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Analysis and recommendations on career progression in the mental health workforce

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This document is a part of a suite of reports for 'Supporting Promotion of Mental Health Careers and Developing Psychology Graduate Pathways'. It should be read in conjunction with the accompanying reports and is not intended to stand-alone.

It explores a series of key issues identified by stakeholders in the first phase of the project where mental health career pathways were profiled. It is not an exhaustive analysis of all issues in mental health career pathways.

Contents

Glossary

AC	Approved Clinician
ACP	Advanced Clinical Practitioners
AfC	Agenda for Change
AHP	Allied Health Professionals
ALB	Arm's-length bodies
AMHP	Approved Mental Health Practitioners
CAP	Clinical Associate Psychologist
CBT	Cognitive Behavioural Therapy
CPD	Continued Professional Development
CWP	Children and Young People Wellbeing Practitioner
CYP	Children and Young People
EMHP	Education Mental Health Practitioner
ERG	Expert Advisory Group
ESR	Electronic Staff Record
HEE	Health Education England
HEI	Higher Education Institution
HESA	Higher Education Statistics Agency
HIT	High Intensity Therapy
IAPT	Improving Access to Psychological Therapies
MH nursing	Mental Health nursing
MHST	Mental Health Support Team
NCCMH	National Collaborating Centre for Mental Health
OT	Occupational Therapist
PWP	Psychological Wellbeing Practitioner

Executive summary

This report is part of the project "Supporting promotion of mental health careers and developing psychology graduate career pathways". It provides further analysis and recommendations around career progression as this was identified as an issue warranting further investigation by stakeholders. Some issues are specific to certain roles/professions while others apply across a range.

The recommendations will support Health Education England (HEE) in meeting mental health workforce targets as outlined in the Five Year Forward View and the more recently published NHS Mental Health Implementation Plan 2019/20 – 2023/24 by supporting retention and recruitment of mental health staff.

The following issues are explored in this report:

- **Clinical career progression**[1]: Across disciplines, clinical aspects of roles tend to decline as staff progress through their career – often having to move into more managerial roles to progress. Stakeholders indicated that the lack of clinical career progression is likely to impact on retention and recruitment of professionals across many mental health careers. While there is a lot of evidence underlining the importance of career progression for retention and recruitment, we have not been able to identify research specific to clinical career progression and this would need to be looked at further.
- **Career progression between roles/professions**: By default, Psychological Wellbeing Practitioners (PWPs) have become the main supply pipeline for High Intensity Therapy (HIT), yet high turnover in the PWP workforce is still perceived as an issue. The PWP pipeline therefore needs to be considered to meet future HIT targets and diversify the workforce. However, it is important to maintain work to diversify the HIT pipeline by encouraging a wide range of professionals into the role as originally intended.
- **Career progression uncertainties/limits:** While professionals from most roles/professions have indicated that staff run into uncertainties around career progression at some stage, there are some roles/professions where this is a bigger problem. This is particularly the case for new roles such as Education Mental Health Practitioners (EMHPs) and Children and Young People Wellbeing Practitioners (CWPs) who due to their newness do not have well defined pathways. While this is being analysed as part of another project on "Maximising Efficiency in Psychological Professions' Training Routes", recommendations from the project have been included here. For support workers, limited career progression might mean lost opportunities in upskilling staff and solidifying the mental health workforce supply pipeline.

Findings from our research have led us to make the following recommendations:

[1] By clinical career progression we mean opportunities to progress through a career by expanding or specialising clinically

Recommendation	Who?
Conduct research on the impact of the lack of clinical career progression on staff in mental health roles such as via surveys among staff who have left the NHS, cost-benefit analysis, review of existing clinical career pathways	HEE, NHS Improvement/Employers
Recognise and standardise the transition between PWP and HIT to make it more efficient without excluding other staff from accessing HIT training. At the same time, more thinking should be undertaken to diversify the PWP and HIT pipeline	HEE, HEIs, National IAPT programme, IAPT service providers
While PWPs are the main supply source into HIT, they should not be the only supply and continuous effort needs to be undertaken to consider alternatives including evaluation of IAPT therapy offer and recruitment into other HIT modalities	HEE, National IAPT programme, IAPT service providers
Further consider opportunities for upskilling the support worker workforce via trained support worker roles and raise awareness of the benefits of trained support worker roles	HEE
Consider top-up modules between CWPs and EMHPs	CYP IAPT collaboratives, HEE, HEIs, Services
Clarify role distinction between EMHPs and CWPs	CYP IAPT collaboratives, HEE, HEIs, NHSE/I
Consider how the new roles and adult PWPs fit into 0-25 year service provision	HEE, HEIs, CYP collaboratives, National IAPT Programme
Work towards professional accreditation of CWPs and EMHPs	HEE, HEIs, accrediting bodies
Map out clinical and managerial/supervisory career pathways for CWPs and EMHPs based on existing examples, comparison to adult PWPs and address barriers	HEE national and regional, CYP IAPT collaboratives, commissioners and services
Unify EMHP and CWP cohort data collection including retention and career destinations to track the new workforce and identify issues early	HEE, CYP IAPT collaboratives
Ensure that recruitment and selection processes for CWP and EMHP training roles are widened	Commissioners and services, HEIs
Ensure that CWPs are not recruited into adult PWP positions without further appropriate training	HEE, services

Background

Overall project

This report is part of the wider project "supporting promotion of mental health careers and developing psychology graduate career pathways". The objectives are:

- Mapping out mental health career pathways
- Mapping out psychology graduate career pathways
- Gaining an understanding of psychology students' career ambitions with regards to mental health roles within the NHS
- Identifying gaps and issues
- Making recommendations for improvement

Mental health roles/professions were defined as patient facing and whose purpose is to contribute to therapeutic support and treatment of people with mental health problems. Psychiatry was excluded.

