Cystic Fibrosis Trust

Clinical psychology services in UK cystic fibrosis care: Summary information for commissioners of CF services and CF clinical directors

New and detailed **guidance for the provision of clinical psychology services within UK cystic fibrosis (CF) care is now available**. It includes an executive summary of the key roles provided by CF clinical psychology services and a self audit tool. The following summary information is also provided to help those planning CF clinical psychology services. It aims to guide you in the employment of CF clinical psychologists, and describes what is needed to deliver a high-quality CF clinical psychology service in the current fast-changing climate of CF care.

Recent developments mean services including CF clinical psychology care are evolving to ensure they meet the needs of people with CF and their caregivers, now and in the future. These developments include the availability of modulator treatments for most people with CF, and the increasing role of remote monitoring, telemedicine and home-based CF care. The delivery of psychological care alongside medical care in CF will remain a key priority to help people with CF achieve optimal outcomes and quality of life.

Clinical psychologists in UK CF care

UK Standards of Care for CF state that:

- clinical psychologists should be core members of the CF team[1]
- all people with CF should have access to a clinical psychologist embedded within the CF multidisciplinary team (MDT).

CF clinical psychologists must be registered with the Health and Care Professions Council (HCPC) and should be members of the UK Psychosocial Professionals in CF Group (UKPPCF). They must also maintain continuing professional development (CPD) through attendance at study days and other CF conferences.

The requirement for specialist clinical psychology provision within the CF team is also outlined in:

- The National Institute for Health and Care Excellence (NICE) guidance for CF[2]
- European Cystic Fibrosis Society (ECFS) standards of care (SoC) for CF.[3]

You can find information about the importance of integrating physical and mental healthcare in this **King's Fund report**. There is also information on the value of psychology within physical healthcare settings in this **Psychological Professions Network discussion paper**.

UK and ECFS SoC also state that CF teams should have a specialist CF social worker. The CF clinical psychologist and CF social worker together form a psychosocial team. They are likely to work closely together, but have specific training, competencies and roles that complement each other with minimal overlap. CF social work guidelines are expected to be published in 2024 and will provide further details on this role.

What is a clinical psychologist? Registration and training

Clinical psychologists are applied practitioner psychologists who are afforded a legally protected title as part of the HCPC registration process. The revised HCPC standards of proficiency for practitioner psychologists came into effect on 1 September 2023. The British Psychological Society practice guidelines for registered psychologists in the UK can be found here.

Clinical psychologists have completed postgraduate doctoral training, which incorporates core clinical skills development, clinical placements within the NHS, and doctoral-level academic study. In addition to HCPC registration, a clinical psychologist must hold a doctorate in Clinical Psychology from an accredited UK university to be able to practice in the UK. Alternatively, they must hold a statement of equivalence if they trained outside the UK, or an MSc in Clinical Psychology if they qualified before 1994.

Clinical psychologist training covers the lifespan from infancy to old age, in a wide range of specialisms including child, adolescent, adult and older adult mental health, learning disability, neuropsychology and physical health (including long-term conditions). Clinical psychologists are trained to a high level in a range of psychological models and therapy approaches, research methodologies, service evaluation, supervision, teaching/training and consultation (for example, advice on psychological aspects of care to other health professionals). Clinical psychologists at all stages of their career must receive regular clinical supervision in order to be registered and to practise.

Clinical psychologists do not come under the category of Allied Health Professionals (AHPs) in the HCPC but act as autonomous professionals. They use evidence-based psychological models to form biopsychosocial hypotheses about the origins, maintenance, and outcomes of psychological issues. These hypotheses then guide the psychological interventions offered. This process is called 'formulation' and is the underpinning of the work of the clinical psychologist.

Emotional health and wellbeing result from complex interactions between any individual's history, their current life stressors, and the wider systems around them. What could be labelled or diagnosed as emotional health problems or mental health symptoms within a particular individual can often be understood as understandable responses to adverse circumstances. Such adversity includes trauma, threat, and power differences, and the meaning ascribed to these experiences. Responses to adversity are then understood as adaptive attempts to survive such trauma and threat (see Power Threat Meaning Framework).

