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# Leadership development and support for clinical psychologists working in health and social care

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Division of  
Clinical Psychology

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# 1. Executive summary

Leadership is recognised as one of the key components of quality care. Clinical psychologists working in health and social care are expected to be providing leadership and have a responsibility to work with others to manage planned and emergent change. They often find themselves in leadership roles with little or no training and sometimes soon after qualifying. The DCP commissioned a project to look at leadership development and support needs of clinical psychologists working in health and social care. The project worked with clinical psychologists to understand the needs and current opportunities for leaders in health and social care.

Based on the findings of the project, this paper looks at concerns the profession has with regard to its leadership capacity and sustainability and makes a series of recommendations to strengthen clinical psychologists' professional capacity to lead and influence. It recommends that any BPS/DCP sponsored leadership support will require a broad multi-dimensional approach and strategy, attending to the following key elements:

A leadership strategy for clinical psychology.

Address the diversity gap.

Promote leadership in partnership.

Set out leadership support, training and development opportunities.

Prepare for leadership for the future beyond the pandemic crises.

Establishing the network of influence and getting psychologists in the right positions will need to be an important part of the leadership strategy alongside setting out systems to develop leadership capacity through training and development opportunities. The latter will require incremental and cumulative leadership training and development across the career span with a range of options including investment in formal competencies-based training and opportunities for shadowing, secondment, mentoring and coaching. A training course specifically developed for psychologist leaders to build upon psychological competencies is recommended, along with more generic multi-professional training, master classes and a professional consultancy service.

Although the work was commissioned by and about clinical psychologists, it is recognised that many of the themes would apply across the domains of psychology and psychological professionals who aren't clinical or applied psychologists. It is also acknowledged that there are different leadership challenges for psychological professionals who aren't clinical or applied psychologists. There is aspiration for a further stage of the project to collaborate with others to take the work forward.

## 2. Aims of the paper

The work is commissioned to look at leadership development and support needs of clinical psychologists working in health and social care with the following key aims:

To highlight concerns the profession has with regard to its leadership capacity and sustainability.

To set a proposal for a BPS leadership development and support programme for clinical psychologists working in health and social care.

To strengthen clinical psychologists' professional capacity to lead and influence.

The paper looks at concerns the profession has with regard to its leadership capacity and sustainability. It makes a series of recommendations to strengthen clinical psychologists' professional capacity to lead and influence. We recognise that many if not all the issues highlighted in the paper could be the same across the domains of psychology and psychological professionals who aren't clinical or applied psychologists working in health and social care contexts. It is our hope that the findings, framework and training strategy can be further developed in collaboration with other domains of applied psychology to set out a resource for all psychologists working in health and social care.

### 3. Introduction and context

The quality of care and organisational performance are directly affected by the quality of leadership and the improvement cultures leaders create. The major policy drivers across the four nations<sup>1</sup> outline expectations for improvement as well as opportunities and challenges for leadership. For instance, the NHS Long Term Plan sets out an ambition to invest in leadership and management and states that ‘Great quality care needs great leadership at all levels’. It acknowledges the gap in highly skilled and readily deployable senior leaders<sup>2</sup>. [Clinical Leadership – A framework for action](#) (2018) addresses the NHS Long Term Plan priority around nurturing the next generation of leaders and supporting all those with the capability and ambition to reach the most senior levels of the service.

Investment in developing the leadership capacity is essential to address complex strategic and operational issues, pressures arising from the increased demand, shortages in key workforce groups, diversity gap in leadership, on-going financial constraints and challenges around stress and low morale. The significant uncertainty brought by a large-scale crisis such as Covid-19 has exacerbated the leadership challenges associated with decision-making and requires a rapidly adaptive response not usually associated with leadership in more ‘business-as-usual’ times. The past year has required swift decisions within the backdrop of challenges around continuity of services, racial and social inequalities, workforce morale and safety, financial pressures and organisational adaptation to new ways of working. The future seems more unpredictable than ever requiring planning in uncertain times and capturing learning from the pandemic. Compassionate leadership as well as setting up a crisis-response infrastructure has been especially critical to manage the unfolding human tragedy alongside economic challenges. Moving

forward will require compassionate engagement with organisations and the communities they serve. This will involve challenging assumptions, demonstrating leadership that values humility, building trust and fostering a culture of learning, and creating psychologically safe and productive environments for impactful change.

