Paediatric Psychology Network United Kingdom (PPN-UK): From Inception to the Current Day

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Abstract

Objective: This topical review aims to provide an overview of how a Paediatric Psychology Network has impacted on paediatric psychology in the United Kingdom over the past two decades.

Methods: Past and present Paediatric Psychology Network (PPN-UK) committee members reviewed documentation related to the work of the PPN-UK.

Results: From early beginnings to the current day, an outline is provided of how a professional network for psychologists working in paediatrics developed in the UK. With a strategic aim to promote the development of paediatric psychology practice, descriptions are given of how the PPN-UK achieves this through the provision and support of continuing professional development and membership of paediatric psychology Special Interest Groups. For this global special issue, an explanation of the UK training route for clinical psychologists is also outlined.

Being child and family centred, the PPN-UK promotes the psychological and emotional well-being of children with physical health needs. Examples are provided of how the PPN-UK has influenced paediatric psychology service provision, policy and practice to promote integrated health care for children and young people by sharing paediatric psychology knowledge and the evidence base. Finally, consideration is given to how the PPN-UK is going beyond national strategic influence to develop international links.

Conclusion: The PPN-UK is an established network which has made significant contributions to the profession for the ultimate benefit of children, young people and their families.

Implications for Impact Statement:

This paper describes how a Paediatric Psychology Network formed and grew in the United Kingdom over the past twenty years. We explain how the network supports the professional development of psychologists who work with children and families in paediatric settings. Being child and family centred, we provide examples of how the network promotes the psychological well-being of children who have physical health needs.

Keywords: paediatric, psychology, network, child, health

Children who have a physical health condition are more likely to be able to successfully manage the challenges that their medical condition presents, if their health care addresses both their physical and psychological well-being (Jacobs, Titman, & Edwards, 2012). In the United Kingdom (UK) psychology services for children with medical conditions have steadily grown within the public National Health Service (NHS). With this growth in service provision, it has been important to establish a professional network for psychologists who work in paediatrics.

History and Ethos of the UK Paediatric Psychology Network

Inspired by the Society of Pediatric Psychology in the United States (US), the Paediatric Psychology Network-UK first began in 2000 with a "Study Day" in Bath entitled, "Clinical Psychology in Paediatrics". This was the first formal opportunity for clinical psychologists working in paediatric psychology to come together in the UK. A study day is typically a planned programme of talks and workshops which forms part of continued professional development for attendees. The content of the day included presentations and workshops on: the role of clinical psychologists in paediatrics; services for children with non-malignant life-threatening conditions and pain management. An inaugural meeting for a national network of clinical psychologists in paediatrics was held, with a consensus that another study day would be valuable.

A further two Study Days followed; in 2001 at Great Ormond Street Hospital for Children in London and at Alder Hey Children's Hospital in Liverpool in 2002. There was a growing impetus to develop more structure to the national network. Having visited US Children's Hospitals and connected with the Society of Pediatric Psychology, a proposal was made to create a national committee. The aim was to

work together to address shared issues and develop a professional support network for people working in paediatric psychology. A committee of volunteers was formed and a Chair role established, while the constitution was being developed. At this time, a group of clinical psychologists proposed and then set up the UK Paediatric Psychology email Listserv. This remains the key vehicle for communication and information sharing with our national and international colleagues.

The fourth Study Day was held in Birmingham Children's Hospital in 2003. By then, the Paediatric Psychology Network United Kingdom (PPN-UK) committee had begun to draft its terms of reference: "To promote the development of paediatric psychology within the UK, including professional practice, clinical governance, research and training" (J. Houghton, personal communication, PPN Constitution 2006). The PPN-UK grew and developed as a network within the Faculty of Children, Young People and their Families, which sits within the British Psychological Society. The Faculty has a number of other Networks including, for example, Child Learning Disability and Infant Mental Health ("DCP Networks", 2018). Sitting within a larger Child Faculty has offered the PPN-UK advantages in terms of being able to influence national policy and practice from within a recognised professional body. Members must pay the relevant annual fees within the British Psychological Society to become a Society, Division of Clinical Psychology and Faculty of Children and Young People member. Both the Division and the Faculty are situated within the British Psychological Society. Following this, there is no additional membership fee to join the PPN-UK network (BPS, 2018). With over 200 members, the PPN-UK is now the largest network in the Society's Child Faculty (J. Donnan, personal communication, 2018). The PPN-UK email Listserve has a larger membership, with 730 subscribers. Currently, there is no requirement to be a member of the British Psychological

