Academic and Clinical Service Evaluation of the Postgraduate Diploma Associate Psychological Practitioner (PgDip APP) Cohort 1

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Forward from Professor St John Crean: Pro Vice - Chancellor (Research and Enterprise, University of Central Lancashire)

The COVID dominated events of the past year have clearly exemplified that to provide care within the health arena, the United Kingdom needs adopt a flexible and innovative approach to training future healthcare professionals. The field of Mental Health care is uppermost in demanding such a solution.

The Trainee Associate Psychological Practitioner (TAPP) / Assistant Psychological Practitioner (APP) programme provides ample evidence of the innovative and determined approach of a group of professionals from a diverse range of North-West and National organisations, who quickly came to an agreement that the norm simply won't do any longer. The product has emerged where history dictated it would not and represents the art of the possible. Who will be the beneficiary? The public.

Bringing trainees from across the academic spectrum into the psychological support network at this upstream stage, opens up clinical psychology-based career opportunities for individuals previously facing a much longer and arduous journey toward their final goal, often the culmination of a long-held ambition.

I congratulate all the actors in this project and observe with admiration at where the journey has reached. I anticipate the lessons from this development will encourage not only psychological but other health professional groups to re-examine their "standard practice". To succeed in these types of ventures demands a collective ambition and as Anthony Trollope said "It is a grand thing to rise in the world. The ambition to do so is the very salt of the earth. It is the parent of all enterprise, and the cause of all improvement."

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1. Executive Summary

1.1 Introduction

- ✓ The NHS Long Term Plan sets out plans to transform physical and mental health. Neither the existing nor traditional approaches to increasing the workforce will meet these ambitions.'
- ✓ There are workforce challenges across disciplines in the NHS, particularly in the field of mental health. The current level of vacancies, coupled with the rising demand, puts significant pressure on services and has a negative impact upon the care users of services will receive.
- ✓ Psychology is one of the most popular degree subjects, and a significant proportion of talented graduates want a career in the field of psychological healthcare. However, in comparison to other degrees, which lead to employment in the NHS, it is an outlier. There is no clear graduate entry route for these individuals into the NHS, despite the demand for the skills they can bring within the NHS.

In 2018/19, HEE commissioned the Academic Health Science Network (Innovation Agency North-West Coast - IA-NWC) to undertake a project to explore New Career Routes for Psychological Professions in the region. The Strategic intention behind this programme of work was to seek to develop a new and sustainable supply of practitioners into psychological roles in order to reduce the significant workforce gaps that exist in this area. In sum, the rationale and evidence from this research identified that there are considerable vacancies in the majority of Trusts across the North-West Coast (NWC), yet a plentiful supply of graduates who wish to pursue a career in the health sector. Currently, the NHS is unable to convert this supply into a 'locked-in' resource partly due to the lack of a recognised postgraduate entry point and an accredited career pathway. New career pathways and roles, therefore, require development that are attractive to the future workforce. The key recommendations from the Phase 1 report (**Appendix 1**) are summarised below:

- Create an integrated career structure with an ability to complete training in a progressive manner, for roles related to psychological care, overseen by Psychological Practitioners.
- Develop new undergraduate and postgraduate training programmes/degrees incorporating the necessary clinical placements. These programmes will enable graduates to enter the workforce at a recognised graduate-entry point, in line with other professions. Consider the development of a Deanery or Lead provider type 'school' to coordinate this approach.
- Create a post-graduate training school to manage psychological careers training for the North-West Coast.

Phase 2 of the project was commissioned by Health Education England (HEE), commencing in April 2020 and concluded in March 2021, following the successful submission of a business case to HEE, for £1.3m to support the implementation of this project. The project was led by the IA in partnership with The Strategic Clinical Network, The People Boards, Providers, Clinicians and The University of Central Lancashire (UCLan). Lancashire and South Cumbria NHS Foundation Trust who hosted the project on behalf of key stakeholders. The Phase 2 project report (**Appendix 2**) summarises the key outcomes, which include the implementation of 50 Trainee Associate Psychological Practitioners (TAPPs) in NHS Trusts and Primary Care Networks (PCNs) across the NWC. The 50 TAPPs commenced a training Programme in January 2021 and completed their training in December 2022.

1.2 Evaluation findings

This academic and clinical service evaluation have been undertaken by UCLan and LSCFT, the overall aim of which is to evaluate the success of the TAPP programme and role, via two main objectives: 1) to evaluate trainee competence development during the 12-month training period alongside academic training experience, and 2) evaluate the impact of TAPPs in clinical settings in relation to patient benefit, service delivery and workforce satisfaction. Key findings are as follows:

- A 12-month educational training programme is effective in developing professional and psychological competencies (as specified by the TAPP job description and programme learning outcomes) that enable TAPPs to function safely and effectively as TAPPs and then APPs, under the supervision of an accredited psychological practitioner.
- TAPPs fill a workforce need by providing a psychological presence in PCNs and enhancing existing psychology teams in other NHS settings. TAPPs are highly valued members of the workforce, and their presence has been well received by service staff. There are current discussions with stakeholders about moving qualified APPs into Primary Care Mental Health Worker (MHP) roles, which is one of 12 new roles specified in The Additional Roles Reimbursement Scheme (ARRS) aimed at supporting workforce development and supply in primary care settings.
- TAPPs bring added value to services: the work of TAPPs has had a positive impact on patients, through the provision of psychological support, which has resulted in significant improvements in patient wellbeing, and indirectly by reducing waiting lists, increasing the capacity of other clinicians (GPs, Psychologists) and service audit and development work.
- We must continue with areas of best practice (e.g., provision of weekly clinical supervision, curriculum content), whilst addressing some of the more challenging aspects inherent in any new role (e.g., embedding within the workplace) to further enhance the training and provide a superlative student/trainee experience.

1.3 Recommendations

1) Ongoing evaluation of the academic success of the programme, workforce need, and clinical impact of Trainee Associate Psychological Practitioners (TAPPs) that runs alongside standardised University Quality Assurance processes to ensure quality standards.
2) Implement changes to further enhance the quality of the programme based on these evaluation data/feedback, whilst using the British Psychological Society (BPS) quality standards for '**Associate Psychologists'** as an external reference point to explore as we move towards BPS accreditation.
3) Post-training period evaluation of the clinical and service level impact of qualified Associate Psychological Practitioners (APPs).
4) Full economic evaluation of TAPPs/APPs to model the impact of introducing this new workforce into priority pathways (e.g. primary care, stroke).

1.4 Conclusions

The evaluation evidences the many successes and value of this new role, from the point of patients, services, NHS staff and the trainees themselves. UCLan, the IA NWC and the Psychological Professions Network continue to publish articles detailing the success of the programme. This includes an article from **April 2021,** which was picked up by the **Lancaster Guardian** and an article in **November 2021**. The course has also won an **NHS trust award for 'outstanding contribution to education and research'.** The role is also referenced in the NHS 'Psychological Professions workforce plan for England', published December 2021. To deliver the recommendations requires dedicated resources, commitment, and collaboration from numerous organisations to deliver a programme that can make a difference across the North-West Region, with associated economies of scale and pace.

"Very positive experience and found it really informative. I found the sessions I did engaging, and I would recommend the service to someone else."

(Patient who received 1:1 support from a TAPP)

"(T)APPs bring added value to our service, having a TAPP has been a useful experience adding extra provision to the service and developing additional treatment pathways."

(Staff who worked with and supervised a TAPP)

"I have received a lot of positive patient feedback, and this has been the best part, being able to see the improvement I have made supporting those who need mental health support."

(TAPP)

"a *challenging course delivered in challenging times…it's amazing to see where we are now…this is genuinely changing lives."*

(UCLan PgDip APP external examiner)

2. Background/National context

Early in 2019, the National Health Service (NHS) issued the Long-Term Plan (LTP; NHS England, 2019a), followed by the NHS People Plan in 2020 (NHS, 2020). These plans recognised the need for increased supply of an appropriately skilled and motivated workforce, to meet predicted demand and improve outcomes for the population. These included increasing the numbers of mental health services staff by over 27,000 by 2024 (NHS England, 2019b). At least one in six people in England report experiencing mental health symptoms (NHS Digital, 2016), with this number expected to have risen, particularly since the Covid-19 pandemic (Office for National Statistics, 2021). As a result, the emphasis on the need for increased workforce supply into the mental health sector has been made in many policy documents over the past five years. E.g., Five Year Forward View for Mental Health (Mental Health Taskforce, 2016), Thrive at Work (Department for Work and Pensions & Department of Health and Social Care [DHSC], 2017) and Stepping Forward to 2020/21 (Health Education England [HEE], 2017). The HEE mandate for 2019/20 (DHSC, 2019) also includes the development of a psychological wellbeing service for staff as part of the implementation of the HEE Wellbeing Commission recommendations (HEE, 2019). However, whilst the problem has been well and repeatedly articulated over the last five years, there has been little in the way of a strategic approach to increasing both the rate of supply into the workforce and the pace at which it occurs.

2.1 The Psychological Workforce

There are currently approximately 20,000 psychological professionals working for NHS funded services in England, providing approximately 12 per cent of the registered clinical staff of specialist NHS Mental Health Trusts, 10 per cent of total NHS Mental Health Trust staffing and 1.7 per cent of the NHS workforce. Working in both physical and mental health settings, the twelve psychological professions include practitioner psychologists, psychological therapists, psychological wellbeing practitioners (PWPs), child psychotherapists and others (Psychological Professions Network; PPN, 2019). These professions have already seen rapid expansion in recent years, in line with the ambitions of the Five Year Forward View for Mental Health (Mental Health Taskforce, 2016) and Stepping Forward to 2020/21 (HEE, 2017).

Psychological professions work across the lifespan and in many settings (not solely within mental health). Areas such as the Improving Access to Psychologies Therapies (IAPT) programme have increased the availability and accessibility of psychological interventions for people with anxiety and depression. By 2020, IAPT services had the task of delivering services to 25% of the population who experience common mental health problems (Mental Health Taskforce, 2016). However, an increased presence of psychological professionals across a range of services is required to capture the remaining 75% of the population experiencing common mental health problems.

Within the acute physical environment, psychological professions provide interventions across a range of services including cardiovascular, oncology, renal services, neurology, and pain management to name a few. However, despite recent expansion in clinical health psychology services, they are comparatively small compared with IAPT or mental health and not always comprehensive across organisations or localities. In addition, the development of long-term conditions approaches in IAPT does not always contribute to a joined-up approach with acute hospital services (Clarke, Furmaniak & Pilling, 2018). The increase in people living with a diagnosis of cancer (currently 1.8 million with an anticipated rise to 3 million by 2030) also demonstrates need in improving support and wellbeing (Department of Health, 2013).

Within primary care and general practice, there has been limited attention to mental health and psychological approaches, despite the development of primary care networks (PCNs). Yet it is known that a

high proportion of general practice consultations have a mental health component (Mind, 2018), and 90% of mental health problems are managed in the community (Mental Health Task Force, 2016). The General Practice Forward View (NHS England, 2016), the Royal College of General Practitioners (RCGP; Thomas et al., 2016) and Mind (2018) recommend that a wider range of practice staff within primary care could support mental health prevention and promotion. In order to realise the aims of the LTP, PCNs have numerous funding streams. With expanding the workforce being a top priority for primary care, one funding stream is the ARRS, which is reimbursement of the salary for new roles being recruited into general practice, along with certain on costs (NHS England, 2019c). The role of MHP has been added to the scheme in 2021/22. MHP is an umbrella term for a number of qualified professionals who are able to provide mental health care (Baird & Beech, 2020), but the role is limited in scope. There is a need to broaden and embed new roles at a pace that can further expand the psychological professions (HEE, 2021) and help meet the LTP.

2.2 Workforce Challenges

The NHS as a whole is experiencing significant challenges in training, recruiting and retaining sufficient staff across the full range of services and professions required to deliver the required care. The current number of vacancies is unsustainable (NHS England, 2019a). The requirement for expansion (as detailed in the NHS LTP) provides further pressure on an already stretched system. Changes to funding arrangements have also increased pressure on services as the supply of newly qualified professionals slows. The removal of bursaries for nurses and allied health professionals has had an initial impact on the numbers entering training/degree courses for a wide range of professions (Royal College of Nursing, 2020). It remains to be seen if these are part of an initial adjustment to a new system or whether they present longer-term challenges.

Current training and workforce structures within the psychological professions are also complex and do not recognise transferability of skills, accreditation of prior learning. This presents a scenario akin to a 'snakes and ladders' approach where to train to work with a different population, e.g., adult to child. It necessitates starting as a beginner again, e.g., adult PWP to child PWP work. Similar examples exist around limited or no transferability of skills or learning in moving between professions within the psychological profession's family. Training routes into psychological professions are also complex, and for some psychological professions, the opportunities for career development are relatively limited, which impacts workforce retention (NHS England, 2019a).

Closing the workforce gap is imperative given the challenges across the whole NHS workforce. Traditional routes of supply into NHS roles will not meet the demand for access and service provision. Consequently, across the whole of the NHS, there is a need to consider how supply from traditional and non-traditional sources can be increased and how entrants to the NHS may be encouraged and supported to consider a range of healthcare careers (Beech et al., 2019). Nationally, there are workstreams considering supply across all the professions and speciality areas. This project has focused on the psychology graduates.

2.3 Psychology graduates

It has been recognised that new graduates from various degrees would consider a career within the NHS but do not find it easy to navigate. Psychology is one of the largest graduating schools in the UK, and many of those graduates are motivated by a career in the NHS but find themselves without a clear path to follow. In 2017, the PPN reported 200 applicants for every available graduate mental health role in the UK. Approximately 30% of all psychology undergraduates would consider a profession in the NHS if available to them (PPN Alliance, 2018).

2.4 A Proposed Solution

In 2018/19, HEE commissioned the Innovation Agency North-West Coast (IA NWC) to undertake a project to explore New Career Routes for Psychological Professions. In Phase 1, a survey of psychology students and graduates (*n* = 140) in the North-West concluded that the challenges of entering the NHS were significant, with most requiring additional experience and/or qualifications (or working as a volunteer) with no recognised graduate-entry point or career pathway. The project identified the following need for a new supply route for psychology graduates:

1. Workforce supply gaps are significant across the NHS in mental health services, and in real terms, the gap is not being reduced despite best recruitment and retention efforts.
2. Demand in primary care, acute physical care and occupational health is not quantified in standard workforce planning. The real gap is therefore much larger than official plans state
3. Unlike most other clinical roles, there is no graduate entry route into the NHS for Psychology graduates. (A school that graduates 12,000 graduates a year nationally in BPS accredited courses)
4. Psychology undergraduates are highly motivated to have an NHS career but frequently find that this is not available to them

The full Phase 1 report is attached in **Appendix 1**. In summary, the three main strategic recommendations from the project were as follows:

- Create an integrated career structure with an ability to complete training in a progressive manner, for roles related to psychological care, overseen by Clinical Psychologists.
- Develop new undergraduate and postgraduate training programmes/degrees incorporating the necessary clinical placements. These programmes will enable graduates to enter the workforce at a recognised graduate-entry point, in line with other professions. Consider the development of a Deanery or Lead provider type 'school' to coordinate this approach.
- Create a post-graduate training school to manage psychological careers training for the North West Coast.

Phase 2 of the project was commissioned by HEE in April 2020 for a 12-month period and aimed to implement the recommendations from the initial review. The project was led by the IA in partnership with The Strategic Clinical Network, The People Boards, Providers, Clinicians, The University of Central Lancashire (UCLan) and Lancashire and South Cumbria NHS Foundation Trust hosted the project on behalf of key stakeholders. The final report is attached in **Appendix 2**. One of the key outcomes was the development of the Postgraduate Diploma Associate Psychological Practitioner (PgDip APP), the strategic intention of which is to develop a new and sustainable supply of practitioners into psychological roles to reduce the significant workforce gaps.

3. The PgDip APP Programme and 'Trainee Associate Psychological Practitioners' (Cohort 1)

The PgDip APP is a new educational approach and career route for psychology graduates to enter the NHS as a Band 4 Trainee Associate Psychological Practitioner (TAPP) for 12-months, progressing to Band 5 APP upon qualification and remaining employed by their NHS trust or service. Hence, this is a training role within health services with the TAPP working in a defined health and social care area. This may be acute healthcare, mental health and community health whilst undertaking a training programme for this role. The training itself is designed to be distinct from other psychological professionals at Band 4/5 by skilling up psychology graduates around key transferable psychological competencies built around a core curriculum that equips trainees to work in a range of health services once they are qualified. The programme and role equip trainees to conduct psychological assessments, develop structured formulations and deliver psychologically informed, evidence-based interventions under the supervision of an experienced clinical psychologist/ qualified psychological professional. This may include interventions appropriate to presenting needs such as cognitive behavioural techniques, solution-focused approaches and mindfulness-based skills, leading to improvements in mental health and emotional wellbeing and therefore reducing demand across a range of services. Therefore, the TAPP training differs from other roles that are typically designed around a single focused skillset and one therapeutic approach (e.g., IAPT practitioners, mental health practitioners, and psychological and health coaches).

The PgDip APP Programme's first cohort commenced in January 2021 and was completed in January 2022. Expressions of Interest were requested from Trusts across the North-West Coast, and 50 TAPPs were deployed in NHS Trusts and Primary Care Networks (PCNs) (see Appendix 3). The role was funded via a Business Case to HEE for 1.3m, developed by the project team to secure training and supervision of the TAPP. The project identified a host organisation (Lancashire and South Cumbria NHSFT) to administer the training contract with UCLan and the TAPP training support funds and coordinate the recruitment of TAPP roles. The role also required the development of close relationships between HEI schools and the NHS via a Clinical Supervision Network to ensure high quality and sustainable supervision.

