Appropriateness and Accountability in Clinical Psychology within the NHS: Towards a Conceptual Framework

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Abstract

Clinical psychology within the Italian National Health Service (NHS) is undergoing a structural transition, increasingly required to align with governance principles such as appropriateness and accountability. Yet, these constructs – central to international health policy – have not been systematically articulated within psychological practice. This paper develops a conceptual framework that redefines appropriateness and accountability as intrinsic disciplinary dimensions rather than external administrative requirements. Appropriateness is framed as the alignment of psychological intervention with clinical need, psychosocial context, care pathway positioning, and proportional use of public resources. Accountability is defined as the ability of psychologists to justify decisions, demonstrate outcomes, and contribute to the governance and sustainability of public health services across individual, organisational, and participatory levels.

The framework is situated within current developments in the Italian NHS, including the experimental introduction of the primary care psychologist (psicologo di base), the formal integration of psychologists within multidisciplinary care pathways (PDTA), and the increasing relevance of digital

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data systems and outcome monitoring. A conceptual matrix of appropriateness and a three-phase model of strategic integration are proposed to guide policy, training, and professional practice.

By positioning clinical psychology as a system-based public health discipline, the paper offers a theoretical foundation for enhancing its institutional role, improving coordination across care levels, and supporting value-based and equitable healthcare delivery.

Keywords: National Healthcare Service, appropriateness, accountability, clinical psychology.

Introduction

This paper proposes a conceptual framework through which appropriateness and accountability become strategic foundations for redefining the role of psychology within the governance architecture of the National Health Service (NHS), positioning them as foundational disciplinary dimensions rather than administrative add-ons. Appropriateness is defined as the alignment of psychological interventions with clinical needs, patient readiness, and the proportional use of public resources within coordinated care pathways. Accountability is defined as the capacity of clinical psychology to justify clinical and organisational decisions, demonstrate outcomes in a transparent manner, and assume responsibility towards patients, institutions, and society. These constructs are not treated as administrative constraints, but as foundational disciplinary dimensions that define the institutional legitimacy and public value of clinical psychology within a universal health system. This shift reflects broader governance principles originally developed within the United Kingdom's clinical governance framework (Scally & Donaldson, 1998), which established that healthcare quality is not solely a matter of individual clinical expertise, but a system-wide responsibility grounded in appropriateness, accountability, transparency, and continuous improvement (O'Hagan & Persaud, 2009; Ricciardi & Tarricone, 2021). Within this paradigm, clinical psychology is called to demonstrate not only the effectiveness of its interventions, but also its capacity to participate in governance processes, contribute to integrated care pathways, and ensure the appropriate use of public resources.

In this context, appropriateness and accountability have emerged as central drivers in the evolution of healthcare systems. Appropriateness is defined as the delivery of the right care, to the right patient, at the right time, in the right setting, and with the responsible use of public resources (Scally & Donaldson, 1998; NHS Executive, 1999; WHO, 2000). Accountability refers to the obligation of healthcare professionals and organisations to justify their decisions and demonstrate outcomes transparently to patients, institutions, and society (Denis, 2014; Emanuel & Emanuel, 1996; Fan, 2025; Mulgan, 2000). These concepts underpin value-based healthcare frameworks that aim to optimise health outcomes relative to the resources invested (Gray, 2017; Porter, 2010; Sturmberg & Taher, 2025; Teisberg, Wallace, & O'Hara, 2020) and are increasingly recognised as strategic criteria for evaluating the legitimacy and sustainability of publicly funded services.

Despite their prominence in international health policy, the constructs of appropriateness and accountability have not yet been systematically conceptualised as disciplinary foundations within clinical psychology. Current applications remain largely confined to the evaluation of treatment efficacy and psychotherapeutic outcomes (Leichsenring *et al.*, 2022; Margison *et al.*, 2023), without incorporating broader dimensions such as care coordination, pathway integration, population-level outcomes or the stewardship of public resources (Frank & Shim, 2023; Rosenberg & Salvador-Carulla, 2017). This gap is not merely theoretical: the absence of a unified conceptual model limits the capacity of clinical psychology to demonstrate its institutional mandate within publicly funded health systems and to contribute to the governance and sustainability of healthcare delivery. In the context of emerging challenges, including chronicity, multimorbidity, health inequalities and digital transformation (Castelnuovo *et al.*, 2023; Lombardo, 2023), the development of a coherent framework for appropriateness and accountability becomes essential for defining the public value, institutional legitimacy and strategic positioning of clinical psychology within the NHS. The theoretical and policy gap concerning the institutional role of clinical psychology within universal healthcare systems is addressed through a conceptual framework that repositions appropriateness and accountability as foundational disciplinary dimensions rather than administrative add-ons.

To address this gap, this paper proposes a conceptual framework

that positions appropriateness and accountability as core organising principles of clinical psychology within the NHS, providing a unifying lens through which these constructs can be used to interpret, evaluate, and guide psychological practice within public health systems. The framework draws on existing literature on patient engagement and readiness as core determinants of intervention effectiveness (Graffigna, Barello & Triberti, 2015; Graffigna *et al.*, 2017) and on integrated care pathways as organisational instruments for ensuring continuity, transparency, and measurable outcomes (Allen, Gillen, & Rixson, 2009; Pfadenhauer *et al.*, 2017; Rebecchi, 2018). Through this lens, clinical psychology is positioned not only as a therapeutic discipline, but as a strategic actor in the governance and sustainability of the NHS (Castelnuovo *et al.*, 2016).

