologists; trains other staff.
10. Responsibility – information resources	1	4	<b>Records personally generated information.</b> Updates client records.
11. Responsibility for research and development	2	12	<b>Regularly undertakes R&amp;D.</b> Undertakes personal R&D programme; organises R&D activity of assistant(s).
12. Freedom to act	3–4	21–32	<b>Clearly defined occupational policies, work is managed rather than supervised/broad occupational policies.</b> Accountable for own professional actions, work is managed rather than supervised/works within professional ethics and Trust policies, lead specialist.
13. Physical effort	1–2	3–7	
14. Mental effort	5	25	<b>Frequent intense concentration.</b>
15. Emotional effort	4	25	<b>Frequent highly distressing or emotional circumstance.</b> Deals with family breakdown, serious mental illness, child sexual abuse.
16. Working conditions	2–4	7–18	<b>Occasional/frequent unpleasant conditions/ some exposure to hazards.</b> Verbal aggression/risk of physical abuse.
<b>Band 7</b>	<b>493–531</b>		

## Principal Psychologist

### (1) Band 8a

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 (see above) 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.

<b>JE Factor</b>	<b>AFC Level</b>	<b>JE Score</b>	<b>Comment – noting changes from previous band</b>
1. Communication and relationship skills	6	60	
2. Knowledge, training and experience	8	240	<b>Advanced theoretical and practical knowledge.</b> Professional knowledge acquired through degree, postgraduate degree supplemented by short specialist courses clinical supervision and further specialist training, experience.
3. Analytical and judgemental skills	4	42	
4. Planning and organisational skills	2	15	
5. Physical skills	2–3	15–27	
6. Responsibility – patient/client care	6	39	
7. Responsibility – policy and service development implementation	2	12	
8. Responsibility – financial and physical resources	1	5	
9. Responsibility for human resources	2	12	<b>Day-to-day co-ordination of staff/professional/clinical supervision.</b> Supervises work of assistant psychologists; trains other staff, <b>provides clinical supervision to clinical psychologists in training.</b>
10. Responsibility – information resources	1	4	
11. Responsibility for research and development	3	21	
12. Freedom to act	4	32	
13. Physical effort	2	7	
14. Mental effort	5	25	
15. Emotional effort	4	25	
16. Working conditions	4	18	
<b>Band 8a</b>	<b>572-584</b>		

## Principal Psychologist

### (2) Band 8b

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 recognised 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.

<b>JE Factor</b>	<b>AFC Level</b>	<b>JE Score</b>	<b>Comment – noting changes from previous band</b>
1. Communication and relationship skills	6	60	
2. Knowledge, training and experience	8	240	
3. Analytical and judgemental skills	5	60	<b>Highly complex facts or situations interpretation comparison of a range of options.</b>
4. Planning and organisational skills	3	27	<b>Plan and organise broad range of complex activities; formulates adjusts plans or strategies/ co-ordinates specialist service.</b>
5. Physical skills	3	27	
6. Responsibility – patient/client care	6	39	
7. Responsibility – policy and service development implementation	3	21	<b>Proposes policy or service changes that impact beyond own area/may impact on other professions service areas.</b>
8. Responsibility – financial and physical resources	1	5	
9. Responsibility for human resources	2	12	
10. Responsibility – information resources	1	4	
11. Responsibility for research and development	3	21	
12. Freedom to act	4	32	
13. Physical effort	2	7	
14. Mental effort	5	25	
15. Emotional effort	4	25	
16. Working conditions	4	18	
<b>Band 8b</b>	<b>613</b>		

## Consultant Psychologist Roles

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 using the AFC Job Evaluation Framework (Consultant: 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.

<b>JE Factor</b>	<b>AFC Level</b>	<b>JE Score</b>	<b>Comment – noting changes from previous band</b>
1. Communication and relationship skills	6	60	
2. Knowledge, training and experience	8	240	
3. Analytical and judgemental skills	5	60	
4. Planning and organisational skills	3	27	This includes complex staff or work planning, 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.
5. Physical skills	3	27	Level 3 is given in this job profile in recognition of the requirement for the post holder to receive formal restraint training.
6. Responsibility – patient/client care	6	39	
7. Responsibility – policy and service development implementation	3	21	This includes participation in working parties/proposing policy changes as an integral part of the job (not as a one-off exercise). At this level policy must impact on other disciplines, sections, departments or parts of the service.
8. Responsibility – financial and physical resources	1–2	5–12	Level 2 is given where a Consultant is an authorised signatory for small cash payments (less than £1000 per month).
9. Responsibility for human resources	2	12	The Consultant is expected to have a training role and to clinically supervise other staff but is not a line manager to other staff.
10. Responsibility – information resources	1	4	
11. Responsibility for research and development	3	21	Research/Audit and Evaluation are a major requirement of the job. The post holder spends at least 20 per cent of the working week on research.
12. Freedom to act	4	32	
13. Physical effort	2	7	There is a frequent requirement for sitting or standing in a restricted position during therapeutic work for a substantial proportion of working time.
14. Mental effort	5	25	Frequent requirement for intense concentration.
15. Emotional effort	4	25	Frequent exposure to highly distressing circumstances.
16. Working conditions	4	18	There is some exposure to hazards (face-to-face physical aggression).
<b>Band 8c</b>	<b>636–643</b>		