3.1 Entry Requirements and Admissions Process

Acceptance onto the programme is conditional on applicants being in a position to work as a Trainee Associate Psychology Practitioner, i.e., having successfully secured a position as a TAPP in the NHS. Entrants need an undergraduate degree in Psychology at 2.2 or higher (or have passed an equivalent Psychology conversion course) that is accredited by the British Psychology Society as providing the Graduate Basis for Chartered Membership. Hence, positions are advertised and applied for on the NHS jobs website rather than submitted directly to UCLan. If applicants are shortlisted to interview and successfully secure a position, they enrol onto a funded Postgraduate Diploma Associate Practitioner Psychology (PgDip APP) at UCLan.

3.2 Learning Outcomes

The PgDip APP programme has five broad aims derived from the TAPP job description, which acts as the competency framework. The job description and the below aims to guide the design and delivery of the course:

1. Function safely and effectively as (T) APPs in the delivery of psychological interventions under the supervision of an accredited psychological practitioner.
2. Work effectively with other professionals and agencies and use psychological skills within a multi-disciplinary team.
3. Work in partnership with patients who have individualised needs to help bring understanding through assessment and formulation and healthy emotional wellbeing from needs-led interventions
4. Engage with ethical and professional standards appropriate to the role.
5. Contribute to the local psychological services in line with service demands.

The programme has a further unique set of objectives, referred to as Learning Outcomes, or competencies, that also provide a framework for delivery and assessment. These competencies define the knowledge and skills we expect TAPPs to be able to demonstrate by the end of the course. These cover subject knowledge and skills, thinking skills and practical skills for employability:

1. Develop, explore and reflect upon effective clinical communication
2. Apply clinically relevant analytical thinking and problem-solving skills
3. Explain, contextualise and apply appropriate awareness of ethical, legal and professional dimensions in their approach to their work
4. Evaluate and apply psychological skills appropriate to patients' individualised needs and presenting problems
5. Operate effectively in multidisciplinary and multiagency working and reflect upon working collaboratively
6. Contribute to the local psychological services in line with service demands (e.g., through engagement with research or clinical audit) and clinical strategy and explore the role of the psychology practitioner within the wider NHS community
7. Identify, document and reflect upon competence, learning needs, and personal and professional development activities and implement plans to develop professional practice
8. Integrate core competencies and theoretical knowledge and critically evaluate their application to clinical settings

Both the programme aims, and the specific learning outcomes were developed between the UCLan and NHS project/course team to ensure that these map closely (**Table 1**) onto the TAPP job specification for the role into which TAPPs are appointed (**see Appendix 4**).

Table 1: Mapping the TAPP job description competencies against the PgDip APP Course Learning Outcomes

	UCLan Course Learning Outcomes (objectives)							
Competence area on TAPP Job Description	**1**	**2**	**3**	**4**	**5**	**6**	**7**	**8**
- Communication and Relationship Skills								
- Analytical and Judgement Skills								
- Planning and Organisational Skills								
- Patient and Client Care								
- Responsibility for Policy and Service Development								
- Responsibility for Information Resources								
- Research, Development and Service Evaluation								
- Other								
- Training and Supervision								
- Trainees' Service Specific Areas of Competence*								

3.3 Delivery Ethos/Teaching and Learning Strategy

Structure

TAPPs are employed full-time at a band 4 level for 12 months, work in clinical settings, under the supervision of an accredited Psychological Practitioner and engage in university study 1 day per week, at the University of Central Lancashire (UCLan). The UCLan day involves taught classes (online and/or face-to-face delivery), independent study, and Academic Course Tutor supervision.

Curriculum/Competency Framework

The course was structured around a competence development ethos via a core competency framework. This framework is detailed on the TAPP job description (**Appendix 4**), which for Cohort 1, includes eight overarching competencies. Each competency area includes a more specific set of 'descriptors' (e.g., working psychologically in relation to assessments, formulations, interventions, reflective practice, clinical supervision, self-care, evidenced-based practice, ethics and professional practice, audit and service evaluations) that outline the specific expectations of aspects of professional and clinical practice associated with these general areas of competence. Upon successful demonstration of competency and passing of the PgDip APP, the trainee would meet the 'qualified APP' job description requirements.

General/core competence area on TAPP Job Description

- Communication and Relationship Skills
- Analytical and Judgement Skills
- Planning and Organisational Skills
- Patient and Client Care
- (psychological assessment, formulation and intervention)
- Responsibility for Policy and Service Development
- Responsibility for Information Resources
- Research, Development and Service Evaluation
- Training and Supervision

The curriculum (i.e., teaching/class content) centres around topics that cut across competence areas. For example, the topic of 'risk assessment' does not fit neatly into the 'Patient and Client Care' competency, but rather requires additional 'Communication and Relationship Skills' and 'Analytical and Judgement Skills'.

Teaching and Learning methods

Teaching focuses on strategies that develop transferable skills in identified areas that fulfil the role competencies through participation in the course content, and in clinical practice within the NHS. Emphasis is placed on situating the curriculum within the wider context within which clinical psychology practices within the service. The course is delivered using one large 120 credit module using various methods, including lectures and workshops, to deliver the core content whilst enhancing critical thinking and assimilation of information. Interactive activities include role-playing observation/practice, case study review in small groups, and reflective practice to develop applied skills through embedding core knowledge directly into clinical contexts. Due to the applied nature of this course, these were particularly important. If relevant and appropriate, service users and carers with lived experiences were invited to contribute to teaching. Sessions were delivered mostly online due to Covid-19 restrictions, though face-to-face classes resumed once restrictions were lifted.

Supervision Model and Arrangements

Accredited 'psychological practitioners provided supervision'. The supervision model for both TAPPs and APPs is in **Appendix 5**.

A clinical supervision network has been established to quality assure the model of clinical supervision and address any operational concerns. It was within this network that the frequency standards for supervision were set. The TAPPs received the equivalent of one-hour one-to-one clinical supervision a week. Where the TAPPs were not in regular contact with their supervisor (i.e., in the same team), they also received group supervision, led by an accredited psychological practitioner and an on-site mentor for support when required. This aspect of the course makes up the shared/universal component of what defines the TAPP training.

Assessment

In addition to weekly clinical supervision, the development of competence is supported by weekly reflective practice and formative assessment via interim reviews by clinical supervisors and academic course tutors. The review is an assessment of the trainee's progress and competency development so far and an opportunity to set objectives/identify learning needs for trainees' ongoing development of knowledge, confidence and clinical competence.

Trainees undergo two reviews which take place around 4-5 months and 10 months into training, which essentially involve multiple meetings between different parties (trainee, clinical supervisor, and UCLan course tutor), with the supervisor assessing and rating competency development and embedding within the service, and the course tutor providing academic and support needs. Notably, the focus of the second review is identifying outstanding training needs, which can then be assessed during a final third review if not all competencies have been met to a satisfactory standard. If, however, the trainee has already met their competencies by the second review, then a third full review is not required, and the remainder of the training period can focus on further refining competencies.

The clinical supervisor's competence ratings and assessment are supplemented by other pieces of work and documentation that evidence competence development, all of which are submitted at the end of the course as one portfolio.

To pass the course and obtain the Postgraduate Diploma award, students are required to complete all elements of the course. These comprise:

1) Completion of 12 months training experience as a TAPP under the supervision of an accredited Psychological Practitioner.
2) Submission and successful completion of a portfolio of evidence-based competence development, which assesses all learning outcomes to a standard appropriate for Level 7 postgraduate diploma. The portfolio includes:
    - Supervised clinical practice (clinical supervisor's review and assessment of workplace competence, in line with the TAPP job description) and clinical supervisor's final recommendation to the examination board.
    - Individual competence record sheets/competence checklist.
    - Course tutor review forms.
    - Journal club presentation.
    - Weekly clinical activity, clinical supervision hours, training needs, and independent study logs.
    - Weekly holistic reflective practice journal.
    - Reflective practice component, comprising 12,000 words reflective practice writing.

4. Evaluating the first year PgDip APP Programme (Cohort 1)

4.1 Evaluation Aims

Delivery of the PgDip APP programme incorporated an ongoing evaluation. This academic and clinical service evaluation has been undertaken by UCLan and LSCFT, the overall aim of which is to evaluate the success of the TAPP programme and role, via two main objectives: 1) to evaluate trainee competence development during the 12-month training period alongside academic training experience (academic evaluation), and 2) evaluate the impact of TAPPs in clinical settings in relation to patient benefit, service delivery and workforce satisfaction (clinical service evaluation). A third objective is to

4.2 Evaluation Strategy

The evaluation was structured around Kirkpatrick's (1996) framework for evaluating training programmes (see also Tamkin et al., 2002) at different levels, as described below. These outcomes are not hierarchical, but rather use of the framework ensures a holistic and comprehensive evaluation that can have direct implications for policy and practice. The evaluation framework, focus and methodology are summarised in **Appendix 6**. Levels 1-3 were assessed via an academic evaluation, and level 4 via a clinical service evaluation.

Evaluation component	Framework level	Focus/objectives
Academic evaluation	**Level 1 (reaction/experience)**	How did TAPPs react to and experience various aspects of their training / course?
	Level 2 (learning)	Did TAPPs acquire the intended knowledge, skills and confidence and therefore have the ability to apply their learning?
	Level 3 (behaviour)	Did TAPPs develop and apply their competencies in the workplace? Assessment of transfer of learning to workplace clinical service and development of clinical competence
Clinical service evaluation	**Level 4 (organisational results)**	Did the training/course have a measurable beneficial impact on the organisation (patients, NHS services/trusts)?
Economic evaluation	**Level 5 (value)**	Economic evaluation of TAPPs/APPs to model the impact of introducing this new workforce into priority pathways (e.g., primary care, stroke) (***to be completed***)

Data Sources

Triangulation of the following data sources allowed us to obtain a comprehensive understanding and corroborate our findings:

- Patients
- Communities
- NHS services and staff
- General practice staff
- Clinical supervisors
- Workforce (TAPPs)

The Two components of the Evaluation

Academic Evaluation

The academic evaluation examined trainee competence development during the 12-month training period alongside academic training experience. This academic evaluation ran alongside standardised Quality Assurance processes (e.g., soliciting student feedback) inherent in the Continuous Course Enhancement (CCE) processes that operate for any UCLan course. We adopted a longitudinal mixed-methods design, asking TAPPs to respond to self-report questionnaires/rating scales and open-ended qualitative questions, at multiple time points during the course:

- Time 1: Pre-course/training
- Time 2: Six months into the course/training
- Time 3: After TAPPs have completed all training
- Time 4: 3-6 months after completing training (***to be completed***)

Data analysis is ongoing, and for succinctness, this report i) synthesises and presents TAPPs' qualitative feedback across the three-time points, and ii) presents the analysis of data provided by TAPPs' Clinical supervisors, showing competence development and acquisition over the during of the training. Additional quantitative and qualitative analysis is underway to compare feedback across the three-time points and analyse scores across a range of psychometric self-report measures that will provide broader context and understanding to our main findings (reported in later papers/publications).

Clinical Service Evaluation

The evaluation of the TAPPs' clinical role aimed firstly to identify whether TAPPs made a difference and produced 'added value' to the services they were in. To assess this, the following data were collected:

- Patient outcome measures
- Patient experience of service questionnaires
- Attendance statistics
- TAPPs' self-reported patient impact

Second, the clinical service evaluation aimed to understand the acceptability of the workforce and the role. This was assessed through feedback from:

- Multi-disciplinary service staff
- TAPPs

4.3 Evaluation Findings

Fifty TAPPs were recruited across Lancashire and South Cumbria Foundation Trust (LSCFT) and Cheshire and Merseyside Foundation Trust. Six TAPPs dropped out around 8-months into the training after successfully securing places on the Doctorate in Clinical Psychology (DClinPsy). Given the high calibre of applicants for this role, this was expected. It is important to point out going forward, HEE is implementing a **policy change** for future eligibility on NHS funding specific psychological professions' training programmes for individuals who wish to undertake more than one NHS-funded training. 'Associate Psychological Practitioners' are included in the list of affected psychological professions programmes (this policy change comes into force after Cohort 2 begins in March 2022 hence it will apply to Cohort 3 onwards). The remaining 44 TAPPs undertook a placement in either primary care, secondary care, specialist services or a clinical health setting. 88% of TAPPs were female, 78% were White British, and they were aged between 22-54.

4.3.1 Academic Evaluation

Of the 44 TAPPs undertaking the course, **93% passed**. The remaining 7% includes students needing reassessment on reflective practice portfolios or trainees who have not yet submitted/completed the training.

For the academic evaluation of the course, TAPPs were asked to complete a questionnaire at the beginning (Time 1), middle (Time 2) and end (Time 3) of their 12 months training year. This questionnaire aimed to capture the TAPPs self-reported experiences and development of competencies during the training year. Thirty-eight TAPPs responded at Time 1, 42 responded at Time 2, and 33 responded at Time 3. The TAPPs' clinical supervisors were also asked to report on the TAPPs competency development at the middle (Time 1) and end (Time 2) of the training year. The competency ratings were based on the eight competency areas on the TAPP job description (**see Appendix 4**).

TAPPs' Competency Development

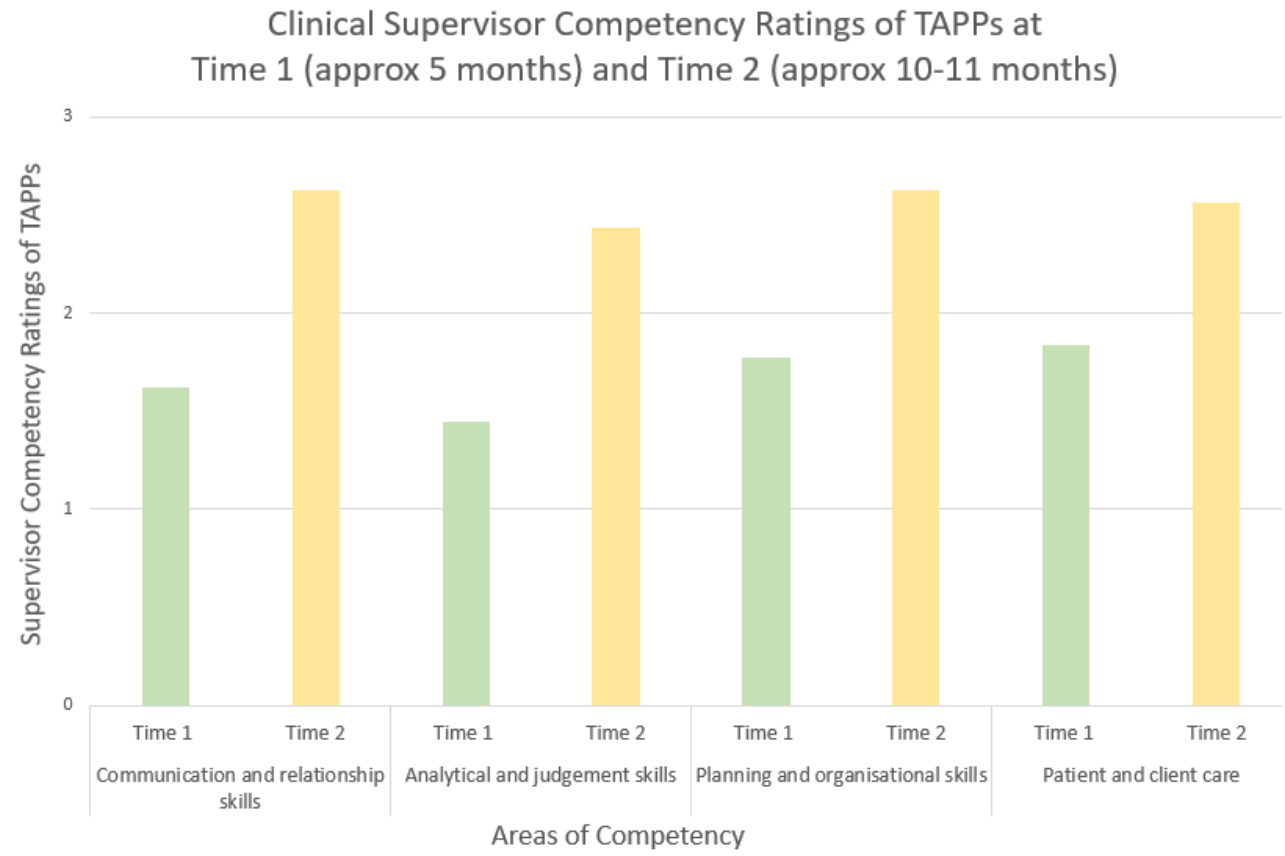
To assess the development of competence during the training period, clinical supervisors supplemented weekly clinical supervision with a full review of competence at the mid-point (5 months) and towards the end (10-11 months) of the training year (**see Figure 1**). These reviews required a written assessment of competence in all competencies outlined on the TAPP job description and a rating for each competency area, using the below scale. All competence areas require a rating of 2 or 3 by the end of the training, to pass the course, except 'research, development & service evaluation', which requires a rating of 1 due to lack of opportunity to effectively demonstrate competence in some services. For the present purposes, we analysed the average competency rating across these two-time points, in each competence area.