Clinical Psychology in the Italian NHS: Organisational Context

Understanding the specific organisational configuration of clinical psychology within the Italian NHS is essential to contextualise the application of appropriateness and accountability as disciplinary constructs. Unlike other universal healthcare systems, the Italian NHS presents a high degree of regional variability and a fragmented institutional positioning of psychological services, which directly affects their capacity to participate in governance processes and to be evaluated according to system-wide criteria.

The Italian NHS is a universalistic public system established in 1978 to guarantee equitable access to healthcare funded through general taxation. It is regionally structured, with national legislation defining the Essential Levels of Care (ELC, *Livelli Essenziali di Assistenza – LEA*) and Clinical Care Pathways (CCP, *Percorsi Diagnostico-Terapeutico-Assistenziali – PDTA*), while regional authorities are responsible for the organisation and provision of services (Ricciardi & Tarricone, 2021). Within this governance framework, psychological services are distributed across multiple care settings but lack a unified institutional structure compared with other health professions such as medicine or nursing, resulting in variability in role definition and institutional visibility (Ridolfi, 20024a).

Clinical psychologists employed within the NHS currently operate

across four principal functional areas. In mental health departments *(which in some regions also include addiction services)*, they contribute to assessment, psychotherapy, rehabilitation and community-based interventions. In hospital settings—particularly in oncology, cardiology, neurology, paediatrics and pain management—psychologists address emotional adaptation to illness, patient adherence to treatment and psychosomatic conditions. In primary care and community services, including family counselling centres and prevention programmes, psychologists provide early interventions, health promotion and support for vulnerable populations. In addition, clinical psychologists are increasingly involved in emergency and disaster response, psychological crisis intervention and public health emergencies, reflecting a growing recognition of their strategic role in population mental health management. Finally, in occupational and organisational healthcare services, they contribute to the well-being of healthcare personnel, prevention of burnout and organisational development. These diverse areas of practice demonstrate that clinical psychology operates as a cross-cutting discipline within the NHS, whose functions are not limited to specific diagnostic sectors but extend across multiple levels of care and organisational settings. Despite their wide distribution across care settings, psychologists often lack formal organisational autonomy. Unlike other health professions, psychology does not typically have a dedicated department within regional health structures. This results in fragmented service provision, limited participation in strategic planning and reduced influence in governance processes (Castelnuovo, 2021; Wiktorowicz *et al.*, 2020). These structural limitations affect the visibility and accountability of psychological services within the system and hinder the full realisation of their potential contribution to population health and service sustainability.

Recent policy developments associated with the territorial reorganisation introduced under the National Recovery and Resilience Plan (PNRR) and formalised through Law Decree No. 77/2021 have led several Italian regions to initiate the implementation of the primary care psychologist model, positioning it as the first psychological access point within community healthcare. This role, while subject to regional variation, is closely integrated with general medical services and provides early assessment, brief interventions and health promotion activities aimed at identifying psychological needs at an early

stage. The strategic rationale of this reform does not lie merely in the introduction of a new professional figure, but in the creation of a structured two-tier psychological care system within the Italian NHS. The primary care psychologist represents the first level of intervention, designed to manage low-intensity or emerging psychological needs, while ensuring that only cases requiring more complex or specialised care are referred to second-level services.

This model explicitly integrates the primary care psychologist with the role of the senior clinical psychologist (dirigente psicologo) employed within specialist NHS settings. The senior clinical psychologist exercises clinical and organisational responsibility, leads multidisciplinary teams, and governs CCP. Within this tiered system, referrals from primary care psychologists to specialist clinical psychologists are regulated through defined criteria, shared documentation standards and accountability mechanisms aimed at ensuring appropriateness, continuity of care and optimal allocation of resources. Thus, the introduction of the primary care psychologist should be understood not as a decentralised or parallel service, but as the first level of a coordinated psychological care architecture, where effectiveness depends on the functional linkage and governance between territorial primary care and specialist psychological services within the NHS.

According to national health data, only 5,215 psychologists were employed within the NHS as of 2022, of whom just over 2,000 worked in mental health services (Ministero della Salute, 2023; 2024). This corresponds to approximately eight psychologists per 100,000 inhabitants, a markedly lower figure than that observed in other European countries. Public-sector ratios in countries such as the United Kingdom, the Netherlands and Norway range from 20 to 30 psychologists per 100,000 inhabitants (OECD, 2023; NHS Digital, 2023). To contextualise this disparity, Table 1 presents comparative data on psychologists employed in the public sector, together with indicators of institutional integration and models of service delivery. As an illustrative example, in the United Kingdom the integration of psychological services is supported by the Improving Access to Psychological Therapies (IAPT) programme, a nationally implemented stepped-care model in which interventions are stratified according to severity and systematically monitored through outcome metrics as part of NHS accountability requirements.