In this context, clinical psychologists working in health and social care are expected to be offering leadership and have a responsibility to work with others to manage planned and emergent change. This will involve enabling organisations to set up systems for workforce support, learning from the crises and meeting expectations of improved care and users’ experiences. Their training should enable them to bring a psychological perspective to team conversations and strategic decisions. Are we ready to deliver on this? If so, how? What might the challenges be?

There are approximately 20,000 psychological professionals working for NHS funded services in England. They may represent closer to 25% of the registered clinical workforce in Trusts that only provide mental health services (many mental health Trusts also deliver community physical health services)<sup>3</sup>. There are gaps in leadership positions for the psychological professions impacting on service delivery, policy development, and workforce planning for the psychological professions<sup>4</sup>. In this context of wider psychological professionals workforce in health and social care, applied psychologists working are also a small work force (9,594)<sup>5</sup>.

However, many find themselves in leadership roles soon after qualification (within teams of psychologists, therapists, and other professionals) without much formal preparation or training. The demands of such roles (some not even formalised/authorised) are becoming increasingly managerial. However, the

<sup>1</sup> NHS Long Term Plan (2019); NHS Mental Health Implementation Plan 2019/20–2023/24; We are the NHS: People Plan 2020/21 – Action for us all; NHS Staff & Learners Mental Wellbeing Commission (2019); A Healthier Wales (2018); Health and Wellbeing 2026: [Delivering together](#) (2016); [Scotland 2020 Workforce Vision](#); [A National Clinical Strategy for Scotland 2016](#).

<sup>2</sup> 2018 survey by The King’s Fund and NHS Providers found that 8% of Executive Director roles were filled by an interim or vacant, while 37% of trusts had at least one vacant Executive Director post.

<sup>3</sup> Based on combination of NHS Digital Data from July 2017, and IAPT Workforce Census Data from April 2015. [Implementing Stepping forward to 2020/21: The Mental Health Workforce Plan for England. Delivering the Expansion in the Psychological Professions 2018](#).

<sup>4</sup> Implementing the NHS Long Term Plan: [Maximising the Impact of the Psychological Professions](#)

<sup>5</sup> ESR data from NHS Digital: ‘Applied Psychologists - Clinical’ (occupation codes SM and SL) working in mental health settings in July 2019. This figure includes Counselling, Forensic and Health Psychologists.

challenges that face psychologists in leadership positions are not dissimilar to those faced by most leaders in the NHS, as the health and social care landscape is transforming fast to meet public and corporate expectations. Particular challenges for psychologists in leadership roles are to embrace new work paradigms and roles, forge partnerships with

stakeholders including experts by experience, address diversity gaps in the profession, take up non-traditional roles to influence, seek representation, build up cases for a sustainable workforce, assert professional autonomy, move beyond survival to thriving and adapt to an increasingly complex working environment.

## CURRENT SITUATION: WHERE WE ARE AT

Over the years, applied psychologists have taken up greater clinical, professional and strategic leadership roles in a number of ways. Examples include; contributing to new service delivery models such as [IAPT](#) influencing policy drivers, setting standards for effective services ([APPTs](#)), developing practice guidelines, and contributing to audits on service provision<sup>6</sup>. [Guidance on Leading Clinical Psychology Services](#) (2007) was set out, to stipulate a model for strengthening leadership skills by outlining a leadership development framework for all grades of applied psychologist. This was further enhanced by the [Clinical Psychology Leadership Development Framework](#) (2010), which outlines a continuing developmental framework for leadership behaviour, which is both incremental and cumulative from pre-qualification to director levels of the profession.

In recent years, [DCP Leadership and Management Faculty](#) has set out a number of initiatives to support leadership development across the career span to build upon these frameworks. Examples include: guidance documents, Clinical Psychologists as Future Leaders Mentoring programme, consultation and advice, training events and more recently a leadership summit to consider issues and consult with membership. These initiatives have allowed the profession to support leadership capacity and capability. However, the fast shifting landscape of health and social care and the Covid-19 context requires a review to ascertain whether the profession is robust enough to systematically identify leadership development needs, develop leadership capacity and support its membership to progress through their careers to get to senior positions of influence. A scoping exercise was taken up by the Leadership and

Management Faculty to explore the above (Appendix 1), which highlighted the need to do more. A discussion paper on leadership training was tabled at the DCP Executive meeting in spring 2019, which was subsequently considered by DCP Workforce & Training Sub-committee. A Task & Finish Group was put together with the following aims (ToR in Appendix 2).

Review leadership development and support opportunities for clinical psychologists.

Establish a list of multi-professional leadership training opportunities available to clinical psychologists.

Consider targeted leadership development activities such as master classes, workshops, action learning sets and courses of various lengths.