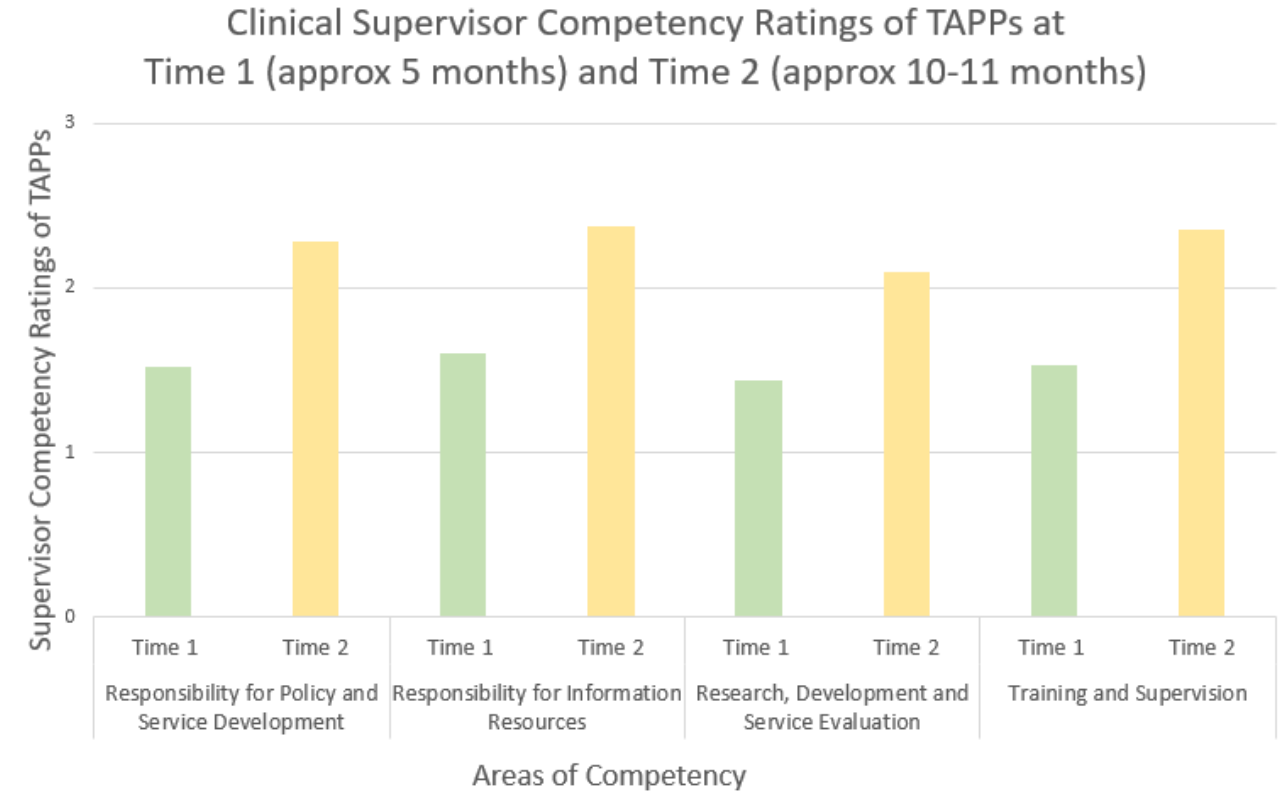
Rating	Description	Full explanation
a	No opportunity to demonstrate competence	The service has to date been unable to provide opportunity for the trainee to develop in this area
b	Not applicable	Not applicable to this service
c	Insufficient opportunity for Clinical Supervisor to make judgement	The Clinical Supervisor has insufficient opportunity/time to observe and/or discuss competency development
0	Remediation and guidance for development required	Concerns have been raised about progress. Guidance for development must be detailed clearly on this form.
1	Competency development awareness, and/or competency progressing	The trainee has an awareness of and can discuss this competence and/or is demonstrating some degree of competence, but further development is required. Guidance for development must be detailed clearly on this form.
2	Competence demonstrated	Trainee competence is consistently and satisfactory demonstrated
3	Competence exceeds expectations	The trainee is performing above and beyond expectations

Results

At the mid-point assessment (5 months into training), clinical supervisors' average rating of TAPP competency was 1.60 (*SD* = .144) (competency progressing) across all eight competencies. At the end of year assessment (10-11 months into training), clinical supervisors' average rating of **TAPP competency had increased** to 2.42 (*SD* = .184) (competence demonstrated), with some areas almost achieving a rating of 3 (competency exceeds expectations). The changes in overall competence reflect the **clinically and statistically significant improvements** that were identified across all eight individual competencies**.** See **Appendix 7** for statistical results.

Figure 1: Clinical supervisor's average competency rating across the eight competencies areas.





Note. Supervisor competency ratings: 1 = Competency development awareness, and/or competency progressing; 2 =

Competence demonstrated, 3 = Competence exceeds expectations. Time 1 = 5 months into the course; Time 2 = 10-11 months into the course

The competence assessment by supervisors will be triangulated with TAPPs' own self-reported ratings of their knowledge and confidence in their clinical competencies across the three-time points (before, during and after training). These data are currently under analysis but will help us understand any changes in TAPPs' self-reports/perceptions of clinical competence and confidence over time, resulting from the programme teaching and learning and workplace training.

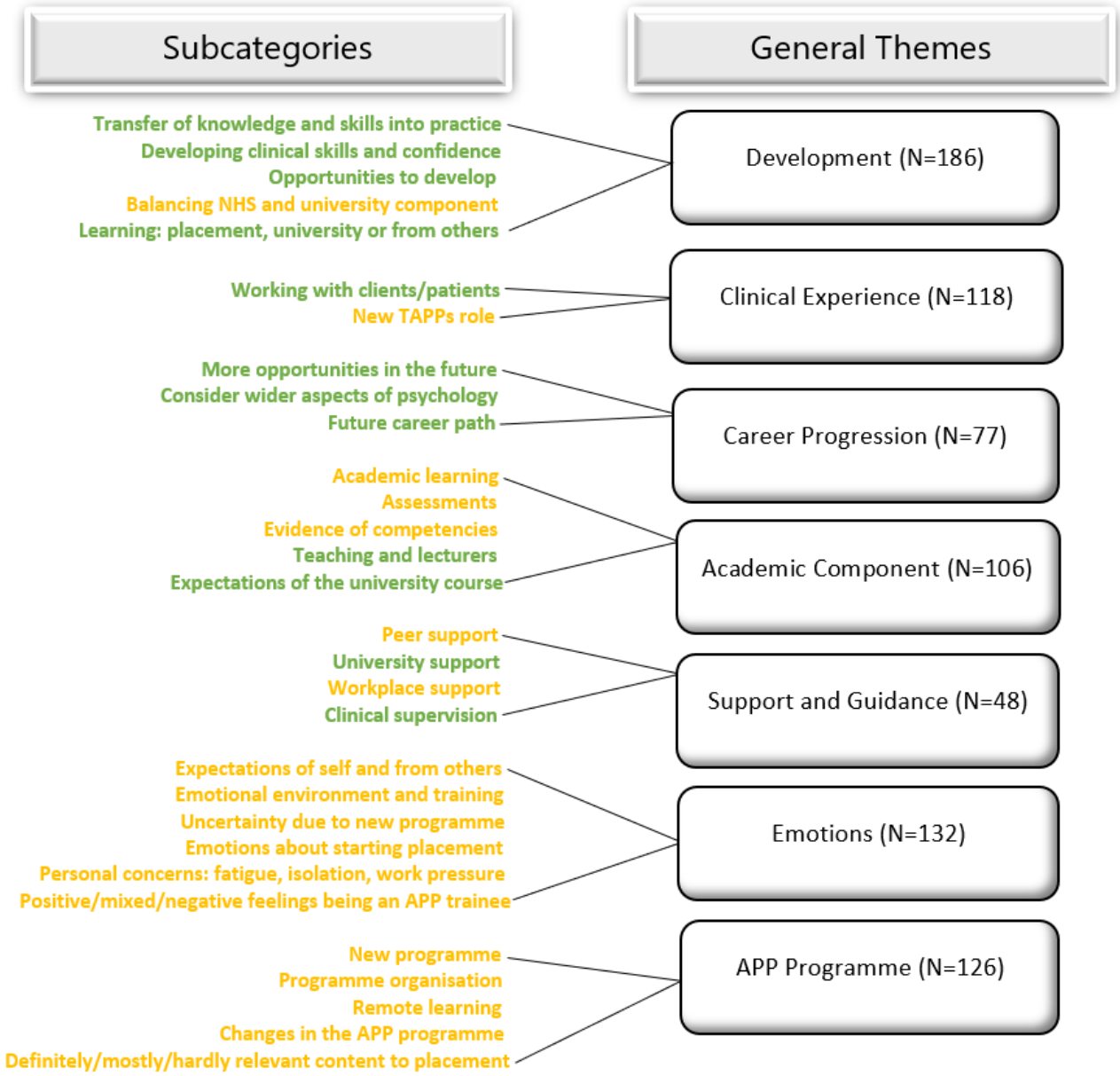
TAPPs' Experience of the Course

To understand and summarise the results of the qualitative feedback from the TAPPs, inductive content analysis was used (Elo & Kyngäs, 2008). Similar themes were identified across Time 1, 2 and 3, and ongoing analysis will explore whether there are convergences and divergences in these themes. For this report, the feedback was combined into one analysis/set of themes**. Figure 2** shows seven general themes and their subcategories, all of which capture the TAPPs' expectations, experiences and perceptions of the programme and their training. Positive experiences and areas of best practice are denoted in green, while mixed experiences and areas of suggested improvement are denoted in orange. Example quotes from TAPPs in relation to each theme can be found in **Appendix 8**.

Regarding positive feedback, the most frequently mentioned theme was 'development'. The TAPPs enjoyed learning from clinicians and applying this in practice, often mentioning that other postgraduate courses do not offer this in psychology. The TAPPs stated that this afforded them the opportunity to develop their skills, confidence and resilience with the support of their supervisors, mentors, peers, and the university. Further, TAPPs expressed that they were able to develop reflectively, autonomously, and professionally through 1:1 clinical practice and service audits.

Regarding areas of suggested improvement, some TAPPs reported they would benefit from additional support. For example, clarity regarding how both the University and NHS service can collaboratively provide support, and the clinical supervisor having a clearer understanding of how to support the TAPPs development while working within the remit of the job role. Increased support and guidance may benefit the TAPPs' understanding of what is expected from them in their clinical role and academic assessments set by the university.

Figure 2: Content analysis of TAPPs feedback with colour codes ('green' indicates best practice, 'orange' indicates areas of suggested improvement)



(N= number of recorded quotes)

4.3.2 Clinical Service Evaluation

The clinical evaluation includes data from three sources: Patients, Services/staff, and the workforce (TAPPs) divided into Primary Care Network (PCN) TAPPs and TAPPs in other settings.

Patients

TAPPs worked with people from across the lifespan in a multitude of clinical settings. The TAPPs directly impacted patients through the delivery of psychological assessments, formulations, and interventions, both 1:1 and group. The TAPPs also had an indirect positive impact on patients through service development and supporting service staff.

The evaluation of patient impact is divided into TAPPs who worked in PCNs, referred to as 'PCN TAPPs' and those who worked in other settings, referred to as 'other settings TAPPs'. PCN TAPP patient evaluation comprises clinical outcomes, patient feedback and community impact data. The evaluation data for 'other setting TAPPs' comprises the TAPPs' self-reported patient impact (direct and indirect).

Primary Care Networks (PCN)

In PCN settings, TAPPs offered 1:1 intervention to patients registered at a GP surgery within the PCN (three days a week) and universal support to the wider community (one day a week). The 1:1 interventions involved up to five wellbeing sessions (assessment, formulation, two intervention sessions and a follow-up session) to patients presenting with mild-moderate psychological difficulties. The approach focused on preventing mental health deterioration and promoting emotional wellbeing. The interventions were delivered depending upon presenting need and used various psychological models. The community work focused on enhancing knowledge about how to care for your emotional wellbeing and enhance your emotional resiliency.

One-to-One Support:

1566 patients were referred for 1:1 TAPP support, with 1033 patients receiving at least 1 wellbeing session, delivered by 24 TAPPs. The service successfully mirrored that of general practice; that is, a diverse age range of patients accessed the service.

Clinical Outcomes:

Four mood-related questionnaires were used to assess efficacy:

1. The Warwick and Edinburgh Mental Wellbeing Scale (WEMWBS; Tennant et al., 2007) measures general well-being.
2. The Brief Resilience Scale (BRS; Smith et al., 2008) to measure resiliency.
3. The Patient Health Questionnaire-9 (PHQ-9; Kroenke, Spitzer & Williams, 2001) to measure symptoms of depression.
4. The Generalised Anxiety Disorder-7 Scale (GAD-7; Spitzer et al., 2006) to measure symptoms of anxiety.

These measures were completed during the first, fourth, and follow-up session (4-6 weeks after the final session). For each measure there were both **clinically and statistically significant improvements**. Levels of

depression and anxiety reduced, and levels of resiliency and wellbeing improved. These changes were maintained at follow-up. See **Appendix 9** for statistical results.

Patient Feedback:

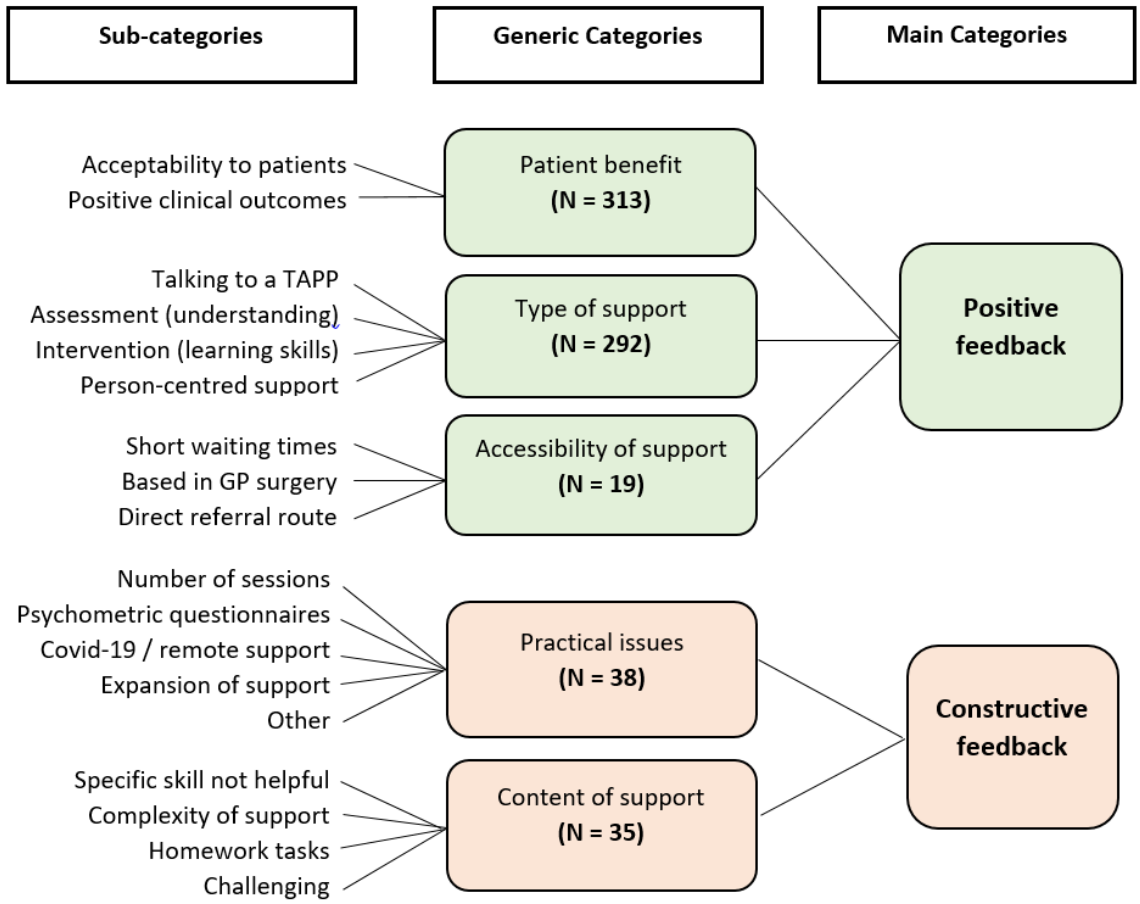
240 patients completed a patient experience questionnaire. The questionnaire comprised of seven qualitative questions relating to the patient view of the support (**see Appendix 10**). To understand and summarise the results, a qualitative inductive content analysis was used (Elo & Kyngäs, 2008)

The patient feedback was **very positive**, see **figure 3**. The most frequently mentioned theme was 'patient benefit'. Patients frequently provided positive comments about the beneficial impact the work had had upon their mental health. They liked being able to talk to a TAPP, develop an understanding of their problems through the assessment and formulation process and then build coping strategies during the intervention sessions. Another common theme reported related to the 'accessibility' of the interventions provided. This included the short waiting times, clear referral route and being seen in their local GP practice.

Out of 240 questionnaires, 182 patients did not report any negatives or constructive criticism of the TAPP support. Of those that did, the most frequently occurring themes were: 1) Practical issues with the support – primarily that patients would like more than 4 sessions and 2) the content of the support – this mostly related to the patient's personal preference for specific coping strategies.

Example quotes from patients relating to each sub-category can be found in **Appendix 11**.

Figure 3. Content analysis of patient feedback



N = number of utterances (not number of people).

Community work

The PCN TAPPs were allocated one day per week to engage in community work. This focused upon a universal approach to mental health prevention and promotion. Although some TAPPs report difficulty engaging with community organisations within the context of Covid-19 restrictions, data was collected for 14 of the 24 PCN TAPPs. This community work included integrating the role with local services, providing wellbeing workshops to staff and service users of local organisations, and delivering group interventions. See **Appendix 12** for full summary of community work complete and feedback gathered.

Role integration:

The TAPPs engaged with NHS services (e.g., Minds-matter), local services (e.g., social services) and local charities, such as drug and alcohol services, art and horticulture groups, dementia support services and services promoting physical activity. The TAPPs met face-to-face or virtually with staff, volunteers and patients at these local services and charities. They attended team meetings and gave presentations to raise awareness both about the importance of mental health prevention and promotion and of the new TAPP role. This also allowed the TAPPs make links with local services which they could signpost or refer patients to. Equally, this important integration work also led to referrals for patients who wanted to access the service provided by the TAPPs in PCN settings.