Table 1 – Public Psychologists per 100,000 Residents in Selected European Countries

Country	*Psychologists employed in the public sector (per 100,000 population)*	*Structural integration*	*Primary model of delivery*
Italy	8	Fragmented, regionally variable	Predominantly clinical-therapeutic
United Kingdom	22	Strong integration through NHS pathways	Stepped-care / IAPT
Netherlands	25	Integrated in primary and chronic care	Network-based, prevention-oriented
Norway	30	High integration with clinical autonomy	Universal public model

Sources: Author's elaboration based on OECD Health Data (2023); NHS Digital (2022–2023); Ministero della Salute (2023; 2024); European Observatory on Health Systems.

This structural underrepresentation has significantly impacted the functioning and strategic positioning of psychological services. It has limited access to care within essential service levels, contributed to fragmented delivery across settings and reduced the capacity of the NHS to integrate psychological expertise into multidisciplinary care pathways. These systemic limitations underscore the urgency of developing a conceptual and operational framework that can clearly articulate how clinical psychology is aligned with the governance principles of appropriateness and accountability, contributing to the quality, sustainability and strategic evolution of the NHS.

Appropriateness in Clinical Psychology

This section sets out a discipline-specific definition of appropriateness in clinical psychology, constructed from a synthesis of international frameworks on clinical governance, patient engagement and complex care processes. Rather than reproducing medical criteria, the proposed model reinterprets appropriateness as a multidimensional construct inherent to the psychological discipline, integrating clinical treatability, contextual relevance, pathway coherence and proportionality in the use of public resources.

In clinical psychology, appropriateness refers not simply to matching an intervention to a diagnosis, but to aligning its intensity, timing and modality with the individual's psychological readiness, level of functioning and capacity for engagement within a coordinated care process. This distinguishes psychological appropriateness from traditional medical interpretations, which are primarily procedure-based and diagnosis-driven (Merlo, 2024; Ridolfi, 2024a).

The construct of appropriateness originates within clinical governance frameworks in medicine, where it has been defined as the provision of care that is evidence-based, proportionate and timely within publicly funded systems (Scally & Donaldson, 1998; NHS Executive, 1999). In the Italian NHS, appropriateness has been institutionalised through the ELC, which establish criteria for access to public services. However, such frameworks do not fully capture the relational, processual and context-dependent nature of psychological interventions, which unfold across time and organisational settings, requiring patient engagement and continuity within multidisciplinary care models (WHO, 2000; Arah *et al.*, 2006).

From a psychological perspective, appropriateness is therefore best understood as the alignment of an intervention with the clinical needs, psychosocial context and stage of care of the individual, delivered in a manner that is timely, proportionate to the level of need, and embedded within a coordinated care pathway. This definition incorporates four interrelated dimensions: clinical treatability, referring to the likelihood that the intervention will generate meaningful improvement; contextual relevance, which concerns alignment with the patient's values, functional status and psychosocial environment; process integration, which denotes coherence with organisational pathways and collaboration among care providers; and proportional allocation of resources, which reflects ethical responsibility in the use of public funds relative to expected outcomes and clinical necessity (Allen, Gillen & Rixson, 2009; Graffigna, Barello & Riva, 2015; Graffigna *et al.*, 2017; Pfadenhauer *et al.*, 2017).

Taken together, these dimensions position appropriateness as a foundational disciplinary principle that regulates the role of clinical psychology within a publicly funded health system. Under this framework, psychological interventions must demonstrate not only their therapeutic efficacy, but also their contextual suitability, process

coherence and contribution to the sustainability and accountability of the NHS.

A Conceptual Matrix for Evaluating Appropriateness

To operationalise these dimensions within the framework of clinical governance, a conceptual matrix is proposed as a heuristic tool. The matrix integrates the dimension of treatability with that of process effectiveness in order to differentiate appropriate interventions, those that are timely, proportionate, targeted and integrated, from inappropriate ones that result in inefficiency, including delayed or non-indicated treatments, fragmented care pathways and suboptimal use of public resources. Rather than prescribing specific procedures, the matrix is intended to support evaluative reasoning in publicly funded services in accordance with the principles of clinical governance (Scally & Donaldson, 1998; WHO, 2000).

The matrix presented below has been developed as an original heuristic model tailored to clinical psychology in the NHS, combining clinical governance principles with the processual and relational dimensions that characterise psychological interventions.

Table 2 – Conceptual Matrix of Appropriateness in Clinical Psychology

Level of Treatability (Entry Condition)	*Inappropriate Care (Inefficiency Area)*	*Appropriate Care (Effectiveness Area)*
High treatability	Generic or untimely interventions leading to fragmentation, delays, or underuse of patient potential	Timely, targeted interventions resulting in readiness for discharge or care transition
Low treatability	Non-indicated treatments or continuation of ineffective therapy, leading to waste of resources	Tailored interventions that preserve continuity, improve quality of life, and ensure ethical use of public resources

Authors' conceptual elaboration based on principles of clinical governance and adapted to the discipline of clinical psychology.

Implications for Public Psychological Services

This conceptualisation demonstrates that appropriateness in clinical psychology must be assessed not merely at the level of individual treatment efficacy but within the broader organisational and public health context in which care is delivered. An intervention is appropriate not only when it is clinically effective, but when it is proportionate to need, embedded in a coordinated care process and capable of supporting safe transitions between levels of care. Appropriateness thus becomes a criterion that links clinical decision-making to public health objectives, service sustainability and accountability to citizens. This frequently reflects a shift from traditional models of psychology focused primarily on individual therapeutic outcomes to a system-oriented model, in which psychological interventions contribute to the coherence, equity and value of care pathways within the NHS.

