

This is an Official Statistics Publication

As of 1st October 2019, NHS Education for Scotland (NES) has taken responsibility for some national workforce data, statistical & intelligence functions.

NHS Education for Scotland (NES) is NHSScotland's education and training body. It is the authoritative source of information on the people who work for NHSScotland. NES became an accredited provider of Official Statistics in December 2019 and as such this release is produced in accordance with the UK Statistics Authority's [Code of Practice for Statistics](#). NES voluntarily applied the Code of Practice for the [publication](#) released on 3 December 2019.

Find out more about Official Statistics at:

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1. Introduction

This publication summarises national data on the workforce providing Psychology Services in NHSScotland, following the latest census on 31 March 2020. When describing the size of a particular staff group, figures are presented either as headcount (actual number of staff) or whole time equivalent (WTE), which adjusts the headcount to take account of part-time working.

This report summarises key aspects of the data including:

- The number and characteristics of clinical staff in post
- The number of trainees in Doctorate and MSc Courses

Please note, due to the Covid-19 pandemic, data on vacancies as at 31 March 2020 are not reported, due to the additional demands this would place on colleagues at NHS Boards.

The data are collected directly from Psychology services and held within the National Services Scotland (NSS) National Psychology Workforce Information Database. The data are verified by Psychology Heads of Service, who work closely with NES to ensure a high level of accuracy. The information collected and presented is used routinely by NES, the Scottish Government and NHS Boards to support local, regional and national workforce planning, and to support educational training and planning.

In recent years, NHSScotland has seen a steadily increasing demand for access to Applied Psychologists and Psychological Therapies due to the growing evidence base, recognised in Scottish Intercollegiate Guidelines Network (SIGN) and National Institute for Health and Clinical Excellence (NICE) guidelines, for the effectiveness of psychological interventions in delivering positive health change for people with a wide range of clinical conditions. The term 'Psychological Therapies' refers to a range of interventions based on psychological concepts and theory, which are designed to help people understand and make changes to their thinking, behaviour and relationships, in order to relieve distress and to improve functioning. The skills and competences required to deliver these interventions effectively are acquired through training and maintained through clinical supervision and practice.

The NHS Education for Scotland- Scottish Government Report ['The Matrix: A Guide to Delivering Evidence-Based Psychological Therapies in Scotland'](#) summarises and describes the most up-to-date evidence-based psychological therapies. The Matrix report also provides information and advice for NHS Boards on the delivery of effective and efficient therapies and the levels of training and supervision necessary for staff to deliver these safely and effectively.

In conjunction with this report, comprehensive workforce data at 31 March 2020 are shared across the following outputs:

Dashboards

- The [psychology workforce dashboard](#) presents quarterly data on staff in post in NHSScotland psychology services and information on staff in training.
- The dashboard presents a breadth of data including staff WTE and headcount, WTE per 100,000 population, age band, target age and area of work, gender and contract type, Agenda for Change (AfC) band, contract length, staff in training, and the retention of trainees in the workforce. Staff in post data are available as chart visuals or tables.

Data tables

- Supplementary long-term trend data for staff in post and trainees.
- Quarterly updates to staff in post tables. See the [list of tables](#) for the full breadth of information.
- Annual updates on:
 - Staff ethnicity and disability status
 - Psychology training course intakes
 - The retention of trainees within the NHSScotland psychology workforce
- Due to varying sources and frequency of bespoke data collections, not all published tables are updated at this time of year.

2. Main Points

At 31 March 2020:

- Within Psychology Services in NHSScotland as at 31 March 2020, there were a total of 1214.1 WTE (1,475 headcount) clinical staff in post. This is 91.4% (579.7 WTE) higher than in September 2006, 3.2% (37.8 WTE) higher than reported 12 months previously and less than 1.0% (0.3 WTE) lower than the December 2019 census.
- The number of female staff in post has dropped slightly compared to the previous quarter (9 headcount, 0.7%). However, female staff still comprise the majority of the NHSScotland psychology workforce (85.2%). The majority of female staff work part-time hours (58.3%), while the majority of male staff work whole-time (70.8%).
- The 2020 intake of trainees to both NHSScotland MSc programmes was relatively high this year compared to previous years. For the MSc Psychological Therapy in Primary Care, there was an intake of 35 students in 2020, compared to 30 in 2019 and an average intake of 24 between 2005 and 2020. The intake to the MSc Applied Psychology for Children and Young People was 29, compared to 30 in 2019 and an average intake of 18 between 2007 and 2020.

3. Staff in Post

3.1 Staff WTE and Headcount

At 31 March 2020, there were a total of 1214.1 WTE (1,475 headcount) clinical staff in post within Psychology Services across NHSScotland. Bespoke data collection for this workforce began with an initial pilot collection in 2001, with quarterly data collection commencing in 2010.

Figure 1 shows the WTE and headcount of psychology staff in post between March 2011 and March 2020 and the current distribution of staff WTE between NHS boards.

Figure 1. Staff in NHSScotland Psychology Services as at 31 March 2020

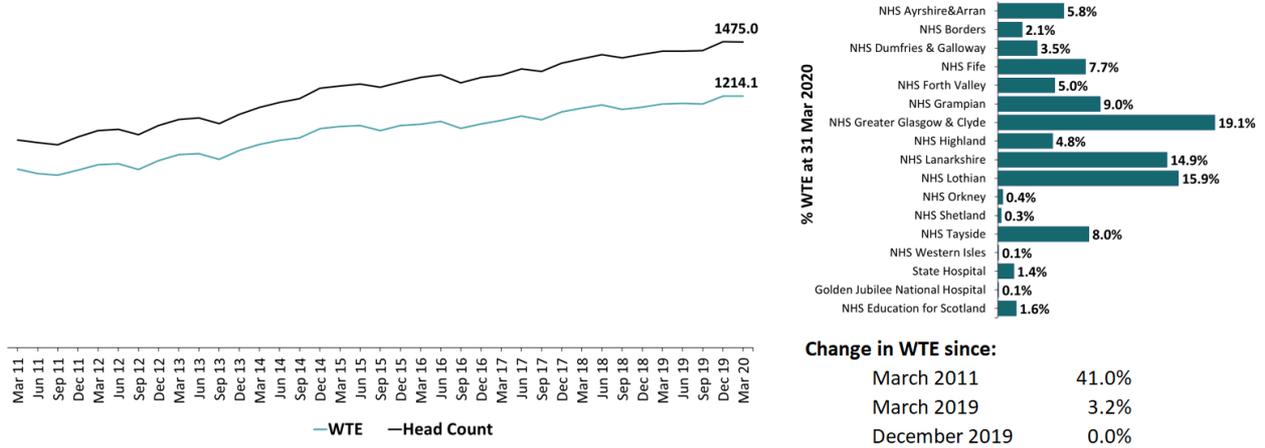
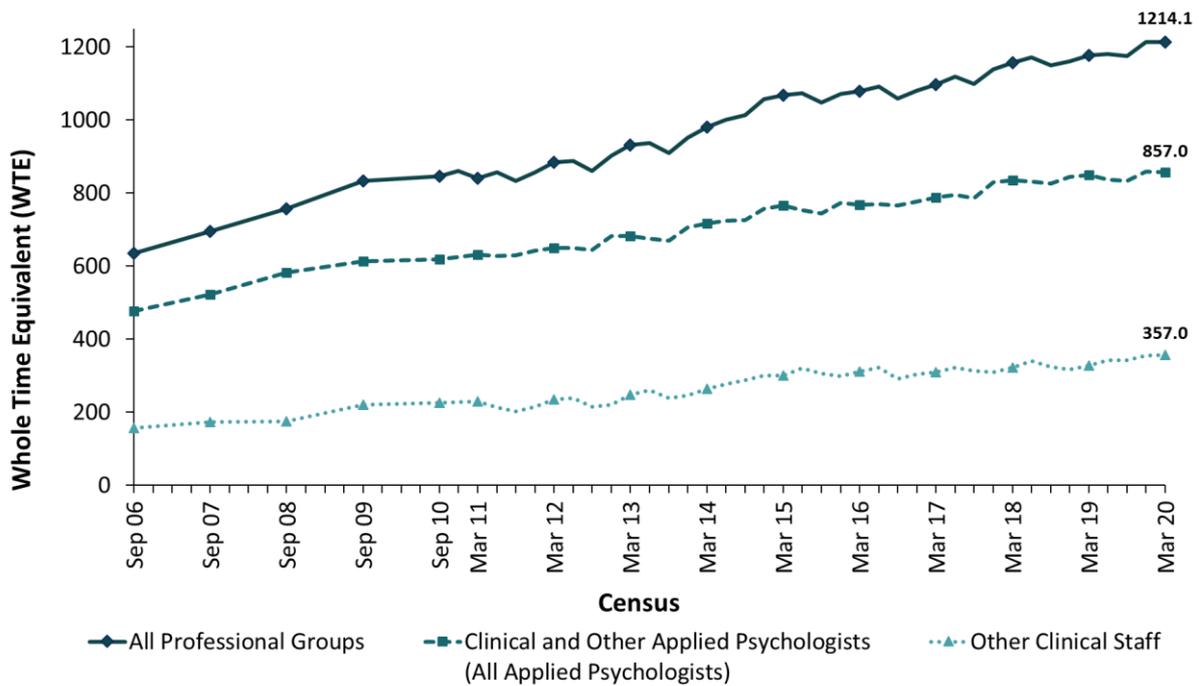