Society, nor is there a requirement to be a paediatric psychologist to link up via email. Listserve members can include child psychologists, paediatricians, child psychiatrists and international members. Since its launch in 2002, there have been 3,698 PPN-UK Listserve posts (J. Gibbins, personal communication, 2018).

Developing the PPN-UK: Challenges and Strengths

The development of the PPN-UK was welcomed by clinical psychologists working in paediatric settings. The British Psychological Society's structure meant that there was an existing organisation within which to situate the network. These structures have been very supportive of the PPN-UK. One of the challenges of being a relatively small and specialist group within a large structure can be maintaining a strong voice among many other voices within a large organisation. Representation at meetings and committees has been key to achieving this voice. Being a relatively new network means that an ongoing challenge is ensuring relevant external bodies are aware of the PPN-UK. This is achieved through continued networking and joint initiatives. A real strength of the PPN-UK is the concentration of expertise that can be accessed by external organisations for consultation on issues at a policy level. This means that the network has the ability to impact widely on the care of children with medical needs.

A further challenge exists in ensuring that psychologists continue to choose to subscribe to membership of their professional Society. In the UK, statutory professional regulation and mandatory registration fees now sits with a separate body, the Health and Care Professions Council. This means that clinical psychologists have to subscribe to the Health and Care Professions Council to practice clinically. Psychologists can choose whether to be a member of the British Psychological

Society. Whilst it is acknowledged that Listserve membership includes a broad range of professions, the discrepancy between PPN-UK membership (n=245) and email Listserve membership (n=730) indicates that there may be a proportion of clinical psychologists who choose not to subscribe and become Society PPN-UK members. Continued promotion of the PPN-UK (and indeed the wider British Society structures) as an essential support and professional network to psychologists, in addition to the mandated registration, is critical. This is achieved through ongoing provision of study days, newsletters, blogs, reports of activity and through the Listserve. Our aim is to sustain the network by developing a sense of community and support which offers tangible additional benefits to its members. The growing year-on-year numbers in membership is testament to the PPN-UK's success in achieving this.

With this growth and increased provision of paediatric psychology services across the UK, the focus of the committee's work developed from one of a professional support network to also include the promotion of children's psychological health. In 2014, the constitution was amended to reflect this with a statement that, "Our mission is to promote the psychological and emotional wellbeing of children with physical health care difficulties through the practice and development of paediatric psychology" (J. Stedmon, personal communication, PPN Revised Constitution 2014).

How to train as a UK Clinical Psychologist and Practice in Paediatrics

In order to contextualise how the PPN-UK aims to achieve this mission, it is important to first consider the UK training route. In the UK, paediatric psychologists working in the National Health Service (NHS) train as a clinical psychologist and are

employed to work in paediatric settings. In contrast to some other countries, clinical psychology training in the UK is via a professional doctorate, rather than a PhD training. Pre-qualification experience is a requirement of entry onto Doctorate Training programmes and typically takes place after completion of an undergraduate psychology degree. Currently, there is no prescribed formal pre-qualification route into postgraduate training. Graduates are required to seek out 'relevant' clinically-related and research experience and are directed to the Clearing House website for guidance and examples ("Clearing House for Postgraduate Courses," 2018). Typically, relevant experience involves working alongside a Clinical Psychologist as an Assistant Psychologist or Research Assistant in an NHS or University setting. It may also involve caring or service roles in the public, private or charitable sectors. Such experience helps to establish that graduates know what they are applying for, what clinical psychologists do, the settings they work in and the clients they work with. Competition for professional doctorate training places is high, with 15% of applicants succeeding in gaining a place on NHS clinical psychology training in 2018 ("Clearing House for Postgraduate Courses," 2018).