Accountability in Clinical Psychology

Accountability represents a core disciplinary construct that defines the institutional role of clinical psychology within publicly funded health systems. It encompasses ethical, organisational and participatory responsibilities that extend beyond clinical practice and shape the contribution of psychologists to the governance of care pathways. Accountability can therefore be examined across three interrelated dimensions.

Accountability as a Foundational Disciplinary Construct

Accountability is recognised as a foundational principle in contemporary healthcare governance, reflecting the ethical, organisational and political expectation that professionals and institutions must justify their actions, demonstrate the outcomes of their interventions and ensure transparency to patients, organisations and society (Castelnuovo *et al.*, 2016; Denis, 2014; Emanuel & Emanuel, 1996;). Within a publicly funded health system such as the Italian NHS, accountability extends beyond individual clinical practice to encompass the responsible use of public resources, adherence to quality and safety

standards, participation in collective decision-making processes and alignment with population health objectives (Keepnews & Mitchell, 2003). Despite its relevance, accountability has not yet been systematically conceptualised within the field of clinical psychology, where it is often understood narrowly in terms of professional ethics or clinical outcomes, rather than as a multidimensional construct anchored in public governance frameworks.

The Multidimensional Nature of Accountability

Theoretical contributions have identified multiple dimensions of accountability in healthcare. Emanuel and Emanuel (1996) distinguish four core dimensions: professional accountability, concerning clinical competence and ethical responsibility; organisational accountability, referring to the effective and efficient use of resources within institutions; political accountability, grounded in the obligation of publicly funded services to respond to citizens; and financial accountability, involving the stewardship of public funds. These dimensions have since been expanded to include participatory accountability, which emphasises the active involvement of patients and communities in evaluating services and shaping care pathways (Brinkerhoff, 2004; Levi *et al.* 2018) Mulgan, 2000; Nejatian *et al.*, 2024; Rahman, Kiran & O'Cathain, 2022). In clinical psychology, participatory accountability is closely linked to patient engagement, shared decision-making and transparency, positioning accountability not only as a regulatory expectation but also as a relational and ethical commitment central to care quality and legitimacy (Frank & Shim, 2023; Peteet, Witvliet & Evans, 2022; Ridolfi, 2024b).

Accountability within Organisational Complexity and Care Pathways

Psychological interventions within the NHS are embedded within organisational structures and care pathways that extend beyond individual therapy sessions. As a result, accountability in clinical psychology encompasses not only the delivery of effective treatments but also contributions to service coordination, documentation of outcomes,

adherence to governance standards and participation in multidisciplinary planning and evaluation (Rosenberg & Salvador-Carulla, 2017). In this view, accountability functions simultaneously as an institutional requirement, defining what public systems expect from psychological services, and as a disciplinary value that legitimises the role of psychology within healthcare governance. Within oncology pathways, for instance, psychologists contribute from the initial moment of diagnosis through treatment, survivorship and palliative care, ensuring that psychological interventions are proportionate, timely and aligned with biomedical treatment goals (Rebecchi, 2018).

Accountability in clinical psychology can therefore be defined as the capacity of psychologists to justify their clinical and organisational decisions, demonstrate the outcomes and value of their interventions across care pathways and participate in the shared responsibility for the quality, equity and sustainability of public health services. This definition integrates clinical responsibility with institutional governance, positioning accountability as intrinsic to the public mandate of psychology rather than as an external administrative constraint.

As the organisational complexity of healthcare increases, accountability can no longer be reduced to individual professional responsibility. In integrated care contexts, such as mental health networks, oncology pathways or paediatric neurorehabilitation, psychologists contribute to collective outcomes that depend on coordination across disciplines and care settings (Burchard & Schaefer, 1992; Rosenberg & Salvador-Carulla, 2017). In these contexts, the effectiveness of psychological interventions is evaluated not only in terms of symptom change or individual progress, but also through their impact on adherence to treatment, continuity of care, reduction in inappropriate service utilisation and contribution to patient transitions. This system-level perspective reflects principles of value-based healthcare, in which outcomes are assessed in relation to the entire care process rather than isolated clinical episodes (Porter, 2010; Teisberg, Wallace & O'Hara, 2020). Similarly, within community mental health services, accountability is enacted through coordinated care across inpatient, outpatient and territorial settings, with interventions monitored through outcome systems such as the *Mental Health Information System* (MHIS, *Sistema Informativo per la Salute Mentale* – SISM), which systematically tracks access, treatment transitions and outcomes (Ministero della Salute, 2024).

The increasing digitalisation of healthcare introduces further dimensions of accountability (WHO, 2021). Psychologists are now required to contribute to outcome monitoring systems such as MHIS, the national data system managed by the Ministry of Health, and to ensure ethical governance in the use of electronic health records and decision-support algorithms (Donia, 2025). Through these mechanisms, accountability expands beyond clinical practice to include digital transparency, data integrity and the active contribution of psychologists to the governance and evaluation of health information infrastructures. Taken together, these factors demonstrate that accountability in clinical psychology is inseparable from organisational complexity. It is enacted through processes that ensure alignment with public health objectives, transparency in clinical documentation and measurable contributions to the coherence and sustainability of care pathways. As such, accountability must be understood not only as a clinical responsibility, but as a core component of the institutional role and disciplinary identity of clinical psychology within the NHS.