Assess the viability of setting out a crises clinic/organisational consultancy service to offer support, advice and signposting in partnership with the union/s.

Make recommendations to the DCP Executive Committee.

The section below provides an overview of leadership development needs of clinical psychologists based on scoping exercise and discussion at the Task & Finish Group. It outlines a multi-layered model to support leadership at all levels. It sets out its recommendations on leadership development and wider support opportunities.

<sup>6</sup> BPS News: Audit of anxiety and depression services highlights need for better access

## 4. Scoping: Need and available resources

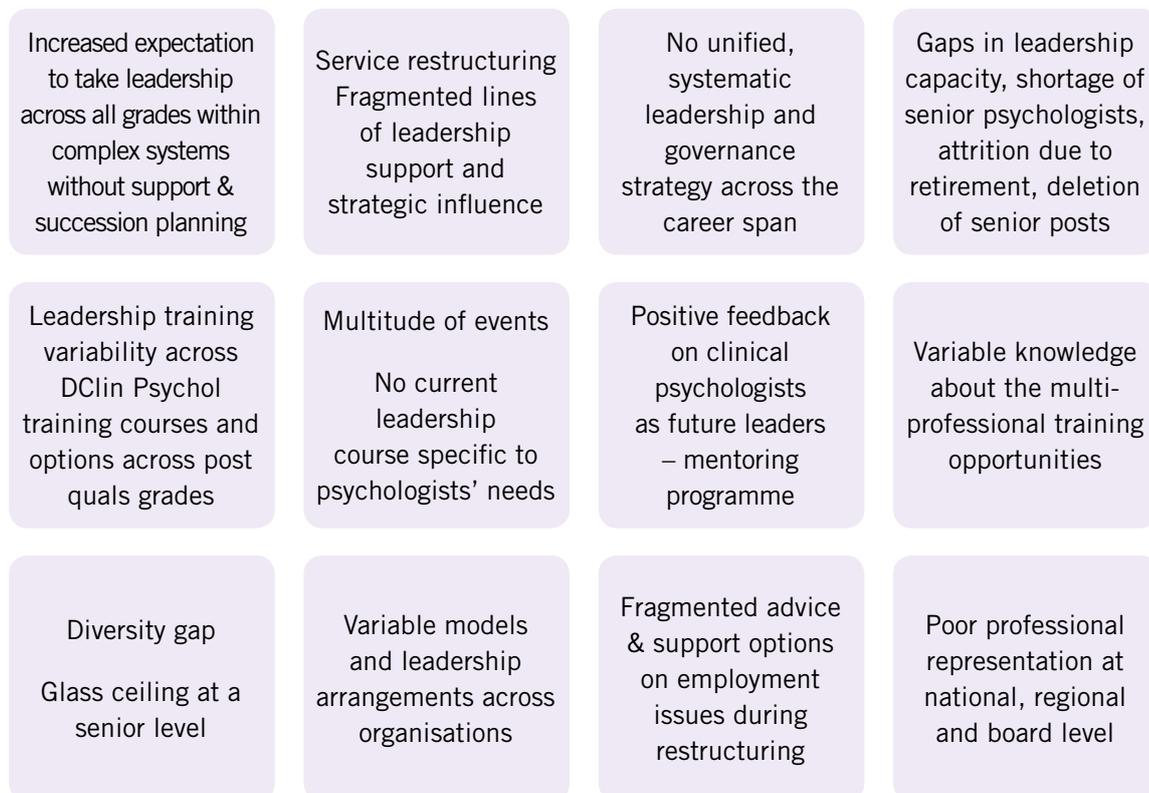
The Task & Finish Group undertook a range of activities to establish leadership development needs, and to scope the range of existing opportunities available (Appendix 2).

### LEADERSHIP DEVELOPMENT AND WIDER SUPPORT OPPORTUNITIES FOR CLINICAL PSYCHOLOGISTS

The fast shifting context of leadership and service delivery in recent years has impacted the profession of clinical psychologists in multiple ways. The work taken up by the DCP, mentioned in the earlier section, has offered developmental leadership frameworks and support opportunities for clinical psychologists. However, a new fit for purpose strategy for applied psychologists working in health and social care is needed to meet the demands of changing horizons to ensure that the profession is well equipped to lead and influence. This will require getting psychological professionals into the right leadership positions.

A snapshot of the key themes coming out of the scoping of need consultation is outlined in Figure 1. Such a multitude of themes require the profession to look at and address development needs across multiple levels (pre-registration to post training), leadership competence to work in multidisciplinary settings, and career-grade leadership skills in a variety of roles, such as leads in specialist areas, service heads and directors.

