The British Psychological Society
Promoting excellence in psychology

Clinical and Educational Psychology Training

The BPS welcomes this further opportunity to contribute to the review of clinical and educational psychology training. The Society shares the concerns of the review that there is currently insufficient psychological resource to meet the needs of children, young people and their families and is keen to explore options that would both increase this resource and support more integration. It also welcomes the moves to increase mental health provision in schools to meet the prevention and early intervention agendas which will make a significant difference to the psychological well-being of our children and thus improve their learning and life chances. The Society has the following comments to make on each of the four training models presented for discussion over the summer:

Option 1: The Status Quo
As we noted in our original statement, the current three-year doctoral training programmes for clinical and educational psychologists deliver excellent workforces fit for their highly specialist purposes with different but complementary roles. The most immediate and cost effective way to increase the number of psychologists is to increase the number of students in training by increasing the numbers commissioned. All trainees spend considerable periods of time on placement and this model would immediately expand the psychological workforce. The only additional costs in this model are those associated with this increase in personnel.

We understand that feedback through this review process from some commissioners and users of services for children and young people has identified the need to enhance the clarity of information about the different roles of educational and clinical psychologists, and others who work in this area. The fragmentation of commissioning in the education sector means that there is a real need to provide useful, accessible information on the roles of psychologists, as well as on the roles (and HCPC status or otherwise) of the broader psychological workforce. We propose that this could be addressed at least in part by creating a web tool available to anyone wanting to access psychological support for children. This would provide information on the type of support available, and links to practitioners offering those services, along with a link to the HCPC searchable register and other useful information.

Option 2: Closer integration of clinical and educational psychology doctoral programmes delivered at the same university, and the opening up of child practice placements to cover all aspects of children's services
We are pleased that the review has found evidence of collaboration between clinical and educational psychology training programmes, although our own research indicates that this is dependent on local factors and that where there is joint teaching, it is primarily in research methods. There must be clear pathways to qualification and HCPC registration, but the Society is keen to facilitate collaboration and co-operation wherever feasible. Our accreditation standards facilitate this, recognising that there is a degree of overlap between competencies in some areas and allowing for joint teaching, co-location, shared staff, etc. The use of accreditation of prior learning and competency mapping would enable easier transfer between the two professions. Any changes to programmes will require re-accreditation and approval and will take time and incur costs that are not directly linked to an increased workforce.

Option 3: The creation of Child Psychologists (0-25 years) and Adult Psychologists (beyond 25 years) with associated changes to educational clinical doctoral training routes
The review is concerned with the provision of psychological services to children and young people and with two professional groups whose work only partially overlaps in that field. Whilst educational psychologists are trained to work with children and young people, primarily in educational settings, clinical psychologists are trained across the whole lifespan, with some clinical psychologists choosing to specialise in work with children,

young people and their families in a variety of settings and sectors. Others will work with young people and adults in cross-lifespan services, for example for those with intellectual disability, and others will change specialties over the course of their career. Likewise, educational psychologists may develop specialisms with respect to the educational and developmental needs of particular groups of children, therapeutic interventions, family work or may devote themselves to considering psychological factors that impinge on the work of educationalists and educational settings.

A split into child and adult roles would have a number of unintended consequences, some of which can already be foreseen. This proposal does not take account of the reasons for the distinct and singular characteristics of these two professions and the diversity and complexity of services in relation to the human lifespan. The proposed split would diminish the quality and scope of work that both educational and clinical psychologists can and currently do provide through a reduction in the depth of the knowledge base, degree of specialisation and a diminution of the skill base.

These changes will also significantly reduce the mobility and flexibility of the clinical workforce. There is a growing need to maintain the supply of flexible workforce to meet the changing needs of the NHS. Clinical psychologists work as part of multi-disciplinary health services, bringing the psychological dimension to health care in primary, secondary and tertiary services. There will be negative implications for the workload and demands on other disciplines if the supply of clinical psychologists for these roles is disrupted by changes to training or commissioning arrangements. Similarly, there would also be an impact on the psychological workforce beyond education and the NHS, for example on the criminal justice system.

The changes to training programmes will require re-accreditation and approval processes, and amendments to the HCPC regulatory frameworks. These changes would have substantial time and cost implications. Furthermore, the age range distinction appears artificial and any change of title would need to include child, adolescent and educational psychologist.

This model does not consider the many different commissioning processes and geographical boundaries that exist across health, education and social care and is likely to slow the numbers of psychologists entering the workforce. The proposal for joint commissioning and pooling training funding also has several associated risks. Health and education services are distinct in their remit, scope, priorities, statutory requirements and governance arrangements with some areas of shared interest. Joint commissioning arrangements and pooling training funding would risk loss of focus on the range of needs, and may create additional capacity gaps in the system and disruption to services.

Option 4: The development of the Assistant Psychologist role, with a new postgraduate qualification possibly used as credit towards a doctorate

As the review has found, this option polarises views. It already works effectively in clinical psychology and the Society has very recently developed an accreditation framework for Masters level training programmes for Assistant and Clinical Associate Psychologists, in response to an initial request from graduates of clinical MSc programmes in Scotland. This will be published for consultation shortly and, if approved, we expect similar courses throughout the UK to seek accreditation against this framework. These courses will initially be clinical in focus, but the framework is drafted so as to be applicable to all domains of psychology. However, the different role of educational psychologists means that it is not at all straightforward to transfer this Assistant model from clinical to educational psychology. Assistant educational psychologists are already in the workforce, although there is no associated qualification. The role is usually undertaken en route to joining educational psychology training. Spending funds developing specific training for assistant educational psychologists will reduce the funds for training educational psychologists and reduce the number of fully qualified educational psychologists in the workforce. If Ministers are minded to explore this option, there would need to be significant further consultation and discussion with the profession and other stakeholders.