Training and Competency Development as Strategic Levers

The integration of appropriateness and accountability as defining dimensions of clinical psychology within the NHS requires a reorientation of the competencies expected of psychologists, as training represents the strategic mechanism through which these principles become operational in practice. In this view, training is not limited to enhancing individual therapeutic expertise, but functions as a system-level lever that enables psychologists to contribute to clinical governance, pathway design, and public accountability.

This reorientation implies a shift from an exclusively clinical perspective toward a system-based model of practice, in which psychologists are expected to analyse care processes, interpret outcomes, participate in governance mechanisms, and collaborate within multidisciplinary teams (Ganju, 2006). Emerging models in Italy and across Europe highlight how training must be aligned with public health needs, organisational structures, and value-based service delivery (Rebecchi, 2018; NHS Digital, 2023; Donia, 2025).

From Clinical Skills to System Competencies

Traditional training models have focused primarily on diagnostic assessment and psychotherapy. However, the current healthcare framework requires psychologists to acquire competencies that support accountability and appropriateness within public systems. These include understanding governance processes, contributing to resource allocation decisions, and demonstrating the value of psychological interventions through measurable outcomes.

Table 3 – Core Competency Domains Required for Appropriateness and Accountability

Competency Area	*Description*	*Relevance to Appropriateness and Accountability*
Evidence-based decision-making	Selection of interventions aligned with guidelines and clinical needs	Ensures clinical appropriateness and proportionality
Care process analysis	Mapping of care pathways and identification of critical transitions	Supports accountability and integration across services
Health system literacy	Understanding of NHS governance, ELC standards, and policy frameworks	Enables participation in planning and resource allocation
Outcome measurement	Use of routine and clinical indicators	Demonstrates accountability and public value
Interprofessional coordination	Capacity for shared decision-making and collaborative practice	Operationalises accountability in complex care contexts

Adapted from Ganju (2006), NHS Digital (2023), and Donia (2025), this table summarises the core domains of competency required for clinical psychologists to align their practice with principles of appropriateness and accountability in public healthcare systems.

Training Pathways and Institutional Convergence

The development of competencies relevant to appropriateness and accountability is not confined to a single phase of education but emerges across the continuum of training. At undergraduate and postgraduate levels, exposure to concepts such as clinical governance, digital health records, and health system organisation provides a

foundational understanding of the institutional context in which psychological interventions are delivered. This does not imply prescribing curricular change, but rather reflects an ongoing convergence between academic preparation and the evolving requirements of public healthcare systems. During postgraduate training, supervised placements within NHS services play a crucial role, enabling trainees to engage in multidisciplinary care processes, participate in the implementation of care pathways, and apply outcome measurement tools in real-world settings (Rebecchi, 2018). Continuing professional development further supports adaptation to emerging governance requirements, particularly in areas such as outcome documentation, stratification of care intensity, and participation in accountability frameworks.

Partnerships between universities and NHS organisations serve as strategic platforms for aligning training with public health priorities. These collaborations contribute to the gradual evolution of a professional identity that integrates therapeutic expertise with a broader governance orientation. While such developments are still in progress, emerging postgraduate models indicate a shift towards training pathways that prepare psychologists to contribute not only to clinical outcomes but also to service planning, quality assurance, and system sustainability.

The IAPT Programme as a Strategic Case of Training-Embedded Accountability

Within the European landscape, the United Kingdom's Improving Access to Psychological Therapies (IAPT) programme represents a key example of how training can be strategically aligned with public health governance. In the IAPT model, psychological interventions are delivered within a stepped-care structure, where each level of intervention is linked to performance indicators, standardised monitoring, and accountability mechanisms (NHS Digital, 2023). Training is explicitly structured to support this architecture, ensuring that psychologists develop competencies necessary to deliver proportionate care, document outcomes, and contribute to the overall value of the healthcare system. The IAPT model illustrates how accountability,

when embedded in training, becomes internalised as a component of professional identity rather than perceived as an external administrative burden.

Future Competencies: Digital and Algorithmic Accountability

Digital transformation is increasingly reshaping the governance of healthcare systems. Psychologists are now expected to engage with digital infrastructures for outcome reporting, participate in the management of electronic health records, and critically assess algorithmic tools used in decision support systems. Digital accountability encompasses transparency in data usage, ethical oversight of predictive analytics, and active participation in the regulation of emerging technologies (Donia, 2025). These competencies are fundamental to ensuring that psychological expertise informs the design and monitoring of digitally mediated pathways, safeguarding both professional autonomy and the quality of care.

Training as Necessary but Not Sufficient

In several NHS contexts, such as oncology care pathways, mental health networks, and community services, psychologists in training are progressively integrated into multidisciplinary teams where clinical decisions must be justified in terms of appropriateness and accountability. Through supervised participation in care planning, pathway coordination, and outcome monitoring, these training experiences operationalise the proposed framework by aligning individual clinical competence with system-level governance principles. This process is further supported by emerging collaborations between universities and NHS organisations, which integrate modules on care pathway management, patient-reported outcome measures, and data-informed decision-making into postgraduate training, thus providing a structured environment in which appropriateness and accountability become formative criteria rather than external constraints.