**Figure 1: Key themes**



## 5. Multidimensional approach to leadership development

There are major challenges ahead including: service transformation; managing the long term impact of the pandemic; meeting performance targets; workforce modernisation; enhancing governance; forging social partnership with community groups and experts by experience; and tackling racial, social and health inequalities.

Coordinated professional representation for influence and meaningful impact and paying attention to workforce wellbeing will be the key to service sustainability and quality. Many of these areas are interlinked and

have implications for the role and function of leadership. The leadership development strategy needs to consider variability of leadership roles across the career span. To achieve this any BPS/DCP sponsored leadership support would require a broad multi-dimensional approach and strategy, attending to and potentially incorporating the key features as below:

Figure 2: A multidimensional approach to leadership



## A LEADERSHIP STRATEGY FOR CLINICAL PSYCHOLOGY

Development of a strategy to:

Articulate the values underpinning the nature of high quality leadership, compassion, inclusion, transparency and openness.

Support the right leadership mix across the career span – advocate career progression pathways for leadership and management development across the career span. This could be supported by a matrix of leadership and management roles embedded in job plans and through opportunities for shadowing and representation.

Address structural matters and facilitate psychological professionals into senior

leadership and management positions in the NHS nationally, regionally and more locally in ICSs (integrated care systems), health boards and trusts.

Advocate for psychological professionals getting into the right leadership positions to increase representation at multiple organisational levels.

Promote psychologists as potential leaders in non traditional roles.

Set out right training across the career span targeting required competencies.

## DIVERSE AND INCLUSIVE LEADERSHIP

Address diversity gap in leadership to address barriers and promote equality and anti-racist practices.

Support members, organisations, educational institutions and national bodies to address structural barriers around access and underrepresentation in senior positions.

Develop opportunities for shadowing and reverse/reciprocal mentoring as part of the DCP programme.

Bring diversity into the mainstream for the DCP as diversity and inclusivity is the business for all.

## LEADERSHIP IN PARTNERSHIP

Promoting inclusive leadership in partnership with service users, families and carers.

Support inclusive leadership development which fosters an open, transparent and consultative process with community groups with attention to diversity in faith, culture, class and social/ethnic identities.

Partnership with other domains of applied psychology and other professional bodies

and networks to have a strong and coherent voice for a wider and stronger impact.

Working closely with stakeholder including professional bodies, third sector, community groups and unions to support psychologists to maximise influence.

Link up with national and representative bodies for in developing career pathways for clinical psychologists as part of wider work for psychological professionals.

## LEADERSHIP SUPPORT, TRAINING AND DEVELOPMENT

Leadership training and support opportunities to strengthen leadership skills based on leadership and management competencies in the new context across the career span.

Review of BPS/DCP leadership and management competencies.

Leadership training and development embedded in the clinical psychology doctoral courses.

Formal leadership training opportunities to include: (a) multi-professional based courses (b) tailor made courses.

A nationwide leadership-mentoring scheme across the career span with attention to issues around diversity and inclusivity.

## LEADERSHIP FOR THE FUTURE: LOOKING AT HOW COVID-19 IS SHAPING LEADERSHIP BEYOND THE CRISES

Address leadership challenges incorporating learning from the pandemic.

Support leaders in planning ahead to consider how dealing with the crises and its long term impact shape the 'beyond'.

Such a multi-dimensional approach will require incremental and cumulative leadership training and development across the career span. Investment in formal competencies based training as well as offering other options such as showing, secondment, mentoring and coaching is recommended (Table 1).

