Introduction

The Society has numerous workstreams led by both senior staff and members, concerning both workforce planning and training. The Workforce Planning Advisors Standing Committee is in the process of producing a piece of horizon scanning work looking at the likely influences on psychology and psychologists in the long-term future.

As well as this, work has been done, under the auspices of the Society’s Membership and Standards Board, to map the similarities and differences in standards between BPS Accreditation Standards\(^1\) and those of the HCPC Standards of Education and Training\(^2\) and Standards of Proficiency\(^3\). As a follow-up to this, work is beginning to ensure that standards across the domains are written in a standardised format and that where a standard appears to be present across multiple domains, if it means the same thing, it is to the same depth or if it means something different it is expressed to celebrate this difference. It is important to note that while workforce and training are closely linked, they are separate.

This document is a general report on likely considerations or work needed for the future of psychology. The report will give an overview of particular themes and make recommendations related to these themes. The recommendations are aimed internally at Society boards and committees.

Training routes

The Government has highlighted the need for an expansion of the psychological workforce\(^4\). This expansion is currently within the mental health arena; however, there is a need for psychological and behaviour change knowledge and skills across a huge range of the workforce in multiple domains and contexts. The commitment by the Government to expand the workforce and reach larger numbers of people must be matched by a commitment to enable practitioners to access training at a number of levels to ensure expansion and enhancement of the whole psychological workforce. The Centre for Mental Health\(^5\) suggests the need for a wide range of career pathways for all professionals. This would allow for career changes for qualified psychologists as well as attracting people with life experience and qualifications in related and separate areas, each bringing their own benefits to the profession.

Recommendation 1: Consider setting up a cross-domain working group to think through possible future training models for the whole psychological workforce, including the consideration of multiple exit and entry points.
Technology

The future is likely to bring more innovations and developments in the world of technology. Some Artificial Intelligence (AI) is already being widely used within organisations including healthcare, and this is likely to grow along with the use of apps or social media to monitor service users and to provide some interventions. NHS Scotland’s 2020 workforce vision has ‘making more and better use of technology’ as one of its main changes to ensure the delivery of better healthcare. Psychologists across the domains can engage with new media and technology to help develop creative ways of encouraging the public to seek and receive support and self-help, as well as aid policy-makers to consider the related ethical issues including consent and privacy. Approaches to training and interventions delivered digitally will need to be carefully designed, evidence-based and regulated to ensure their suitability and effectiveness and the health and safety of users. This should be a role for psychologists who have expertise in critical assessment, intervention and monitoring.

Recommendation 2: Future education and training should include specific input on technological considerations to reflect the likely need for psychologists to design, approve, regulate and use technology such as AI or app-based interventions or support.

Psychology at community and systems levels

Working in the community is a growing requirement in many areas of work. In times of austerity, it can be perceived as money saving, however it can also provide benefits to service users, schools, organisations and the communities themselves.

The Five Year Forward View For Mental Health emphasises the importance of co-production and prevention in healthcare, as well as the importance of reducing stigma and discrimination, and to increase equitable access to services. To achieve these aims and develop solutions, proactive engagement with communities and community groups (including public health) is essential across the psychology domains.

Recommendation 3: Systems and community level psychology should be part of curricula across the domains to reflect the move to more integrated health and social care practices. This should include considerations and interventions at a whole community level, as well as individual interventions in a community setting.

An ageing society

The ONS predict that the UK population will increase by 9.7 million over the next 25 years, from an estimated 65.5 million in 2016 to over 74 million in mid-2039. This is predicted to include a substantial increase in older aged people with a projected 25 per cent of the population being over 65 and 5 per cent over 85 by 2036. This cohort of older people is likely to need a range of services potentially of a specialist nature and for multiple co-occurring conditions. As well as this, people are likely to be working longer in life and so organisations will find their workforce is made up of older people. This may create specific needs which are not currently seen. The Welsh NHS confederation has recognised this and sets the ageing society as one of the major challenges for the future both in terms of need and workforce. The Filkin Report, from the House of Lords Select Committee on Public Service and Demographic Change states the UK is woefully underprepared for the ageing of society with major changes required to our collective attitudes to ageing. Psychologists have expertise in the promotion of healthy ageing as well as the assessment, treatment and support of older people.

Recommendation 4: Future education and training should incorporate knowledge, theory and practise implications of an ageing society.

A diverse society

The most recent UK census showed that the white ethnic group accounted for the majority (86 per cent) of the usual resident population in 2011; however, this is a decrease from 91.3 per cent in 2001 and 94.1 per cent in 1991. This means that there is a growing ethnically diverse population within the UK and this trend is likely to continue. Despite this, the majority of teaching material and research cited in curricula and studies is from research by or with white western people. This means that teaching may not be generalisable to the whole population.

Recommendation 5: Future curricula across the domains should aim to use diverse authors and evidence; as well as looking to encourage recruitment of research participants that reflect the population range. Courses should work towards intakes that reflect the ethnic mix of the UK population.
Prevention

Prevention needs to be considered in relation to health, organisational development, and other relevant contexts. The NHS Five Year Forward View\textsuperscript{12} gave a very clear message on prevention:

‘If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall, health inequalities will widen, and our ability to fund beneficial new treatments will be crowded-out by the need to spend billions of pounds on wholly avoidable illness.’ (p.7).