## **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.

<b>JE Factor</b>	<b>AFC Level</b>	<b>JE Score</b>	<b>Comment – noting changes from previous band</b>
1. Communication and relationship skills	6	60	
2. Knowledge, training and experience	8	240	
3. Analytical and judgemental skills	5	60	
4. Planning and organisational skills	3	27	This includes complex work planning, for example, where the job holder is the main person organising 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.
5. Physical skills	2	15	Skills in psychometrics/driving necessary for the post.
6. Responsibility – patient/client care	6	39	
7. Responsibility – policy and service development implementation	3	21	This includes participation in working parties/proposing policy changes as an integral part of the job (not as a one-off exercise). At this level policy must impact on other disciplines, sections, departments or parts of the service.
8. Responsibility – financial and physical resources	3	21	Manages a dedicated research budget.
9. Responsibility for human resources	2	12	The Consultant has a responsibility for the training of individuals and devising of training and development programmes as a major part of the post. Trainees can come from a variety of disciplines.
10. Responsibility – information resources	1	4	
11. Responsibility for research and development	4	32	As an integral component of the job the post holder is responsible for initiating research programmes, securing funding and developing R & D programmes in line with organisational objectives.
12. Freedom to act	5	45	
13. Physical effort	1	3	
14. Mental effort	4	18	There is an occasional requirement for intense concentration.
15. Emotional effort	3	18	Occasional exposure to highly distressing circumstances.
16. Working conditions	1	3	Exposure to unpleasant working conditions is rare.
<b>Band 8c</b>	<b>638</b>		

### **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 organisational and planning responsibilities for a specialist service. The post holder leads on R&D, audit and evaluation in the specialty.

<b>JE Factor</b>	<b>AFC Level</b>	<b>JE Score</b>	<b>Comment – noting changes from previous band</b>
1. Communication and relationship skills	6	60	
2. Knowledge, training and experience	8	240	
3. Analytical and judgemental skills	5	60	
4. Planning and organisational skills	3	27	Plans the delivery of a significant specialist psychology service including long-term planning.
5. Physical skills	3	27	Skills in psychometrics/driving necessary for the post/formal restraint training.
6. Responsibility – patient/client care	6	39	Develops specialised programmes of care/care packages accountable for direct service delivery of a sub-division of a clinical, clinical technical or social service.
7. Responsibility – policy and service development implementation	4	32	Responsibility for policy implementation and discrete policy or service development for a service.
8. Responsibility – financial and physical resources	3	32	Manages a dedicated budget for the service.
9. Responsibility for human resources	3	21	Responsible for the day-to-day management of a group of staff.
10. Responsibility – information resources	1	4	
11. Responsibility for research and development	3	21	Leads on research within the speciality. Carries out research and development work as part of one or more formal programmes or activities as a major job requirement.
12. Freedom to act	5	45	
13. Physical effort	2	7	
14. Mental effort	5	25	There is a frequent requirement for intense concentration.
15. Emotional effort	4	25	Occasional exposure to highly distressing incidents.
16. Working conditions	2–4	7–18	Occasional/frequent exposure to unpleasant working conditions.
<b>Band 8c</b>	<b>687–698</b>		

#### **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:

1. Responsibility for organisational and professional leadership/management and policy development of psychology services, for one or more services.
2. Manages leads and motivates qualified practitioners, assistants and trainees from their own and other professions.
3. Leads on research, audit and evaluation.
4. Teaching and supervisory responsibilities.
5. 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 organisational responsibilities for the service.

<b>JE Factor</b>	<b>AFC Level</b>	<b>JE Score</b>	<b>Comment – noting changes from previous band</b>
1. Communication and relationship skills	6	60	
2. Knowledge, training and experience	8	240	
3. Analytical and judgemental skills	5	60	
4. Planning and organisational skills	4	42	Plans the delivery of a significant specialist psychology service including long-term planning.
5. Physical skills	2–3	15–27	
6. Responsibility – patient/client care	7	49	Accountable for direct delivery of a clinical service. Responsible for organisational and management/professional leadership of psychology services in one or more organisations.
7. Responsibility – policy and service development implementation	5	45	Develop and implement policies for service/directorate or equivalent. Proposes and implements policy changes service development for service/responsible for psychological aspects of policy development for other services across one or more organisations.
8. Responsibility – financial and physical resources	4	32	Holds budget for psychology service.
9. Responsibility for human resources	4	32	Line manager for a service or function.
10. Responsibility – information resources	1	4	
11. Responsibility for research and development	4–5	32–45	Co-ordinate implement R&D activity as a job requirement/developing R&D programmes or activities which support organisational objectives as an integral part of the job.
12. Freedom to act	5	45	
13. Physical effort	2	7	
14. Mental effort	4–5	18–25	There is an occasional/frequent requirement for intense concentration.
15. Emotional effort	4	25	Frequent exposure to highly distressing circumstances.
16. Working conditions	4	18	Some exposure to hazards.
<b>Band 9</b>	<b>724–756</b>		

## Appendix 4

# Examples of good practice in New Ways of Working by Applied Psychologists in Health and Social Care

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### 1. 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](mailto:nicky.thomas@gstt.nhs.uk)**

### 2. 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](mailto:shawn.katz@sussexpartnership.nhs.uk)**

### 3. 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](mailto:Richard.whitehead@merseycare.nhs.uk)**

### 4. 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](mailto:sara.whittaker@sth.nhs.uk)**

*More vignettes will be added on the New Ways of Working and British Psychological Society websites as they become available.*