Training takes the form of a three-year professional Doctorate in Clinical Psychology and typically leads to the qualification ClinPsyD / DClinPsy. All training programmes are accredited by the British Psychological Society (BPS, 2017) and the Health and Care Professions Council (HCPC, 2017). Applied clinical research is a key part of doctoral training programmes and constitutes around half of the content of training, teaching and study, with students completing a doctoral research thesis. Additionally, trainees complete a small-scale service project in a clinical setting. This usually entails a small service evaluation, clinical audit or quality improvement project. In order to develop core clinical psychology competencies, students complete

a range of clinical placements across the lifespan and in different specialisms (BPS, 2017; HCPC, 2015). During the first two years, trainees typically complete four six-month core placements, including working with children and families, adults, older people and people with learning disability. The final year of training allows the opportunity to undertake two six-month specialist placements, which will usually include the option of working within a paediatric psychology service.

Thus, whilst there is currently no requirement for additional formal training in paediatric psychology once the doctorate is complete, options exist both through research and specialist placements to develop knowledge and skills in paediatric psychology. After completing training, clinical psychologists are required to register as Practitioner Psychologists with the Health and Care Professions Council, in order to work in NHS paediatric settings ("HCPC Practitioner Psychologists", 2018). In contrast to the US, there is no formal paediatric psychology pre-doctoral internship, nor postdoctoral fellowship structure in the UK. Some UK clinical psychologists complete additional research PhD training, and will typically progress to work in research active institutions. The majority of clinical psychologists work in the NHS. Post qualification development of paediatric psychology expertise takes place within the work environment and through continuing professional development (CPD). A key aim of the PPN-UK is to develop paediatric psychology practice and skills, by providing CPD and support.

How the PPN-UK supports Continuing Professional Development post qualification

The British Psychological Society states that CPD is both a professional expectation and individual responsibility. Health and Care Professions Council

registration renewal requires all clinical psychologists to undertake, record and use CPD opportunities. In order to support this, the PPN-UK undertakes a number of structured activities to ensure its membership has access to high-quality learning opportunities throughout the year.

The PPN-UK CPD co-ordinators organize two major professional development events per year. The first is an annual PPN-UK conference, which brings together clinical and research innovations directly relevant to the field of paediatric psychology. Conference provides an opportunity to share best practice, discuss service development issues and network with other paediatric psychologists around the country. In 2012, the first International Study Day in Europe took place in Oxford, followed two years later by a second European conference in Amsterdam. Conference collaboration with paediatric psychology networks in other European countries has offered opportunities for shared learning. The PPN has been expanding its focus from professional practice in the UK to developing its relationships with our European and US colleagues. In 2018, the PPN-UK is supporting the European Pediatric Psychology Conference in Ghent. Such collaborations lead to further learning from innovations across the continent.

The second main CPD event the PPN-UK supports is a symposium at the Society's Faculty for Children Young People and Families annual conference. This affords opportunities for collaboration with colleagues in other services working with children, young people and families. The symposium allows a platform for the integration of paediatric psychology themes within the broader scope of child and adolescent mental health. This allows cross-fertilization of ideas and practice.

Professional development is also supported through the network of Special Interest Groups (SIGs) which encourage CPD opportunities through the SIG meetings and study days.

How PPN-UK Special Interest Groups (SIGs) support Paediatric Psychology Practice

Special interest groups sit within the PPN-UK and provide a forum where a sense of group identity can be created. They offer clinical psychologists, who are working in similar paediatric specialties, an opportunity to network with others who have similar interests, across all levels of their careers. SIGs offer a framework for the development of peer-communities, with a common mission and purpose to foster peer networking and consultation at a national level. This enables the exchange of knowledge and sharing of resources, including contribution to research, teaching and dissemination. Special interest groups create a space where clinical psychologists working in paediatrics can share their expertise and passion, as well as contribute to problem-solving challenges and develop their clinical practice. In this way, SIGs have the potential to support the mission of the PPN-UK through increased collaboration in research, education, professional practice and development of policies and guidelines. Special interest group meetings are usually attended in person by qualified clinical psychologists, trainees and assistant psychologists. Whilst most attendees would be SIG members, the meetings are open to any psychologists with an interest in the area. Currently there are nineteen active PPN-UK clinical SIGs and three active PPN-UK therapeutic SIGs (Table 1).