Figure 2 shows the increase in this workforce since the first annual census in 2006, overall and split by the professional groups All Applied Psychologists and Other Clinical Staff. Since 2006, the overall workforce has increased by 91.4% (579.7 WTE). In the past 12 months, there has been an overall increase of 3.2% (37.7 WTE), and since the last quarterly census, there has been a very slight decrease of less than 1.0% (0.3 WTE).

Figure 2: WTE of staff in NHSScotland Psychology Services between September 2006 and March 2020^{1,2}.

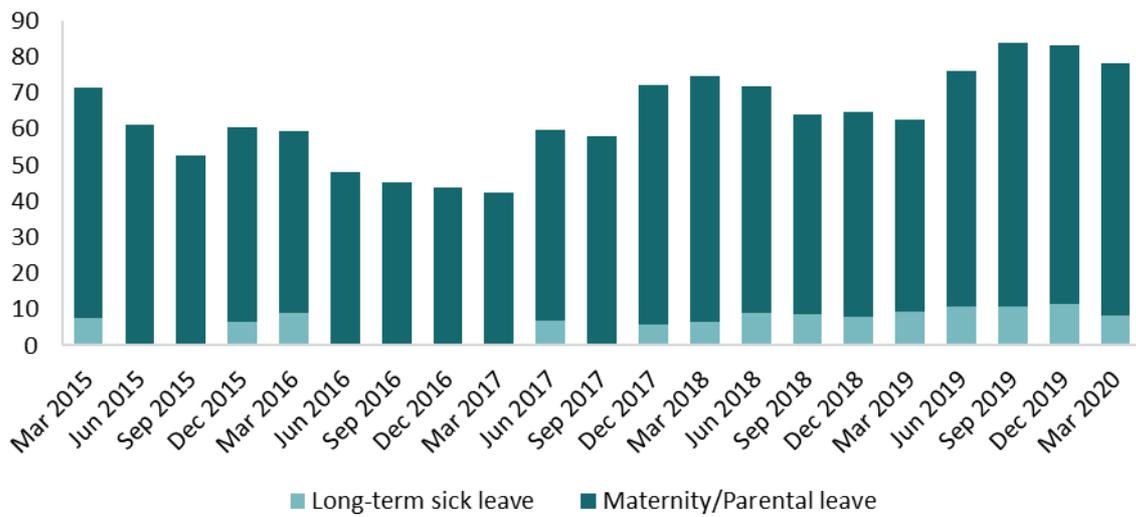


Notes:

1. Quarterly data collection began from March 2011. Prior to this there was only an annual census at 30 September.
2. Clinical and Other Applied Psychologists are also referred to as all Applied Psychologists. Further information can be found in the [Glossary](#) and [Summary of Professional Groups](#).

As at 31 March 2020, there were 69.8 WTE staff on maternity leave and 8.3 WTE staff on long term sick leave. Figure 3 illustrates the WTE of staff on maternity/long-term sick leave, quarterly since March 2015.

Figure 3. WTE of Staff in NHSScotland Psychology Services on Maternity and Long-term Sickness Absence, Quarterly from March 2015 to March 2020.¹



Notes:

1. Numbers under 5.0 have been suppressed.

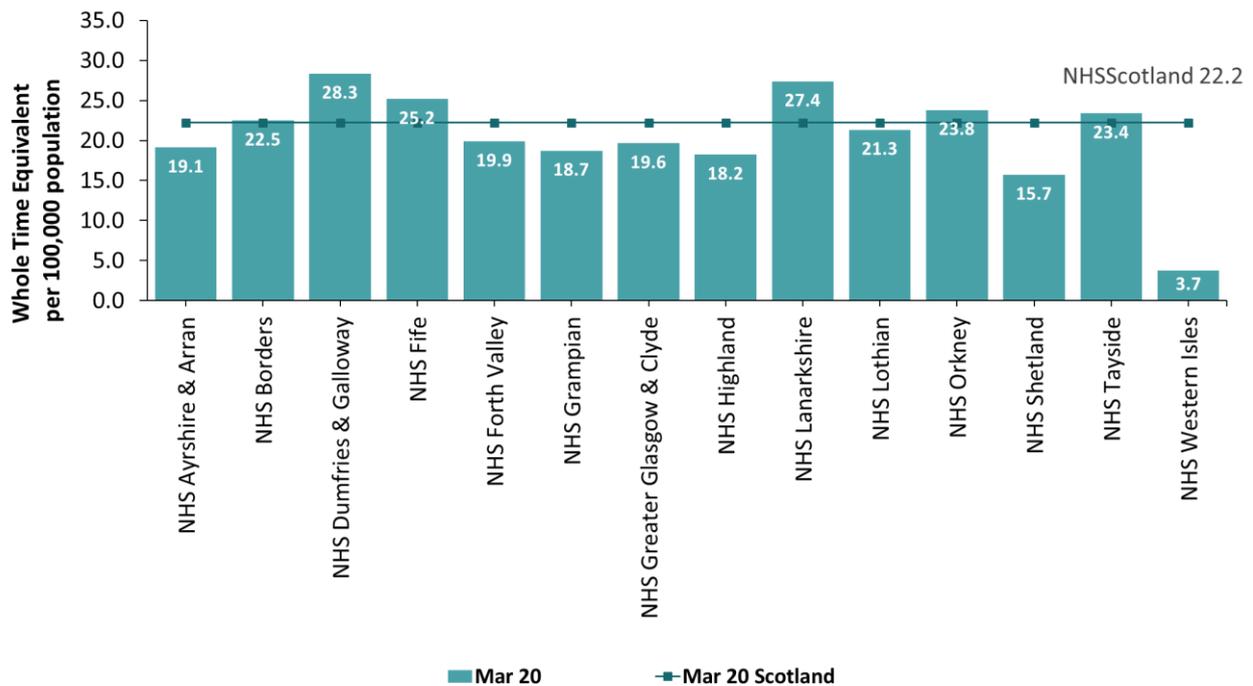
For further information on staff in post by WTE and headcount, please see the Psychology Workforce [Dashboard](#) and [Data Tables](#).

