

NHS Talking Therapies for Anxiety and Depression: Counsellor and psychotherapist pay equity support pack

We're aware of challenges many members working in NHS Talking Therapies services across England are facing with pay inequity; where pay banding is sometimes lower than that paid to other psychological therapists working in the same service and with service users presenting with the same clinical complexity.

This inequity in pay and conditions is wrong and not supported by NHS England or the NHS Agenda for Change pay scales.

Below are a series of resources we've collated that evidences why all practitioners delivering high-intensity therapy in NHS Talking Therapies services, and who meet the training and professional registration requirements set out in the NHS Talking Therapies manual, should receive the same pay and conditions.

Included are key documents, supporting quotes and job role exemplars that may assist you in discussions with service leaders, your colleagues, unions or us as your professional body.

Context

NHS Talking Therapies for Anxiety and Depression services are the main pathway adults in England can access psychological therapies through the NHS.

The service is based on a stepped-care model. NICE recommended low-intensity interventions are offered for less severe cases of depression and some anxiety disorders (step 2).

For people with less severe depression who haven't benefited from a low-intensity intervention, they're offered a choice from a range of high-intensity psychological interventions, including;

- Cognitive Behavioural Therapy (CBT) including behavioural activation
- Person-Centred Experiential Counselling for Depression (PCE-CfD)
- Interpersonal Psychotherapy (IPT)
- Dynamic Interpersonal Therapy (DIT)
- Behaviour Couple Therapy (BCT)
- Couple Therapy for Depression (CTfD)
- Mindfulness-based Cognitive Therapy (MBCT)

For cases of more severe depression there is a range of NICE-recommended high-intensity interventions (step 3) available, including;

- Cognitive Behavioural Therapy (CBT) including behavioural activation
- Person-Centred Experiential Counselling for Depression (PCE-CfD)
- Dynamic Interpersonal Therapy (DIT)
- Interpersonal Psychotherapy (IPT)

For anxiety disorders there are currently only specialised CBT interventions recommended for use at step 3.

Nationally, NHS Talking Therapies services see over one million people a year, with service users progressing onto either a course of treatment or receiving assessment, advice and signposting onto further support, deemed suitable for them.

Crucially NHS England states in the Talking Therapies for Anxiety and Depression manual that a good NHS Talking Therapies service offers a choice of recommended interventions to all service users, allowing them to co-create their own care plans.

It also states that the recommended interventions for step 2 and step 3 are not recommended based on a hierarchy of effectiveness. Each intervention is equally effective, and the practitioners delivering each intervention at each step are equal to each other - client choice over the intervention they receive is recognised as a key factor in achieving successful outcomes.

The case

NHS England sets out, in both the NHS Talking Therapies manual (page 31) and NHS England's Agenda for Change paycales, that trainee High Intensity Therapists should be employed and paid at Agenda for Change band 6. Once they have completed the necessary NHS Talking Therapies service top up training and achieved the required professional registration, pay banding should be increased to Agenda for Change band 7. This applies to all practitioners delivering interventions at step 3.

The NHS Talking Therapies manual sets out that NHS Talking Therapies services shouldn't contract with any practitioners who have completed a recognised NHS Talking Therapies qualification and who have the required professional registrations to work unpaid, and that services should offer substantive employment avoiding contracts with practitioners that only pay them for sessions their clients attend.

In addition, NHS England recognises that there can be variations in the processing times for professional registrations with different professional bodies, and as such band 7 uplifts should be backdated to the date of application for professional registration.

NHS England defines a trainee High Intensity Therapist as a practitioner working towards the completion of a recognised NHS Talking Therapies high-intensity modality training and/or achieving the required professional registration for that modality (set out in the NHS Talking Therapies Manual Appendix A).

A qualified High Intensity Therapist is defined by NHS England as a practitioner who has completed the NHS Talking Therapies high-intensity modality training for the modality they're delivering and who has achieved the required professional registration as set out in the NHS Talking Therapies manual Appendix A.

Additionally, NHS England has set out that senior and lead clinical roles should be developed in every service for both Psychological Wellbeing Practitioners (PWP) delivering low-intensity interventions (Agenda for Change band 6+), and for High Intensity Therapists across all modalities paid at Agenda for Change band 8a+.