Over recent years, several challenges have emerged, as SIGs have become more active and many have evolved. As the number of Special Interest Groups have

grown, some overlap has been unavoidable, with many PPN-UK members being aligned to more than one SIG, for example respiratory and cystic fibrosis. Time constraints are an obstacle for participation in SIGs, as it can be difficult for staff to take time out of clinical services to travel to meetings and study days. SIGs are trying to address this challenge by alternating locations, by offering video conferencing and by disseminating minutes to help keep all members involved. With the expansion and growth in SIGs, maintaining contemporary details has proved challenging. The PPN-UK is addressing this challenge by supporting the SIGs in having their own mailing lists but asking members of the SIG to also email the wider PPN-UK Listserv with important updates, dates of meetings and to share discussion topics that would benefit the wider profession. The PPN-UK also now requests a yearly summary update from each Special Interest Group Chair. The SIG report details the activities carried out across the year, including meetings, important updates, their contribution to guidelines and any research carried out or in progress.

Within the vision for the future, the PPN-UK is committed to support SIGs to enable them to develop within their forums and ensure their work becomes more visible both with other psychologists and across medical professions. Our aim is for Special Interest Groups to be recognised as 'expert peer networks', which offer important contributions to the profession and help to influence PPN-UK guidance and protocols.

Service Provision: Paediatric Psychology Clinical Practice in the UK

In order to further contextualise the provision of paediatric psychology in the UK, it is important to briefly outline the different types of provision of medical care to children with physical health needs. Teaching or specialist hospitals are usually

centres of secondary or tertiary care in a major city and affiliated with a University Medical School. They often provide specialist care for rare conditions and serve a wide geographic area, which includes a number of District General Hospitals. A District General Hospital is a provider of care to the local area, but may have fewer specialist services and disciplines. Both types of provision are free at the point of use as part of the National Health Service. The NHS is a tax-funded national health service which was established in the late 1940s (Jones, 2015). As such, patients do not require insurance to access NHS support. Over the decades there have been many NHS reorganisations and attempts to control expenditure (Jones, 2015). Throughout this, the principle of free access to medical care for children has remained.

In the UK most specialist children's hospitals and teaching hospitals have access to paediatric clinical psychologists. Where psychological provision is embedded in the medical team, children, young people and their families have access to high quality, holistic care. The psychologist plays a key role in keeping emotional well-being at the centre of multidisciplinary discussions and promoting psychological mindfulness of paediatric teams for patient benefit. The psychologist supports the young person, family or team around them to manage any psychosocial issue in relation to chronic illness or acute injury. This may include therapeutic intervention to address adjustment to diagnosis, difficulties with adherence, low mood, anxiety or systemic impact of illness. The psychologist may also provide teaching, supervision and consultation to multi-disciplinary team staff, who may be well placed to deliver the initial psychosocial support.

In contrast, fewer District General Hospitals or Community Services, have psychology provision. Some clinical psychology provision into these services are

provided on a sessional basis by the local Child and Adolescent Mental Health Service psychologists. This means that children and young people with long term conditions and their families may have access to psychological interventions, but the psychologist will not be embedded in the medical team. This may limit the opportunity to work as a multi-disciplinary team and limit access to consultation, supervision or teaching. The PPN-UK seeks to represent psychologists working in both specialist and general healthcare settings, through committee representation and gauging a range of opinions via the list serve.

Within specialist hospitals there can also be challenges to equitable service provision, with differences in the level of service provision between medical conditions. Some National Health Service Specifications include 'psychosocial' or clinical psychology provision helping to grow psychological input in these specific medical areas. For example: National Institute for Health and Care Excellence (2014) Guidelines for Paediatric Oncology; NHS England (2013) service specifications for Diabetes; Paediatric Intensive Care (Paediatric Intensive Care Society, 2015) and Cystic Fibrosis (Cystic Fibrosis Trust, 2011). In contrast, some other conditions may have limited or no provision. This means that service delivery can be vulnerable to specific factors such as local leadership, commissioning, service priorities and budgeting, as the National Health Service devolves its budget to local area teams that make decisions on local service priorities.