3.2 Whole Time Equivalent (WTE) per 100,000 Population

Figure 4 shows the Whole Time Equivalent (WTE) of all clinical staff employed in NHSScotland Psychology Services per 100,000 population as at 31 March 2020. NHS Dumfries and Galloway and NHS Lanarkshire currently have the largest WTE per 100,000 population, with 28.3 WTE and 27.4 WTE respectively, compared to the overall Scotland rate of 22.2 WTE.

The higher rates in some boards are partly due to the provision of regional services, including referrals from other boards. In some instances, this may also involve specialist inpatient care where staffing requirements are higher. Health boards with higher levels of deprivation have a greater demand for services.

Figure 4. WTE of All Clinical Staff per 100,000 Population as at 31 March 2020.¹

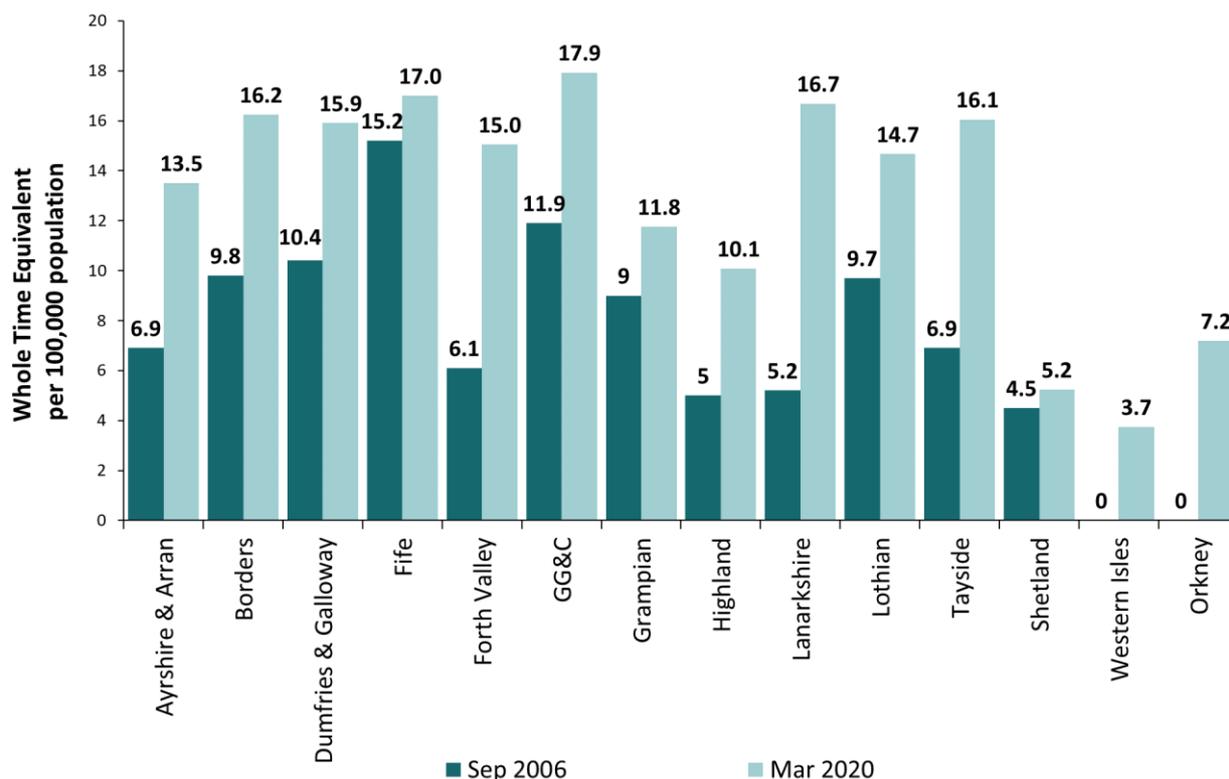


Notes:

1. The total NHSScotland figures also include staff working in Special Health Boards: NHS Education, NHS State Hospitals Board for Scotland and Golden Jubilee National Hospital.

Figure 5 compares the Whole Time Equivalent of all Applied Psychologists employed per 100,000 population in NHS Boards as at 30 September 2006 and 31 March 2020. NHS Greater Glasgow and Clyde has the highest number of Applied Psychologists employed per 100,000 population (17.9 WTE).

Figure 5. WTE per 100,000 Population of Applied Psychologists in NHSScotland Psychology Services as at 30 September 2006 and 31 March 2020.



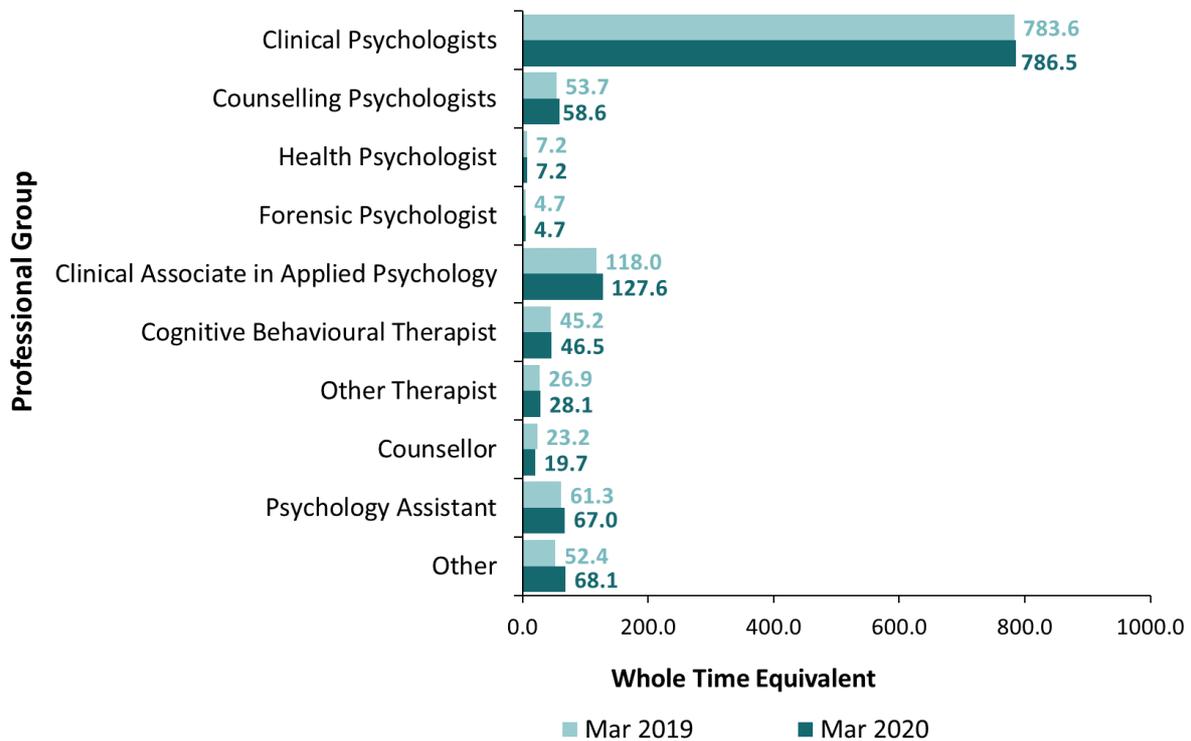
3.3 Staff by Professional Group

As at 31 March 2020, All Applied Psychologists comprised 70.6% of the workforce (857.0 WTE) and Other Clinical Staff 29.4% (357.0 WTE).

Figure 6 shows the WTE of the different Professional Groups in NHSScotland at 31 March 2020 and 31 March 2019. At the current census, Clinical Psychologists were the largest staff group, comprising 64.8% (786.5 WTE) of the workforce. This is 0.4% (2.9 WTE) higher than in March 2019 and 0.3% (2.4 WTE) lower than in December 2019. The WTE of Counselling Psychologists also increased, by 9.2% (4.9 WTE), while the WTE of Health and Forensic Psychologists did not change.