**Table 1: Leadership development and training matrix (working draft for comments)**

<b>LEADERSHIP DEVELOPMENT AND TRAINING INCREMENTAL AND CUMULATIVE</b> (learners, post-qualification, mid career, consultant/director level and beyond)				
Support systems across the career span	Formal competency-based training <sup>†</sup>	Other methods (placements, secondments, shadowing, role taking, etc.)		Leadership across all levels*
		Pre-qualification	Post-qualification <sup>§</sup>	
Individual	Leadership models			Organisations
	Leadership and management tasks	<b>Placement experience</b> Observations and reflections	Programmes/courses single or multidisciplinary Mentoring, reflecting and developing practice	
Local	Healthcare frameworks	Practice in working with individuals and teams	Self development (e.g. group relation conferences, reflective practice groups, action learning sets, 360 feedback loops)	Groups/teams <sup>‡</sup>
	Commissioning and business planning	Interagency/community liaison, networking, capacity building	Keeping abreast with organisational models and change process, policies, leadership models, commissioning context, etc.	
National	Workforce planning	Lead on psychological issue in teams (e.g. formulation, testing)	Shadowing, secondment	Individuals
	Practical levers: Recruitment, sickness, SUI, sustainability, workplace recognition, talent	Promote/facilitate staff reflective practice and other psychological skills	Becoming involved – demonstrating effectiveness, problem solving	
Professional	Management systems psychodynamics	Contribute to service development processes/local policy or procedures	Management processes – meetings, appraisals, performance management, grievance, investigation, etc.	Others
	System psychodynamics/group relations	Chair meeting, coordinate working party/collaborative project/training	Leading research and QI	
	Media skills	Model/educate on the contribution of psychology to services and psychologically informed care	Taking up new roles (RC& AC), non-traditional positions	
		Shadow/engage with service leads/managers, commissioners	Career progression support through line management and supervision	
		Offer constructive evidence-based critique/evaluation of models/services	Involved in the wider organisational business including strategy and policy development work	
		Facilitate service user/carer involvement/coproduction	Lobbying and influencing for professional representation	
	Using a model to understand the workplace	Linking in with local MPs, APPGs	Taking up roles in professional body & join networks such Leadership & Management Faculty	
<b>Competencies:</b> (personal qualities, working with others, setting directions, managing and improving services) Relevant frameworks: <i>Clinical Leadership – A Framework for Action</i> (2018); <i>Clinical Leadership Competency Framework (CLCF)</i> (2011); <i>Healthcare Leadership Model</i> (2013); <i>The Clinical Psychology Leadership Development Framework</i> (2010)				
<b>Compassionate and inclusive leadership for improved care and users' experience</b>				

\* Emerging literature in this area. Adopted by NHS Long Term Plan with emphasis on leading with others as team/s.

<sup>†</sup> Training needs will vary across the career span.

<sup>‡</sup> Various configurations such as board of trustees, health and social boards, sustainability and transformation partnerships, board of directors.

<sup>§</sup> Continuation of pre-qualification activities and more.

## 6. Deliverable options and viability considerations

### MULTI-PROFESSIONAL LEADERSHIP TRAINING

There are a number of leadership training opportunities available to psychologists offered by NHS employing organisations and other agencies such as King's Funds and Leadership Academy. Applied psychologists in health and social care should be encouraged to undertake such multi-professional training courses as they have an added benefit of cross professional learning and networking. Training opportunities offered by King's Fund's and Leadership Academy courses are identified as the most

relevant leadership courses. A resource list compiled following a scoping research is included in Appendix 1.

#### WHAT IS NEEDED TO TAKE THIS PROPOSAL FORWARD?

Encourage clinical psychologists to consider multi-professional based courses.

Make information available on the website.

### TAILOR MADE MASTER CLASSES/WORKSHOPS

A list of potential topics was looked at by examining emergent themes from a range on sources such as: the DCP London and York conferences on NHS Long Term Plan, Representatives Assembly; feedback at the Leadership & Management Faculty events and discussion at the DCP Mentoring Steering Group. Shortlisted priority areas included the following:

Coaching and mentoring skills and models (mentoring project).

Working with team dynamics and influencing.

Workforce and job planning.

Leading on risk management.

Conflict, fragility and resilience.

Political, personal and professional skills for leaders.

Compassionate management and leadership in action.

These potential topics were put to vote at the Leadership Summit, except for Coaching and Mentoring Skills and Job Planning, as they were addressed through separate routes<sup>7</sup>. Three top priority areas are: *Political, Personal and Professional Skills; Compassionate Management & Leadership in Action and Working with Team Dynamics & Influencing.*

#### WHAT IS NEEDED TO TAKE THIS PROPOSAL FORWARD?

Set up tailor-made training for clinical psychologists covering: (a) Political, personal and professional skills; (b) Compassionate management and leadership in action; and (c) Working with team dynamics and influencing. Such training will need to address a new approach to leadership which addresses challenges shown light by the Covid-19 including inclusivity and diversity gap, partnership working with communities and capacity to lead on working with planned and emergent change.