Strategic Phases for Integration within the National Health Service (NHS)

This section presents an original conceptual model outlining progressive phases through which appropriateness and accountability become embedded within the NHS. The progressive integration of clinical psychology into the governance architecture of the NHS can be conceptualised as unfolding through distinct but interconnected strategic phases. These phases are not prescriptive policy recommendations; rather, they serve as an interpretive framework that maps current developments and identifies trajectories for the institutional consolidation of clinical psychology. The framework reflects how appropriateness and accountability evolve from conceptual principles to operational mechanisms embedded within care structures, governance systems, and public policy.

Phase 1: Institutional Recognition. The first phase is marked by the formal acknowledgment of clinical psychology as a discipline that contributes not only to individual treatment but also to system-wide objectives of equity, quality, and sustainability. Institutional recognition has been reinforced by recent healthcare reforms, including the introduction of the primary care psychologist and the formal positioning of senior clinical psychologists within specialist settings (Ricciardi & Tarricone, 2021; Rebecchi, 2018). These developments clarify the presence of psychological services across multiple levels of care and highlight their relevance to clinical governance, thus establishing a foundation for appropriateness through role differentiation and access criteria.

Phase 2: Functional Integration. The second phase involves the embedding of psychological services within clinical pathways, governance mechanisms, and accountability systems. In this phase, psychologists participate actively in multidisciplinary steering groups, contribute to the design and monitoring of CCP, and engage in outcome measurement using tools such as patient-reported outcome measures.

Functional integration ensures that psychological care is aligned with institutional goals, proportional to clinical need, and evaluated through transparent documentation and public reporting mechanisms (Arah *et al.*, 2006; Scally & Donaldson, 1998). This phase operationalises

accountability by embedding psychological interventions within coordinated pathways rather than isolated clinical episodes.

Phase 3: Structural Consolidation. The third phase is characterised by the stable institutional positioning of clinical psychology within the NHS. Structural consolidation involves the formal establishment of organisational units dedicated to psychological services, recognition of clinical psychology within governance bodies, access to digital accountability infrastructures, and institutional mandates that define professional roles in service planning and evaluation. At this stage, clinical psychology is not merely present within the system; it becomes a structural component of health governance, participating in strategic decisions related to resource allocation, quality assurance, and public health outcomes (Wiktorowicz *et al.*, 2020; Nejatian *et al.*, 2024). The sequential development of clinical psychology within the NHS can therefore be represented through a strategic integration model. Table 4 summarises the three phases of this progression, specifying their core focus, institutional actors and expected system-level outcomes.

Table 4 – Summary of Strategic Integration

Strategic Phase	*Core Focus*	*Primary Actors*	*Expected Outcome*
Institutional Recognition	Formal acknowledgment of disciplinary role and scope	Ministry of Health, Regional Authorities	Inclusion in NHS planning frameworks and care models
Functional Integration	Participation in PDTA, outcome monitoring, appropriateness assessment	PDTA steering groups, NHS organisations	Coherent integration into care pathways and clinical governance
Structural Consolidation	Establishment of dedicated structures, digital accountability systems, institutional mandates	Health authorities, universities, governance bodies	Stable institutional positioning and enhanced accountability

Interpretive model illustrating the progressive institutional integration of clinical psychology within governance structures of the NHS

This model does not prescribe a linear policy agenda, but provides a conceptual roadmap that reflects current trajectories in the institutional evolution of psychology within the NHS.

The phased development of clinical psychology is supported by national policy initiatives, EU-funded reforms and value-based healthcare models that emphasise transparency, appropriateness and accountability as criteria for sustainable healthcare delivery (Ricciardi & Tarricone, 2021; WHO, 1986). Alignment with these frameworks enables psychological services to contribute to population health priorities and reinforces their institutional legitimacy within the NHS. Taken together, this strategic trajectory illustrates how appropriateness and accountability evolve from conceptual principles into operational pillars that redefine the institutional role of clinical psychology. Through progressive phases of recognition, integration and consolidation, the discipline transitions from a predominantly therapeutic function to an embedded governance role aligned with system-wide objectives of equity, sustainability and value-based care.

Conclusion and Future Directions

This paper has proposed a conceptual framework positioning appropriateness and accountability as foundational dimensions of clinical psychology within publicly funded health systems. By reframing these constructs not as administrative requirements but as core disciplinary principles, the model offers a theoretical contribution that fills a gap in the literature, where clinical psychology has traditionally been examined primarily in relation to therapeutic effectiveness rather than institutional governance and public value.

Rather than presenting empirical findings, this contribution offers a conceptual and policy-oriented framework designed to guide the institutional development of clinical psychology within the NHS. The framework establishes the conditions under which appropriateness and accountability can be translated into governance mechanisms, organisational structures and professional practices, thereby supporting the system-level evolution of psychological services.

The implementation of this framework is not without challenges. Structural barriers include the fragmentation of psychological services across regions, limited managerial autonomy, and the absence of

standardised outcome monitoring systems. At the same time, several enabling factors are emerging, such as the institutionalisation of clinical care pathways, the introduction of primary care psychology, the availability of digital health infrastructures, and growing policy attention to transparency and value-based care. These elements represent concrete opportunities through which appropriateness and accountability can be progressively embedded in the organisational architecture of the NHS.