The WTE of most of the Other Clinical Staff groups also increased between March 2019 and March 2020, with the greatest changes being seen in the Other category (30.0%, 15.7 WTE) and Clinical Associates in Applied Psychology (8.1%, 9.6 WTE). Conversely, the WTE of the Counsellor Professional Group decreased by 15.2% (3.5 WTE).

Figure 6: WTE of Professional Groups in NHSScotland Psychology Services as at 31 March 2019 and 31 March 2020.¹



Notes:

1. Other includes: Mental Health Clinicians, Self Help Workers, Peer Support Workers, Primary Mental Health Workers, Mental Health Nurses, Psychological Therapists and Child and Adolescent Therapists.

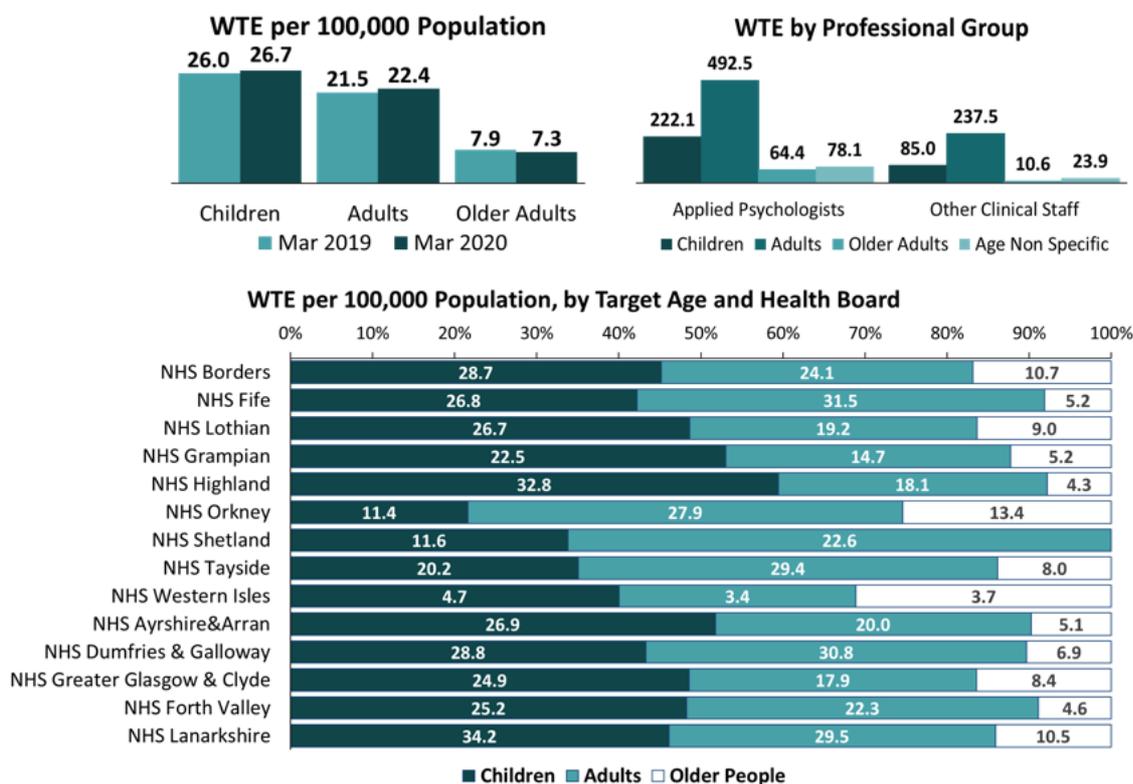
3.4 Staff by Target Age and Area of Work

This section provides further information on the specialty areas and patient groups cared for by the psychology workforce. For more detailed information, please refer to the [data tables](#).

Within each professional group, individual staff members may work across several different Target Ages and Areas of Work. Target Age refers to the age group of patients being cared for. For Psychology Services, the distinct age groups are generally Child & Adolescent (0-18 years), Adult (19-64 years), or Older Adult (65+ years).

Area of Work refers to the broad specialty area that the clinician works in. For definitions of each Area of Work please refer to the [glossary](#).

Figure 7. WTE of Staff in Post in NHSScotland Psychology Services by Target Age.



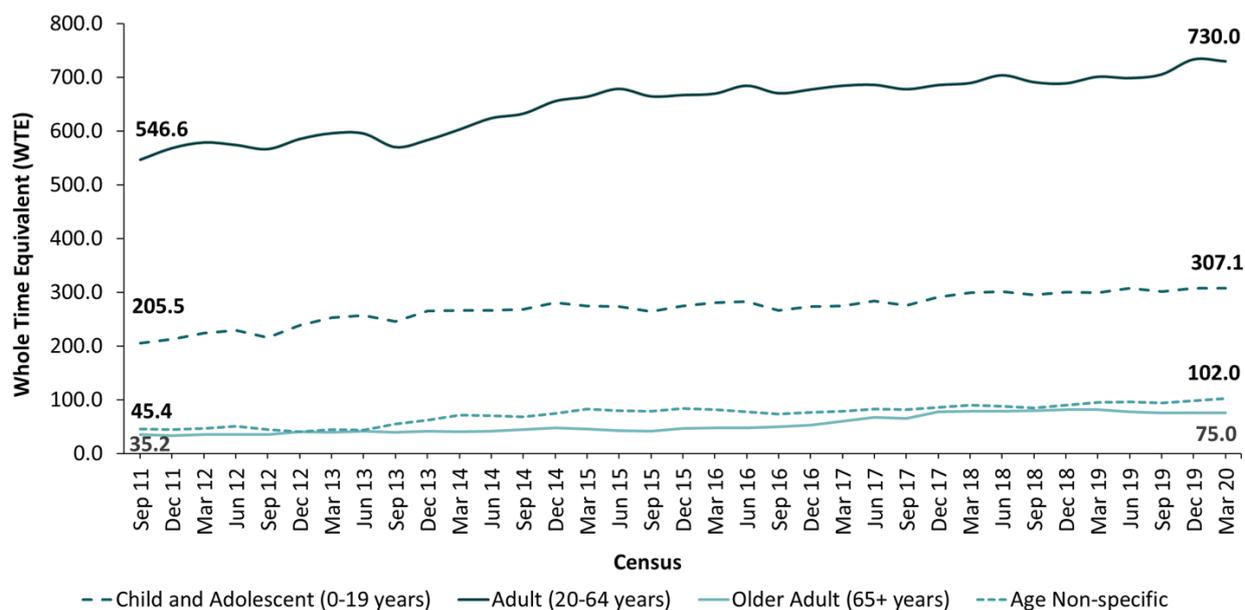
3.4.1. Target Age

Figure 8 displays the quarterly WTE of staff working across each Target Age, between September 2011 and March 2020. The largest Target Age group continues to be Adult, which accounts for 60.1% (730.0 WTE) of the Psychology workforce at 31 March 2020. The Child and Adolescent Target age accounts for 25.3% (307.1 WTE) of the workforce, Older Adults 6.2% (75.0 WTE) and Age Non-Specific 8.4% (102.0 WTE).

The Adult Target Age category has seen the largest growth of WTE since September 2011, an increase of 183.4 WTE (33.6%). The largest percentage increases were seen in the Age Non-Specific and Older Adult categories, with increases of 124.7% (56.6 WTE) and 113.1% (39.8 WTE) respectively. The increase within the Older Adult Target Age may partly be due to the introduction of trainees on the Doctorate in Clinical Psychology course having specific alignment to Older People's Services. The MSc Psychological Therapy in Primary Care course covers both adults and older adults. This has enabled more graduates to work in the Older Adult Target Age on completion, an age group for which historically there have been fewer staff.

The WTE of staff working within the Child and Adolescent Target Age has increased by 49.4% (101.6 WTE) over this time period, although the proportion of staff has remained similar, accounting for around a quarter of the total staff WTE.