<sup>7</sup> A sub-group from the managers list; Mentoring Steering Group

Figure 3: Leadership development poll – Top three priorities



### LEADERSHIP TRAINING COURSE

A tailor made course will complement currently available leadership training opportunities by setting out a curriculum that is distinct from other courses and specifically designed with the development needs of psychologists in mind. It is recognised that the multidisciplinary element of other courses brings developmental value. However, there is significant value in designing a course around the existing skills and competencies of clinical psychologists, and in supporting the development of networks of clinical psychologists in leadership roles across the UK. Such a course is likely to offer an added marketing value and income generation options, as it is likely to attract a wider workforce. However, this will require consultation with other domains of

applied psychologists and potentially wider group of psychological professionals in line with the target groups. Objectives of the course are to be:

To support and develop leadership and management competence and capability for psychologists across the career span.

To support psychologists in developing psycho-social skills and resources to be effective leaders in various roles helping them to ensure the delivery of high quality, safe, fit for purpose and compassionate care.

To build the capacity and capability of those in leadership positions and aspiring leaders across the health and social care economy in order to influence and create the best possible conditions for the delivery of high quality care for patients.

To ensure participants understand the challenges to wellbeing for themselves and their staff in caring roles, and to support them in making their practice as sustainable as possible across the career span.

To support succession planning by specifically developing a group of psychologists, equipped to apply for Head of Service or Chief Psychological Professions Officer and other senior positions.

Links with the BPS Director of Membership and Professional Development and BPS Director of Knowledge and Insight have been made to scope the viability of such a course across the domains of applied psychology. An engagement and consultation work will be set out with other divisions following the publication of this paper to consider options for a leadership development strategy for psychologists working in health and social care.

**WHAT IS NEEDED TO TAKE THIS PROPOSAL FORWARD?**

DCP Executive, BPS Director of Membership and Professional Development and BPS Director of Knowledge and Insight support for the proposal.

**PROFESSIONAL CONSULTANCY SERVICE**

There are aspects of leadership support, which require both professional advice and employment support. The DCP Workforce and Training Sub-committee has initiated work to link up with Unite to consider areas of need. A number of themes have emerged:

Union advice on employment matters is often taken late.

Down banding of psychologists and its impact on retention, shortage of senior positions and morale.

Psychologists taking up job descriptions as part of the organisational change process, which do not have management and budget responsibility. Implications of this are not considered in terms of grading and career progression.

Need to work closely with the relevant trade unions to support psychologists through organisational change processes.

There is work taken up with the BPS to forge strong links with the relevant trade unions. The review of National Assessors scheme and its promotion is likely to address some of the above challenges. We understand that there are working groups set out by the BPS Practice Board to address the employment of assistant psychologists including internships/honorary roles.

An option of a professional consultancy service to advise on professional issues including signposting clinical psychologists to unions on employment related matter need to be looked at. However, this requires further work and consultation with relevant stakeholders.

**WHAT IS NEEDED TO TAKE THIS PROPOSAL FORWARD?**

Further consultation with the DCP Executive and other stakeholders within the BPS to scope the viability and purpose of this service in line with other developments in the BPS.

## 7. Concluding statement and recommendations

This document has reviewed the current status of leadership development opportunities to consider whether there is a coherent leadership capacity and capability strategy across the career span. The impact of rapid pace of change across health and social care settings on the current leadership capacity to influence and represent the profession effectively across national, regional and local network is acknowledged. Although there are a number of significant pieces of work taken up by the BPS to offer competencies and leadership developmental frameworks, there does not seem to be a systemic take up across the organisation. The DCP has continued to invest in the Clinical Psychologist as Future Leaders mentoring scheme, which is currently supporting the development of the BPS

mentoring scheme and a mentoring pilot in England for diversity in leadership.

The context in which psychological services are delivered and how a psychological knowledge base can be used across a range of setting is evolving. The changing landscape offers many opportunities for applied psychologists. However, strategic and systematic approach to leadership development remains a challenge to the profession. Given the wider agenda of service transformations, diverse and inclusive leadership, and modernisation of workforce within the backdrop the pandemic, the DCP needs to invest in a multi-layered strategy to support leadership development by focusing on below.

**Figure 4: Key areas of focus**



## INFLUENCING AND REPRESENTATION

Ongoing campaign for a Chief Psychological Professional Officer for each of the four nations.

Close working with NHSE Psychological Professional Workforce Programme and relevant networks for each of the nations.

Advocate for the representation of psychologists at the board level.

Support psychologists for increasing influence by taking up roles on national bodies such as NHS, HEE and health and commissioning boards across the four nations.

## LEADERSHIP DEVELOPMENT

Group of Trainers to review leadership training across courses.

Continuation of national mentoring project for future leaders across the career span.

Links with the multi-professional leadership courses offered by NHS Leadership Academy, King's Fund and NHS Trusts in order for psychologists to both take up courses and contribute to their training.