Wellbeing workshops:

In total the PCN TAPPs community work **impacted approximately 1237 people**. The TAPPs provided 78 well-being workshops and presentations to staff, volunteers, and service users at local organisations, services, charities, and schools. The workshops focused on general mental health prevention and promotion, such as 5 ways to wellbeing, resilience, anxiety management and sleep hygiene. The TAPPs also developed wellbeing workshops tailored to specific populations; for example, two TAPPs designed and delivered five wellbeing workshops for South Asian men, with topics focused on mental health stigma in this population. The feedback from staff and clients from these well-being workshops was very positive. For example:

> Pupil at local secondary school: *"I find it very thought provoking, I agree with everything that was said in the presentation and it has helped me understand the power that thoughts can have on our emotions and behaviour."*

Group Intervention:

Four PCN TAPPs facilitated four group interventions, known as 'The Positive Steps Programme'. One for children and young people, one for older adults and two for adults. The Positive Steps Programme is an eight-session group (Millar & Donnelly, 2014). Measures of depression (PHQ-9), anxiety (GAD-7), wellbeing (WEMWBS) and resilience (CD-RISC; Connor & Davidson, 2003) were taken at the start an end of each group. Although there was only a relatively small sample size, results showed a statistically significant reduction in levels of depression and a statistically significant increase in levels of wellbeing and resilience as a result of the intervention. Furthermore, high levels of patient satisfaction were reported. For example:

> Patient feedback from the PSP group: *"I've really enjoyed positive steps, it's got me out of my house and meeting new people. It has been amazing to chat to people in a non-judgemental setting, where everyone is supportive and trying to get their lives back on track."*

TAPPs in Other Settings (Primary, Secondary, Specialist & Clinical Healthcare)

The roles of TAPPs working in different settings varied quite considerably, therefore their impact data were evaluated separately. These TAPPs were asked to complete a questionnaire detailing the service, where they were based, their main duties and their self-reported impact (**see Appendix 13 for questionnaire**). Sixteen of the 20 TAPPs in these settings responded, and the responses to this questionnaire are summarised in **Table 2**. The TAPPs placed in 'other settings' reported direct patient impact and indirect patient benefit.

Direct patient impact:

TAPPs provided psychological input to patients and staff in either a 1:1 and/or group context. This included conducting psychological assessments and delivering psychological interventions. Depending on the service they were placed, TAPPs provided support to people on the waiting list for psychological therapy or providing a stepped care approach (e.g., TAPPs offered low-level support, while clinical psychologists offered high-intensity support).

Indirect patient impact:

TAPPs indirectly impacted patients through training and service development work, such as creating service materials, developing new support pathways, and increasing access for non-English speakers. Additionally, the presence of a TAPP reduced the workload of other clinicians, which subsequently increased clinical capacity and reduced service waiting times. See **Appendix 14** for a full write up.

Table 2: Primary, Secondary, Specialist and Clinical Health Care TAPPs self-reported Job role and impacts in service

	Service	Job role	Main impact	Additional impact
Primary	IAPT	• Patient support • Screening • Homework • Group work • Waiting list • Audits on service	"I think we are able to reduce the workload of other clinicians, thus meaning more people can access the service in a timelier manner and waiting times can be reduced."	• Reduced waiting times • Support to people on the waiting list • Service audits
	Complex care adults	• Patient support • 1:1 session • Psychoeducation • Sleep workshops • Group work • Audits	"Reducing workload for clinicians."	• Service improvement projects are more feasible
Secondary	Crisis services	• Patient support • Assessments • Formulations • Intervention • Referrals • MDT meetings • Staff Training • Collate Literature • Self-help materials • Audits	"Provide a psychological provision to each of the 4 Mid-Mersey teams"	• Psychological support in service, less referrals to IAPT • TAPPs Offer a regular/consistent psychological presence over Assistant psychologists (35.5/12) hours per week
	Adult Community Mental Health and Learning	• Patient support • Psychological intervention • Assessments • Wellbeing sessions for staff	"My presence as a TAPP has permitted further direct clinical work including 1:1 and group sessions therefore, benefiting clients"	• Provide much needed training • Enable quicker referrals • Reduced waiting times

	Disability Teams	• LD adaptions • Audits • Training • Change Talks		
Clinical Health	Pain management service	• 1:1 therapy • Group therapy • Service audits	"Reduced waiting times"	• Developing new ways of working (ie with non- English speakers) • Audit of discharge rates and waiting times • Developing links to helpful organisations
	Community Respiratory services	• Group work • Intervention • Training • Long covid clinic	"Seeing patients earlier rather than putting them on a long waiting list"	• Transformations in patients • Colleagues say they need more TAPPs and appreciate the work they do
Specialist	Staff Support Occupational Health	• Triage referrals • Assessments • Assist wellbeing hubs • Psychological first aider • Provide local A&E support	"Helped with the workload for the psychologists establishing the new staff support psychology service"	• Collecting data and outcome measures • Audits • Triaging and signposting • Improving staff's health and wellbeing
	Staff support consultant clinical psychologist	• 1:1 wellbeing support • Workplace wellbeing trauma support trainer • Introducing new training under supervision	"Introducing psychological well-being support to an existing staff support provision and providing a conduit for staff to understand better and access a large array of support available in the trust"	• Provides additional psychological support to the wellbeing team • Support the consultant clinical psychologist to better the service
	Resilience Hub- COVID19 Staff support	• Low level guided self-help to patients • Managing caseload (3-20) • Collates resources • Research • Service development	"Contributing to the development of the low intensity pathway with the new service"	• Offering psychological support
	Eating disorder service	• Guided self-help • Assessments • Psychoeducation • Intervention	"Implementing an intervention that can help with waiting times and offer support in line with NICE guidelines"	• Support colleges to develop groups • Development of content

Service/Staff – the TAPPs NHS team

To understand how the NHS services, where the TAPPs worked, viewed the role the following sources of feedback were collated:

1. Anonymous questionnaire for General Practice staff

2. Clinical Supervisor Feedback

3. Audit relating to role integration (***pending analysis – not included in this report***)

Anonymous questionnaire for General Practice staff

A questionnaire was sent to 42 general practice staff, 33 (79%) responded. A copy of this questionnaire can be found in **Appendix 15**.

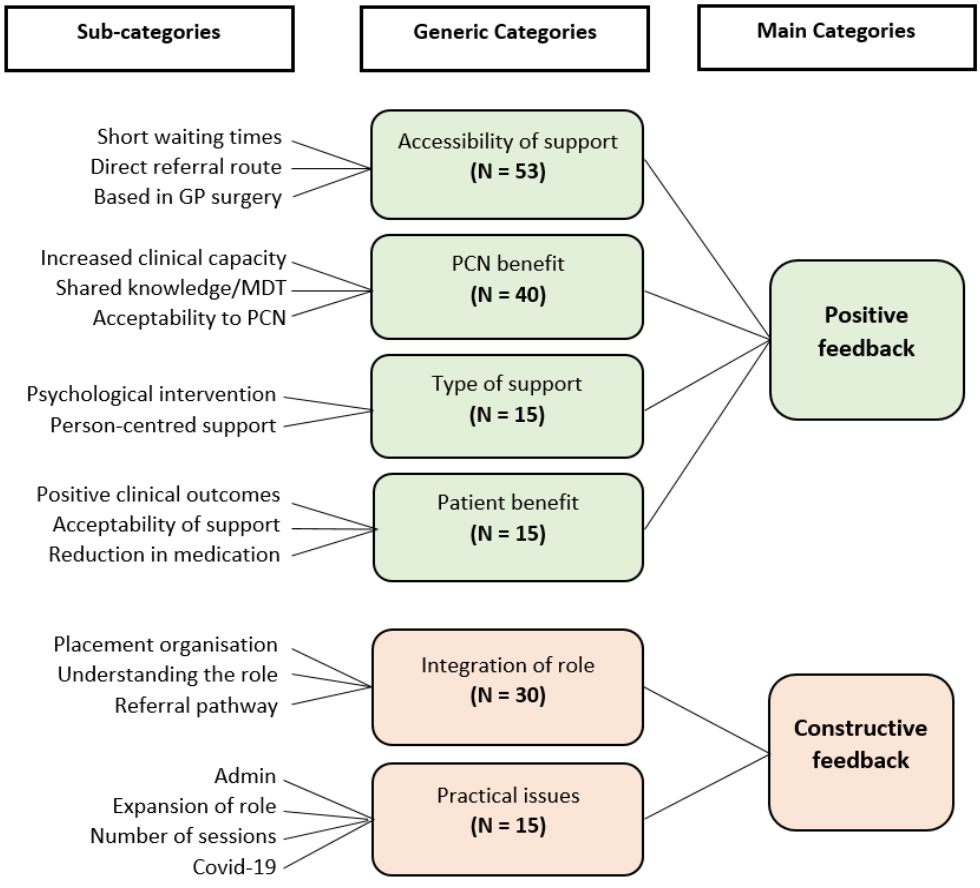
Thirty-two (97%) of general practice staff stated the addition of a TAPP practitioner had a positive impact on the service they worked in. To understand and summarise the feedback from the staff, a qualitative research method known as inductive content analysis was used (Elo & Kyngäs, 2008).

Feedback was largely positive (**see Figure 4**). The most frequently mentioned theme related to 'accessibility of the support.' GP staff liked that there was a direct referral route into the TAPP service, and the support was offered on-site at the surgery with short waiting times. Second to this, was the benefit of the TAPP to the PCN. GP staff expressed that the presence of a TAPP increased the clinical capacity of the practice; the surgery benefitted from the ability to share knowledge between staff and work as a multi-disciplinary team. The final two themes were the type of interventions the TAPP could offer and benefit to patients.

The key area of critical feedback provided by GP staff related to the integration of the TAPP role within the PCN. Staff recalled challenges with the placement organisation (I.e., communication between UCLan, the PCN and clinical supervisors) and staffs' understanding of the TAPP role (i.e., what the TAPP could do and could not do).

Example quotes from each of the subcategories can be found in **Appendix 16**.

Figure 4. Content analysis of GP staff feedback



N = total number of utterances (not number of people).

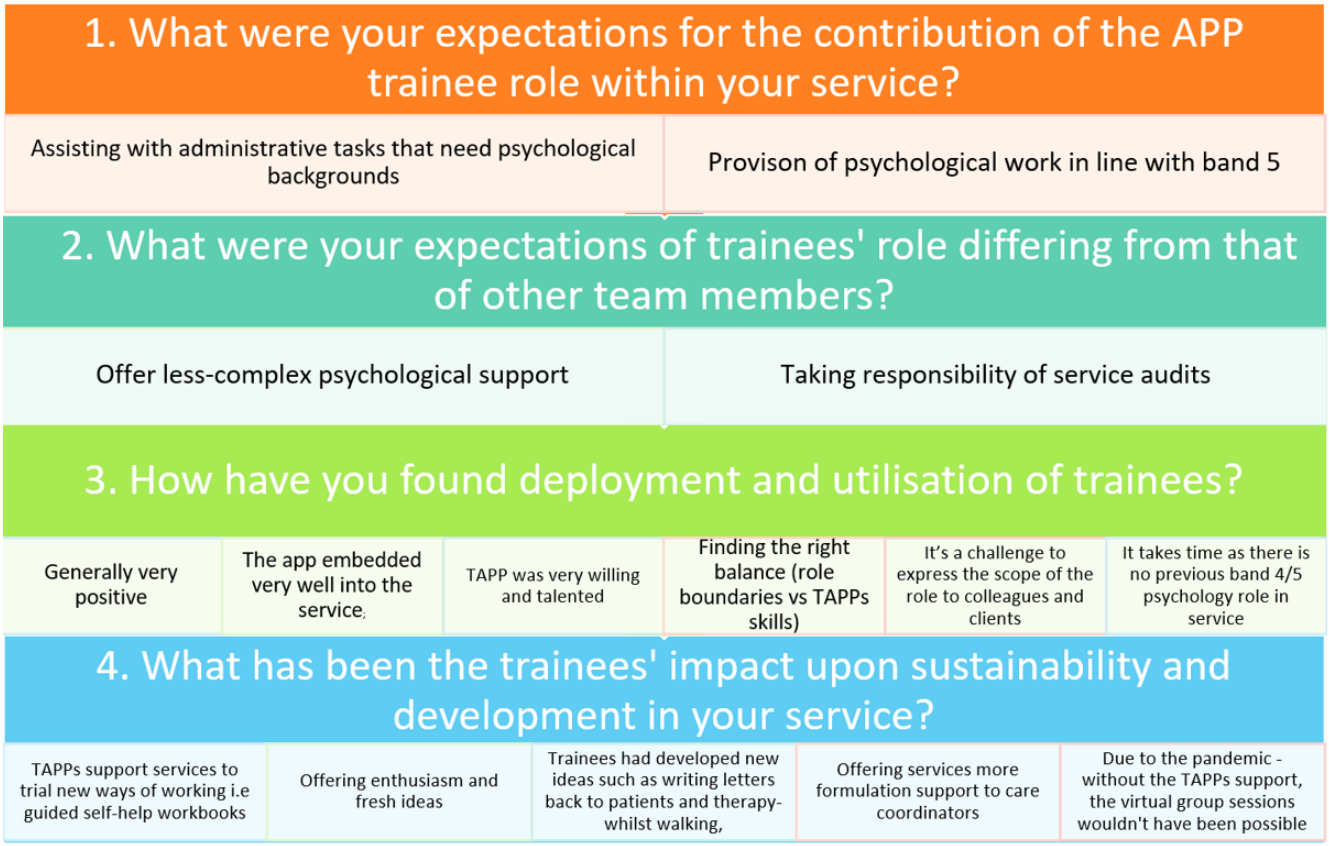
Clinical Supervisor Feedback:

A questionnaire was sent to clinical supervisors with four questions and seven responded. A copy of the questionnaire can be found in **Appendix 17.** The results of the supervisor's expectations and observations of the TAPP role are summarised in the below **Figure 5**.

The supervisors were also asked about the future of the TAPP/APP role. Overall feedback was positive, with supervisors expressing the benefits of having a TAPP within their service, the TAPP role being an effective use of their funding and the desire to keep their APP and/or recruit another TAPP in the next cohort. The supervisors also highlighted important areas of consideration for them regarding future TAPP cohorts. Supervisors expressed the importance of retaining the TAPP/APP after the training year due to the time commitment required to train the TAPP. Suggestions were also made around the TAPPs being recognised by a professional body.

For a full write up and quotes from supervisors, see **Appendix 18.**

Figure 5: Supervisors' expectations and observations of the TAPP in service



The Workforce (TAPPs)

The TAPPs completed a feedback questionnaire at the end of their course, focusing upon the clinical component of their role. The questionnaire was sent to 43 TAPPs, 35 (81%) responded. See **Appendix 19** for a copy of the questionnaire.

Results Summary:

a. 91% of TAPPs said they found that patients engaged with the psychological service they provided.
b. 80% of TAPPs said they would recommend the role to other psychology graduates.
c. 40% of TAPPs gave a positive response when asked about the specific clinical setting they were based, 34% gave a mixed response (positive and negative) and 23% gave a negative response.
d. 66% of TAPPs felt their colleagues understood their role.
e. 80% of TAPPs said they felt part of the team.
f. 51% of TAPPs found it 'somewhat' or 'extremely difficult' to establish their role within service, 37% said it was 'somewhat' or 'extremely easy' and 11% said it was 'neither easy nor difficult'.
g. 66% of TAPPs felt they had a good amount of work, 23% felt they had too much work and 6% felt they did not have enough work.

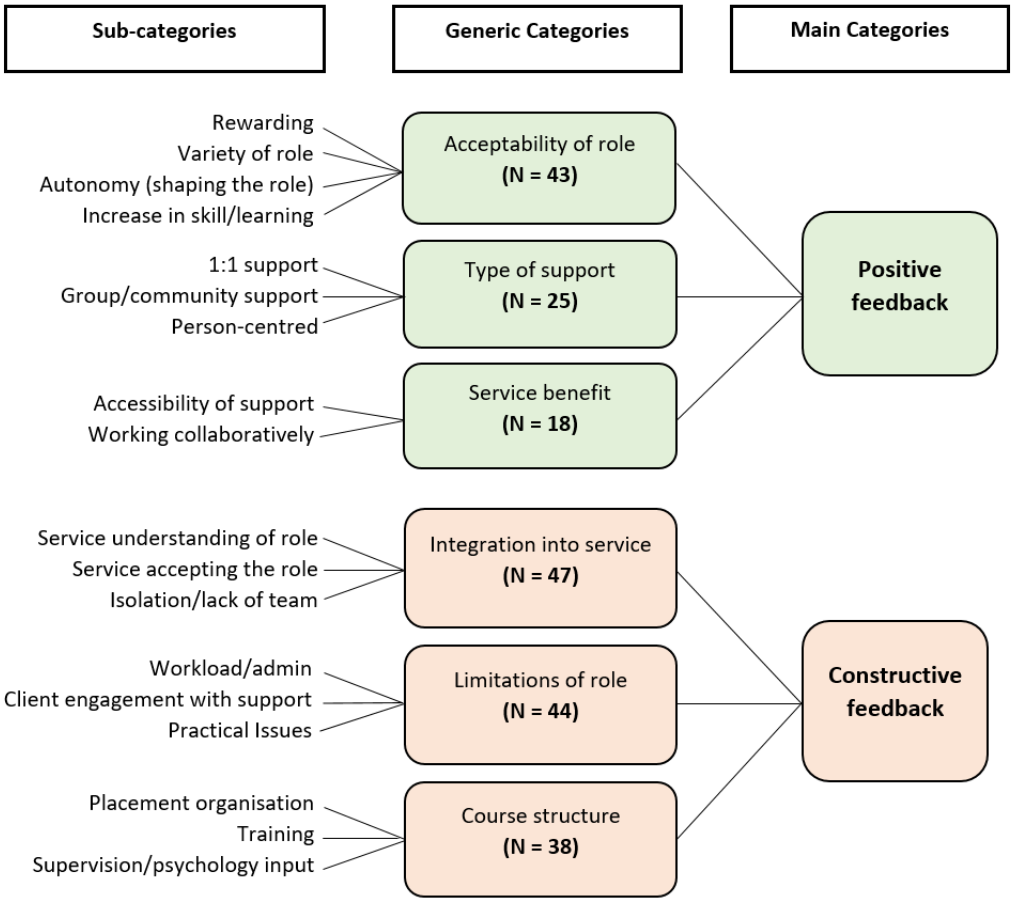
To understand and summarise the feedback from the TAPPs, a qualitative inductive content analysis was used (Elo & Kyngäs, 2008). The questions were framed to gather as much information as possible for the purpose of service improvement, therefore three questions were asked on the limitations and suggested improvements to the TAPP role and two questions were asked on the positives of the TAPP role. This is likely to explain why there are a greater number of utterances relating to constructive feedback **(see Figure 6).**

Regarding positive feedback provided by TAPPs, the most frequently mentioned theme was the acceptability of the role. TAPPs expressed liking how rewarding the role was (helping patients, improving services), the variety and autonomy the role offered and the increase in skills they acquired. Second to this, TAPPs expressed liking the type of support they were offering, including 1:1, group and community work. Finally, TAPPs commented on the benefit of their role, in terms of their support being easily accessible and their ability to work collaboratively with other staff in the team.