The project consists of two phases:

- Phase I – profiling and initial recommendations: To get a better understanding of mental health career pathways in the NHS, we profiled selected mental health roles/professions with the help of stakeholders. Stakeholders identified a non-exhaustive list of key issues impacting recruitment, retention and upskilling in mental health careers. At the end of this phase we provided HEE with an interim report containing the profiles, highlighting key findings and making initial recommendations.
- Phase II – making in-depth recommendations: As part of the second phase, we took the key issues identified by stakeholders in phase I to make in-depth recommendations. In the process of putting together in-depth recommendations, we realised that additional analysis beyond the initial scope of work was required. This report is an outcome of that.

This report is not a standalone piece of work but should be read alongside the other parts of the project which are:

- **Mental health career pathways in the NHS:** A report profiling career pathways of mental health roles/professions. The profiling process highlighted key issues, forming the basis for further analysis and recommendations
- **Mental Health Careers and Psychology Graduate Career Pathways**: A research report undertaken by the National Collaborating Centre for Mental Health (NCCMH) to understand psychology graduates' attitudes towards working in mental health careers and identifying barriers
- **Analysis and recommendations on career progression in the mental health workforce (this report):** A report further analysing the issue of career progression in mental health professions

- **Analysis and recommendations on diversity of the mental health workforce**: A report further analysing the issue of diversity in the mental health workforce
- **Mental Health Careers platform (see Final Report)**: An illustrative mock-up of a resource/platform dedicated to mental health careers in the NHS.

Beyond the work above, this report also pulls findings from a separate project (Maximising Efficiency in Psychological Professions) that evolved from initial findings of this project.

Scope of the report

The intention of this report is not to provide an exhaustive coverage of all career progression issues in mental health careers nor to provide guidance to current staff on career progression. Rather, it focuses on the issues that stakeholders identified in Phase I (profiling and initial recommendations) and considered to be the most pressing:

- Clinical career progression: Across disciplines, clinical aspects of roles tend to decline as staff progress through their career – often having to move into more managerial roles to progress. Stakeholders indicated that this issue needs addressing to retain staff who might not be interested in progressing into managerial roles and may prefer to advance their clinical practice
- Career progression between roles/professions: The most common link between mental health professions is between PWPs and HITs. PWPs are the main source for HIT training courses. This also means that if HIT numbers are to increase, PWP numbers would need to increase further as other roles/professions (such as mental health nurses, social workers, occupational therapists and clinical psychologists) do not go on to train as HITs in sufficient numbers.
- Career progression: In some roles/professions staff are more likely to run into career progression limitations or uncertainty about where to progress to. This is particularly the case for new roles such as CWPs and EMHPs.

The table below provides an overview of mental health roles/professions. For each profession, we have highlighted which issue applies most and linked it to the corresponding section. The report does not look at all roles/professions nor does it necessarily look at them individually. For many of these, the same issues will apply whereas for others, issues are specific to them.

Role/profession	Issue	Comment
Mental health nurse	Clinical career progression	
Support roles (trained and untrained)	Career progression uncertainties/limits	Limited information was available to us and this is therefore explored briefly
Counsellor & Psychotherapist	Clinical career progression	
Clinical psychologist	Clinical career progression	
Counselling psychologist	Clinical career progression	
Social Worker	Clinical career progression	

Occupational Therapist	Clinical career progression	
HIT	Career progression between roles/professions	
PWP	Career progression between roles/professions	
EMHP/CWP	Career progression uncertainties/limits	This is explored in detail in another project, but recommendations have been incorporated into this piece of work
Clinical Associate Psychologist (CAP)	N/A	This role is relatively new and did not exist on a national level when we undertook the profiling process. It was therefore not included in the profiling. It is addressed briefly in the career progression section below

Method

To make in-depth recommendations we conducted further analysis on the highlighted issues. This consisted of:

- Online research
- Review of NHS strategic documentation
- Conversations with stakeholders
- Data collection and analysis
- In-depth review of findings from the profiling process in phase I

Limitations

- The timeframe to conduct the additional research was relatively short (October 2019 – March 2020)
- Available research on the highlighted issues was limited

Clinical career progression

The lack of clinical career progression had been highlighted by stakeholders as an issue for most roles/professions, as shown in the table above. It is thought that this may impact recruitment and retention of staff but evidence for this was anecdotal. Stakeholders consulted for this project also felt that clinical progression was more of a problem for mental health roles/professions than doctors.