Clinical psychologists will also ensure that their work with service users is collaborative and empowering and takes account of strengths, resilience and coping skills. They will recognise the importance of social determinants of health and how inequalities, and disadvantage through discrimination and exclusion, may impact on health and wellbeing. Clinical psychologists' work will also take into account the systems around an individual, for example, their immediate and extended family, environments and wider social context, and will be culturally informed.

CF Standards of Care state that psychology services in CF must be provided by a clinical psychologist.[1] Certain other practitioner psychologists, for example counselling psychologists, may be employed by the NHS to provide CF psychology services. This will be under a competency-based recruitment process that requires the applicant to meet the competencies outlined in the person specification for a CF psychologist post and to deliver the full range of roles required in the job description. The full guidance on roles that a CF clinical psychologist should provide will be helpful in determining job descriptions and person specifications for such posts.

Employment of CF clinical psychologists and requirements for delivery of the CF clinical psychology service

Staffing and banding

Recommended CF clinical psychologist staffing levels are currently available:[1]

Agenda for Change banding must adequately reflect the level of responsibility, taking into account issues of recruitment, retention and career progression. The work is best conducted, supervised or overseen by a consultant clinical psychologist (Band 8c). Band 7 is the starting grade for a clinical psychologist, reflecting the doctoral level of training (in contrast to the graduate health professions). Lone CF clinical psychologists in a service should not normally be employed below Band 8. Where CF clinical psychologists at Band 8a are running a service alone, it is advisable that they receive supervision from a more senior psychologist (8b and above),

who could also line manage the Band 8a CF clinical psychologist in collaboration with local clinical leads. 8b psychologists have a wider supervision, management and professional leadership remit than 8a psychologists. 8c or 8d grades will line manage and lead psychology services and staff.

Assistant psychologists (psychology graduates employed at Band 4/5 who provide specific highly supervised roles) and doctoral trainee clinical psychologists (at Band 6) on temporary clinical placements may also form part of a CF psychology team, under the leadership and close supervision of a qualified psychologist. Clinical assistant psychologists (CAPS in England, CAAPs in Scotland) are a profession in development and their role in future CF psychology services is still unclear. They may also be employed as a secondary resource where there is existing CF clinical psychology provision, under close supervision by the CF clinical psychologist.

Staffing levels need to be adequate to cover periods of short-term leave. Provision may also be needed for any gaps between post-holders (for example, locum cover). Clear service operational procedures/policies must be in place should any ad-hoc or emergency CF clinical psychologist cover be needed.

Recruitment and retention

CF clinical psychologists may provide solely paediatric or adult clinical psychology services or may be employed to provide both through CF or psychology lifespan services. They may be employed directly through the acute hospital trust that is host to the CF centre/shared care provision. Or they may be employed through a service level agreement to a local mental health trust if it is more appropriate (for example, if the acute trust is not able to provide the specialised management, CPD and supervision required for the employment of a clinical psychologist). There is a shortfall of qualified clinical psychologists nationally and at times it can be a challenge to recruit to clinical psychologist posts. CF clinical psychology is complex in many respects and good induction to this field is essential. The UKPPCF can help provide newly recruited CF clinical psychologists with information and peer support and can advise service leads on recruitment issues. Psychology services in local acute or mental health trusts can also offer advice about recruitment of clinical psychologists to CF services (by service leads).

Job planning

The CF clinical psychologist job plan should be written to reflect the range of possible roles they can provide (depending on the level of staffing). Patient-related work includes time dedicated to both direct working, for example the delivery of psychological therapies, and also to indirect working, for example through supervision, consultation and joint working with the MDT and liaison with other services. Job plans should also allow time for research and audit, data collection and submission, service development and quality improvement work, and often for management and supervision of other staff. Workload planning should also account for the need for inpatient work as required. This will require flexibility, as this part of the work can be difficult to predict. Home visits (if offered by the CF clinical psychologist as part of home-based care) are more time-consuming than centre-based care and will also impact on job planning.

Management and supervision

Suitable arrangements need to be made for line management, professional management and supervision (by a senior clinical psychologist), and clinical supervision, at a level in line with professional requirements. Further information can be found in **the British Psychological Society's Practice guidelines**.