These senior roles are intended to support career development and retention within services, and should include expert clinical delivery and leadership, not just management responsibilities.

Dr Adrian Whittington, National Clinical Lead for Psychological Professions at NHS England, has provided support for and clarification of this being the case from NHS England. He says:

“We [NHS England] support that all high-intensity practitioners working within NHS Talking Therapy Services who have completed a NHS Talking Therapies qualification (PCE-CfD, IPT, DIT, CBT etc) should be paid at band 7 - irrespective of the high-intensity modality they practise, and that those who are working towards an IAPT qualification and don't yet meet all the requirements of practitioners set out in the IAPT manual are paid at band 6.”

[supporting information provided by Dr Whittington specifically for this briefing addressing pay equity in NHS Talking Therapies services, June 2023].

In addition, the current Psychotherapeutic Counselling NHS Training Pathway pilot has established a clear precedent for non-CBT practitioners working in NHS Talking Therapies services to be paid in line with their CBT colleagues. The pilot provides a core psychotherapeutic counselling training with an embedded NHS Talking Therapies qualification in either person-centred experiential counselling for depression, dynamic interpersonal therapy or couples' counselling for depression.

To further support achieving pay equity across all NHS Talking Therapies services, NHS England has published job description exemplars for both band 7 High Intensity Therapist roles and band 8a senior or lead clinical roles within NHS Talking Therapies services. These exemplar job descriptions are linked to in the resource section below and available through the NHS Talking Therapies workspace on the NHS Futures Platform.

Workforce expansion and retention are recognised as being vital to the continued success of NHS Talking Therapies services moving forward, and the NHS Talking Therapies Manual recognises that, as well as a focus on bringing new trainees into services, there needs to be a focus on opportunities to bring in already qualified staff and ensuring existing workforce retention rates are maximised. This is an important recognition as it both supports the idea that practitioners may arrive in the workforce having followed different training routes but also that retention is key - getting pay right is an important way of making staff feel valued and keeping them and their experience in the service.

How we can support

Please get in touch, via matthew.smith-lilley@bacp.co.uk, to ask any further questions about the guidance and support that we are able to offer. We are often able to provide information and support to counsellors and psychotherapists affected by pay inequity where it impacts the profession more broadly within the service and where pay inequity could reasonably be seen to pose a risk to the level of continuing counselling and psychotherapy provision for the public.

This includes making resources like this support pack available to members, seeking further clarification from NHS England on questions raised by members or contacting NHS Trusts on behalf of the profession. You may also wish to contact the BACP ethics team (ethics@bacp.co.uk) to be put in touch with our legal support service that can answer some questions you might have

However, as a charity there are limitations to the support we're able to offer where it relates solely to an individual's employment circumstances.

In these cases, we'd encourage practitioners to get in touch with trade union representatives, where available, to discuss your personal case and get tailored support for your individual circumstances. We're happy to provide information and resources about national policy and practice to unions and union representatives to help them best support you.

Key resources

NHS Talking Therapies manual

(<https://www.england.nhs.uk/publication/the-improving-access-to-psychological-therapies-manual/>)

The whole manual is really useful, but in particular:

- Section 3.2 *NICE recommended psychological therapies* (pages 16-19), which sets out which modalities are recommended for delivering through NHS Talking Therapies services.
- Section 4.1.2 *High Intensity Workforce* (page 23), which sets out that service users with depression should have a meaningful choice of high-intensity therapies.
- 4.1.3 *Training and accreditation requirements: HIT training requirement for entry* (page 25), which sets out the training and professional registration requirements NHS England wants High Intensity Therapists working at step 3 to have.
- 7.1 *Expanding the workforce* (page 57), which sets out the importance of staff retention for achieving the NHS England aim of expanding the workforce. Feeling undervalued because of pay and conditions is a potential drive for practitioners moving out of the service.
- 8.1.3 *Offering a choice of delivery* (page 61), which sets out that the NHS Talking Therapies model supports patient choice and that where interventions are recommended by NHS England for use, it is because they're seen as equally effective at a population level but that research shows that at an individual service user level their preference is often associated with better clinical outcomes.
- 9.1.4 *A choice of NICE-recommended treatments* (page 70), which sets out that where a range of interventions are recommended for use, services should be commissioned so that services users have a meaningful choice between those interventions. This supports the fact that services shouldn't be prioritising High Intensity Therapists delivering one modality at the expense of other recommended modalities and that each modality is of equal merit, with service user choice being the key deciding factor.
- 12.2 *Key messages for systems* (page 87), which sets an unequivocal message to health systems that NHS Talking Therapies services should offer service users a genuine choice. This, in conjunction with the clarifications about the equal effectiveness of all high-intensity interventions and High Intensity Therapists, is a clear message that not only should services offer a range of interventions, the practitioners delivering them should be viewed as equals and given the same pay and benefits (in line with Agenda for Change recommendations).
- Table 11 *Summary of what a good NHS Talking Therapies service looks like against CQC domains* (page 88)