Career progression and retention/recruitment

There is evidence that a lack of career progression/opportunities does impact on retention and recruitment. This is not specific to clinical career progression nor is it specific to the mental health workforce:

- According to NHS digital, voluntary resignation due to a lack of opportunities accounted for 3% of total voluntary resignations between Jun 2017 – June 2018.[2] "Lack of opportunities" is not further broken down and is not specific to clinical career opportunities.
- In a study conducted by NHS Employers, 563 students and qualified nurses were asked about what would attract them to a new role and what would make them want to stay. "Opportunities for development" and "opportunities for progression" were ranked among the top 3 reasons both for staying and looking for a new role, ahead of pay.[3]
- A longitudinal study surveying Allied Health Professionals (AHPs) from three categories – stayers, leavers and returners - found that desire for professional development/experience and promotion/progression opportunities were consistently given as reasons for staying in the NHS as well as returning to the NHS for AHPs.[4] Again, this is not specific to clinical career progression.
- The NHS Improvement Staff retention guide[5] has a section on career planning and development but there is nothing specifically relating to the development of clinical career pathways.

The evidence on the impact of limited clinical career progression therefore remains anecdotal.

Clinical roles

There are a series of roles that have either recently been created or expanded to further professions that might be attractive for staff interested in clinical career progression. These include Approved Clinicians (AC), Advanced Clinical Practitioners (ACP) and Approved Mental Health Practitioners (AMHP). There are limitations to these roles however:

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[2] NHS Digital, "NHS Hospital and Community Health Services (HCHS): Leavers from the NHS by reason for leaving, in NHS Trusts and CCGs in England, 30 June 2010 to 30 June 2018, headcount.
[3] What do nurses want?, NHS Employers, 2018
[4] Loan-Clarke, J., Arnold, J., Coombs, C., Hartley, R. and Bosley, S. (2010) 'Retention, turnover and return – a longitudinal study of allied health professionals in Britain'. Human Resource Management Journal 20: 4, 391–406.
[5] Retaining our people – A practical guide to improving retention of clinical staff, NHS England and NHS Improvement"

- AC: Only 1% of ACs were from a multi-professional backgrounds (non-psychiatrists) as of October 2019. This is despite changes in legislation to open the role to more professions
- AMHP: the feedback from social workers consulted for this piece of work was that despite the broadening of the role to other mental health professionals, most AMHP positions are still filled by social workers.

These roles do not necessarily signify a progression in terms of banding. It is important to note however that career progression should not solely be understood as progressing through Agenda for Change (AfC) bands but should also consist of opportunities for staff to learn new skills, specialise or work in another area.

Recommendations

Considering the evidence above, we recommend:

C.1 *Conduct research on the impact of the lack of clinical career progression on staff in mental health roles* - The following approaches might be considered:

- Conducting research among current NHS staff in mental health roles/professions to understand how they view clinical career progression and the impact it is having on their job satisfaction
- Conducting research among mental health staff who have left the NHS to further understand motivations for leaving and whether the lack of clinical career progression is a determining factor
- Conduct reviews of existing roles that intend to facilitate clinical career progression to understand impact and best practice.
- It may be helpful to conduct cost-benefit analysis on whether it is more cost effective to promote and retain clinical staff at higher bands versus the cost of recruitment of new staff doing clinical work at lower pay-bands. This analysis should not only focus on financial factors but also look at qualitative factors such as staff satisfaction, patient care delivered etc.
- Conduct analysis on how clinical career progressions for mental health professionals is handled in other major health care systems around the world.
- NHS organisations should not solely focus on performance requirements of service at the detriment of retention and staff developments. Shorter term performance targets and longer-term workforce stability need to be balanced.

Who? HEE, NHS Improvement/Employers

Career progression between roles/professions – PWP to HIT

Many PWPs will move onto becoming HITs. The impact of this is twofold. HIT is the main career progression for PWPs and HIT recruitment now largely relies on PWPs. It also means

that staff are trained twice, as PWP and then as HIT and there may be ways this could be made more efficient.

The focus on the PWP into HIT pipeline does not mean that PWPs should be the only source of supply into HIT. The intended supply for HIT were core professions. There are limitations to this as explored further down. Additionally, the focus of the section below is on the cognitive behavioural therapy (CBT) training pathway. That is not to say that recruiting into other HIT modalities should not be considered beyond this piece of work.

To understand the PWP into HIT supply, we have supplemented the original profiling and reviewed data with evidence from the following sources:

- Draft of PWP Second Destination and Retention Report (March 2019)[6]
- Widening participation to Psychological Wellbeing Practitioner training [7]
- Survey conducted at PWP conference[8]
- NHS Mental Health Implementation Plan 2019/20 – 2023/24
- Stepping forward to 2020/21: the mental health workforce plan for England July 2017
- IAPT census 2015

IAPT staff turnover

PWPs have a high turnover. The 2015 IAPT workforce census showed turnover rates of 25% for PWP, although it is important to note that there are big regional differences.