Close working between paediatric psychology service leads and commissioners of health care services is necessary for the development of local and regional services. The PPN-UK and Faculty of Children, Young People and their Families have been active in supporting paediatric clinical psychology service leads to

do this by providing them with a rationale and evidence base to advocate for psychology provision in paediatrics (Mercer et al., 2016) and integrated services across hospital and community settings (Faulconbridge et al., 2016) that deliver better patient care and provide efficiencies for the National Health Service. The publication and dissemination to stakeholders of "What Good Looks Like in Psychological Services for Children and Young People with Physical Health Needs" has been led and supported by the PPN-UK (Mercer et al, 2016).

Paediatric Competency Framework

All health care staff have a role in delivering psychologically informed care as part of routine clinical practice. Members of the PPN-UK committee supported University College London and NHS Education for Scotland to develop a paediatric competency framework which describes what multidisciplinary paediatric healthcare professionals need to know and do in order to meet the psychological needs of children and young people with physical healthcare difficulties and their families ("Psychological Approaches in Paediatrics", 2018). The framework is designed as an online map with hyperlinks to detailed individual competencies embedded within the map. An example is the pain competency, which outlines the psychological impact of having persistent pain and what interventions and approaches can be used to support children and families to manage pain. On the pain, and other individual competences, the approaches and interventions described range from low level psychologically informed techniques, for example, good communication skills that can be delivered by all staff, up to delivery of psychological therapies for pain which can only be delivered by suitably trained psychological therapists. The methodology used to develop the competency framework was developed by Roth & Pilling (2008) ensuring as far as possible that the framework is evidence-based or, where research is lacking,

uses expert professional opinion to describe the best available knowledge for clinical practice. The paediatric competency framework was launched in March 2018 and has utility in a number of ways including guiding clinical practice, supervision, curriculum development, service development and commissioning.

In addition to promoting the psychological mindedness of health care professionals, the PPN-UK aims to have strategic influence at a national level.

PPN-UK: Strategic Influence

The PPN-UK supports the development, application, and evaluation of evidence based practice and research in paediatric psychology, promoting the delivery of evidence based practice. An exemplar of this is the PPN-UK Good Practice Guidelines (2010) on the management of invasive or distressing procedures in UK health settings. Following significant stakeholder consultation, the guidelines were developed for all health professionals working with children and families. The focus was on addressing the fears and anxieties that children or young people have when an invasive procedure, such as an injection or venipuncture is proposed. The guideline disseminated evidence based psychological strategies to professionals, with the aim of reducing and minimizing distress, whilst optimizing the competency and confidence of health care staff.

Additionally, a key aim of the PPN-UK is to contribute to the future development of community and hospital services, on matters relating to psychological aspects of children's health care. In 2008, the PPN-UK completed a national survey of paediatric psychology services, which included responses from fifty-eight services (BPS, 2008). Whilst a variety of service models existed, the most prevalent model (79%) was that of a dedicated paediatric clinical psychology service, based in a

specialist hospital, integrated within one or more multi-disciplinary health care teams. There is widespread acknowledgement that integrated services work best for the child and family (Edwards & Titman, 2010). A major benefit of co-locating psychological and physical health care in one setting for children and families is that it enables a whole systems approach (Mercer et al, 2016). The PPN-UK organized the launch of the Society's Faculty of Children and Young People's document on what good psychological services would look like for children and young people with physical health needs (Mercer et al, 2016). This provided information and advice to stakeholders on planning, developing and evaluating services to meet the psychological needs of children and young people with medical conditions.

In order to have national strategic influence, PPN-UK has been initiating, co-operating with and responding to policy and strategy documents on child health-related issues. In 2018, the PPN-UK Chair consulted and collaborated on how the psychosocial needs of children and families could be addressed in the Royal College of Paediatrics and Child Health standards for children with ongoing health needs (RCPCH, 2018). These standards now specify that in the UK, "service planners ensure children have timely access to a range of mental health and psychosocial services that are integrated with children's health services and that all healthcare staff have sufficient competencies to support the psychological needs of children and recognise when involvement of mental health services is required" (RCPCH, 2018, p.12).