- *Appendix A: Qualifications and accreditations* (pages 97-102), which sets out the training and professional registration requirements for all high-intensity modalities, for both trainee and qualified practitioners - this includes Person-Centred Experiential Counselling for Depression.

Agenda for Change Pay scales for the NHS in England -

<https://www.healthcareers.nhs.uk/explore-roles/psychological-therapies/roles/high-intensity-therapist>

<https://www.healthcareers.nhs.uk/working-health/working-nhs/nhs-pay-and-benefits/agenda-change-pay-rates>

These two links establish that:

- Trainee High Intensity Therapists (i.e. those yet to complete the top-up training in PCE-CfD for example) should be band 6 roles. This is established by the health careers web link.
- High Intensity Therapists (those that have completed the relevant top-up high-intensity trainings and have the required professional memberships as set out in Table 9 in the NHS Talking Therapies manual) should be band 7 roles. This is established by both links.

Taking these sources together, we've established that counsellors and psychotherapists, meeting the criteria in the NHS Talking Therapies manual, delivering one of the recognised high-intensity modalities should be paid at band 6 while undertaking the top-up training, and band 7 when that is complete.

Band 7 and Band 8 Exemplar job descriptions

The band 7 and band 8 exemplar job descriptions that NHS England produced to support pay equity are available on BACP's pay equity support webpages (<https://www.bacp.co.uk/about-us/advancing-the-profession/influencing-decision-makers/pay-equality-support-resources/>) as well as the NHS Futures Platform (<https://future.nhs.uk/NHSTalkingTherapies/view?objectID=52197616>).

The band 7 exemplars reinforce that all High Intensity Therapists working within NHS Talking Therapies services should be paid at a band 7 once they meet all the criteria set out in the NHS Talking Therapies manual.

The band 8 exemplars set out what a Senior High Intensity Therapist role might look like, as well as emphasising that services should be developing senior clinical lead roles across all high-intensity modalities.

Psychotherapeutic Counselling Pilot Training Pathway

<https://www.metanoia.ac.uk/programmes/career-development-pathways/nhs-psychotherapeutic-counselling-programme-person-centred-experiential-counselling-for-depression-pathway/>

The Metanoia Institute is providing the training for those going through the PCE-CfD psychotherapeutic counselling pathway. Roehampton University is providing the training for the DIT psychotherapeutic counselling pathway and Tavistock is providing the training for the couples counselling psychotherapeutic counselling pathway.

The NHS psychotherapeutic counselling pilot training pathway helps establish a number of precedents for the role of counsellors in the NHS:

- It says trainees should be paid at band 6, qualified practitioners meeting the requirements in the NHS Talking Therapies manual should be paid at band 7
- It highlights that the NHS sees a role for counsellors to be part of the workforce even as a trainee.

Dr Adrian Whittington, National Clinical Lead for Psychological Professions at NHS England

“We [NHS England] support that all High Intensity Practitioners working within NHS Talking Therapy Services who have completed a NHS Talking Therapies qualification (PCE-CfD, IPT, DIT, CBT etc) should be paid at band 7 - irrespective of the high-intensity modality they practise and that those who are working towards an IAPT qualification and don’t yet meet all the requirements of practitioners set out in the IAPT manual are paid at band 6.”

[supporting information provided by Dr Whittington specifically for this briefing addressing pay equity in NHS Talking Therapies services, June 2023].

If you would like to discuss pay equity in the NHS further, or have any questions about the resources in this support pack, please contact Matthew Smith-Lilley, Policy and Engagement Lead for Mental Health (matthew.smith-lilley@bacp.co.uk).