There are several reasons for the high turnover of staff, two key ones are outlined below:

- **Profile of PWPs:** PWPs are relatively young[9] and often well-educated and they commonly hold psychology degrees.[10] For these applicants, the PWP role might be a steppingstone towards other roles such as clinical psychology or HIT.
- **Career progression**: Career progression or the lack thereof is a key reason for PWPs to leave. This was found in the PWP Second Destination and Retention[11] report, having conducted a survey among 630 PWPs and ex-PWPs as well as other stakeholders. Out of people surveyed, 41% indicated leaving the role due to career progression followed by 24% indicating a lack of opportunity.

[6] Kell, Liz, Baguley, Clare, *PWP Second Destination and Retention Report – DRAFT* (March 2019), Psychological Professions Network North West, commissioned by HEE
[7] Centre for Outcomes Research and Effectiveness University College London, *Widening participation to Psychological Wellbeing Practitioner training* (June 2019)
[8] National Workforce Skills Development Unit (June 2019), *Survey of conference attendees at the 2019 PWP Northern Conference*, 27 June 2019
[9] Centre for Outcomes Research and Effectiveness University College London, *Widening participation to Psychological Wellbeing Practitioner training* (October 2017)
[10] National Workforce Skills Development Unit (June 2019), *Survey of conference attendees at the 2019 PWP Northern Conference*, 27 June 2019
[11] Kell, Liz, Baguley, Clare, *PWP Second Destination and Retention Report – DRAFT,* (March 2019), Psychological Professions Network North West, commissioned by HEE

PWP career progression opportunities

The two roles below show the most common career progression opportunities for PWPs. While career progression for these roles is understood to be vertical (progressing up AfC bands), career progression should also be looked at horizontally. This could include considering opportunities for PWPs to be working in other services beyond IAPT or with specific populations such as older aged adults .

Senior PWPs (SPWPs)
The main career progression within the PWP role is to become a SPWP. In 2015, 15% of the PWP workforce were SPWPs based on the IAPT census data. Becoming a SPWP generally also signifies a reduction in clinical time towards more managerial tasks, linking back to the clinical career progression argument above.

HIT
Becoming a HIT is the most common career path for PWPs. According to the PWP Second Destination and Retention Report, 68% went onto training as a HIT, and 10% went onto clinical psychology training. PWPs are therefore the main supply pipeline for HIT recruitment. In the profiling process, stakeholders have indicated that as many as 80% of HIT trainees are former PWPs.

Illustrative exploration of the future IAPT workforce and HIT pipeline

To better understand the question around the PWP into HIT supply pipeline, we have undertaken a brief analysis of the IAPT workforce targets as per Stepping Forward[12] and the NHS Mental Health Implementation Plan[13]. This is to provide illustration on the potential issue surrounding the question of HIT supply. The analysis focuses on the PWP supply pipeline because most HITs are former PWPs.

Our calculations and assumptions are outlined in Appendix 1. Our calculations show that going forward planned HIT workforce grows at a slightly higher rate than PWPs. Since around 80% of HIT trainees are PWPs, the PWP pipeline would need to be reconsidered to meet planned HIT workforce growth targets. This illustrates the urgency of addressing the question of the PWP to HIT supply pipeline, how it might be made more efficient and diversified.

Alternative HIT pipelines

Our analysis is based on the current primary supply pipeline. Sourcing staff from core professions as originally intended might also be an option to diversify the HIT workforce but is challenging because a lot of these core professions also struggle with recruitment. Drawing from workforces such as mental health nurses and occupational therapists might therefore put an additional strain on these professions.

[12] Stepping forward to 2020/21: the mental health workforce plan for England July 2017
[13] NHS Mental Health Implementation Plan 2019/20 – 2023/24

Our analysis focuses on the CBT training pathway which represents most of the HIT workforce. However, IAPT is intended to offer a variety of psychological modalities in addition to CBT via the HIT workforce:

- Counselling for depression (CfD)
- Couple therapy for depression
- Brief dynamic interpersonal therapy (DIT)
- Interpersonal Psychotherapy for depression (IPT)
- Mindfulness-based cognitive therapy (MBCT)

PWPs will be eligible for the CBT HIT training but will not be able to move directly into other modalities. It is difficult for staff groups outside of IAPT to access training in the other modalities because they will usually be undertaken by qualified HITs already working in IAPT. Counsellors and Psychotherapists may be able to meet a lot of the training requirements for these modalities. They are a major staff group of often highly trained individuals and it should still be considered how they might further support IAPT services.

These other modalities are also included in the HIT targets and IAPT services should ensure to offer a choice of therapy including those modalities.