Figure 8. WTE of all clinical staff in Psychology Services by Target Age between 31 September 2011 and 31 March 2020¹.



Notes:

1. There is a differing age range of service provision across the boards in child services. For more details, please see the Age of Service Provision table within the [CAMHS publication](#).

3.4.2. Area of Work

Area of Work refers to the broad specialty area of the services that a clinician provides: Mental Health, Learning Disabilities, Physical Health, Neuropsychology, Forensic, Alcohol & Substance Misuse and Other specialty services.

Figure 9 shows the WTE for the Mental Health Area of Work, broken down into sub-specialties (General, Mild to Moderate, Severe and Enduring, Eating Disorders, and Early Intervention) at March census dates since 2013. Different speciality areas have different staffing requirements. For example, the subcategory Severe and Enduring Mental Health requires a more intensive level of staffing than Mild to Moderate services. For definitions of each Area of Work, including the subcategories for Mental Health, please see the [glossary](#).

By far the largest area of work is General Mental Health, which accounted for 44.7% (542.2 WTE) of the workforce at 31 March 2020. Mild to Moderate Mental Health accounted for 9.7% (118.0 WTE) of the workforce, Severe and Enduring Mental Health for 2.9% (35.2 WTE), Early Intervention for 2.7% (32.7 WTE), and Eating Disorders for 1.8% (21.4 WTE).

Figure 9. WTE of Staff in Post in the Mental Health Area of Work, from 31 March 2014 to 31 March 2020.

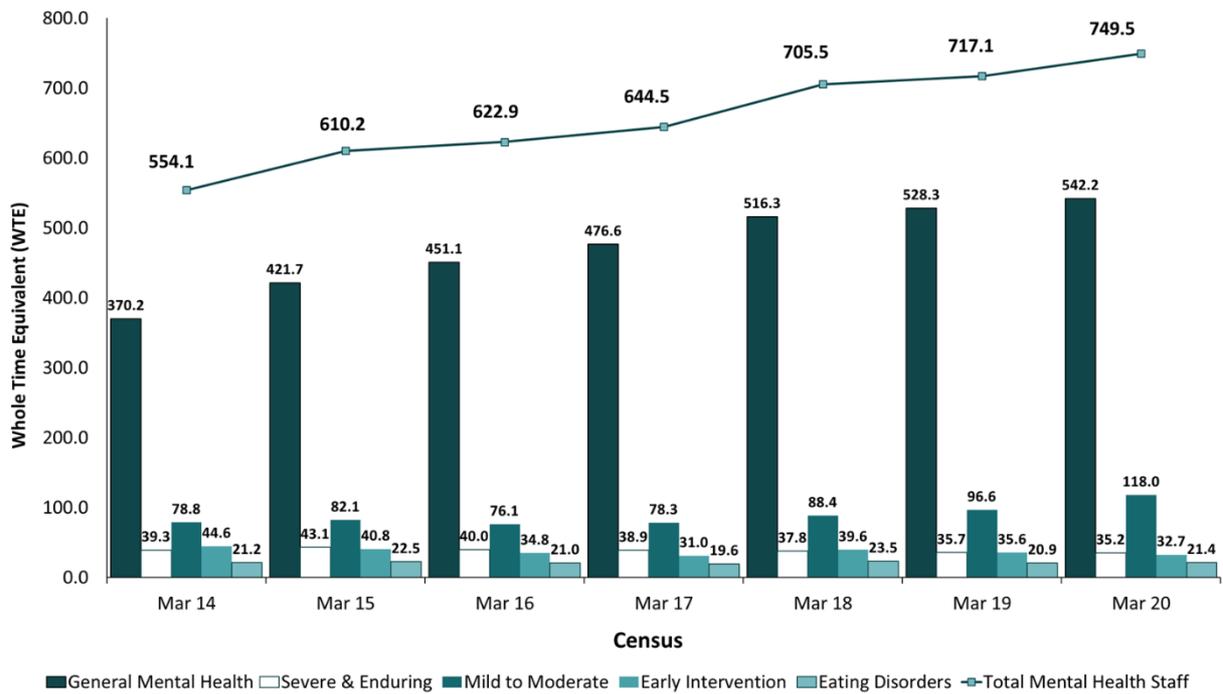
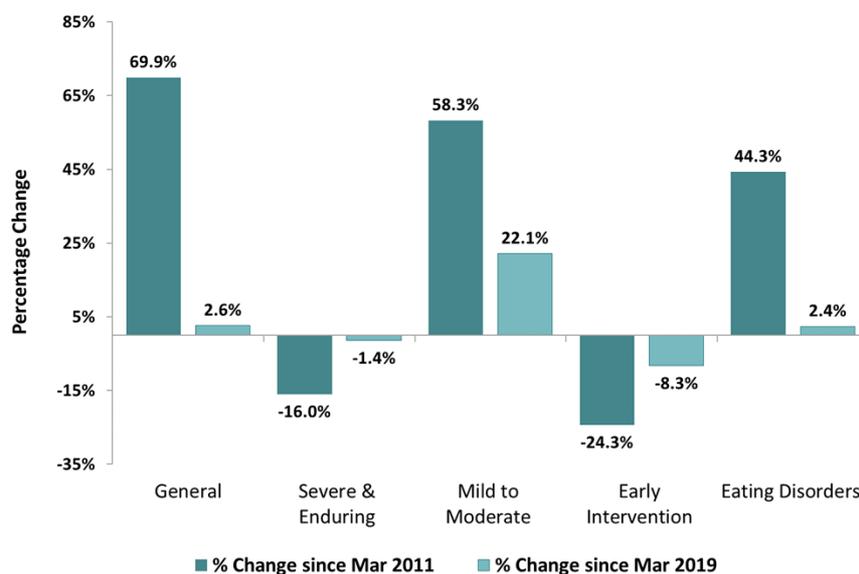


Figure 10 shows the percentage change in WTE in the subcategories in the Mental Health area of work, since March 2011 and March 2019. The WTE in General Mental Health, Mild to Moderate Mental Health and Eating Disorders has increased over both time periods, while the WTE of Severe and Enduring Mental Health and Early Intervention has decreased.

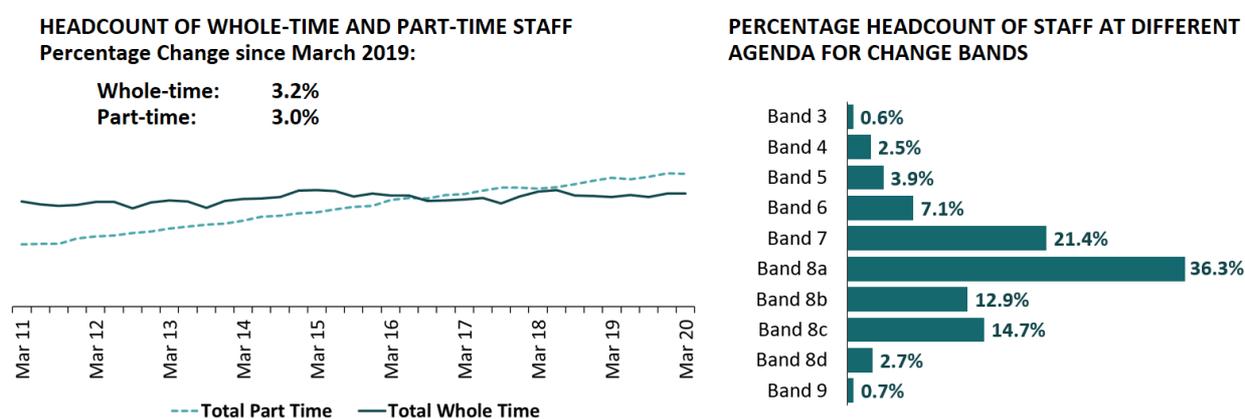
Figure 10. Percentage Change in WTE in Mental Health Subcategories since 31 March 2011 and 31 March 2019.