Regarding constructive feedback provided by the TAPPs, the most frequently mentioned theme was the 'integration of the role'. This mirrors findings from the content analysis on GP staff feedback. TAPPs highlighted that the services they worked in sometimes did not understand the new role, and that the TAPPs felt somewhat isolated and not part of the service team (this was particularly prevalent in the PCN TAPPs). Following this, limitations to the role were identified, such as a workload (balancing clinical work, admin, and academic work), and practical issues (i.e., the limited number of sessions they could offer patients, setting up access to electronic records). Finally, some TAPPs highlighted issues relating to the overall structure of the programme and training, including placement organisation and synergies between the University component and NHS services, receiving sufficient training at the beginning of the course, and improvements to the supervision offered.

Examples of quotes relating to each sub-category can be found in **Appendix 20.**

Figure 6. Content analysis of TAPP feedback on their clinical role



N = number of utterances (not number of TAPPs)

4.4 Evaluation Summary and Conclusions

The overall aim of this academic and clinical service evaluation was to evaluate the success of the TAPP programme and role, via two main objectives: 1) to evaluate trainee competence development during the 12-month training period alongside academic training experience, and 2) evaluate the impact of TAPPs in clinical settings in relation to patient benefit, service delivery and workforce satisfaction. In reference to our evaluation framework (Kirkpatrick's, 1996), we summarise the findings as follow:

TAPPs' reaction to and experience of the course (Level 1):

The TAPPs' reactions to and experience of the UCLan PgDip APP were captured through trainee feedback. TAPPs' reported many strengths and positive aspects of the course and their training role, such as weekly supervision and having the opportunity to develop professional skills and psychological competencies. Continuing with areas of best practice (e.g., provision of weekly clinical supervision, curriculum content) whilst addressing some of the more challenging aspects inherent in any new role (e.g., increased support in some areas) are important for course quality enhancement and will be targeted as we roll out TAPPs cohort 2.

TAPPs' learning acquisition and impact on performance/clinical practice within the workplace (Levels 2 and 3):

The TAPPs' learning and subsequent application of learning into clinical practice was assessed through eight areas of clinical competency. 93% of TAPPs either reached or exceeded the clinical competencies required to pass the course by the end of the training year. Diversification of assessment of clinical competence (e.g., via case study/observed assessments) was highlighted as an important requirement going forward. Notably, diversification of the assessment strategy was already in the planning for the second phase/cohort 2.

NHS service and patient impact (Level 4):

The clinical impact of the TAPP training on NHS services and patients was measured through feedback from patients, staff/services and TAPPs. Patients responded positively to TAPPs and showed clinical improvements after receiving support (in PCN settings). Services responded positively to the addition of a TAPP and reported benefits of a TAPP on their service and patients. TAPPs enjoyed the clinical work and believed they had a positive impact on the staff, service, and patients they worked with. Services and TAPPs both suggested improvements could be made to the TAPPs integration into the service.

In sum, our findings demonstrate the following:

1. A 12-month educational training **programme is effective** in developing professional and psychological competencies (as specified by the TAPP job description and programme learning outcomes) that enable TAPPs to function safely and effectively as TAPPs and then APPs, under the supervision of an accredited psychological practitioner.
2. TAPPs **fill a workforce need** by providing a psychological presence in PCNs and enhancing existing psychology teams in other NHS settings. TAPPs are highly valued members of the workforce, and their presence has been well received by service staff. There are current discussions with stakeholders about moving qualified APPs into Primary Care Mental Health Worker (MHP) roles, which is one of 12 new roles specified in The Additional Roles Reimbursement Scheme (ARRS) aimed at supporting workforce development and supply in primary care settings.
3. TAPPs bring **added value to services**: the work of TAPPs has had a positive impact on patients, through the provision of psychological support which has resulted in significant improvements in patient wellbeing, and indirectly by reducing waiting lists, increasing the capacity of other clinicians (GPs, Psychologists) and service audit and development work.

4. We must continue with **areas of best practice** (e.g., provision of weekly clinical supervision, curriculum content), whilst addressing some of the more challenging aspects inherent in any new role (e.g., embedding within the workplace) to further enhance the training and provide a superlative student/trainee experience.

5. Lessons Learned

5.1 Strengths of the PgDip APP programme

1. **Effectiveness of the PgDip APP in developing competencies and meeting the course aims:** 93% of the first cohort achieved the required clinical competencies and passed the PgDip APP programme. Thus, to summarise, qualified APPs can: 1) function safely and effectively in the delivery of psychologically-informed evidence based interventions under the supervision of an accredited psychological practitioner; 2) work effectively with other professionals and agencies and use psychological skills within psychological skills within a multi-disciplinary team; 3) work in partnership with patients who have individualised needs to help bring understanding through assessment and formulation and healthy emotional wellbeing from needs-led interventions; 4) contribute to the local psychological services in line with service demands; and 5) engage with ethical and professional standards appropriate to the role.
2. **Workforce acceptability (academic component):** Psychology graduates increased their clinical competence and confidence as a direct result of the programme teaching and learning.
3. **Workforce acceptability (clinical component):** Psychology graduates found the clinical aspect of the TAPP role rewarding and beneficial to their skill development
4. **Patient acceptability:** there was very positive feedback from patients about the support they received from a TAPP, both in 1:1, group and community contexts.
5. **Patient benefit:** Patients' experienced significant improvements in clinical outcomes as a result of support with a TAPP.
6. **Service acceptability:** service staff and clinical supervisors responded positively to the presence of a TAPP in their service and wish to continue participating in the PgDip APP programme.
7. **Service benefit:** the addition of a TAPP within services has been perceived as beneficial by TAPPs and service staff, as it has reduced service waiting times, increased accessibility of support, allowed for service development opportunities and freed up time of senior clinicians.
8. **Community work (PCN TAPPs)**: the community work reached many people, highlighting the benefits of a universal approach to mental health prevention and promotion.
9. **Adaptations to Covid-19:** the TAPPs were able to offer a mixture of phone, virtual and/or face-to-face support (depending on their role), which was well received by both TAPPs and patients. TAPPs were able to access remote learning and have increased their competencies in digital working.
10. **Strengths of the evaluation:** a robust mixed-methods academic and clinical service evaluation was conducted, and data triangulated across multiple sources (e.g. supervisor feedback, client outcomes, patient feedback, attendance statistics) where appropriate and possible.

5.2 Limitations of the PgDip APP programme

1. **Integration of the TAPP role:** TAPPs, service staff and clinical supervisors highlighted challenges associated with TAPPs' integration into the service they were placed. Feedback around the integration of the TAPP role was expected as part of a new workforce initiative. For example, both trainees and services expressed some difficulty understanding the role and remit of a TAPP, with it being the first year of its existence. Furthermore, trainees, services and supervisors felt the TAPPs deployment into the workplace could have been more streamline. There were some delays in placing TAPPs, meaning trainees did not experience the full 12 months in service and services had limited time to prepare for the arrival of the TAPP. These challenges were understandable given the enormity of placing 50 trainees across two ICS areas, nevertheless, due to lessons learned, this issue is not expected to re-occur in future cohorts (see Section 6.2). Finally, some TAPPs expressed feeling isolated and/or not part of the service team. This is largely hypothesised to be due to Covid-19 restrictions impacting opportunities for TAPPs to build relationships with their peers on the course and staff in their services.
2. **Varied feedback from TAPPs:** The feedback from TAPPs on the course was varied, with some expressing extremely positive feedback and others finding it more challenging. This difference may have emerged for several reasons:
    a. Differences in the level and depth of clinically relevant experiences prior to the TAPP role, which may have impacted the perceived jump between an Undergraduate Psychology degree and the clinical training via this course. An essential criterion on the TAPP job description is "experience of working with people with who experience difficulties with mental health and/or physical health" experience prior to the TAPP role", yet TAPPs' experiences ranged from having worked previously in just one setting/with one client population vs. multiple diverse experiences/client groups.
    b. The clinical work TAPPs engaged in varied widely depending on service need and may have been more/less challenging depending on the TAPPs' previous experiences.
    c. Services' engagement with the TAPP role differed, likely due to staff understanding of the PgDip APP programme and expectations of this role, time/capacity constraints, and previous experience of supervising a Band 4/5 psychological practitioner in the team.
3. **Community work (PCN TAPPs):** not all TAPPs successfully engaged in community work. This was likely the combined result of Covid-19 restrictions, the community they were in (rural/urban), and the TAPPs confidence in this type of work.
4. **Impact of Covid-19:** despite adaptations to reduce the impact of Covid-19, restrictions still impacted TAPPs' academic and clinical experiences. Remote teaching provided excellent opportunity for interactive learning (e.g. via small group case study discussions and debate), but restricted opportunity for some forms of teaching and learning (face-to-face practice role plays), and it was also more difficult for TAPPs to build peer relationships from the beginning of the course when we were fully online. Furthermore, Covid-19 impacted TAPPs' ability to integrate into services, form relationships with staff and engage in community work.
5. **Limitations of the evaluation:** not all data could be triangulated due to difficulties recording and/or obtaining some data for TAPPs working specific settings. Much of the evaluation data gathered on service and patient impact for TAPPs in some settings (not PCN) was self-reported by the TAPP themselves. These data need triangulating with data from other sources, as per the PCN TAPP evaluation which also includes clinical outcomes and patient feedback.

Many of these challenges are expected to reduce naturally in future TAPP cohorts, with the expansion and awareness of the role increasing over time and Covid-19 restrictions decreasing.

6. Next Steps and Key Recommendations

6.1 The Future of Cohort 1/our first qualified Associate Psychological Practitioners (APPs)

Ongoing evaluation:

- **Academic evaluation:** a questionnaire to be complete by APPs 3-6 months after completion of training (Time 4).
- **Clinical service evaluation:** continued evaluation of the APPs clinical work between January-December 2022 (in line with the updated evaluation plan being implemented in Cohort 2).
- **Economic evaluation:** to be conducted for APPs in all settings (*a full economic evaluation is subject to funding*).

Role development (APP preceptorship year):

- **Continuous professional development:** A questionnaire has been sent to all APPs to identify how they would like their role to develop as an APP and CPD opportunities.
- **APP rotation:** Assess the feasibility of an APP rotation across different services and test the concept that an APP can move to any setting with their transferable skills.
- **APP career structure:** solidify a career pathway and structure for APPs within the NHS. In relation to this. A national consultation is underway, led by the PPN, regarding the development of an integrated career framework for psychological professions. This aims to consolidate entry routes across the professions, ensuring a more sustainable and flexible workforce supply for the future, increasing choice and role satisfaction for individuals. This is an important development for graduating APPs and should help to provide more varied career opportunities, ensuring future retention in their career of choice.

6.2 Changes in preparation for and during Cohort 2

- **Updated job description:** In Phase 2, a Consultant Clinical Psychologist reviewed the TAPP job description in line with learnings from pilot year and the 'BPS Competencies for Associate Psychologists' document, then shared among the central TAPP project team. The new job description was then reviewed in a supervisor network meeting, and by the Director of psychological professions (e.g., to ensure that it fell in line with standard AfC headings). The job description was also reviewed in line with the NHS job evaluation handbook (NHS Employers, 2018) and by a PCN Development steering group. See **Appendix 21** for updated job description.
- **Changes to TAPP funding which facilitates expansion of the workforce**: In cohort 2 there is a revised financial offer for NHS trusts and PCNs, which has been reduced from cohort 1. £10k has been made available for TAPPS working in specialist settings, to cover course fees and supervision/set up and £15k for TAPPs working in primary care, to ensure the necessary mentoring and support is available in the PCNs. This has increased the numbers of TAPPs in cohort 2 to 91, making it even more effective in improving workforce supply and ensuring future sustainability as the programme continues to deliver high quality outcomes and demonstrates value for money.

- **Improving the recruitment process:** At the point of successful recruitment as a TAPP, the first cohort was asked to specify a preference of geographical location. TAPPs were randomly placed in PCN, primary care, secondary care, specialist or clinical health settings after recruitment. This may have impacted the experience, either positively or negatively, of both the TAPP and the NHS service, therefore, adaptations were made the recruitment process for cohort 2. Applicants were asked to specify both their preference of geographical location and setting (either primary care, secondary care or hospital settings). Interviews were then conducted by a psychological professional who works both in that location and setting. This aimed to allow for better alignment between TAPPs and services, with the aim to further increase TAPP satisfaction in role (which can simultaneously impact future retention of qualified APPs) and increase service commitment to the PgDip APP programme.
- **Increased engagement with services:** For cohort 2, a Consultant Clinical Psychologist and the TAPP Project Director managed and screened the expressions of interest from NHS services to ensure high quality placements for TAPPs. This involved ensuring the service understood the remit of the TAPP role, understood the training and time requirements, and had capacity to offer supervision for each TAPP.
- **Additional support and expectation setting for clinical supervisors services/trusts:** this will include additional guidance/documentation that details expectations of trainees', supervisors, and services/trusts and the different ways in which NHS trusts/services and the University can jointly support TAPPs; and training for supervisors in clinical supervision (either recommend training such as that recognised by the British Psychological Society, and/or training provided by the University partner).
- **Changes made to the academic component of the programme**: minor improvements to course content, delivery and/or assessments are routinely made every year as part of standardised University Quality Assurance processes, and the TAPP course is no exception. For example, in response to student feedback, the timetable is now more 'frontloaded', so that most of the curriculum is delivered at the start of the course. More substantive changes are also planned for the second cohort, namely, diversification of assessment. The assessment strategy for cohort 1 included supervised clinical practice, reflective practice, and the collation of additional evidence of clinical activity, experiences, and competence that support development and progression over the course of the training; these elements will remain in cohort 2, and supplemented by additional practice/skills elements (e.g., structured written and observed case studies) that map onto TAPP competencies.
- **Increasing support for TAPPs:** In response to some of the feedback we received from the first TAPP cohort, we introduced additional sources of support mid-year which will remain for cohort 2; this included a peer support system whereby TAPPs could support each other, and in PCNs a mentor who is in that practice (e.g., practice manager) to support integration into the team. For cohort 2, we will also closely monitor support for TAPPs in non-PCN settings and liaise with clinical supervisors to identify whether any additional support is needed within the service, similar to the PCN mentor system. Cohort 2 will also see the introduction of a 'APP buddy/mentor system', where qualified APPs will provide peer support to TAPPs.
- **Monitoring TAPP/APP retention**: long-term sustainability of this workforce depends in part on retention TAPPs once they are in their substantive qualified APP roles. A key priority is therefore monitoring both TAPP and APP role retention. In cohort 1, six trainees left the programme early as they successfully secured a place on the Doctorate in Clinical Psychology, hence it is important to also understand whether retention improves in cohort 3 2023, following **HEE funding changes** that will only allow TAPPs/APPs to apply for the Doctorate, two years after the qualifying TAPP exam board.

- **Embedding clinical service evaluation from the beginning of the course:** some of the challenges we experienced capturing clinical service impact will be resolved by firmly embedding this from the beginning of the course. For TAPPs in PCN settings, the same evaluation strategy (with minor changes) will be implemented again. For TAPPs in other settings, the TAPP and clinical supervisors will be supported by the University to collaboratively form an evaluation strategy which is appropriate and feasible for that service.
- **Economic Evaluation**: As part of the ICS workforce modelling approach, we have worked with the Workforce Repository and Planning Tool (WRAPT) Team to undertake a clinically led approach to developing scenarios, to demonstrate the impact of introducing APPs into PCNs. This has included formulating assumptions to determine the population in scope, the extent to which APPs can undertake appointments and what this means for GP appointments. High level findings based upon activity in a practice in Pennine Lancashire has demonstrated that 15 WTE APPs can absorb up to 16,000 GP appointments per year and if 10% of the population in scope was able to self -refer it could free up 2,500 appointments (**Appendix 22 – to follow**). This data is important in helping develop the value for money 'test' and can be applied across numerous settings and scenarios. It will also help inform a proposed wider health economic evaluation for cohort 2.
- **Model of Clinical Supervision:** The TAPPs require a minimum of one hour a week 1:1 clinical supervision, with a qualified psychological professional. Some settings, in particular PCN settings, have wanted to recruit a TAPP but expressed concerns about being able to provide clinical supervision with a psychological professional. Therefore, the option of a supervision hub has been raised. Within which, for such services, they would be able to access appropriate supervision, without having to directly employ the supervisor. Being able to provide psychological supervision is a challenge that faces many of the psychological professions, so a supervision hub would be a positive solution moving forwards.

