

# PWP Continuing Professional Development and Post-qualification Training

## 1. Introduction

1. Continuing learning and professional development following qualification is important for all PWPs. This paper considers continuing professional development and post-qualification training for PWPs, both training and development that may be relevant for all PWPs and training for PWPs moving into more specialist and senior roles

## 2. Continuing professional and career development

- 2.1 Continuing professional development of PWPs should be on the agenda of IAPT service managers and NHS education commissioners as well as of concern to individual PWPs. Ensuring a qualified PWP workforce that is continuously improving in competence and effectiveness and continues to contribute over years to IAPT and related NHS funded services is both clinically and cost effective.
- 2.2 NHS Trusts and other organisations providing IAPT services have a responsibility for the continuing professional development of the PWPs they employ. PWPs should have access to training and development opportunities, time from normal duties to undertake CPD and funding on an equal footing to the rest of the Trust's clinical professional workforce. Each PWP's CPD needs should be appraised on at least an annual basis and a continuing professional development plan agreed with the PWP
- 2.3 NHS education commissioners, in consultation with Trusts and other IAPT service providers, should collate the continuing professional development needs of qualified PWPs and facilitate commissioning of appropriate post-qualification training courses to meet these needs. They should also ensure that the multiprofessional continuing professional and personal development courses they commission are open to PWPs in the same way as for the rest of the non-medical qualified workforce.
- 2.4 PWPs should take individual personal responsibility for identifying their CPD needs and for working with their supervisors and managers to find ways to meet these needs. They should strive to improve their competence in their current job role through continued learning as well as considering opportunities for learning that might contribute to their career development. An ethical duty on all health professionals is to maintain competence and with the increasingly rapid changes in the understanding of what is effective practice, this involves continuous professional updating. Maintaining accreditation requires undertaking and maintaining a record of CPD.
- 2.5 All PWPs require CPD to enhance their competence in their core role of assessing and

providing low intensity evidence based interventions to the range of people they see. While PWP pre-registration training courses cover all core aspects of the PWP role, in 45 days there is limited time to include or deal in depth with all that would be ideal to cover. CPD for PWPs recently qualified both expands areas of learning and deepens knowledge and skills. For PWPs who have been longer in role, the need to both revisit prior learning to check that they have not drifted unwittingly into less than optimal practices and to learn about developments in practice are critical.

- 2.6 Specialist clinical roles for PWPs are increasing. These may be as an adjunct to their core role, for example acting as a champion for the IAPT service in working with older people or people with a learning disability. Or it may be working as a PWP entirely in a specialist area, for example in a prison. In either case, this requires specialist expertise beyond the core PWP role and, accordingly, PWPs taking on such roles require CPD to develop the competence required.
- 2.7 Some PWPs take on supervision, project leadership or management roles, usually a few years after qualification as a PWP. In some cases this is as part of a senior PWP role. Over time it is likely that individual talented PWPs will take on progressively more senior management roles within IAPT and other NHS services. Promising PWPs developing into these roles and those established in such roles need relevant CPD in supervisory, project management, leadership and general management skills.
- 2.8 A number of PWPs go on to train as IAPT High Intensity Therapists and then work in IAPT services in this capacity. Indeed, over time, increasingly those entering IAPT HI CBT training have come from the PWP workforce after some years working as a PWP. CPD that facilitates PWPs for whom this is appropriate in developing HI CBT competence is another area for services and education commissioners to consider.

### 3. Types of post-qualification training and continuing professional development

- 3.1 Post-qualification training and continuing professional development is not limited to training courses. Joining a learning set, a clinical skills development group or journal club, being mentored, shadowing others, reviewing literature in a specific area, leading on special projects, undertaking an audit and many other activities can contribute to continuing learning and professional development. Post-qualification training courses have an important part to play, but the full range of approaches to CPD should be considered and used to adequately meet the range of development needs.
- 3.2 Post-qualification training courses may be brief 1-5 day courses or longer courses that may lead to further qualifications such as a Diploma or Masters. Brief courses are appropriate for training in areas that are relevant for all qualified PWPs to learn and become competent in. Longer courses leading to further qualifications are usually targeted at the continuing professional development of PWPs into specialist and senior

roles. Longer post-qualification training courses may focus on one specific specialist area or role, or contain a range of optional modules for PWPs to develop competencies in several areas within the same diploma or masters course.

- 3.3 CPD training courses appropriate for PWPs may be provided in-house by IAPT services, by the Trusts and other service provider organisations that host IAPT services, or by Universities or other external dedicated training bodies. Some courses may be targeted specifically to PWPs or IAPT staff, while others will be open to a range of multiprofessional staff.
- 3.4 IAPT service managers of PWP staff should be aware of the range of courses and other CPD opportunities available locally for PWPs and consider what bespoke in-house training and CPD would be appropriate to arrange for their PWP workforce.

## 4. Key areas for post-qualification training

- 4.1 Areas important for all PWPs CPD, which are covered only briefly in pre-qualification training and would benefit from further post-qualification training to expand and deepen knowledge and skills, include approaches to working with GAD, working with older people, supporting self-help cognitive-behavioural packages for insomnia, working with people with long-term health conditions (LTHCs), employment support, and skills in running psychoeducational groups. IAPT service providers, HEIs and education commissioners should consider how best to provide brief post-qualification training courses in these areas.
- 4.2 Areas for more in-depth skills development, where PWPs are undertaking lead or specialist roles include working with black and minority ethnic groups, older people, mothers of young children, people with learning disabilities, people under probation or in prison, people with LTHCs, young people, and deaf people. Other specialist skills development includes group work skills for undertaking psychoeducational groups, outreach and community development skills to extend IAPT services into the community and public health, developing use of information technology and social media as alternative modes of delivery, and research skills. Post-qualification training courses in some of these specialist areas exist already, either as courses focused on a single area (e.g. a course on group work skills for IAPT staff) or as courses including a range of modules. While post-qualification training courses that include a range of modules are flexible in meeting local needs, courses focusing on a single specialist area will generally need to be open to staff across a wider area, in order to be viable.
- 4.3 With the increasing establishment of senior PWP supervisory and management roles, post-qualification training in supervisory, leadership and management skills is a further area of need. While senior PWPs would benefit from a number of generic training courses in management and leadership skills for health professionals, there is a place for providing bespoke post-qualification training courses or modules in supervision and

leadership for senior PWPs which would ensure coverage of the most essential skills needed for senior PWP roles. Training in case and clinical supervision for PWPs is a specific area where bespoke training is needed, with a range of qualified PWPs (not just those in senior PWP posts) often doing case supervision of trainee PWPs. PWPs offering supervision should ensure that they have completed an IAPT PWP supervisor training course provided by an accredited PWP training provider.

- 4.4 A number of PWPs go on to train as IAPT High Intensity CBT Therapists. This was not a pathway envisaged when the national IAPT programme was established, but has become an increasingly common route to IAPT High Intensity training. While only relevant and appropriate for a minority of PWPs, identifying when this might be appropriate and including this in individual CPD plans can contribute to IAPT workforce stability and assist services and individual PWPs in planning ahead. Relevant CPD courses in mental health and in psychological therapy models that can provide a foundation for high intensity training also broaden and deepen knowledge and understanding for PWP work, and so can be potentially useful for any PWP. NHS education commissioners and education providers need to plan such CPD courses in a way that create realistic expectations for PWPs and support IAPT services overall workforce needs.