Future developments should focus on piloting this conceptual framework within selected NHS contexts, in order to assess its feasibility and explore how appropriateness and accountability can be operationalised as system-wide criteria for evaluating psychological services.

By providing a coherent disciplinary model, this framework supports the evolution of clinical psychology from a primarily therapeutic profession to a governance actor capable of contributing to the equity, sustainability and public value of the NHS.

References

Allen, D., Gillen, E., & Rixson, L. (2009). The effectiveness of integrated care pathways for adults and children in health care settings: A systematic review. *International Journal of Evidence-Based Healthcare*, *7*(2), 61–162. https://doi.org/10.1111/j.1744-1609.2009.00127.x

Arah, O. A., Westert, G. P., Hurst, J., & Klazinga, N. S. (2006). A conceptual framework for the OECD health care quality indicators project. *International Journal for Quality in Health Care*, *18*(suppl_1), 5–13. https://doi.org/10.1093/intqhc/mzl024

Brinkerhoff, D. W. (2004). *Accountability and health systems: Toward conceptual clarity and policy relevance. Health Policy and Planning*, *19*(6), 371–379. https://doi.org/10.1093/heapol/czh052

Burchard, J. D., & Schaefer, M. (1992). Improving accountability in a service delivery system in children's mental health. *Clinical Psychology Review*, *12*(8), 867–882. https://doi.org/10.1016/0272-7358(92)90007-U

Castelnuovo, G., Pietrabissa, G., Cattivelli, R., Manzoni, G.M., & Molinari, E. (2016). Not only clinical efficacy in psychological treatments: Clinical psychology must promote cost-benefit, cost-effectiveness, and cost-utility analysis. *Frontiers in Psychology, 7*, 563. https://doi.org/10.3389/fpsyg.2016. 00563

Castelnuovo, G. (2021). Luci e ombre nel futuro della psicologia clinica italiana. *Rivista di Psicologia Clinica, 16*(2), 16–23.

Castelnuovo, G., Di Nuovo, S., Lingiardi, V., Madeddu, F., & Salvatore, S. (2023). Psychology profession, clinical psychology, psychotherapy: Specificities and boundaries. *Rivista di Psicologia Clinica, 1*, 7–25. https://doi.org/10.3280/rpc1-2023oa16357

Denis, J. L. (2014). Accountability in healthcare organizations and systems. *Healthcare Policy, 10*(Spec issue), 8–9. https://doi.org/10.12927/hcpol.2014. 23933

Donia, J. (2025). Algorithmic accountabilities and health systems: A review and sociomaterial approach. *Big Data & Society,* 12(2), 1–14. https://doi.org/10.1177/20539517251334099

Emanuel, E. J., & Emanuel, L. L. (1996). What is accountability in health care? *Annals of Internal Medicine*, *124*(2), 229–239. https://doi.org/10.7326/0003-4819-124-2-199601150-00007

Fan, Y. (2025). Accountability in Public Organization: A Systematic Literature Review and Future Research Agenda. *Public Organization Review*, *25*, 295–310. https://doi.org/10.1007/s11115-024-00792-y

Frank, R. G., & Shim, R. S. (2023). Toward Greater Accountability in Mental Health Care. *Psychiatric Services*, *74*(2), 182–187. https://doi.org/10.1176/ appi.ps.20220097

Ganju, V. (2006). Mental health quality and accountability: The role of evidence-based practices and performance measurement. *Administration and Policy in Mental Health and Mental Health Services Research*, *33*, 659–665. https://doi.org/10.1007/s10488-006-0071-1

Graffigna, G., Barello, S., & Triberti, S. (eds.) (2015). *Patient engagement: A consumer-centered model to innovate healthcare.* Berlin/Boston: De Gruyter Open Poland.

Graffigna, G., Barello, S., Riva, G., Castelnuovo, G., Corbo, M., Coppola, L., Daverio, G., …, Bosio, A. C. (2017). Promozione del patient engagement in ambito clinico-assistenziale per le malattie croniche. *Recenti Progressi in Medicina*, *108*(11), 455–475. https://doi.org/10.1701/2812.28441

Gray, M. J. A. (2017). Value-based healthcare. *British Medical Journal*, *356*, j437. https://doi.org/10.1136/bmj.j437

Keepnews, D., & Mitchell, P. H. (2003). Health systems' accountability for patient safety. *Online Journal of Issues in Nursing*, *8*(3), 2. https://doi.org/10.3912/OJIN.Vol8No03Man02

Leichsenring, F., Steinert, C., Rabung, S., & Ioannidis, J. P. A. (2022). The efficacy of psychotherapies and pharmacotherapies for mental disorders in adults. *World Psychiatry*, *21*(1), 133–145. https://doi.org/10.1002/wps.20941

Levi, J., Fukuzawa, D. D., Sim, S., Simpson, P., Standish, M., Kong, C. W. & Weiss A. F., (2018). Developing a common framework for assessing accountable communities for health. *Health Affairs Forefront*. https://doi.org/10.1377/hblog20181023.892541

Lombardo, C. (2021). Psicologia clinica della salute e bisogni emergenti. *Rivista di Psicologia Clinica*, *16*(2), 40–46.