6.3 Summary of Key Recommendations

The specific recommendations emerging from the evaluation will require joint action from provider organisations, HEE, HEIs and NHS provider organisations. HEE has committed to support TAPP cohort 2 (Phase 3 of the project) and the TAPPs will commence the course in March 2022. There is also continuation of project team funding until March 2023, with specific deliverables to be agreed by the programme board. These will be considered in the context of the end of year project report which will also present key recommendations about future funding and coordination arrangements, an integrated career framework for psychological profession and undergraduate training routes.

The recommendations from the evaluation report are set out below:

1) Ongoing evaluation of the academic success of the programme, workforce need, and clinical impact of Trainee Associate Psychological Practitioners (TAPPs) that runs alongside standardised University Quality Assurance processes to ensure quality standards.
2) Implement changes to further enhance the quality of the programme based on these evaluation data/feedback, whilst using the British Psychological Society (BPS) quality standards for '**Associate Psychologists'** as an external reference point as we move towards BPS accreditation.
3) Post-training period evaluation of the clinical and service level impact of qualified Associate Psychological Practitioners (APPs).
4) Full economic evaluation of TAPPs/APPs to model the impact of introducing this new workforce into priority pathways (e.g. primary care, stroke).

7. Conclusion

The evaluation evidences the many successes and value of this new role, from the point of patients, services, NHS staff and the trainees themselves. UCLan, the Innovation Agency and the Psychological Professions Network continue to publish articles detailing the success of the programme. This includes an article from **April 2021** which was picked up by the **Lancaster Guardian**, and an article in **November 2021**. The course has also won an **NHS trust award for 'outstanding contribution to education and research'** and the role is also referenced in the NHS 'Psychological Professions workforce plan for England', published December 2021. To deliver the recommendations requires dedicated resource, commitment, and collaboration from numerous organisations to deliver a programme that can make a difference across the North-West Region, with associated economies of scale and pace. The Higher Education Institute (HEI) partner for this initial 'test of concept' phase was UCLan. The other HEIs that deliver psychological training across the NWC have been working as part of the Stakeholder Reference Group and will be committed partners if the role is developed more widely, following evaluation of this initial phase and when detailed modelling about future demand is clarified.

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9. Appendices

Appendix 1:

Phase 1 Report (Ctrl + Click to follow link)

Appendix 2:

Phase 2 Report (Ctrl + Click to follow link)

Appendix 3:

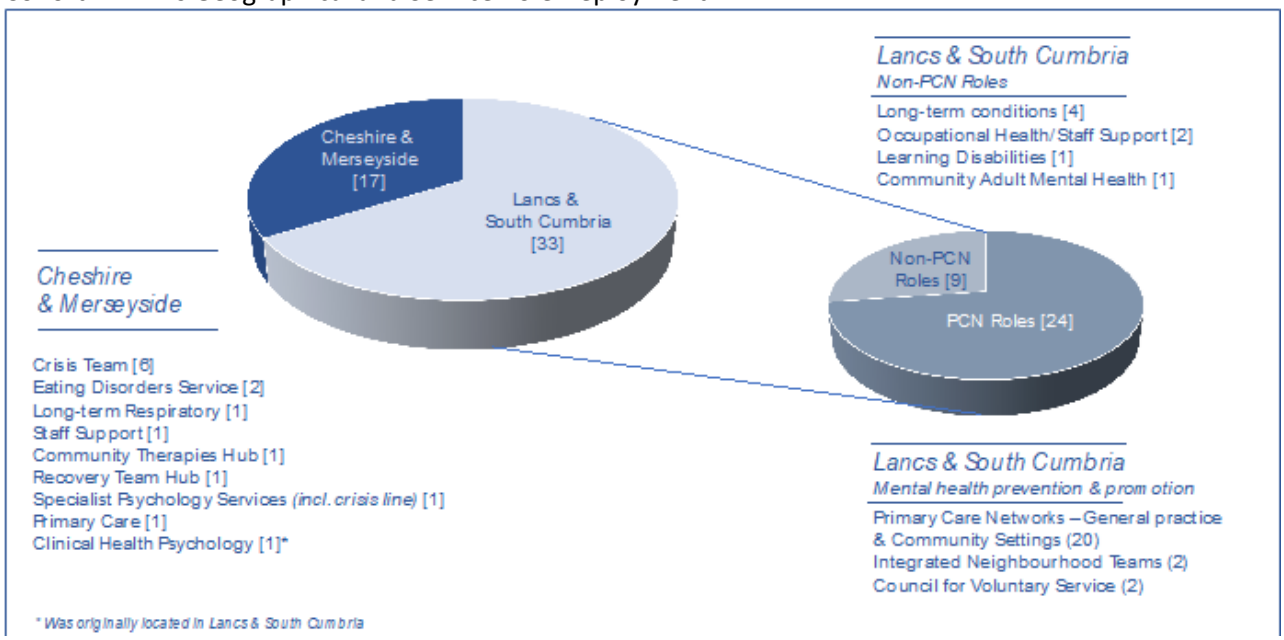
50 TAPPs deployed into NHS/PCNs

Distribution of TAPP roles and allocation of resources

POSTS	TRUST	AREA	UCLAN TRAINING FEE	SUPERVISION/NON MEDICAL PLACEMENT TARRIFF	TRAINING GRANT	PLACEMENT SUPPORT	TOTAL
1	Liverpool Heart and Chest	Respiratory	£ 4,950	£ 3,300	£ 2,200	£ 13,500	£ 23,950
1	Liverpool FT	Occupational Health	£ 4,950	£ 3,300	£ 2,200	£ 13,500	£ 23,950
10	North West Boroughs	Community Therapies Hub, Specialist Psychology Services	£ 49,500	£ 33,000	£ 22,000	£ 135,000	£ 239,500
2	Cheshire and Wirral Partnership	Complex Needs Team (Primary Care)	£ 9,900	£ 6,600	£ 4,400	£ 27,000	£ 47,900
2	MerseyCare	Community Mental Health Teams (Adult, Older Adult Specialist Brain Injuries)	£ 9,900	£ 6,600	£ 4,400	£ 27,000	£ 47,900
1	Blackpool Teaching Hospital Trust	Occupational Health	£ 4,950	£ 3,300	£ 2,200	£ 13,500	£ 23,950
2	University Hospitals of Morecambe Bay Trust	Long term Health Conditions	£ 9,900	£ 6,600	£ 4,400	£ 27,000	£ 47,900
2	East Lancashire Teaching Hospital Trust	Long Term Health Conditions	£ 9,900	£ 6,600	£ 4,400	£ 27,000	£ 47,900
4	Lancashire & South Cumbria Foundation Trust	Community Mental Health Team, Learning Disabilities, Staff Health and Wellbeing	£ 19,800	£ 13,200	£ 8,800	£ 54,000	£ 95,800
25	Lancashire & South Cumbria Foundation Trust	Primary Care Networks*	£ 123,750	£ 82,500	£ 55,000	£ 337,500	£ 598,750
50	Totals		£ 247,500	£ 165,000	£ 110,000	£ 675,000	£ 1,197,500

*The placement support funding for those TAPPs placed in a Primary Care Network is split on a 33%/67% basis between the Trust and PCN to reflect relevant cost shares such as employment costs and IT.

Cohort 1 TAPPs Geographical and Service Role Deployment



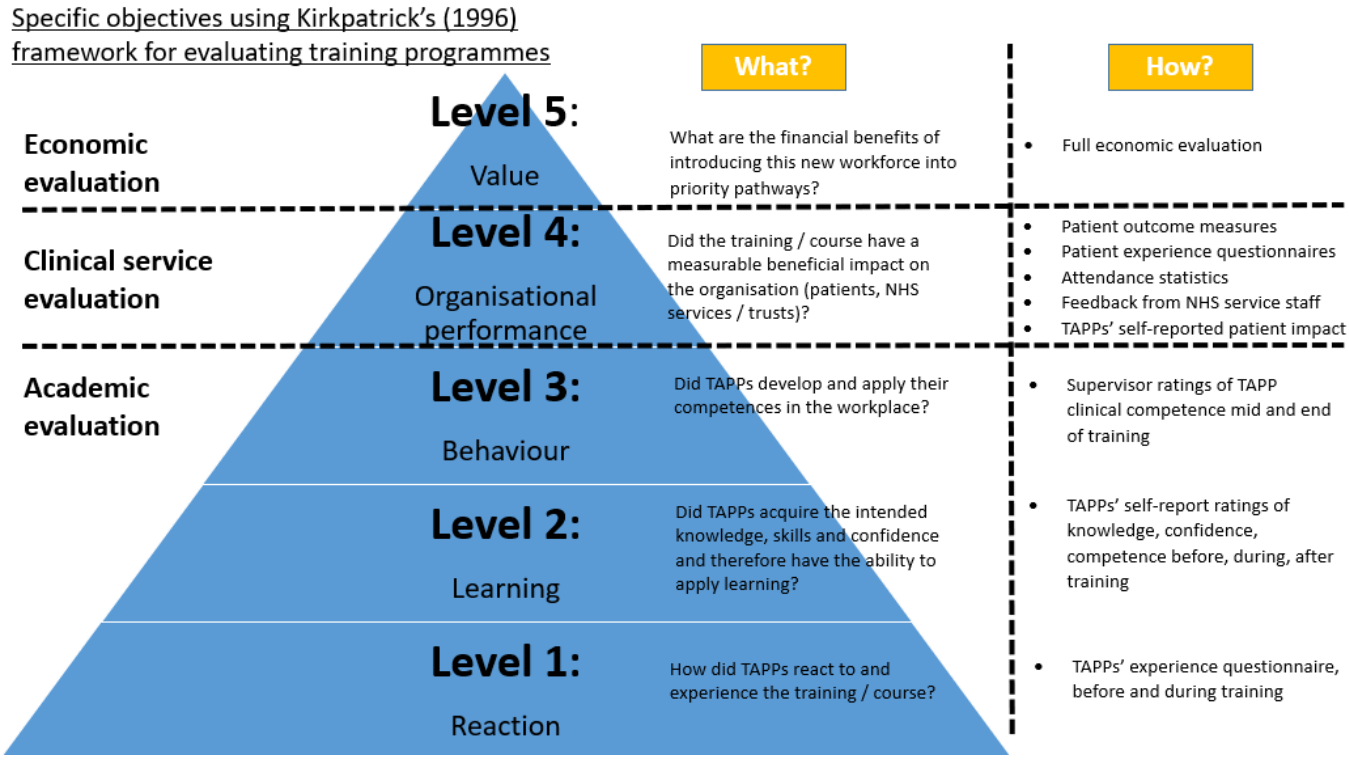
Appendix 4:

TAPP job role description (Ctrl + Click to follow link)

Appendix 5:

Supervision model for both TAPPs and APPs (Ctrl + Click to follow link)

Appendix 6: Evaluation framework, focus and methodology



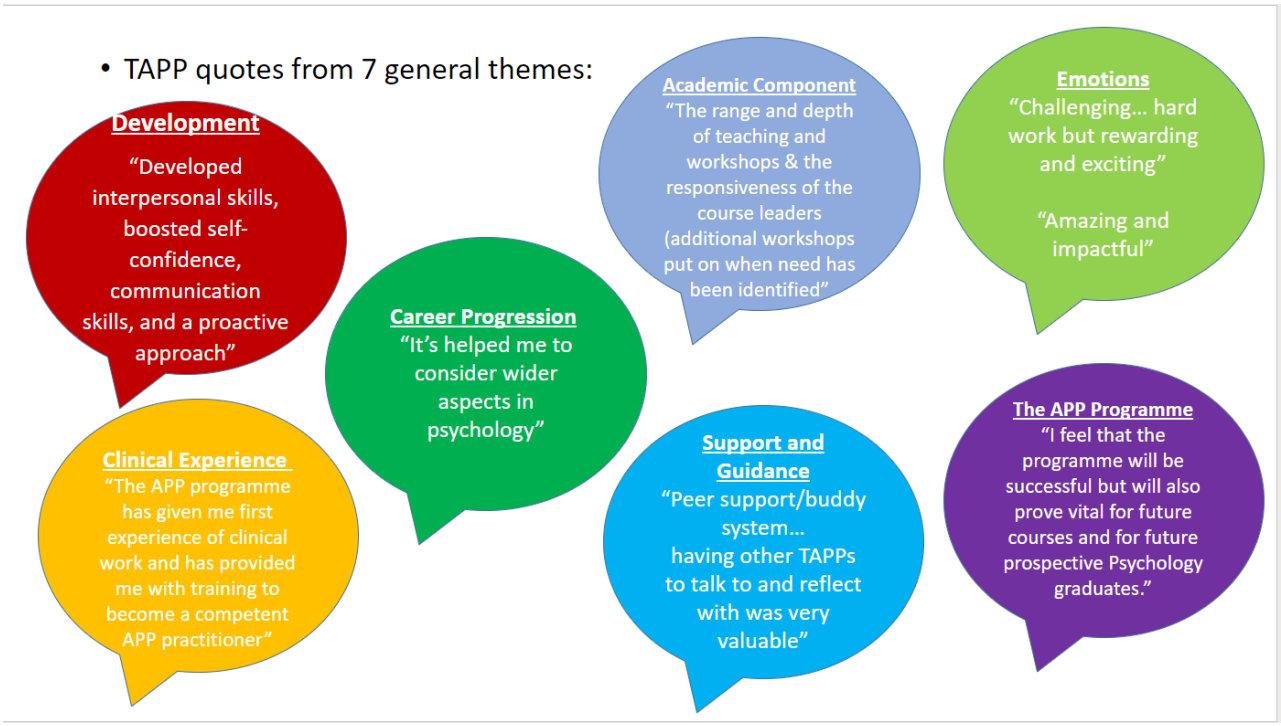
Appendix 7:

Table: Paired samples t-test comparing time 1 and time 2 in 8 competency measures

	Mean	SD	*df*	*t*	*p*	*d*
Responsibility for Policy and Service Development	-.88	.78	24	-5.63	<.001	-1.13
Responsibility for Information Resources	-.79	.83	27	-4.99	<.001	-.94
Research, Development and Service Evaluation	-.74	.62	22	-5.73	<.001	-1.19
Training and Supervision	-.86	.59	27	-7.68	<.001	-1.45
Communication and relationship skills	-1.00	.51	31	-11.14	<.001	-1.97
Analytical and judgement skills	-1.00	.53	28	-10.10	<.001	-1.87
Planning and organisational skills	-.84	.64	30	-7.33	<.001	-1.32
Patient and client care	-.83	.13	23	-6.41	<.001	-1.31

Appendix 8: Academic Evaluation

Sample quotes from 7 general themes of the qualiative content analysis and at three time points



Themes	Before/during after TAPP	Positive Quotes	Constructive Quotes
Development	Time 1:	"The broad nature of skills we are being told we will have opportunities to develop"	"We cannot grow as practitioners or as psychologists without facing challenges and doing things we may feel anxious about"
	Time 2:	"I feel the training has been an intense, often very stressful, but extremely valuable experience to date. I have gained significant experience in a very broad and diverse range of settings, been able to access and take advantage of many very valuable training courses"	"I think the course has helped me greatly as it has helped me develop my knowledge within clinical psychology. However, my first placement did knock my confidence, but I feel that in my new place, I will be able to develop this further and work effectively towards my competencies"
	Time 3:	"I think it has made me into a much better practitioner. I have learnt lots of different skills and my knowledge of psychological theories has expanded. It has also allowed me to lead on different service evaluations and publish papers. It has increased my confidence in working with community services"	"Intense and on-the-job learning - trial and error"

Clinical experience	Time 1:	"Development of Clinical Skills to deliver psychological interventions to help patients"	"The most challenging part is also the most valuable part. I think it will be a huge challenge to start working in clinical practice when I have never done so before"
	Time 2:	"The most valuable aspects are gaining clinical experience and having weekly supervision"	"With regards to clinical experience, I have struggled with what i can/ cannot do and what the expectations of a TAPP would be in comparison to an AP. it has been difficult to differentiate."
	Time 3:	"Being able to discuss cases with a practicing clinical supervisor has been the most beneficial thing as they helped to clarify thinking and introduced me to new interventions which enhanced my capabilities with patients"	TAPP Advice: "Really be mindful of being boundaried and not undervaluing the ring-fenced time you have for your own learning- say NO to clinical work creeping into that time"
Career progression	Time 1:	"Clinical experience and clinical supervision for further progression"	"Uncertainty of progressive route as we are the first to complete"
	Time 2:	"It has helped me to develop my professional identity and understand where some of my strengths and weaknesses lie. It has also given me the opportunities to address some of these areas"	"I still don't understand how we will fit into the broader psychology career pathway, and I am struggling to see how I will continue as an APP or even what opportunities there will be for APPs after the course completes. I would like to be able to see what APP opportunities in other services and teams there will be so that we can build experiences in other areas"
	Time 3:	"It's helped me to consider wider aspects of psychology I think it has helped me with career development and progression"	"I would like more discussions to be made around how we now move from a band 5 to a band 6, as this was briefly discussed at some point during the start of the course but was never followed up"
Academic component	Time 1:	"The academic element in terms of models and theories that apply directly to the role of APs and APP"	"Time to complete evidencing of competencies; time available with supervisor to focus on TAPP documents rather than clinical cases"

	Time 2:	"The lectures on therapeutic modalities which have allowed me to directly incorporate skills into my practice have been very useful. The reflective journal, whilst time-consuming also encourages regular reflective practice and is something I am going to continue to do"	"Before the interim review I was quite stressed at what I had been doing is correct as I just don't think it was clear enough what we should be doing. I think there's too many papers to complete and the competencies can be repetitive or not needed e.g - travelling to work"
	Time 3:	"Allowed me to develop my abilities as a reflective practitioner. The course encourages this strongly and the discussion in the taught sessions with other TAPPs were really helpful for me to reflect on my own clinical practice and application of the skills. I think a large part of my skills development came from reflecting on things for my HRJ/ competency development evidence and this was really helpful"	"The portfolio, hands down the most demanding part - so much paperwork"
Support and Guidance	Time 1:	"The peer support from fellow TAPP's. The fact we are all new to this job role, I think it will be really beneficial to navigate this new journey and support each other."	"Uncertainty around where I'll be based and what the role will look like. Feeling like I'm taking a 'leap into the unknown'"
	Time 2:	"Very supportive course tutor, very supportive clinical supervision, very responsive management (time has been taken to get feedback, to resolve any issues and to ensure trainees get in touch if there are any questions or problems"	"Also, practically I don't know if it's possible but more interaction with Kathryn and Mark would be good (I know we have access via email). However, I think more drop-in sessions or at the end of lectures would be good to answer any questions we have."
	Time 3:	"Having a course tutor has also enabled me to contact her as and when required for support and guidance. The course leaders have also responded to emails in a timely manner"	"Clinical practice not supporting training needs" "No observation opportunities"
Emotions	Time 1:	"At first, I found the APP training programme quite daunting and overwhelming, but now I feel as though this programme has been developed to suit every individual on the course which allows me to feel competent in my abilities"	"I perceive the most challenging parts to be trying to apply knowledge in the heightened emotional environment of a practitioner/client interaction"
	Time 2:	"I feel okay about it. I feel lucky to be so self-sufficient and in charge of my own diary."	"I feel mixed about it as it is an amazing opportunity, however it has been very stressful and demanding as a training position."

