Response to the Department of Health, Scottish Government, Welsh Assembly Government and Department for Health, Social Services and Public Safety in Northern Ireland consultation:

The Future of the Healthcare Science Workforce. Modernising Scientific Careers: The next steps

The British Psychological Society thanks the consulting bodies for the opportunity to respond to this consultation.

The British Psychological Society ("the Society") is the learned and professional body, incorporated by Royal Charter, for psychologists in the United Kingdom. The Society is a registered charity with a total membership of almost 50,000. Under its Royal Charter, the key objective of the Society is "to promote the advancement and diffusion of the knowledge of psychology pure and applied and especially to promote the efficiency and usefulness of members by setting up a high standard of professional education and knowledge". The Society maintains the Register of Chartered Psychologists and has a code of conduct and investigatory and disciplinary systems in place to consider complaints of professional misconduct relating to its members. The Society is an examining body granting certificates and diplomas in specialist areas of professional applied psychology.

We are content for our response, as well as our name and address, to be made public. We are also content for the consulting bodies to contact us in the future in relation to this consultation response. Please direct all queries to:-

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This response was prepared on behalf of the Society by Professor Graham Turpin, CPsychol, FBPsS, member and Past Chair of the Division of Clinical Psychology, with contributions from Professor Stanton Newman, Chair of the Division of Health Psychology and member of the Division of Clinical Psychology, Professor Tony Cassidy, Chair of the Division of Health Psychology in Northern Ireland, Dr Roger Paxton, CPsychol, FBPsS, CSci, member of the Division of Clinical Psychology and the Division of Health Psychology, and Dr Catriona M. Morrison, CPsychol, member of the Research Board and the Psychology Education Board. We hope you find our comments useful.

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Chair, Professional Practice Board

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Chair, Research Board

Healthcare Science Workforce consultation  
British Psychological Society response
Response

Introduction

The Society wishes to make a general response which, in part, addresses some of the overarching ideas presented within this consultation, but which also refers to the earlier Darzi Workforce Report (Department of Health [DH], 2008a) which set out the four domains of the healthcare workforce with respect to modernising careers: medicine, nursing, allied health professions and medical scientists.

General Points

Our first major concern is the omission of the scientific discipline of psychology within the introductory analysis of healthcare science and scientists. With the possible exception of end-of-life counselling, the whole thrust of the document is to define the contribution of science to the basic understanding of pathological processes through the application of life sciences, the study of physiological sciences and the application of physical and engineering sciences to diagnosis and treatment. Effective healthcare goes beyond a concern for physical health, extending into areas related to psychological well-being, including: cognitive functioning, emotional well being, interpersonal effectiveness, coping with disability, and the promotion of positive mental health and mental illness prevention. For example, psychological science makes a significant, direct contribution to preventing and reducing illness and disability and to improving health through a range of behaviour change techniques that have been applied to enhancing treatment adherence and effectiveness, thereby enabling rehabilitation and reducing the distress and pain experienced. Psychosocial factors are equally important in the provision of healthcare for patients and for the effective delivery of healthcare through innovations in healthcare delivery, efficient organisations and a healthy workforce.

We believe that the discipline of psychology has much to offer the above agenda. In particular, the applied psychologies - including clinical, counselling, forensic, health and occupational psychology - have contributed significant research, knowledge transfer and direct clinical practice to the health service. Moreover, basic psychological science and its associated disciplines of cognitive neuroscience and neuropsychology, make significant contributions to the advancement of the understanding of the human brain. Finally, there has been a recent, very widespread, recognition of the effectiveness of psychological therapies in alleviating emotional distress and disorder (e.g. anxiety, depression, psychosis) as evidenced by NICE clinical guidelines (e.g. CG22\(^1\), CG 23\(^2\)) and the Secretary of State’s recent investment of over £300 million in the Improving Access to Psychological Therapies (IAPT) programme. Much of the evidence base supporting these developments has arisen from basic and applied psychological science. Applied psychologists (of whom there are currently around 9,000) also contribute to the delivery of these therapies as practitioners and therapists within the NHS.

It is a surprise, and we would argue an extremely unhelpful anomaly, that neither psychology nor the psychological healthcare needs of patients are discussed within this consultation. Psychologists sit on the major research councils that underpin medical research (i.e. the

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\(^1\) http://www.nice.org.uk/guidance/index.jsp?action=download&o=29636  
\(^2\) http://www.nice.org.uk/search/guidancesearchresults.jsp?keywords=cg23&searchType=guidance
Medical Research Council, Biotechnology and Biological Sciences Research Council, Welcome, National Institute for Health Research) and receive considerable sums of research council funding to conduct psychological research in the UK\textsuperscript{3}. As a discipline, within the 2008 Research Assessment Exercise, psychology was represented both by its own unit of assessment and also as part of Other Hospital Based Clinical Sciences within the Psychiatry, Clinical Neuroscience and Clinical Psychology sub-panel. It will also be treated as a STEM\textsuperscript{4} subject in the forthcoming Research Excellence Framework exercise. Psychologists have been elected as Fellows of the Royal Society, the Royal Society of Medicine, the Academy of Medical Scientists, and other similar organisations. Taken together, this evidence shows that psychology is recognised within the UK as a scientific discipline and, as such, should receive serious consideration as to how it should be factored into healthcare science.

**Implications for this Consultation**

The Society has decided not to comment in detail on the proposals suggested for Medical Scientific Careers. We do, however, recognise and support the workforce analysis provided. In particular, the difficulties of small professions often not represented within local workforce planning arrangements, the diversity of qualifications and career pathways, the importance of a tiered workforce (assistants, practitioners and consultants), inaccurate workforce data and categorisations, and the challenge of regulation are all themes that are pertinent to psychology as well as to medical scientists. Many of these themes have been elaborated in relation to health and social care through the recent review: *New Ways of Working for Applied Psychologists*\textsuperscript{5}.

**Recommendations**

1. The Society would welcome comments from the Chief Scientific Officer, Professor Sue Hill, about the possible strengthening of the contribution of science to health care by considering the specific application of psychological science.

2. We would also welcome clarity from DH Workforce as to where psychology and other psychological therapies and therapists (e.g. IAPT practitioners, psychotherapists, child psychotherapists) fit within the Darzi classification of healthcare careers and domains as laid out in the Darzi Workforce Report (Department of Health, 2008a).

3. We suggest that serious consideration is given to the establishment of a fifth category of the healthcare workforce, to include those responsible for:
   a. promoting healthy life-styles and behavioural health interventions;
   b. physical and mental health promotion and illness prevention;
   c. promoting well-being and social inclusion for individuals and communities;

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\textsuperscript{3} However, we have also recently commented on the lack of recognition of the discipline within the highly prestigious UK Clinical Research Collaboration Senior Research Fellowships – where psychologists are honoured by their contributions to medical research, they are presented within the category of psychiatry.

\textsuperscript{4} Science, Technology, Engineering and Mathematics

d. providing effective and evidence-based psychological/psycho-therapeutic therapies/interventions;
e. providing innovative interventions in long-term conditions;
f. promoting effective and psychologically-aware staff and clinical teams;
g. enabling clinical effective leadership;
h. responsive organisations;
i. the development and analysis of clinical outcomes and the promotion of evidence-based practice.

The Society believes that the above functions are critical for the future of health care, especially in relation to Darzi’s Next Steps Review (Department of Health, 2008b), and that psychology is the discipline area with the responsibility to take these applications forward.

4. That a project is established to promote a review and modernisation of the careers of psychologists and psychological therapists (there are members of the Society who strongly support the creation of a Chief Psychological Officer [Kinderman & Tai, in press]).

References