Informal peer supervision and good opportunities for networking with CF clinical psychologist colleagues nationally are also available through the UKPPCF, which has an active listserv and regular CPD events for members.

Learning and CPD

For CF clinical psychologists employed directly by acute trusts, there may be limited access to essential mental-health-oriented CPD 'in-house'. In this case, this will need to be sought outside the organisation. CF clinical psychologists need access to CPD to keep up to date with advances in clinical psychology and psychological therapies and evidence-based practice as part of their HCPC registration. They also require CPD to keep up to date with developments in CF generally, as it is a fast-changing specialism. The CPD budget required should be considered for all staff, and sufficient time for CPD should be included in job plans.

Practicalities required to deliver CF clinical psychology care

Suitable space for direct work

Due to the sensitive nature of the work, a CF clinical psychologist must have sufficient access to confidential space for therapeutic work (both face-to-face and virtual). The sense of a safe space to discuss often distressing issues with a CF clinical psychologist is paramount. Lack of privacy, for example feeling at risk of being overheard by others, is not appropriate (including for inpatient work). There must be provision to call for support in case of an emergency. Reliability of arrangements regarding session time, availability of the CF clinical psychologist and predictability of the environment can also be important factors in a therapeutic relationship. Space used for face-to-face work also requires a high level of infection control measures by CF clinical psychologists. This is likely to impact on the number of appointments a CF clinical psychologist can provide from a particular space.

Resources for virtual/teletherapy work and remote working

Virtual working or 'teletherapy' and more home-based care and monitoring, alongside centre-based care in a 'hybrid' model, is now the norm in UK CF services and for CF clinical psychologists. Appropriate governance must be in place for such care, and the benefits and risks must be considered. The same requirements for confidential space in which to conduct therapy sessions will apply. For guidance for psychologists on virtual working, see the British Psychological Society's resources, **Psychological assessment undertaken remotely** and **Effective therapy via video: Top tips**.

Working from home (that began during the COVID-19 pandemic) may also continue for some CF team members, including the CF clinical psychologist. This will require provision of a networked laptop (with access to all required patient record systems) and a mobile phone.

With increases in home-based care, CF clinical psychologists may wish to make home visits more frequently (alone or with CF colleagues), where resources permit. There can be advantages and disadvantages of care delivered at home, for both recipients and health professionals. An understanding of these, and appropriate governance, including lone working policies, need to be in place for CF clinical psychologists as required.

Record-keeping systems, administration and secretarial support

CF clinical psychologists may require systems to protect some information in shared records as private/confidential, or may retain separate CF clinical psychologist records (especially if employed by a trust separate to the CF service). 'Need-to-know' information should be shared through the main CF record, even if separate details or 'process' psychology notes are also kept (which should be noted in the main records). Such dual recording will need to be considered in job planning and time management.

Guidance on electronic records for psychologists is available, and can be used in conjunction with any local governance or policy.

Sufficient administrative and secretarial support should be available to CF clinical psychologists for processing of clinical reports and letters and for other tasks, to ensure effective use of CF clinical psychologist time.

Where to go for further information and advice

The UKPPCF has a committee and a co-chair lead for clinical psychology, who are happy to provide advice on any aspect of CF clinical psychology services, including recruiting. Please contact the UKPPCF at **ukpp-cf-request@jiscmail.ac.uk**

References

1 Cystic Fibrosis Trust. Standards for the clinical care of children and adults with cystic fibrosis in the UK (2nd ed). 2011.

2 NICE. Cystic Fibrosis: diagnosis and management. NICE guideline NG78. 2017

3 Conway S, Balfour-Lynn IM, De Rijcke K, Drevinek P, Foweraker J, Havermans T et al. European Cystic Fibrosis Society standards of care: Framework for the Cystic Fibrosis Centre. J Cyst Fibros. 2014 May;13 Suppl 1:S3-22.

Cystic Fibrosis Trust

Cystic Fibrosis Trust is the charity uniting people to stop cystic fibrosis. Our community will improve care, speak out, support each other and fund vital research as we race towards effective treatments for all.

We won't stop until everyone can live without the limits of cystic fibrosis.

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We welcome your feedback on our resources. You can also ask for this resource in large print or as a text file.

Email **infoteam@cysticfibrosis.org.uk**

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