Recommendations

Considering the above, we make the following recommendation:

C.2 *The transition between PWP and HIT should be recognised and standardised to make it more efficient without excluding other staff from accessing HIT training* - PWPs are the biggest pipeline and this needs to be recognised. At the same time, more thinking should be undertaken to diversify the PWP pipeline:

- Consider further integration between PWP and HIT training to understand whether efficiencies can be increased
- Advertise PWP/HIT career progression at beginning of PWP career to illustrate their future potential career pathway
- Review the PWP supply pipeline to ensure HIT targets are met whilst also considering alternative pipelines without impacting core professions already struggling to recruit
- The recruitment of PWPs should extend beyond the current typical profile as per recommendations of the Widening participation report[14]. This will lead to a more diverse and representative workforce and address the steppingstone issues. It would also be helpful to understand to understand work that has been done regionally to diversify the PWP workforce and attract different population groups into HIT training

[14] Centre for Outcomes Research and Effectiveness University College London, *Widening participation to Psychological Wellbeing Practitioner training* (October 2017)

- Consider career progression opportunities for PWPs beyond the current IAPT service structure such as working in different services or specialising with certain populations

Who: HEE, HEIs, National IAPT programme, IAPT service providers

C.3 *While PWPs are the main supply source into HIT, they should not be the only supply and continuous effort needs to be undertaken to consider alternatives*:

- Review training pathways into other HIT modalities and identify whether these can be broadened
- Evaluate the therapy offer available in IAPT to ensure choice of therapy beyond CBT
- Evaluate whether HIT training pipeline could be broadened by encouraging other professionals

Who: HEE, National IAPT programme, IAPT service providers

Career progression uncertainties/limits

New roles (EMHPs, CPWs and CAPs)

EMHPs and CWPs

Career progression uncertainty is an issue for the two new roles of CWPs and EMHPs. Both roles work with Children and Young People's mental health. CWPs can work in different settings whereas EMHPs will work in education. It is unclear for both roles where staff might progress to and this is partially because these roles are so new. There is a risk of losing trained staff if pathways are not made available and are not clarified. CWP and EMHP career progression is being addressed as part of a separate project on "Maximising Efficiency in Psychological Professions' Training Routes", to be submitted in April 2020 to HEE. We have extracted the recommendations relating to career progression and added below. For further analysis on this, please refer to the report.

CAPs

CAPs are a relatively new workforce meant to be filling the identified skills gap between assistant psychologist and qualified clinical psychologists. Due to the newness of the role, it was not further included in our analysis. However, the role might represent interesting career progression opportunities for psychology graduates.

Support workers

Support workers can be divided into two groups: trained and untrained. Trained support workers (assistant practitioners and nursing associates) will receive training as part of their work. While support workers were part of the profiling process in phase I, many stakeholders expressed limited knowledge about their career progression opportunities except for the role

of assistant psychologists. This confirms suggestions that awareness of support roles in mental health, particularly trained ones, is limited.

These roles are an important supply pipeline into mental health. For instance, assistant psychologists are often steppingstone roles for psychology graduates interested in working in clinical psychology. Psychology graduates will also get work experience through other support worker roles. According to 2019 data from the Division of Clinical Psychology Prequalification Group, 57% of clinical psychology trainees had previously worked in a healthcare assistant/support worker role and 67.8% had worked in an assistant psychologist role in the NHS.

It is also an important entry point for people without qualifications as trained support worker roles give staff an opportunity to progress in the NHS. This ultimately leads to a more diverse mental health workforce (see diversity report for further information).

Trained support workers are therefore an important opportunity to upskill staff which will help meeting future workforce targets. Uptake of trained support worker roles is less common in mental health than physical health. As of 2016/17 there were 1,029 APs (or 13%) employed in mental health out of a total of 7,900.[15] This area therefore needs further consideration.

Recommendations

C.4 Further consider opportunities for upskilling the support worker workforce via trained support worker roles.
- Awareness of trained support worker roles and how they may be employed in mental health settings needs to be increased.

Who: HEE

Note: the recommendations below are taken from the report on Maximising Efficiency in Psychological Professions' training routes

M.1 *Consider top-up modules between CWPs and EMHPs* – The analysis has shown that there is significant overlap between both trainings with EMHPs completing the same three modules as CWPs and that the key difference relates to service setting. Trainings could be further aligned by for example creating top-up routes constituted by training in, and experience of, work in the other setting. This may contribute to improving staff retention by providing career development opportunities
- The demand for and logic behind top-up training between CWPs and EMHPs needs to be understood. Some CYP collaboratives have said that they have already had requests from services. CYP collaboratives and services need to be consulted further to understand this need
- It needs to be discussed with HEIs how this could practically be implemented

[15] Barber, Paul, Chiscop, Andra (March 2018), *Feasibility Project: Trainee Assistant Practitioners in IAPT services – Mid-point evaluation report*

Who: CYP IAPT collaboratives, HEE, HEIs

M.2 *Clarify role distinction between EMHPs and CWPs* – The distinctions and differences in competencies between both roles need to be clarified. While person specifications and job descriptions exist for both roles, our research has shown that there is a lot of confusion around the distinctions. The key difference as identified by the NCCMH report is the setting and this is not always understood, particularly from commissioners. This can become even more confusing because some CWPs are already working in educational settings which will mean they will overlap with EMHPs. It's essential to distinguish competencies for staff, services and commissioners.

Who: CYP IAPT collaboratives, HEE, HEIs, NHSE/I

M.3 *Consider whether the new roles and adult PWPs fit into 0-25 year service provision* – NCCMH's analysis shows that top-up routes/hub and spoke to switch between adult and CYP are not recommended. However, this does not mean that their role in covering 0-25 services should not be considered. Additional modules for these roles to cover CYP/adult respectively might be an option. This would need to be investigated further. If curricula were to be reassessed to align CWP and EMHPs, this might also be an opportunity to consider additional training/module opportunities. These could also helpfully form part of potential career progression/Continual Professional Development (CPD). HEE is currently exploring service requirements for the 18-25 year old group.