Development of digital resources to provide up-to-date information on courses, blogs, workshop material and discussion groups via online communities.

Master classes/workshops for clinical psychologists on the three priority areas – Political, Personal and Professional Skills; Compassionate Management & Leadership

in Action; and Working with Team Dynamics & Influencing. Develop a rolling programme following evaluation in consultation with the membership.

A tailor made BPS leadership course.

Engagement with members and stakeholders by setting out a Leadership Summit to share examples of good practice and engage with leadership challenges at national level.

Further develop leadership competencies and leadership development and training matrix (Figure 2) in consultation with the GTiCP.

Offer development opportunities via clearly defined committee roles.

## CONSULTATION AND PARTNERSHIP

Further engagement with other domains of applied psychology and unions to consider partnership work and scope the need for an advisory/consultancy service.



# Appendix 1: Division of Clinical Psychology recommended leadership and management programmes

## LEADERSHIP ACADEMY PROGRAMMES

The following programmes are offered by the Leadership Academy. They usually involve online and face-to-face elements. They are designed for people at different stages in their leadership and management journeys. They are:

**Edward Jenner Programme** For the newly qualified aspiring to leadership roles. Launch five hours followed by online study over six weeks.

**Mary Seacole Programme** For people just taking up leadership and management positions. Takes over six months with 100 hours online study plus three face-to-face workshops.

**Rosalyn Franklin Programme** For people in middle level leadership and management positions aspiring to large and complex parts of organisations. Takes nine months with four to five hours online study a week expected plus face-to-face workshops.

**Elizabeth Garret Anderson Programme** For people in middle to senior management positions.

Takes 24 months standard programme leading to a master's in Healthcare Leadership.

**Nye Bevan Programme** For those senior managers aspiring to board level positions. Shaped around individual participant's learning needs with face-to-face experiential residential workshops.

**Aspiring Chief Executive Programme** For those in senior management positions who wish to move to Chief Executive positions. Essentially a preparation for a CEO role. Individualised learning programme over 12–24 months.

**Chief Executive Development Network** Designed to support and develop people in Chief Executive roles. Two days network meetings annually with access to mentoring/coaching if required.

Details of these programmes are available under programmes at:  
[www.leadershipacademy.nhs.uk/aspire-together-south-east-regional-talent-board/members](http://www.leadershipacademy.nhs.uk/aspire-together-south-east-regional-talent-board/members)

## KING'S FUND PROGRAMMES

As a guide for all staff to understanding the NHS an online programme is available called **The NHS Explained: How the health system really**

**works.** Access to this is available at:  
[www.futurelearn.com/courses/the-nhs-explained](http://www.futurelearn.com/courses/the-nhs-explained)

## UNDER THE PORTFOLIO OF CLINICAL DIRECTORS AND LEAD CLINICIANS PROGRAMMES

**Emerging Clinical Leaders** For people wishing to or taking on clinical leadership roles (Bands 7, 8a and some 8b) and working to a consultant level. Although psychologists are in a minority on the programme many have been participants. The programme covers three modules which runs over three separate weeks.

**Senior Clinical Leaders** For Clinical leaders aspiring to Board level positions. Emphasis is on the relational aspects of work and exploring and understanding own leadership approach. Your own leadership style and impact on relationships and effectiveness will be covered. Consists of four modules over a period of four separate weeks in total.

## UNDER THE PORTFOLIO OF LEADERSHIP DEVELOPMENT PROGRAMMES

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**Building Your Authority** Provides a programme for people wishing to take up senior leadership positions in the future and explores in depth your leadership qualities and the building of relationships. It is for people in Band 8a and 8b positions with some leadership/ management responsibilities or in the early stages of a consultant position. It is run over a week and is often completed prior to taking up the Top Management programme, usually following a gap of a few years.

**Top Management Programme** For people in senior management positions, including those aspiring to board positions. Suitable for people at Consultant (Band 8c) level and above. An in-depth programme covering five modules over a total of five weeks. Participants are selected so that the roles they occupy

represent the range of roles in the NHS. So, inside the course represent the outside NHS. There is a good level of personal exploration of your leadership qualities.

King's Fund staff are happy to talk with potential applicants to help make sure they get an appropriate programme. Details of these programmes are available at [kingsfund.org.uk](http://kingsfund.org.uk).

**Updated March 2021**

## Appendix 2: Scoping and current leadership resources

Our initial scoping consultation with senior psychologists, the Group of Trainers in Clinical Psychology (GTiCP), feedback from membership surveys and recent DCP events have highlighted a gap in information such as a resource hub and support available to prepare clinical psychologists for leadership roles.