With the aim of developing a platform for the PPN-UK to have a voice on national issues, the PPN-UK has established Communications representative roles on the committee. Work is currently underway to improve the PPN-UK website, which

hosts a breadth of information for paediatric psychologists. In recent years, the PPN-UK has become visible on social media, particularly on Twitter where it actively disseminates research, conference information and relevant resources.

Developing International Links

Having been inspired by international colleagues at inception, the Paediatric Psychology Network UK now has formal links with the Society of Pediatric Psychology (SPP). In 2015, the first co-opted PPN-UK International Representative role on the SPP International Committee was established. Advances in technology have facilitated PPN-UK participation in SPP international committee meetings. It has also facilitated developing links with international representatives from other countries, such as Australia, Canada, Netherlands, Belgium and Italy. On the International Committee, the PPN-UK has valued the opportunity to contribute to the development of, for example, eligibility criteria for the SPP international travel award and SPP international collaboration award. Such involvement has enabled UK SPP paediatric psychology members, whose training route is different to US SPP members, to meet the criteria to apply for SPP international awards. Since 2017, the PPN-UK International Representative and the PPN-UK Communications Team have used the SPP Conference hashtag on Twitter to communicate with conference attendees across the ocean, thereby developing networks and links.

PPN-UK SIGs are now actively reaching out internationally to paediatric psychologists who are members of SPP SIGs. These links pose an exciting development for the future with SIGs potentially becoming an international peer-forum for dissemination of expertise, research and knowledge. A recent example of this is a web call between the chair of the UK Gastro SIG with the co-chair and past

chair of the American Gastro SIG. This meeting enabled the sharing of ideas about service development, a discussion of the similarities and differences in ways of working and challenges faced, and how we can support each other in helping to raise the profile of psychology within a medical specialty. Having utilized technology to build international links, the PPN-UK's next international goal is to meet with colleagues in person at the International Summit Meeting at the European Conference in 2018. The PPN-UK hopes to continue to build international links and would be delighted to hear from paediatric psychology networks and SIGs in other countries.

Future Directions for the PPN-UK

The PPN-UK has developed and grown since its inception. In order to continue to implement its aims and constitution, future growth and influence is important. Ensuring that clinical psychologists value the role of the PPN-UK and benefits of membership is critical in ensuring that the concentration of expertise remains. Continued promotion of the PPN-UK to external organisations will be important to ensure that network members can represent the psychological needs of the children appropriately in policy. Using digital forums, such as the Listserve and Twitter, to engage with members, non-members and other interested parties will enhance and expand the reach and influence of the PPN-UK. Increasing published work from PPN-UK members and committee will ensure that there is a visible contribution of the PPN-UK to the knowledge base. Increased engagement will be a key part of the future strategy of the PPN-UK.

Conclusion

In this paper we have outlined the history of the Paediatric Psychology Network in the UK and the value of developing a professional network for paediatric psychologists. Additionally, we have illustrated some of the significant achievements of the PPN-UK over the past two decades. In recent years, we have reached out to international colleagues, developing formal collaborations. By sharing experiences and learning from each other, we hope this will benefit the children, young people and the families we work with.

PPN-UK Contact Details

Twitter: @thePPN_uk

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Table 1. Paediatric Psychology Network UK Special Interest Groups

Clinical Specialties	
Burns	HIV Immunology & Infectious Disease
Cardiology	Metabolic Diseases
Craniofacial, Cleft Lip & / Palate	Neonatology
Chronic Fatigue / Chronic Pain	Neurology
Cystic Fibrosis	Neuropsychology
Dermatology	Obesity
Diabetes	Palliative Care
Disorders of Sexual Development	Respiratory
Gastroenterology	Rheumatology
Haematology / Oncology / Blood and Haematopoietic transplant	
Therapeutic Approaches	
Systemic Practice	Acceptance and Commitment Therapy
Eye Movement Desensitisation and Reprocessing	

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