Who: HEE, HEIs, CYP collaboratives, National IAPT Programme

M.4 *Work towards professional accreditation of CWPs and EMHPs* - Both CWP and EMHP courses should work towards obtaining professional accreditation for the roles, bringing them in line with the adult PWP role. The possibility of back-dating formal accreditation for CWPs and EMHPs who have already completed the training should be explored. Professional accreditation may also be a reason for trainees being drawn to one course over another. These options are currently being explored with professional bodies including the British Psychological Society (BPS).

Who: HEE, HEIs, accrediting bodies

M.5 *Map out clinical and managerial/supervisory career pathways for CWPs and EMHPs based on existing examples, comparison to adult PWPs and address barriers* – Commissioners, services as well as newly trained CWPs and EMHPs need to be aware of career progression opportunities which is likely to reduce turnover:

- With some areas already looking into fast track supervisory career trajectories and CWPs also undertaking CYP IAPT training, these opportunities should be shared across collaboratives and their feasibility to implement on a larger scale needs to be explored. A repertoire of case studies could be put together and shared to support the dissemination of learning. It also needs to be understood how this can apply to EMHPs

- Trainees and people interested in a career as a EMHP/CWP should have accessible information on ways to support and promote career progression. NHS Health Careers has a profile for EMHPs but not for CWPs. Once career progression opportunities have been clarified, they need to be listed on the EMHP profile. A profile for CWPs needs to be set up.
- Career progression also needs to be understood as horizontal progression by offering staff development opportunities. This could be achieved through the top-up routes for EMHPs and CWPs as mentioned in the recommendation above.

Who: HEE national and regional, CYP IAPT collaboratives, commissioners and services

M.6 *Unify EMHP and CWP cohort data collection including retention and career destinations to track the new workforce and identify issues early* – CYP IAPT collaboratives are already collecting data on the new workforces. A standard data collection format with agreed variables could be used across all regions and collected centrally by HEE. The national HEE team is in the process of collating quarterly data for all CYP programmes. This data could then be analysed for retention and career destination. This could then in turn be shard across collaboratives to gain a common understanding of the progression of the workforce

Who: HEE, CYP IAPT collaboratives

M.7 *Ensure that recruitment and selection processes for CWP and EMHP training roles are widened* – Anecdotal evidence indicates that the workforce profile for both roles is similar to adult PWPs – white, female and academically high achieving. To avoid the issues encountered by adult PWP recruitment (lack of diversity, roles being steppingstones, high turnover) it needs to be ensured that staff are recruited from a variety of backgrounds.

- Academic achievements should not be a limiting factor. In the case of PWPs, an apprenticeship route has been developed.
- HEE has asked HEIs to provide level 6 and 7 training routes to support widening participation and is reviewing the recruitment process

Who? Commissioners and services, HEIs

M.8 *Ensure that CWPs are not recruited into adult PWP positions without further training* – The evidence suggests that some CWPs have gone onto working into adult PWP roles and that this has occurred without further training. This practice should not happen. There may be reasons beyond lack of CWP career progression as to why this has taken place and these need to be understood further.

Who: HEE, Services

Conclusion

This report provided further analysis and recommendations on issues around career progression in mental health roles/professions.

The lack of clinical career progression beyond certain bands was highlighted as an issue for most mental health roles/professions during the initial profiling process. However, in the given timeline we could not find any research providing further information on the impact of clinical career progression on retention and recruitment of staff. This is not to say that the lack of clinical career progression does not impact these areas as has been suggested by multiple stakeholders. Therefore, we recommend that further research on the impact be conducted.

The most common career progression for PWPs is to train as HITs. Within the PWP role, there are little other career progression opportunities other than becoming a Senior PWP for which numbers are limited and the role is more managerial. PWPs also represent the main supply pipeline for HIT trainee recruitment. It would therefore make sense to recognise and standardise the PWP into HIT career progression. This does not mean that PWPs should be the only source for HIT recruitment. However, efficiencies might be achieved between PWP and HIT training. It should also inform planning of the future PWP workforce to ensure that supply into HIT is guaranteed to meet workforce targets set by stepping forward and the implementation plan. This should include diversification of PWP trainees beyond the typical profile of young, female graduates.

To conclude, research has highlighted that career progression is a key factor with regards to retention and recruitment in general. The particular issues above had been highlighted as key to addressing career progression in mental health roles/professions but career progression needs to be considered in general across mental health roles to ensure meeting future workforce targets.

Appendix 1 - Illustrative exploration of the future IAPT workforce and HIT pipeline

Assumptions and method

Additional workforce requirements have been taken from Stepping Forward and the NHS Mental Health Implementation plan as per extracts below:

The table below outlines the indicative trajectory of additional staff needed to deliver the objective, year-on-year:

Workforce type	2016/17	2017/18	2018/19	2019/20	2020/21
Psychological wellbeing practitioners	210	350	338	408	408
High intensity therapists	390	650	630	760	760

Source: Stepping forward to 2020/21: the mental health workforce plan for England July 2017, p.32

National indicative workforce profile

Note this is additional to the existing requirements specified in *Stepping forward to 2020/21: the mental health workforce plan for England*.