The Other category is currently the largest non-Mental Health area of work, accounting for 9.7% of the workforce (117.9 WTE). This group incorporates sub-categories such as Healthcare for the Elderly and Dementia, Academic, Teaching and Management, Trauma Services, Autistic Spectrum Disorder, Self-help Workers, Prison Services and Gender-based Violence. The second largest category is Physical Health (9.4% of the workforce, 113.8 WTE), followed by Learning Disabilities (6.9%, 83.6 WTE), Forensic (5.0%, 60.2 WTE), Neuropsychology (4.6%, 55.7 WTE), and Alcohol and Substance Misuse (2.8%, 33.5 WTE).

4. Characteristics of the Workforce

Figure 11. Characteristics of staff in NHSScotland Psychology Services by Contract Term and Agenda for Change Pay Band.

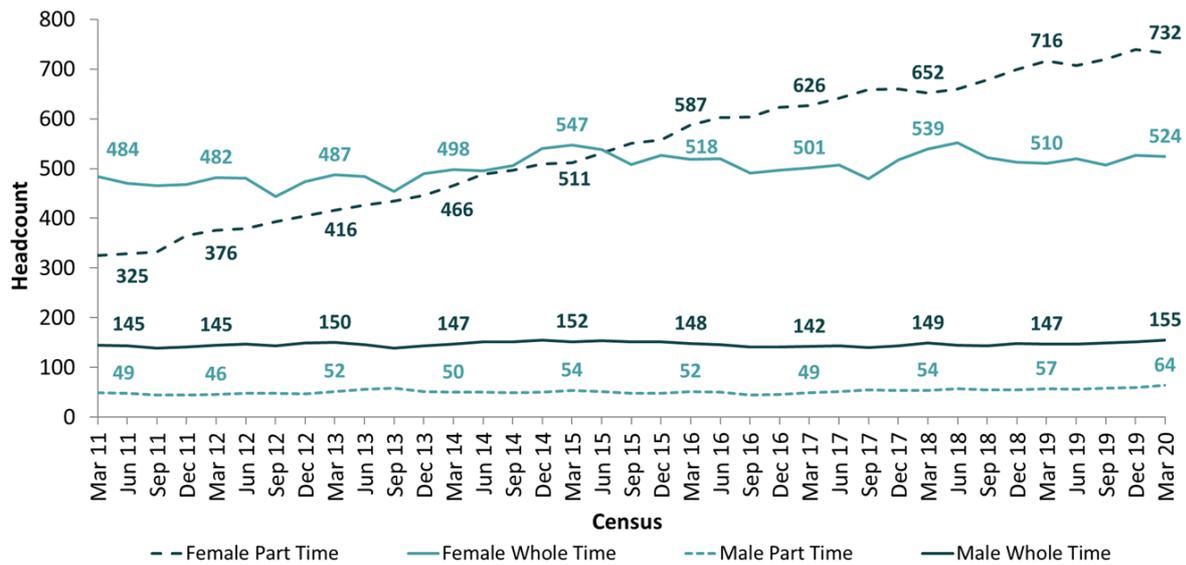


4.1 Gender and Contracted Hours

There has been a substantial increase in the number of female staff working part-time, from 325 headcount as at 31 March 2011 to 732 headcount at 31 March (+407 headcount, 125.2%). At 31 March 2020, 58.3% of contracts for female staff were part-time, compared to 29.2% for male staff. The number of male staff working part-time increased from 49 headcount in March 2011 to 64 headcount in March 2020 (+15 headcount, 30.6%), see Figure 12. For more detailed information on contract type and gender by professional group, please refer to Table 6.1 within the [data tables](#).

A contract of 37.5 hours or 40 sessions is the standard working week for one whole-time equivalent staff member under NHS guidelines. While 29.2% of male staff and 58.3% of female staff work fewer than 37.5 hours, some practitioners may also hold part-time positions outside of NHSScotland.

Figure 12. Contract Type and Gender for Psychology Staff within NHSScotland from 31 March 2011 to 31 March 2020, by Headcount.



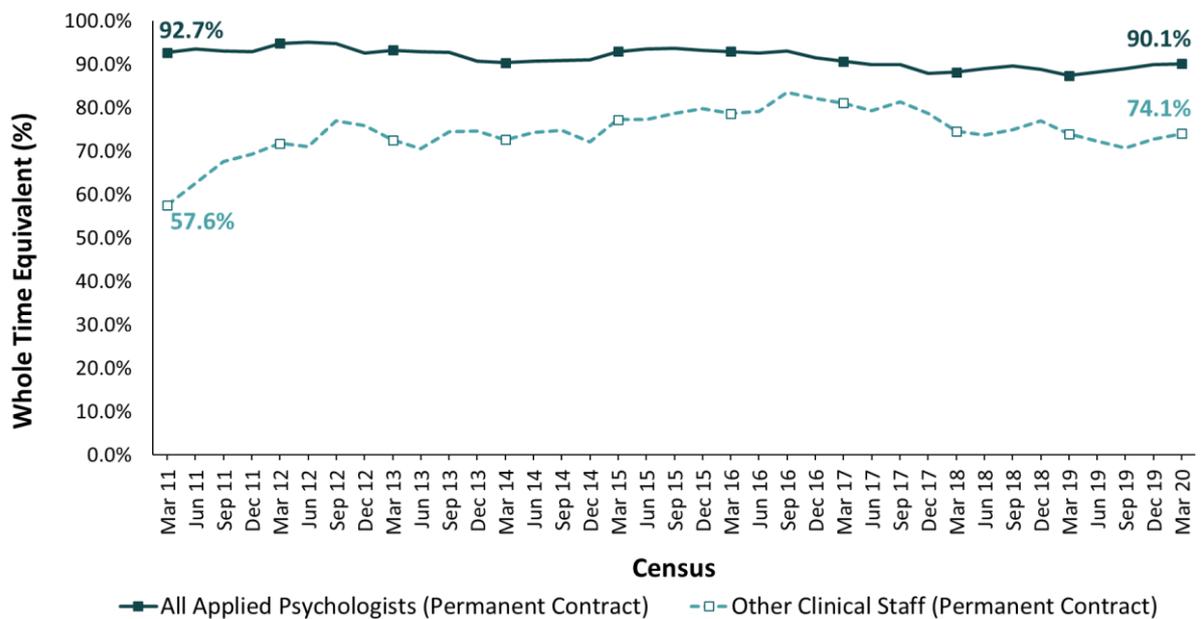
4.2 Contract Length

At 31 March 2020, 1036.9 WTE (85.4%) of staff in NHSScotland Psychology Services were employed on a permanent contract, 132.7 WTE (10.9%) were employed on a fixed term contract of less than two years' duration and 44.4 WTE (3.7%) were employed on a fixed term contract of longer than two years' duration.

The percentage of staff employed on a permanent contract varied by professional group. While 772.5 WTE (90.1%) of All Applied Psychologists held a permanent contract, this number was lower for Other Clinical Staff (264.5 WTE, 74.1%).

Figure 13 shows the trend in the percentage of all clinical staff holding permanent contracts between 31 March 2011 and 31 March 2019. The percentage of Applied Psychologists on permanent contracts declined from 92.7% (585.0 WTE) over that period, while the percentage of Other Clinical Staff holding permanent contracts increased from 57.6% (132.5 WTE). The percentage of Applied Psychologists working on fixed term contracts increased from 7.3% (46.1 WTE) in March 2011 to 9.9% (84.6 WTE) in March 2020, while the percentage of Other Clinical Staff working on fixed term contracts decreased from 42.4% (97.7 WTE) in March 2011 to 25.9% (92.6 WTE) at the current census.