There should be a commitment to prevention both of physical and mental ill health at the highest levels and this should be reflected in legislation, policy priorities, commissioning and budget allocations. It should be the main focus of strategy for any identified problem. Research into the public health interventions into smoking, alcohol and physical activity, amongst others, showed that the vast majority of these interventions are highly cost-effective\textsuperscript{13,14}. Strategic, long-term thinking, especially in times of austerity will show that preventing problems before they occur will save money in the long term as fewer people need intervention at crisis point.

Investment in early intervention work with children and families is crucial to supporting lifelong development and learning. Accessible psychological provision and psychological support for healthy workplaces is also key to service provision to the population as a whole.

Recommendation 6: Future education and training should ensure that prevention is a key focus within the curriculum, including at a public health/community and organisational level.

Primary care

To aid with prevention, psychologists working in primary care help with problems before they reach crisis point as well as redirecting the time of other professionals to their core roles and skill sets and thereby increasing the capacity of services. This is true of both in physical and mental health contexts and could include chronic illness, long-term health conditions and health behaviour change, including advice on physical activity or exercise. Some GP services are already integrating psychologists into their practices with positive results. This would also enable a focus on families and promote coordinated care and enhanced transition from child to adult services. It may enable the creation of new roles to specialise in this kind of general front line psychology.

Recommendation 7: Consider setting up a cross-domain working group to think through how psychology could be fully integrated into primary care, including exploring the possibility of new roles.

Multi-professional working

There is a need for the work of psychologists to be integrated with other professionals, particularly if individualised assessment and/or care is to be achieved along with parity of esteem, the national aspiration for equality of provision in physical and mental healthcare. Currently, true integration is mainly seen for complex problems and complex care teams but it is imperative that the biopsychosocial perspective of the person is adopted whilst acknowledging the social and ecological forces that impact on their health and wellbeing. Psychologists are well suited to multi-disciplinary working due to their holistic approach to wellbeing and the understanding of a person as an integrated behaving being. In future, it will be important for psychology trainees to train with people from other disciplines. There is also a need to establish an evidence base of joint working which is successful.

Recommendation 8: Psychologists must train alongside other professionals. Programmes could include shared teaching of classes or modules as well as placement experience within multi-disciplinary teams.

Experts by experience

Continuing the theme of joint working, psychologists should also be working with service users and those with lived experience in order to improve care. ‘Nothing about me, without me’ is a phrase often used in reference to healthcare, and although it was originally referring to decision making\textsuperscript{15}, service user involvement is important across the domains at every level from service design to decisions about intervention. This equally applies to settings and contexts outside healthcare including work places and schools. Experts by experience could be designing and giving training in all domains to have true involvement and influence.

Recommendation 9: Service user/expert by experience involvement should be valued throughout the training process. Programmes should ensure they are involved in the design and delivery of modules and courses, the selection of trainees and the management of research projects.
Policy influence

Psychologists are very good at examining evidence and research in order to see what approaches may be best applied in a given situation. Currently, psychologists are rarely consulted on policy decisions, with behavioural economists being preferred. However, many policies have social, cognitive, behavioural or emotional factors where psychologists have expertise. It is important that psychologists are enabled to communicate this knowledge at a variety of levels in order that policy, commissioning and service design are evidence-based and effective.

Recommendation 10: Future education and training should have a stronger strategic element and should include skills in communicating with a diverse range of audiences to enable influence on policy development with key stakeholders.

Research

Research is an integral part of psychology training and practice and allows the development of evidence-based practice. Many practitioners, services, organisations and other stakeholders will have identified research gaps or needs which would be relevant to improvement. It would be a good opportunity for partnership working in the development of research projects in order to benefit both parties with research which will have real impact on wider society as well as potentially saving money.

Recommendation 11: Training providers should work in partnership with employers, policy makers and key stakeholders to formulate research projects for trainees that fill knowledge gaps at a local and national level.

Conclusion

Looking into the long-term future, there are likely to be many changes which will affect the needs of the public and the psychological workforce. In order to ensure that the future workforce contains a range of psychological practitioners who are adequately skilled and trained to meet these demands, education and training will need to be future proofed and adaptive.

Acknowledgements

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Summary of recommendations

1. Consider setting up a cross-domain working group to think through possible future training models for the whole psychological workforce, including the consideration of multiple exit and entry points.
2. Future education and training should include specific input on technological considerations to reflect the likely need for psychologists to approve, regulate and use technology such as AI or app-based interventions or support.
3. Systems and community level psychology should be part of curricula across the domains to reflect the move to more integrated health and social care practices. This should include considerations and interventions at a whole community level, as well as individual interventions in a community setting.
4. Future education and training should incorporate knowledge, theory and practise implications of an ageing society.
5. Future curricula across the domains should aim to use diverse authors and evidence; as well as looking to encourage recruitment of research participants that reflect the population range. Courses should work towards intakes that reflect the ethnic mix of the UK population.
6. Future education and training should ensure that prevention is a key focus, including at a public health/community level.
7. Consider setting up a cross-domain working group to think through how psychology could be fully integrated into primary care, including exploring the possibility of new roles.
8. Psychologists must train alongside other professionals. Programmes could include shared teaching of classes or modules as well as placement experience within multi-disciplinary teams.
9. Service user/expert by experience involvement should be valued throughout the training process. Programmes should ensure they are involved in the design and delivery of modules and courses, the selection of trainees and the management of research projects.
10. Future education and training should have a stronger strategic element and should include skills in communicating with a diverse range of audiences to enable influence on policy development with key stakeholders.
11. Training providers should work in partnership with employers, policy makers and key stakeholders to formulate research projects for trainees that fill knowledge gaps at a local and national level.
References