	Time 3:	"It has allowed me to gain experience when I couldn't get any roles and was demoralising"	"Not knowing everything that was expected of us from the beginning - this is understandable as it is the first time the course has run so I expect this will be better for next cohort"
APP programme overall	Time 1:	"I believe the most valuable aspects of the APP training program will be learning about what the role entails, such as assessments and having the support and opportunities to put these in practice"	"Appreciating it will be a challenge as a pilot scheme rolling out during covid"
	Time 2:	"If these teething problems could be resolved then the programme is a brilliant opportunity to develop as a psychology practitioner and to be responsible for work that currently is either too stretching for Assistant Psychologists or too menial for that of qualified psychologists so is a very valuable and needed role."	"I feel the course would benefit from introducing 'case studies' where we could put into practice some of the interventions we have learnt and practice in a safe and supportive environment. Whilst really informative I feel the course is somewhat lacking in 'pulling everything together'. It sometimes feels we are learning disparate content that lacks some coherence"
	Time 3:	"Improved confidence in a wide range of skills and competencies. I think it has brought together education and practice, which is what I had lacked before."	"The juggling of work/university/ personal life. I have found it difficult to just complete university work on the Fridays and often have been working long hours in the week to try and maintain the academic and work side of this role."

Appendix 9: Statistical results (1:1 and community)

Table 1. Paired samples t-test comparing patients depression, anxiety, wellbeing and resilience scores from session 1 to session 4 and session 1 to follow up with a PCN TAPP

		Mean	*SD*	*df*	*t*	*p*	*d*
Depression (PHQ-9)	Session 1	14.03	5.64	400	22.07	<.001	1.02
	Session 4	8.46	5.33				
	Session 1	14.05	5.66	194	16.67	<.001	1.21
	Follow up	7.25	5.55				
Anxiety (GAD-7)	Session 1	13.35	5.01	397	23.66	<.001	1.15
	Session 4	7.64	4.94				
	Session 1	13.49	4.75	193	18.70	<.001	1.43
	Follow up	6.45	5.11				
Well-being (WEMWBS)	Session 1	36.19	8.82	382	-19.26	<.001	-0.97
	Session 4	45.27	9.86				
	Session 1	36.34	8.94	185	-15.01	<.001	-1.17
	Follow up	47.84	10.64				
Resilience (BRS)	Session 1	2.62	0.72	333	-13.24	<.001	-.62
	Session 4	3.07	0.73				
	Session 1	2.64	0.76	154	-8.87	<.001	-.61
	Follow up	3.12	0.82				

Table 2. Paired sample t-test comparing depression, anxiety, wellbeing and resilience scored at the first and last positive steps group

		Mean	*SD*	*df*	*t*	*p*	*d*
Depression (PHQ-9)	First session	12.00	7.07	17	2.36	.015	.38
	Last session	9.61	5.55				
Anxiety (GAD-7)	First session	10.00	5.95	17	0.58	.284	.06
	Last session	9.61	6.17				
Well-being (WEMWBS)	First session	42.22	10.94	17	-1.85	.041	-.24
	Last session	45.22	13.95				
Resilience (CD-RISC)	First session	22.41	9.72	16	-2.96	.005	-.30
	Last session	25.06	8.20				

Appendix 10: Patient experience questionnaire

Patient experience questionnaire (PEQ)

- Do you feel like you've learnt some tips or strategies on how to manage your wellbeing, if so what have you found most helpful?
- Was there any part of this work that you didn't find helpful? Or what did you find least helpful?
- Has your attitude towards mental health changed, if so please explain how?
- Have you managed to share any wellbeing tips with the people around you, if so can you give us an example?
- Have you learnt anything new about services that are available within your local community? Do you feel more connected to your local community in any way?
- How did you find the service overall?
- Was it helpful to have someone join you for one of the appointments? If so what were the benefits?
- Any other comments?

Appendix 11: PCN patient feedback quotes

Table 2. Content analysis and example quotes from patients after receiving support from a PCN TAPP

Generic category	Sub-category	Example of quote from patient
Patient benefit	Acceptability to patients	*"Very positive experience and found it really informative. I found the sessions I did engaging, and I would recommend the service to someone else."*
	Positive clinical outcomes	*"Fantastic. I feel so much better in myself now than when I started"*
Type of support	Talking to a TAPP	*"It's nice to be heard and listened to by someone that understands what I'm going through."*
	Assessment	*"Having a professional explain your feelings and help you understand how they work is a great help"*
	Intervention	*"I have learnt new tips on managing my wellbeing. The negative though challenging has helped"*
	Person-centered	*"I felt the service was personal and [the TAPP] remembered what we had talked about previously"*
Accessibility of support	Short waiting times	*"I liked how quick I come off the waiting list, I didn't expect that!"*
	Based in GP surgery	*"Amazing, less daunting having access in the GP surgery."*
	Direct referral route	*"I struggled to self-refer other places, but it was easy to be referred to [the TAPP]."*
Practical Issues	Number of sessions	*"I just think that you could do with their being more sessions than 4."*
	Psychometric questionnaires	*"The questionnaires seemed to take up a lot of time in the first and last session."*
	Covid-19	*"Current restrictions due to covid has meant communication difficulties have occurred"*
	Expansion of support	*"I think these services should be made available more often for people who need help."*
	Other	*"Didn't understand your role, you're not a counsellor or a therapist, so what are you?"*
Content of support	Specific skill not helpful	*"Some breathing techniques didn't work for me"*
	Complexity of support	*"There were some things she isn't able to do yet, would have liked to explore more CBT."*
	Homework tasks	*"Asking me to do things. If I felt better, I would do things without you trying to set me some tasks to go off and do. Not helpful at all."*
	Upsetting	*"Talking about past events was a bit difficult and left me a bit upset for a couple of days."*

Appendix 12: Community work

Summary of the PCN TAPPs community work, number of people impacted, and feedback received.

Organisation/ population	**Community work**	**People impacted**	**Feedback**
Mixed – children and young people, adults and older adults	4 Positive Steps Programme groups	213	*""I've really enjoyed positive steps, it's got me out of my house and meeting new people. It has been amazing to chat to people in a non-judgemental setting, where everyone is supportive"*
LSCFT – Health Advice Recovery Resilience Information (HARRI) bus	TAPP spent the day on the HARRI bus	25	-
LSCFT - recovery college	2 meetings with service users	30	*"It is nice to have a chat to someone who works in mental health in a friendly format. Makes it less daunting."*
Refugee charity	1 meeting with service users	20	*"I enjoyed the chat. I have been isolated for a while and have felt lonely. It is nice to know someone wants to help us."*
Local city council	1 staff training - mental health	15	*"Fancy presentation, I will try and keep it to look back on when I am working."*
Mental health practitioners	1 staff training - autism	6+	4 people rated the session as *'excellent'* and 2 as *'very good'*
Community mental health hub	2 wellbeing workshops for service users 1 wellbeing workshop for staff	11	-
Homeless prevention charity	2 wellbeing workshops for service users 1 wellbeing workshop for staff	46	-
Adults with learning disabilities	1 wellbeing workshop	3	-
Wellbeing through creativity/arts charity	Attended 3 pre-existing wellbeing groups 4 wellbeing workshops	55	*'Thank you so much for this, very useful!'*
Primary schools	13 wellbeing groups for children across 5 different schools	308	*"I asked the pupils what they thought and they said they liked the session and talking about different things that could make them feel better and doing different activities"*
Carers	11 wellbeing workshops for carers 5 workshops for staff	143	*"The sessions you delivered was fabulous – You delivered it with knowledge and compassion. You pitched the course just right for our carers"*

Princes Trust	1 wellbeing presentation	8	-
Physical activity charity	1 wellbeing workshop	6	-
Young carers	2 wellbeing workshops	14	*"X was saying this morning how much the young carers had enjoyed the last session and all the interaction"*
BME charities	8 wellbeing workshops	52	*'I really enjoyed the breathing part and even though I've heard about mindfulness a lot I've never understood it fully but you made it easy to understand."*
Mosque & community centre	1 wellbeing workshop	8	Not available
Community college	6 wellbeing workshops	49	Not available
GP staff	6 wellbeing workshops	40	*'Thank you it was really good. I really enjoyed the breathing exercises as I breathe quite shallowly and this has really helped me. I also think this has helped on a personal level'.*
Local CCG	1 wellbeing workshop	3	*'It was a very enjoyable session and good to remind ourselves of small things that can be taken away. The structure of the 5 ways is really easy to use. Thank you'*
Long-Covid support group	1 wellbeing workshop	40	*"It was refreshing to have someone who 'just gets' us. We have been isolated for so long with no one to talk to, no one understood what we were going through and we felt anxious. Thank you for finding time for us when the world just carried on without us."*
Chronic pain support group	2 wellbeing workshops (1 to adults and 1 to children and young people)	55	*"It is nice to have someone who takes the time to make us feel normal, it is horrible to experience pain and having this group"*
Grief and loss support group	1 wellbeing workshop	35	*"I liked the idea about we grow around our grief instead of us being made smaller from our loss of things we used to do. This is interesting and I hope it gives me the motivation going forward to do activities I have never done before."*
University staff wellbeing	2 wellbeing workshops	15	*"I have really enjoyed this staff wellbeing session and if TAPPs are doing this regularly, as well as in a 1:1 context then I think the community would benefit from knowing about them."*
Secondary schools	5 wellbeing presentations across 4 different schools	22+	*"I enjoyed being out of class to talk about my wellbeing, I think we all need some of this."*
Covid-19 anxiety support group	1 wellbeing workshop	15	*''Love the idea of worry time I think that makes a lot of sense and will be very helpful."*
Total		**1237**	

Appendix 13: Non-PCN TAPP impact questionnaire

The following questions are about your role as a Trainee Associate Psychological Practitioner (TAPP) and the work that you do.

The purpose of asking these questions is to understand and detail, within a service evaluation report, the unique value that TAPPs have been able to add to services across the North West.

The impact you are having will depend on the type of service you are in. It is expected that there will be a wide range of different responses, so answer in the way that you feel represents your work best.

By 'impact' we mean the difference you may be affecting. This may relate to 1:1 work (e.g., assessments, formulation, interventions), group work, team working, consultation, teaching & training, service audit & evaluation etc. This list is not exhaustive, but hopefully gives you an idea of what you might consider when answering these questions.

Questions to consider:

- *What has my role added to this service? How could I demonstrate this?*
- *What would not have been possible had I, a TAPP, not been placed here?*
- *What do I do that others do not?*
- *How have I, a TAPP, benefitted the clients accessing this service?*

Please write your responses as if you are explaining your work to someone who has not heard of the TAPP role or the service you work in before. Your responses may be included in a Health Education England Service Evaluation Report, meaning they should be clear and understandable to external agencies/professionals

1. What type of service do you work in?
2. What are your main job roles and responsibilities as a TAPP?
3. In what way(s) do you feel like your presence and input as a TAPP has impacted and/or added value to the service you are placed?

If you have any ADDITIONAL data which you feel would support or demonstrate the impact you have had, please include this when you return this questionnaire.

Are you able to include additional information with your response? **Yes/ No**

If no, please can you give a brief description of why not (for example: none collated)-

Additional data could include (but is not limited to):

- Spreadsheet of anonymised client metrics – *e.g., number of clients seen, number of sessions completed, type of support provided, pre- and post- psychometric measures etc.*
- Details on groups (co-) delivered - *attendance, group material, outcomes and feedback etc.*
- Client feedback
- Service audit or evaluation reports
- Training presentations

IMPORTANT: Do not send any identifiable client information. All data must be fully anonymised before being sent for service evaluation purposes.*If you are able to share more detailed information with us (e.g., pre and post psychometric measures), you may need to register this as a service evaluation within the trust you work in. This is something we can help you think about, but you should also discuss this with your supervisor. Contact Kathryn (KJGardner@uclan.ac.uk) or Becka (Rebecca.gardner@lscft.nhs.uk) if you wish to think about this further

Appendix 14: Non-PCN job description and impact write up

Primary care (not PCN)

In primary care, the TAPPs in IAPT offered a screening service to clients, provided in-between session support such as homework and assisted clients during group work with tech checks on MS Teams, encouraging discussions and organising breakout rooms. TAPPs also conducted reports or audits on the acceptability of remote therapy in their service and helped with waiting lists by reviewing calls.

They reported their main impact was reducing the workload of other clinicians and making the service more accessible by reducing waiting times before someone is offered an assessment in the service. They also provide valuable welfare support to the individuals on the waiting list. People receive contact from Mindsmatter to update their presentations and offer support while they wait to be assessed. Other TAPPs suggested more impact was made in their service by the audit and service evaluations presented to clinical leads for future working models following the pandemic.

In Primary care, Complex care adults and older adults' teams, the TAPPs offered support to clients on the waiting list in 1:1 sessions with clinical psychologists. They delivered 1:1 support sessions, a maximum of 8 sessions, in psychoeducation or sleep workshops, a group or individually. TAPPs in this service also participate in service improvement projects, looking at the rate of referrals from GP practices and the impact of covid on referrals.

They reported their main impact was also reducing the workload for clinicians; instead of delivering a sleep workshop, they can now see more clients or set up other needed groups. Service improvement projects are also more feasible now.

Secondary care

In secondary care, the TAPPs in crisis services supported the 24/7 crisis line the crisis resolution home treatment team. TAPPs administered and assisted with a range of psychological assessments and collaboratively developed formulations with service users to aid with understanding and inform a plan of intervention. TAPPs delivered a broad range of evidence-based, formulation-driven psychological interventions (such as Crisis Toolbox, graded exposure, and relapse prevention). As part of their role, TAPPs also manage referrals and support a team of Assistant Psychologists, attend multidisciplinary team meetings, facilitate teaching and administrative tasks, develop and deliver training for staff members within the team and provide relevant literature and other self-help materials to qualified members of staff, as required for their clinical work. TAPPs can contribute to service evaluations or audits as required and disseminate the findings amongst the wider clinical team.

They reported their main impact was to provide a psychological provision to each of the Trusts 4 Mid-Mersey Crisis Resolution Home Treatment Teams (CRHTT). Before the TAPPs, the Home treatment team had to refer to IAPT services with often resulted in clients being placed on long waiting lists. Without the TAPP programme, the service wouldn't have its Crisis Toolbox intervention, which a TAPP drafted in less than a year. The crisis toolbox has offered immediate access to psychological support for clients to develop skills to manage better in a crisis in future, hopefully reducing the need to access crisis support. The crisis toolbox teaches skills such as Distress Tolerance, Surf the Urge, Distraction Skills, Grounding Skills, Managing Worry, Managing Sleep, Self-Soothing Skills, STOPP, Problem-solving. They believe they have added value to the CRHTT as a TAPP and offer a more regular/consistent psychological presence (37.5 hours per week) than the assistant psychologist counterparts (12 hours per week).

Also, in secondary care, the TAPPs in Adult Community Mental Health and Learning Disability Teams provided a similar service of making psychological help more accessible to the individuals accessing

the services. TAPPs job roles included Low-level psychological intervention, Dementia/ psychology screening assessments, Eligibility assessments (this is to ascertain whether a person meets the criterion of having a learning disability), Systematic de-sensitisation (This work has been vital throughout the Covid-19 pandemic, many of our patients have a fear of needles and are in the vulnerable category), Assessment re mental health (E.g. PAS-ADD, Glasgow depression scale), Clinical Risk Assessments, Research for psychological therapies for the people with Learning Disabilities, Well-being sessions for staff, Adaptations for service users, Behavioural assessment and analysis, Urgent behavioural analysis, Observations, Formulations, Audits, Green Light Tool Kit (Improving mental health services for people with a learning disability and autism), Training (Dementia, Autism, Learning Disabilities), Change Talks – LD adaptations, Creation of alternate communication methods (easy read).

They reported the major impact of their role has permitted further direct clinical work of one to one and group sessions for clients and provided colleagues with a variety of support to deliver new, much-needed training such as behavioural family therapy and enable quicker referrals to other members of the team such as psychiatrists for medication. They also noted that their role has reduced client waiting for times and improved risk management as clients receive monthly contact. Furthermore, the TAPPs believe that their role has benefited the staff in their team, providing well-being sessions to help address home and work-life stress, which has received very positive feedback. Fellow clinicians and service users have said their role has made a positive and effective change to the service.

