Who pays for CPD in clinical psychology?

David Green, Chair of the Division’s CPD Subcommittee (1997-9)

The current debate within our profession about whether continued professional development activity should remain an obligation on the individual psychologist, or become a mandatory responsibility which the Society oversees, is driven in large part by economic concerns. Some clinical psychologists argue, essentially, that “if I have to do it, then somebody else will have to pay”. This leaflet attempts a summary of the variety of ways which clinical psychologists around the country are currently finding to fund their post-qualification training efforts.

The vast majority of members of the Division of Clinical Psychology are employees of the National Health Service. Local surveys of funds allocated to departments of psychology indicate considerable variation in the resources available to support CPD activity. Some Trusts provide a fixed annual budget to a circumscribed group of staff, such as a psychology department or community mental health team, within which training goals have to be managed. Other organizations choose to have a central pool of CPD money for which all professional staff can apply, rather than a designated allocation to named groupings.

In such a competitive situation psychologists can see themselves as disadvantaged next to allied healthcare professions, such as nursing, in which a policy of compulsory CPD is well established. However, those who play this system most effectively are able to demonstrate that the training ambitions of the individual practitioner are in line with service priorities and hence to the ultimate benefit of the employing Trust. Indeed the recent governmental directive entitled Continuing Professional Development: Quality in the New NHS is explicit that in future patient need and service priority will take even greater
precedence over the career interests of individual clinicians when resources are allocated to future post-qualification training of health professionals.

Even in relatively generously supported departments it is commonplace for clinical psychologists to experience a significant shortfall between the finances immediately available and the resources required to meet members’ post-qualification training aspirations. Inventive souls that we are, this has prompted some creative ways of acquiring a little more capital. A number of groups of psychologists are able to generate extra income through non-clinical work, such as writing court reports or running educational workshops, the profits from which can be held in a ring-fenced training account on which contributors can draw. The benefits of this practice are that psychologists do not pay income tax on this “earned” income, because payments are made to the employing Trust not the individual clinician, and that decisions about how these funds should best be spent can generally be made more autonomously of managerial direction than would otherwise be the case.

An alternative strategy is to form CPD consortia whereby a number of employers of clinical psychologists jointly contribute to a pot of money that is used to organize a programme of local training events, which can be provided at a fraction of the cost of comparable commercially run courses or workshops. Furthermore, the curriculum offered by an organization like this can rapidly be adapted to meet the immediate and changing educational needs of the population it serves. However, while initiatives of this nature can result in varied programmes tailored to defined local needs, they are unlikely to offer long-term intensive educational opportunities such as advanced therapy training or CPD doctorates. These courses are run by established training providers such as universities and invariably come with a sizeable bill attached. Up to 1997 the only options for NHS employees keen to embark on these studies were to persuade your Trust to cough up or pay it yourself (or perhaps a combination of the two). Regional funding for CPD courses was confined to nurses attending a limited range of recognized ENB courses. Trusts who released qualified nursing staff to undertake these modules could reclaim their costs from a central regionally held budget (the Non-Medical Education and Training Levy).

Since 1997 this exclusive policy has been revised so a range of professions allied to medicine, including clinical psychology, can make a case for individual CPD proposals to get financial support from the regional fund. Of course, there’s no more money available, but at least we are in with a shout and the system is there to be tested, especially as a recent NHS Executive Good Practice report on career development initiatives for the PAMs explicitly recognized that staff groups such as clinical psychologists have not been equitably treated in the past.

Any psychologists reading this leaflet who are not NHS staff but self-employed practitioners may by now be getting a little irked, as they don’t have the luxury of being able to send their CPD invoices to someone else to pay. In fact, I suspect an increasing number of us will be picking up the tab for our continued training expenses in the future. What ways might there be to lighten the financial burden on individuals prepared to invest in developing their professional skills?
Currently, self-employed individuals can claim tax relief on training expenses provided they can demonstrate that the courses they have attended are pertinent to the business they are in. Those of us who are employees do not currently have access to comparable financial incentives to encourage us to invest in developing our own professional competence. However, in 1998 the Government produced a Green Paper, entitled *The Learning Age*, which proposed the establishment of Individual Learning Accounts which would be universally available to those in and out of employment. These learning accounts are to be founded on two basic principles. Firstly, adults are likely to be the best judges of what and how they want to learn; secondly, the responsibility for investing in vocational education should be shared between the individual and the state. The precise mechanism by which these commendable goals are to be realized is not yet decided, but two routes under consideration are wider use of tax incentives and a system whereby the government would match individual contributions to learning accounts up to a maximum of £150.

The hot news is that the new learning accounts are currently available via the TECs (Training and Enterprise Councils) network. All employees can apply for a voucher worth up to £150 towards the cost of any vocational training initiative, provided they are prepared to contribute a minimum of £25 themselves. Eligibility criteria are broad (e.g. over 18, not in full time education, not involved in another governmental employment programme) and, although the decision to grant these awards is discretionary rather than automatic, there appear to be no policies (such as directing resources towards the lower paid or those in the private sector) which might deter clinical psychologists from applying for a learning account. This is a one-off opportunity, but it’s there for the taking now. Enquiries should be directed in the first instance to your local TEC.

Career Development Loans are also currently available. This scheme, which is run as a collaboration between the Department for Education and Employment and four major clearing banks, enables individual to take out loans covering up to 80 per cent of the costs of approved vocational training courses up to a maximum of £8000. The loan can cover travel expenses and expenditure on equipment such as books, as well as educational fees. Repayment of the loan is deferred until the course of training is completed as the DEE reimburses the bank for the interest due in the mean time. The only significant restriction on this scheme for clinical psychologists looking to invest in their own post-qualification training is that normally only programmes of study lasting up to two years are eligible.

So, even though the current debate with the Society about CPD policy for psychologists will probably prove influential on our future practice, there is every reason for clinicians not to wait for external events to take their course but to make use of existing structures and opportunities wherever appropriate. Anyone wanting further information on any of the matters mentioned in this leaflet should contact Irene Aggus, who co-ordinates the Division’s CPD network, at the Society office in Leicester.

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