Margison, F. R., Barkham, M., Evans, C., McGrath, G., Clark, J. M, Audin, K., & Connell, J. (2000). Measurement and psychotherapy: Evidence-based practice and practice-based evidence. *The British Journal of Psychiatry*, *177*(2), 123–130. https://doi.org/10.1192/bjp.177.2.123

Merlo, E. M. (2024). Considerations on the Fundamental Relationship between Clinical Psychology and Epistemology. *Mediterranean Journal of Clinical Psychology*, *12*(1). https://doi.org/10.13129/2282-1619/mjcp-3965

Ministero della Salute. (2023). *Annuario statistico del Servizio Sanitario Nazionale: Anno 2022.* Roma: Ministero della Salute.

Ministero della Salute. (2024). *Rapporto salute mentale. Analisi dei dati del Sistema Informativo per la Salute Mentale (SISM).* Roma: Ministero della Salute.

Mulgan, R. (2000). 'Accountability': An ever-expanding concept? *Public Administration*, *78*(3), 555–573. https://doi.org/10.1111/1467-9299.00218

Nejatian, A., Arab, M., Takian, A., & Ashtarian, K. (2024). Social Accountability in Health System Governance: A Scoping Review. *Iranian Journal of Public Health*, *53*(1), 35–47. https://doi.org/10.18502/ijph.v53i1.14681

NHS Digital. (2023). *Psychological Therapies: Annual Report on the Use of IAPT Services, England 2022–23.* London: NHS Digital.

NHS Executive. (1999). *Clinical Governance: Quality in the new NHS.* London: Department of Health.

OECD. (2023). *Health at a Glance: Europe 2023.* OECD Publishing.

O'Hagan, J., & Persaud, D. (2009). Creating a culture of accountability in health care. *The Health Care Manager*, *28*(2), 124–133. https://doi.org/10.1097/HCM.0b013e3181a2eb2b

Peteet, J. R., Witvliet, C. V., & Evans, C. S. (2022). Accountability as a key virtue in mental health and human flourishing. *Philosophy, Psychiatry & Psychology, 29*(1), 49-60. https://doi.org/10.1353/ppp.2022.0008

Pfadenhauer, L. M., Gerhardus, A., Mozygemba, K., Lysdahl, K. B., Booth, A., Hofmann, B., & Brereton, L. (2017). Making sense of complexity in context and implementation: The Context and Implementation of Complex Interventions (CICI) framework. *Implementation Science*, *12*, 21. https://doi.org/10.1186/s13012-017-0631-2

Porter, M. E. (2010). What is value in health care? *New England Journal of Medicine*, *363*, 2477–2481. https://doi.org/10.1056/NEJMp1011024

Rahman, S., Kiran, T., & O'Cathain, A. (2022). Nothing about us, without us: Is for us. *Research Involvement and Engagement*, *8*(1), 21. https://doi.org/10.1186/s40900-022-00372-8

Rebecchi, D. (Ed.). (2018). *I percorsi clinici in psicologia.* Milano: Franco Angeli.

Ricciardi, W., & Tarricone, R. (2021). The evolution of the Italian National Health Service. *The Lancet*, *398*, 2193–2206. https://doi.org/10.1016/S0140-6736(21)01733-5

Ridolfi, A. (2024a). Psychological interventions in the Italian national health system: appropriateness and accountability. *Research in Psychotherapy: Psychopathology, Process, and Outcome*, *27*(2), 820. https://doi.org/10.4081/ripppo.2024.820

Ridolfi, A. (2024b). *Psicologia clinica e psicoterapia nel servizio pubblico. Appropriatezza dei percorsi assistenziali, responsabilità dei processi clinici e valutazione degli esiti*. Roma: Alpes.

Rosenberg, S., & Salvador-Carulla, L. (2017). Accountability for Mental Health: The Australian Experience. *Journal of Mental Health Policy and Economics*, *20*(1), 37–54.

Scally, G., & Donaldson, L. J. (1998). Clinical governance and the drive for quality improvement in the new NHS in England. *British Medical Journal*, *317*(7150), 61–65. https://doi.org/10.1136/.317.7150.61

Sturmberg, J. P., & Taher, M. (2025). Maximising value in healthcare systems by putting the patient at the centre. *Journal of Evaluation in Clinical Practice*, *31*(6): e70270. https://doi.org/10.1136/bmj.317.7150.61

Teisberg, E., Wallace, S., & O'Hara, S. (2020). Defining and implementing value-based health care: A strategic framework. *Academic Medicine*, *95*(5), 682–685. https://doi.org/10.1097/ACM.0000000000003122

Wiktorowicz, M. E., Di Pierdomenico, K., Buckley, N. J., Lurie, S., & Czukar, G. (2020). Governance of mental healthcare: Fragmented accountability. *Social Science & Medicine*, *256*, 113007. https://doi.org/10.1016/j.socscimed.2020.113007

World Health Organization (2000). *Appropriateness in health care services: Report on a WHO workshop.* Copenhagen: WHO Regional Office for Europe.

World Health Organization (2021). *Ethics and governance of artificial intelligence for health.* Geneva: WHO.