Adult Common Mental Illnesses (IAPT)	Year 1	Year 2	Year 3	Year 4	Year 5
Staff group	2019/20	2020/21	2021/22	2022/23	2023/24
Psychotherapists and psychological professionals	0	0	970	1,930	2,860
Admin	0	0	30	50	80
Total	0	0	1,000	1,980	2,940

Source: NHS Mental Health Implementation Plan 2019/20 – 2023/24, p.24

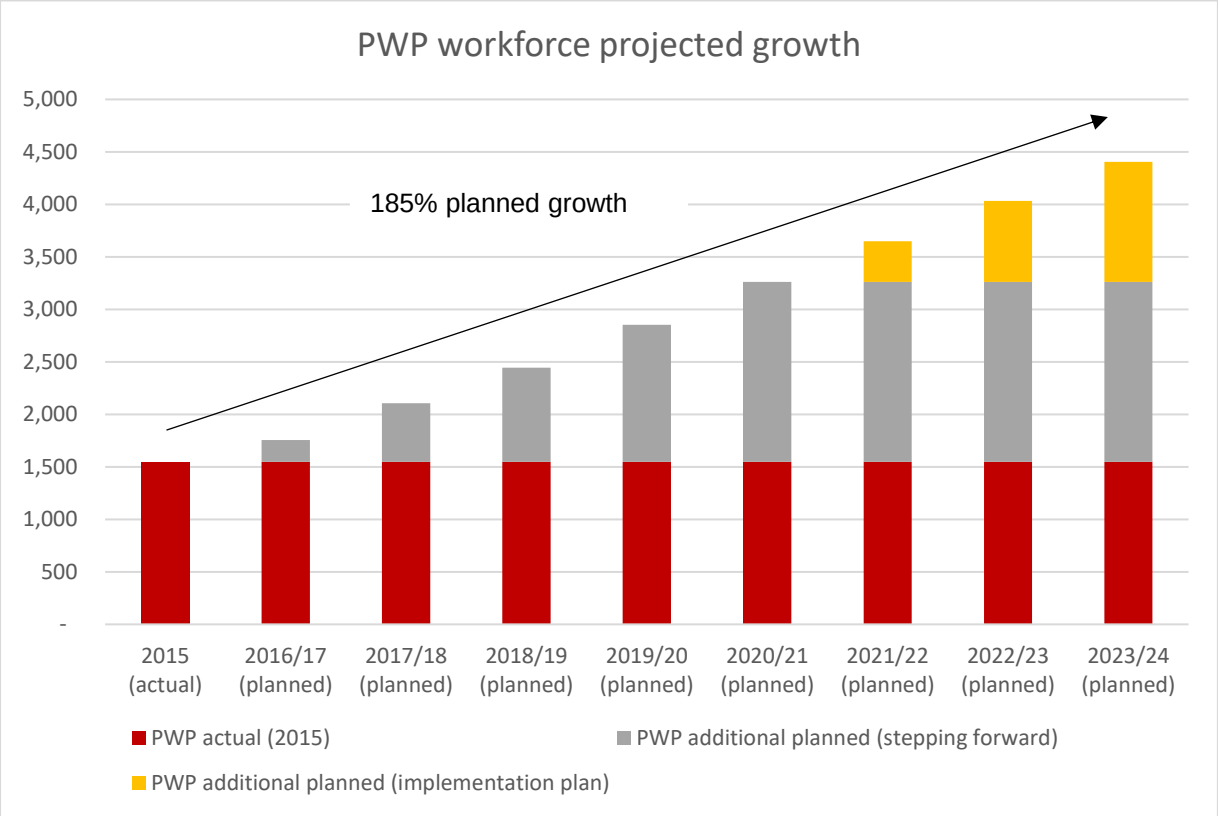
The graphs and table below provide an illustration of planned IAPT workforce growth for PWPs and HITs. For illustrative purposes the following assumptions have been made:

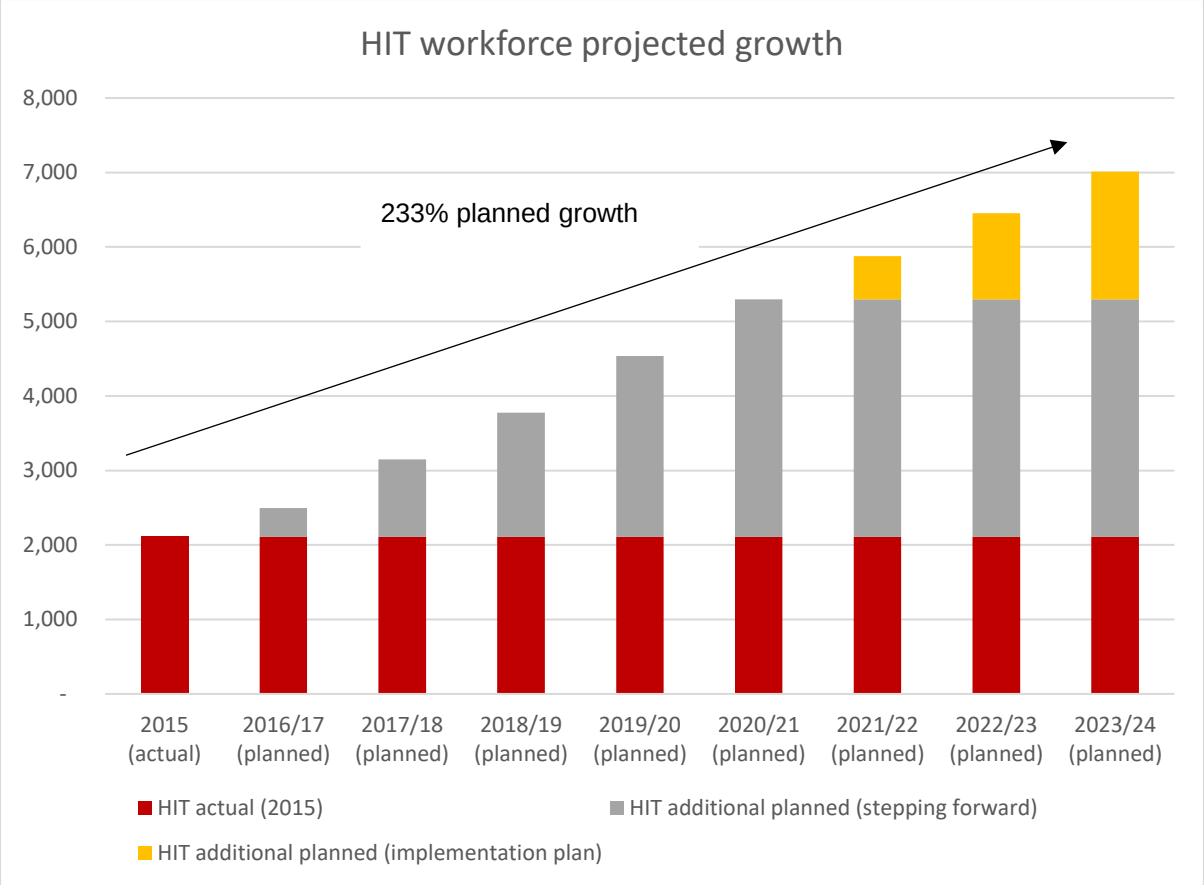
- The baseline for both graphs is actual PWP and HIT staff numbers according to the 2015 IAPT workforce census and is represented in red. This is because we do not have more up to date figures on PWP and HIT workforce figures beyond 2015.
- It is assumed that staff leaving over the historic and forecast period are being replaced. The baseline is therefore kept at the same level as 2015.
- Workforce figures in the implementation plan are in addition to the figures in Stepping Forward. These are therefore reported in yellow on top of the stepping forward additional staff in grey. It is assumed that additional staff from stepping forward will be replaced. The grey bar is therefore kept constant beyond 2020/21
- The Implementation plan does not provide a breakout of the IAPT clinical workforce into HIT and PWP. We have assumed a 40/60 split for PWP and HIT as per the

original IAPT service model. This might inflate numbers of PWPs and HITs slightly as the number might also contain other clinical staff.

Findings

According to the assumptions above, the HIT workforce looks to grow at a slightly higher rate than PWPs. This is because of a stronger planned HIT workforce growth as part of stepping forward.





Sources: IAPT census (2015), NHS Mental Health Implementation Plan 2019/20 – 2023/24, Stepping forward to 2020/21: the mental health workforce plan for England July 2017

The table below provides a summary of planned PWP and HIT workforce growth going forward. The bottom row of the table shows an illustrative calculation of minimum PWP staff that are required each year to have left the PWP workforce and be trained as HITs in order to meet HIT workforce growth targets. This is based on the current HIT workforce profile. We have assumed that 70% of HIT trainees are former PWPs based on conversations with stakeholders. This is a conservative assumption with some stakeholders indicating that this number is even higher towards 80%. This line is only based on the additional HIT workforce and does not include staff required to replace HITs leaving over the next years which also needs to be considered and would make the figure higher. It shows the urgency of addressing the question of the PWP to HIT supply pipeline, how it might be made more efficient and diversified.

Additional planned PWP and HIT workforce according to stepping forward and the implementation plan (non-cumulative) and illustrative PWP requirement to meet HIT targets					
	2019/20 (planned)	2020/21 (planned)	2021/22 (planned)	2022/23 (planned)	2023/24 (planned)
PWP (stepping forward)	408	408			
PWP (implementation plan)*			388	384	372
Total PWP	**408**	**408**	**388**	**384**	**372**
HIT (stepping forward)	760	760			

HIT (implementation plan)*			582	576	558
Total HIT	**760**	**760**	**582**	**576**	**558**
*PWPs required for add. HIT***	*532*	*532*	*407*	*403*	*391*

* 40/60 split assumed

** Assumption of 70% of HIT trainees coming from PWP workforce