Clinical Health care

In clinical health care, the TAPP in pain management service offered one-to-one therapy for lower intensity patients, organising and assisting with group therapy programs, audits, and service development.

They reported their main impact was reducing the waiting time for treatment for lower intensity support. They are developing new ways of working, i.e., how best to work with non-English speaking patients—designing an audit that highlights the patterns in discharge rates and waiting times so services can be proactive. The TAPP is also working on developing links with the other organisations they work closely with; this has enabled the service to develop something they have wanted for some time.

In clinical health care, the TAPP in Community Respiratory services offered support to patients struggling with the mental impact of living with a respiratory condition, e.g. COPD, asthma etc. The TAPP facilitates psychoeducational groups helping individuals understand key mental health problems such as anxiety and use helpful coping strategies and interventions such as CBT AND ACT. The TAPP presents training to nurses and consultants, for example, using motivational interviewing with patients. The TAPP supports patients in the long covid clinic on certain days to help patients suffering from low mental health due to symptoms and run fortnightly group work of 'managing the psychological effects of long covid'.

They reported their main impact was seeing patients earlier rather than putting them on a very long waiting list. Clients have said the TAPP support has been good and beneficial for them. The TAPP has supported clients over the past year and saw a transformation in several clients, one particular who now feel they have a purpose in life again; without the TAPP role, this may not have been possible. Colleagues of the TAPP say they need more TAPPS and appreciate the work they put in daily to the service.

Specialist support

In specialist services, the TAPPs in Staff Support Occupational Health settings triage referrals and assess the risk of patients coming into service. They also assist in the wellbeing hubs by facilitating activities and psychoeducation. They have trained to be a psychological first aid trainer/ well-being

champion trainer, be a well-being champion themselves, become a trained nature facilitator, and provide local A&E support.

They reported their main impact has helped with the workload for the psychologists and was fundamental in establishing the new Staff support psychology service, collecting data and audits, collecting outcome measures, triaging and signposting, and liaising with stakeholders to improve staff's health and wellbeing. The TAPP has received many written and verbal compliments and positive feedback about their work, and the TAPP featured on BBC Breakfast with Jordan Henderson describes how work has had a positive impact on their staff.

In another specialist service, the TAPP is working with a staff support consultant clinical psychologist to develop a new team that offers 1:1 psychological wellbeing support to staff within the trust and provides guidance for staff to access appropriate support from the wellbeing directory. The TAPP has undertaken training to become a Workplace Wellbeing Trauma Support (WWTS) Trainer and Team Time Facilitator to deliver training to wellbeing champions and line managers in the WWTS approach to help staff manage distress and trauma in the workplace. The TAPP is also training in the Prosocial approach to support their supervisor to introduce this across the trust to promote and develop equitable and collaborative groups.

They reported their main impact is introducing psychological well-being support to an existing staff support provision and providing a conduit for staff to understand better and access a large array of support available in the trust. The TAPP also provides additional psychological support to the wellbeing team. The TAPP can support the consultant clinical psychologist in the current tasks to better the service.

In specialist services, the TAPP in the Resilience Hub- COVID19 Staff support offered low intensity guided self-help to clients, managing their caseload from 3 to 4 clients up to 10 – 20 depending on the service needs. The overall feedback from clients has been positive, and a noticeable change in clients at discharge. The TAPP collates resources and research and contributes to the service development and team meetings.

They reported their main impact has been contributing to the development of the low-intensity pathway within the service that is relatively new, but feels the TAPP role here was equal to the assistant psychologist's roles, they are optimistic about progression with more experience, for example, triage but see that assistant psychologist will also be given the same opportunity.

In specialist services, the TAPPs in the eating disorder service implement the delivery of guided self-help and binge eating pathways, provide assessments for the suitability, provide psychoeducation on eating disorders for clients, assist with behavioural work- therapy kitchen and deliver low-level CBT interventions.

They reported their main impact has been implementing an intervention that can help with waiting times and offer support in line with NICE guidelines. They also assist with supporting colleges to develop groups and inform content.

Appendix 15: PCN GP staff questionnaire

A new psychological workforce initiative was launched this year across Lancashire & South Cumbria NHS Foundation Trust. As a result, a Trainee Associate Psychological Practitioner (TAPP) was placed, and has been working, within your Primary Care service.

We are conducting a service evaluation of the new TAPP role and would value your input. From the perspective of an established Primary Care team and staff member, we are interested to know how you found the addition of a TAPP practitioner. For example, what have been the positives and challenges of referring patients to the TAPP and integrating the TAPP within your team.

Please be aware: The answers you provide in this questionnaire will be anonymous. Your answers may be used for the purpose of a service evaluation submitted to Health Education England and wider publication.

Do you understand how your data will be used and consent to participate in this questionnaire? Yes

What is your job role? _____

Has the addition of a TAPP practitioner had a positive impact on the service you work in? Yes / No / Unsure

What were the positives / what worked well about having a TAPP working in your service?

_____
_____

In what way(s) has the TAPP added value to the service?

_____
_____

What were the challenges / what didn't work so well about having a TAPP in your service?

_____
_____

Is there anything you would like to see change for the next TAPP cohort?

_____
_____

If you would like to be involved in these changes, please type your email address below:

*Please note, by doing this you are waiving your right to anonymity.

Appendix 16: PCN GP staff feedback

Table. Example quotes for each subcategory in the content analysis of GP staff feedback

Generic categories	Sub-categories	Example quote from GP staff
Accessibility of support	Short waiting times	*"Due to short waiting times patients have received help quickly before their problems have escalated further"*
	Direct referral route	*"Having a service that we could refer into directly has been great"*
	Based in GP surgery	*"People feel more confident speaking about their mental health with someone at the surgery"*
PCN benefit	Increased clinical capacity	*"Our TAPP has been able to work with a cohort of patients that as a team we would have otherwise been unable to work with"*
	Shared knowledge/MDT	*"It has helped us to adopt a truly multi-disciplinary approach"*
	Acceptability to PCN	*"Her whole approach is one to be proud of, [the TAPP] is a positive influence to others and has a very responsive attitude and is very professional"*
Type of support	Psychological intervention	*"New and additional clinical support to help local people access lower level, short psychological intervention."*
	Person-centered	*"The TAPP was able to offer unique sessions which were tailored to our clients' needs."*
Patient benefit	Positive clinical outcomes	*"Supported patients with early help and hopefully prevented further escalation of symptoms and developing long-term mental health conditions"*
	Acceptability of support	*"Great feedback from patients."*
	Reduction in medication	*"Able to offer realistic alternative to medication"*
Integration of role	Placement organisation	*"Lack of clarity around which of these 3 [our own team, UCLAN and LSCFT] teams were meant to be offering what level/type of support"*
	Understanding the role	*"At first it was a little bit confusing around what the service could offer but that was made clear as we heard customer feedback and did some shadowing"*
	Referral pathway	*"In the beginning struggled to get some GPs to engage and send referrals"*
Practical Issues	Admin	*"We initially had some difficulty until TAPP got access to EMIS"*
	Expansion of role	*"Staying for longer as it takes 1-2 years to become embedded in GP practice."*
	Number of sessions	*"Possibly the option of providing more sessions for those patients that require it"*
	Covid-19	*"Pandemic and WFH / sickness interrupted service meaning patients were cancelled"*

Appendix 17: Other TAPPs (Non-PCN) supervisor questionnaire

Trainee Associate Psychological Practitioner

Service Role Case Study 2021

The aim of this form is to generate a picture based upon information from a Clinical Supervisor / Service Line Manager perspective as to the contribution of the trainee/s to the service.

We are looking for the person who is best placed to reflect upon TAPPs in the service to complete the form. Should you prefer to do this collaboratively this is absolutely fine.

We are much more interested in your impressions of the impact of the role than that of the individual/s in the role, although we appreciate your reflections may encompass both.

Please remember that in offering your reflections we are looking for no more than a brief snapshot. The intended purpose is that these form the basis for the project team sharing an understanding of the range of roles/contributions TAPPs are making, as well as the impact on the service and the expectations going forward for a sustainable role of trainees in the service and qualified APPs within the service.

Could you address the following areas with brief observations? Please avoid naming individual trainees although we understand that in some roles a trainee may be the sole trainee in the service.

Area of feedback	Feedback
1. Clinical Service & Trust (this will be removed from any sharing of information but will allow us to group feedback) 2. What 2-4 Key words sum up the psychological service focus and psychological role contribution in your service *(e.g. long term conditions, occupational health, crisis team, inpatient therapy etc)*	
What were you expecting? Briefly describe your expectations for the contribution of the APP trainee role within your service. *(It would help if you could identify the top three things in order of importance that you were looking for trainees to support.)* How do you see the trainees' role differing from that of other members of the team?	
How have you found deployment and utilisation of trainees? Briefly describe how you have found the embedding of APP trainees within your service.	
What has been the impact? Briefly describe the trainees' impact upon sustainability and development of psychological services? Do you have any specific examples that it would be helpful to share?	
How do you see the future of this TAPP and APP approach? What are your thoughts about the value and impact to your service of APP practitioners and the embedding of further cohorts of trainees going forward?	
Any final thoughts? Finally, could you share any other thoughts you have as to the deployment of trainee and qualified APPs.	

Appendix 18: Non-PCN TAPPs supervisor full write up

Primary (excl. PCNs), Secondary, Specialist and Clinical Health settings

A questionnaire was sent to the TAPPs clinical supervisors, seven responded. This questionnaire included seven qualitative questions around the staff members expectations of the TAPP, deployment of the TAPP into their service, the impact the TAPP has had and their views on the future of the TAPP role.

Supervisors were asked what they were expecting, specifically expectations for the contribution of the APP role within their service. Two main themes appeared. Firstly, helping with administrative tasks that need psychological backgrounds, such as supporting clinical psychologists via data gathering, collation, analysis and organisation, support with group programmes and cofacilitating webinars and providing teaching and education around psychological content specific to the service. Secondly, Provision of psychological work, thereby improving service stability, for example, 1:1 therapeutic work with clients, basic neuropsychological assessments, and triage.

Supervisors were then asked what they expected regarding how they see the trainee's role differing from other team members. The responses varied, with some reporting the TAPP role would offer less complex support because of less psychological skills than those doctoral trained, i.e., supporting groups and assisting others such as an assistant psychologist would but with a bonus of the TAPP staying in service longer than the Assistant Psychologist. One main expectation was that the TAPP took full responsibility for the service audit to give feedback to the team.

Supervisors were asked how they have found deployment and utilisation of trainees. Positive reflections, for example, were that it was pretty easy as the TAPP was very willing and talented. The app embedded very well into the service; no problems occurred, generally very positive. Constructive Feedback came in the way of its 'challenging but rewarding'. It takes time as there is no previous band 4/5 psychology role in service, it's a challenge to express the scope of the role to colleagues and clients (i.e., new role, hence expectations not so clear at the start), covid added further complications and the recruitment process was somewhat last minute due to the new role. Some issues included finding the right balance between appropriate work for the boundaries of the role, and making sure it's a useful learning experience in line with TAPP competency level.

Supervisors were asked to describe the trainee's impact upon the sustainability and development of psychological services. Trainees had developed new ideas such as writing letters back to patients and therapy- whilst walking, offering enthusiasm and fresh ideas. Trainees had allowed one service to trial using guided self-help/workbooks through translator and interpreter services. Trainees assisted another service in offering more formulation support to other care coordinators in the team, which they have struggled to do. The trainees have supported the delivery of group programs – one setting said due to the pandemic the groups would not have been able to run without the TAPPs delivery of virtual sessions. Trainees have also assisted with managing clients on the waiting list – in some instances have functioned as stand-alone interventions. In other cases, TAPPs have been a great support to other clinicians to prepare service users for therapy. Other Trainees have freed up time for psychologists to deliver other treatments by completing discreet pieces of work that don't require a qualified psychologist.

Positive and constructive supervisor feedback

Positive feedback:	**Constructive Feedback:**
"Very positive, I have asked service managers who I work with within the other CMHTs in our area and also within the HTT & MHLTs to	"It would be good to explore whether the APPS can register with any professional body on completion of training, and it would be good to

consider commissioning additional TAPP/APP posts from the next cohort. “	explore whether a band 6 senior APP role would be viable (akin to senior PWP) who may be able to offer some supervision to future cohorts.”
“I feel it is preferable to commission TAPP posts rather than assistant psychologist posts as the TAPPS are in receipt of relevant training and will have a professional qualification at the end of the training period so can work with greater autonomy within the boundaries of this professional role.”	“Would have been nice to hang onto our TAPP…they went onto doctoral training after just a few months with us! If there was any way of ‘locking’ TAPPs in for longer, that would be great- after all, that was the main benefit (to us) of having one over a traditional assistant psychologist.”
“(T)APPs bring added value to our service, having a TAPP has been a useful experience adding extra provision to the service and developing additional treatment pathways. For future cohorts embedding in the service would likely be a quicker process now that the role has been more clearly defined for our service.”	“We will need to make considerations about the amount of time commitment required to support trainees in the context of value added. There needs to be some thought about retention of trainees after qualifying. There is a big-time investment during training, and we have concerns about trainees leaving the service soon for doctoral training.”
“She's also been good just to have around... I would gladly have a TAPP again, especially if we could lock them in for at least three years to get the most benefit!”	“We would only be able to offer TAPP vacancy when/if our current TAPP leaves, and I don’t know if this will be in-line with then the course.”
“Aligning the timeline of recruitment to March/ financial year is a really positive move which I think will assist funding.”	“If this is to be recognised as a role capable of clinical work, some case study submission would seem appropriate as a basic requirement.”
“APPS are a good way of having some low-level psychological input into other services, such as care homes”	
“We are keen to continue with this role.”	

Appendix 19: TAPP service evaluative questionnaire

Please respond to the following questions based on your experiences within your clinical work as pat of your NHS role.

Where are you based?

☐ Primary care network

☐ Secondary Care

☒Specialist Service

☐ Other

Acceptability

1. What did you like best about your role in the NHS?

2. What was your least favourite aspect of the role?

3. Would you recommend this role to other psychology graduates? Yes/No/unsure

4. How did you find working in the clinical setting where you were placed? Positives or negatives

5. Do you think your clients engaged with what you could offer? Yes/No/unsure

6. If part of your role was to link with local community settings, did you like the balance between the clinical and community-based work? Yes/No/Unsure

Please explain your answer:

If this question is not applicable, go to Q7.

Demand

7. How easy did you find establishing your role in the placement you were in?

8. Once your role was established, how did you find your workload?

Implementation

9. What aspect(s) of the service you offered feels as though it didn't work so well?

10. What aspect(s) of the service you provided feels as though it worked well?

11. Where there any logistical issues that prevented you from carrying out your role? If yes, what were they?

12. Having delivered the service, if you were put in charge from making changes tomorrow, what changes would you make to the service you offered and why? See if anything new here

Practicality

13. If part of your role was based within the local community, how easy was it to make meaningful links (i.e., that lead to co-working)? *If this question is not applicable, go to Q14.*

14. Is there any additional training (i.e. from UCLan or the NHS trust) you felt you needed in order to be able to do your job? Yes/ No/Unsure

If so, what?

Integration

15. What advice would you give to a new trainee beginning your role?

16. By the end of your time in your role, did you feel part of a team? Yes/ No/Unsure

Please explain your response

17. By the end of your time in the role, do you think most of your colleagues understood what you did?

Yes, most did

Unsure

No, most did not

Appendix 20: TAPP feedback on clinical role

Table. Example quotes for each subcategory in the content analysis of TAPP feedback

Generic category	Sub-category	Example of quote from a TAPP
Acceptability of role	Rewarding	"I have received a lot of positive patient feedback, and this has been the best part being able to see the improvement I have made supporting those who need mental health support."
	Variety of role	"This gave me a breadth of different experiences and opportunities to use different psychological interventions with patients."
	Autonomy	"Implementing a new role, we have been able to have our own input and shape how it is delivered, and the service provided."
	Increase in skill/learning	"The learning process has been enjoyable both with the TAPP course but also the ongoing training within my role"
Type of support	1:1 support	"I complete a range of assessments and psychological interventions, I found that patients engaged very well with me."
	Group/community support	""I really enjoyed doing the community work especially working within schools."
	Person-centred	"Working collaboratively with patient on what they would like to work on."
Service benefit	Accessibility of support	"Many people gained access to psychology services who would normally not have engaged or received support."
	Working collaboratively	"I worked alongside Assistant Psychologists and under the supervision of a Clinical Psychologist, so we were able to implement a stepped care approach"
Integration into service	Service understanding of role	"Some elements of my role were similar to those of the Assistant Psychologists, which caused confusion within the team at times."
	Service accepting the role	"At times (not always) I have felt dismissed and not valued by the service."
	Isolation/lack of team	"Perhaps make a 'buddy' system for people to link in with each other each week. I was the only TAPP in my role and often couldn't attend the organised peer supervision therefore I often felt isolated"
Limitations of role	Workload/admin	"The expectation to complete admin, 1:1 sessions, community sessions and everything else in between, sometimes there are just not enough hours in the day"
	Client engagement with support	"Staff don't always engage with well-being sessions offered, this is in part due to constraints in time due to their workload."
	Practical issues	"I would change the service delivery model to at least 5 sessions + follow-up."
Course structure	Placement organisation	"It did not seem that supervisors, managers and university colleagues communicated well with each other."
	Training	"More service specific training e.g. how to carry out an assessment, formulation and different interventions."
	Supervision/psychology input	"Supervision was helpful sometimes, but I feel that having a CBT therapist as a supervisor wasn't as beneficial for me, as for people who had a clinical psychologist as their supervisor."

Appendix 21:
Updated TAPP job description (Ctrl + Click to follow link)

Appendix 22:
Workforce modelling – to follow