Figure 13. Percentage of Applied Psychologists and Other Clinical Staff on Permanent Contracts, from 31 March 2011 to 31 March 2020.



4.3 Agenda for Change Pay Bands

The AfC Pay Band of a clinician reflects their level of training and expertise as well as the duties of the post, including the potential responsibilities in terms of the supervision and management of other staff. As a consequence, Clinical or Applied Psychologists are generally banded higher than other Clinical Professionals working in these services, with the majority of staff on Band 8a or higher (88.7%, 760.5 WTE as at 31 March 2020). Figure 14 shows the WTE of All Applied Psychologists and Other Clinical Staff, by band, as at 31 March 2020.

Figure 14. WTE of All Applied Psychologists and Other Clinical Staff at different Agenda for Change Pay Bands at 31 March 2020.

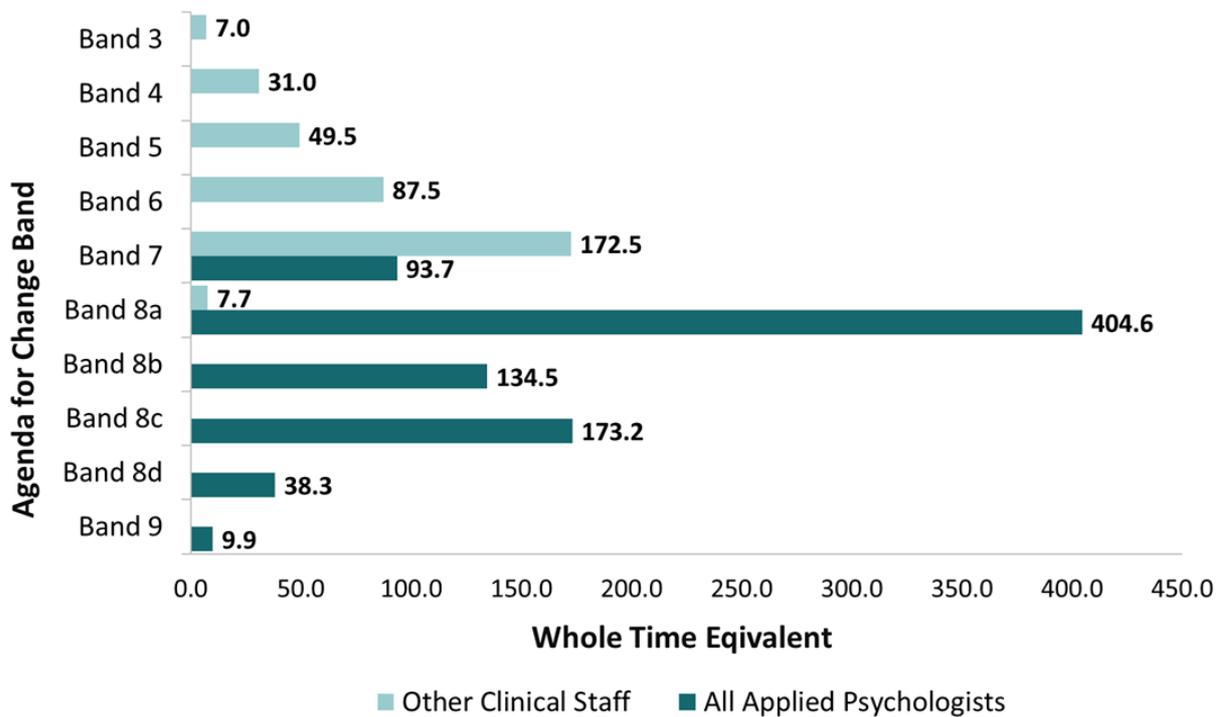
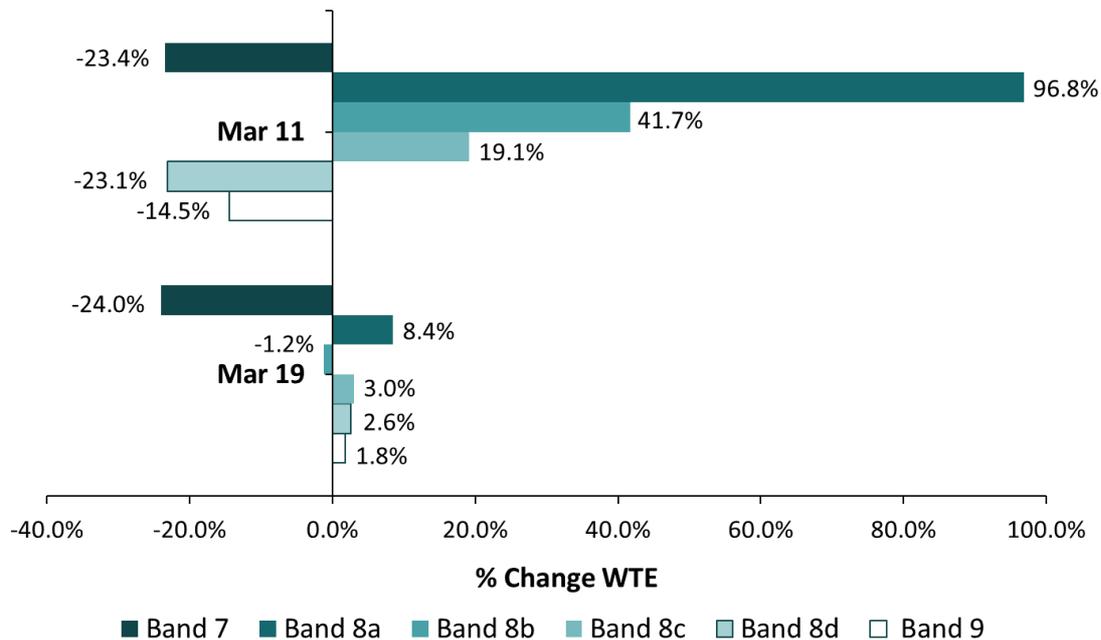


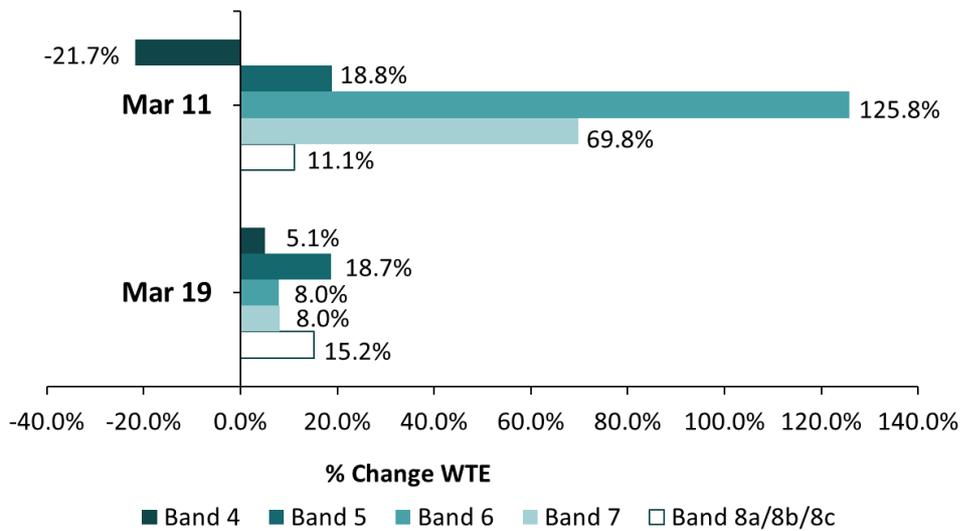
Figure 15 shows the percentage change in WTE of All Applied Psychologists at different AfC bands since 31 March 2011, when this information was first collected, and since 31 March 2019. Since March 2011, the WTE of Applied Psychologists at Bands 7, 8d and 9 has reduced, while the WTE of Applied Psychologists at bands 8a, 8b and 8c has increased. Since March 2019, there has been a slight reduction in the WTE of staff employed at band 8b and a more substantial reduction in staff employed at band 7. For more details, please refer to tables 7.1 and 7.2 in the [data tables](#).