Many leadership documents have been produced over the years by the DCP & the Faculty (Clinical Psychology Leadership Development Framework, 2010<sup>9</sup>; Leading Clinical Psychology Services, 2007<sup>10</sup>). Most of these documents are out of date. Given the changes in national policy, devolution of health and social care, commissioning landscape and the complex health, education and social care markets, they need to be updated.

DCP London commissioned a project to understand and potentially strengthen the influence in policy of applied psychologists (2016)<sup>11</sup>, which set out a useful analysis of what can be done to take this forward. Some of the issues highlighted include: Rising demand for clinical psychologists, low levels of supply, some shrinkage in the availability of more senior qualified staff to provide policy support, and competition from other professions together lead to some clinical psychologists feeling isolated and in need of support. A number of recommendations are made at national local, regional and individual level such as – Build on work with the Leadership and Management Faculty to support the development of policy competence. The Group of Trainers in Clinical Psychology to gather models of good practice and disseminate this information to the courses as a way to promote best practice in the development of policy competence in pre-registration training. Encourage trainees to work in policy or areas other than psychological therapy by profiling articles about policy

success in *Clinical Psychology Forum* and *The Psychologist*. Develop resources such as mentoring, directory of psychologists who able to support and advice. Regional branches to host workshops and commissioning short briefing papers or speakers about the work of regional networks, mayor offices, policy departments such as NHSE/HEE.

The White Hart course specifically designed for psychologists has not been running since 2014. Tim Cate, White Hart project lead, was consulted about the course to identify what elements should be incorporated in the design of any the future leadership training.

Many NHS health care trusts and health boards are offering their own leadership training courses where the content is varied and is often focused more on managerial tasks with varied evaluation as to the relevance for psychologists.

Welsh Health Board Aneurin Bevan University Health Board offers the Leading People Programme led by two clinical psychologists. NHS Wales Finance Academy is currently piloting a novel relationally focused leadership programme which pairs clinical directors (which could include clinical psychologists) with finance directors.

DCP Scotland has commissioned a leadership programme: Unlocking Confidence and Capability to Release the Leader Within.

Courses offered by the Leadership Academy<sup>12</sup> are well received and have a particular strength of multidisciplinary membership. However, access and information about what is available is not widely reachable. Moreover, some aspects may not cover the breadth of areas relevant for leadership in psychology services.

Many organisations have adopted Quality Improvement (QI) methodology, based on the work of the Institute of Health Improvement (IHI)<sup>13</sup>, which offers opportunities for coaching but has a limited scope and high cost.

Some training courses in clinical psychology (e.g. Leeds, Hull, Sheffield) have set up leadership training modules but there does not seem to be a consistent and focused strategy and roll out. Some courses also offer third year leadership placements (e.g. Cardiff). The Bangor course has been offering its trainees an opportunity to concurrently complete ILM Level 5 training.

The L & M Faculty has set out a Supporting Future Leadership Across the Career Span with two key strands: (a) mentoring (b) leadership training (Leadership Development – Current Position, 2018<sup>14</sup>). The mentoring programme has been up and running for a year. Leadership Training so far has been delivered in the form of one-day training events, which although successful, have highlighted the need for a systematic professional strategy for leadership training.

A snapshot of the key themes is outlined below:

Fast shifting context of leadership and service delivery in recent years has shifted role expectations.

The new policy framework setting out an expectation for applied psychologists to take up strategic, professional, clinical and managerial leadership across all grades often within complex systems going through change.

Multiple restructuring of psychological services across many organisations to policy drivers resulting in fragmented lines of leadership support and strategic influence.

A number of service models and leadership arrangements.

No unified systematic strategy, operational/governance plan and processes to support clinical psychologists leadership development across the career span.

Feedback from the wellbeing surveys highlighted a gap in leadership capacity as many senior psychologists have either left through retirement and/duo to deletion of senior posts, or are planning to leave. Increased expectation from employers for clinical psychologists to deliver on leadership and management tasks without preparation, support and succession planning.

Variability across DClinPsych courses and organisations for post qualifications for leadership training options.

Mentoring schemes for junior and senior have been valued resulting in the new mentoring programme pilot to support future leadership across the career span.

Fragmented knowledge of multiprofessional training opportunities.

Multitude of events but no current leadership course offered by the DCP/BPS.

This requires the profession to look at and address the development needs across multiple levels such as pre-registration, leadership competence to work in multidisciplinary settings, career-grade leadership skills in roles such as leads, service heads and directors.



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