Figure 15. Percentage Change in WTE of Applied Psychologists between March 2011 and March 2020, and between March 2019 and March 2020, by Agenda for Change Pay Band.



The percentage change in WTE of Other Clinical Staff at different AfC bands, since March 2011 and March 2019, is shown in Figure 16. Since March 2011, the WTE of staff employed at bands 6 and 7 has grown substantially, which may reflect the increased number of roles for Clinical Associates, while the WTE of staff employed at band 4 has fallen.

Figure 16. Percentage Change in WTE of Other Clinical Staff between March 2011 and March 2020, and between March 2019 and March 2020, by Agenda for Change Pay Band.¹



Notes:

1. As of March 2011, Band 3 posts for Other Clinical staff are not recorded.

5. Staff in training

NES has responsibility for commissioning the pre-registration training of Clinical Psychologists for NHSScotland, the main source of psychology workforce supply.

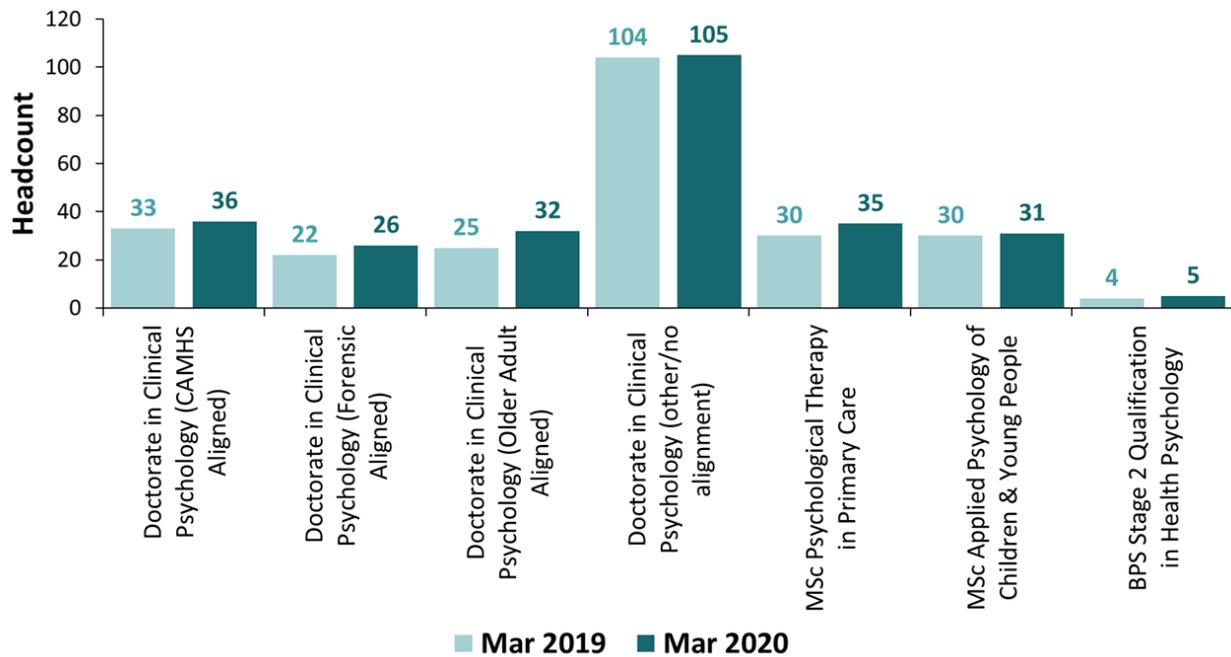
In addition to the Doctorate in Clinical Psychology (DClinPsych), MSc Psychological Therapy in Primary Care (MSc PTPC) and MSc in Applied Psychology for Children and Young People (MSc APCYP), NES works in partnership with NHS boards to provide the British Psychological Society's Stage 2 Training in Health Psychology. Trainees on each of these courses are employed by the NHS during training. For definitions of these training courses see the [Summary of Training Courses](#).

5.1 Current Trainees

The latest reported numbers of individuals training towards Applied Psychology postgraduate qualifications are shown in Figure 17. The total number of doctoral trainees has increased by 15 (8.2%) since March 2019, the number of MSc Psychological Therapy in Primary trainees has increased by 5 (16.7%), and the number of trainees on the MSc Applied Psychology of Children & Young People and BPS Stage 2 Qualification in Health Psychology courses have both increased by 1.

Since 2009, aligned training pathways on the DClinPsych have been funded by the Scottish government, with the aim of increasing capacity in specific areas of the psychology workforce. At the current census, of the 199 trainees working towards Doctorate in Clinical Psychology, 36 were aligned to CAMHS, 26 to Forensic Psychology and 32 to Older Adults.

Figure 17. Current Trainees (Headcount) in NHSScotland as at 31 March 2019 and 31 March 2020¹



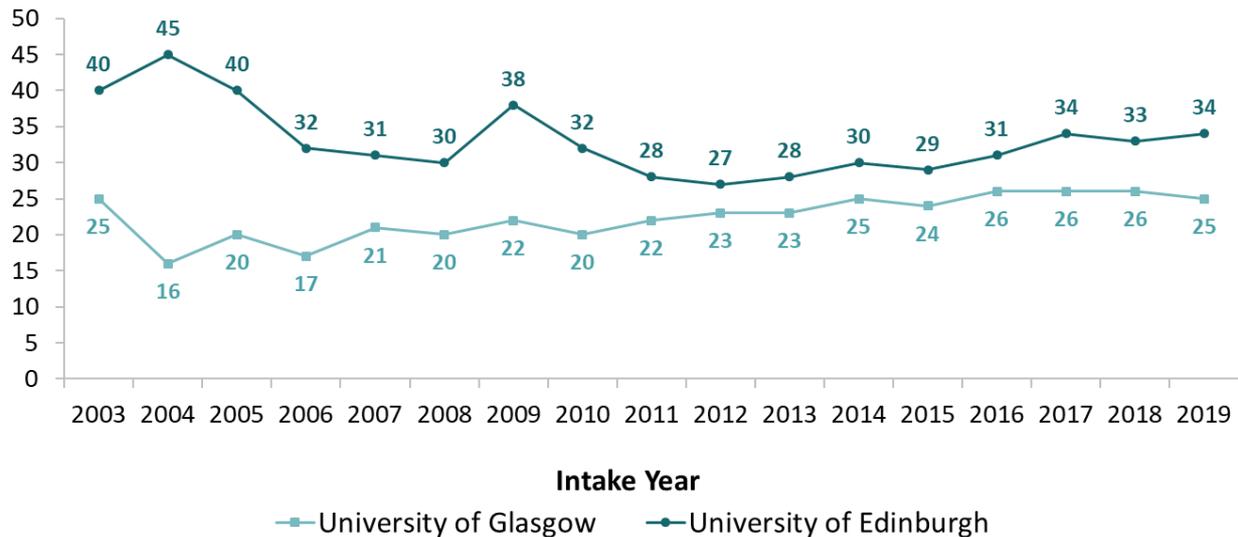
5.2 Course intakes and outputs

This section explores the number of trainees starting the course (intake) and the number completing the course (output).

5.2.1. Doctorate in Clinical Psychology

Figure 18 displays the intake of trainees on the DCLinPsych courses in Scotland from 2003 to 2019. The average intake over this period was 55 trainees per year. There were 59 trainees at the latest intake in September 2019 (25 at the University of Glasgow and 34 at the University of Edinburgh).

Figure 18: Intake of Trainees on the Doctorate in Clinical Psychology Courses at the University of Edinburgh and University of Glasgow by headcount from 2003 to 2019^{1,2}.



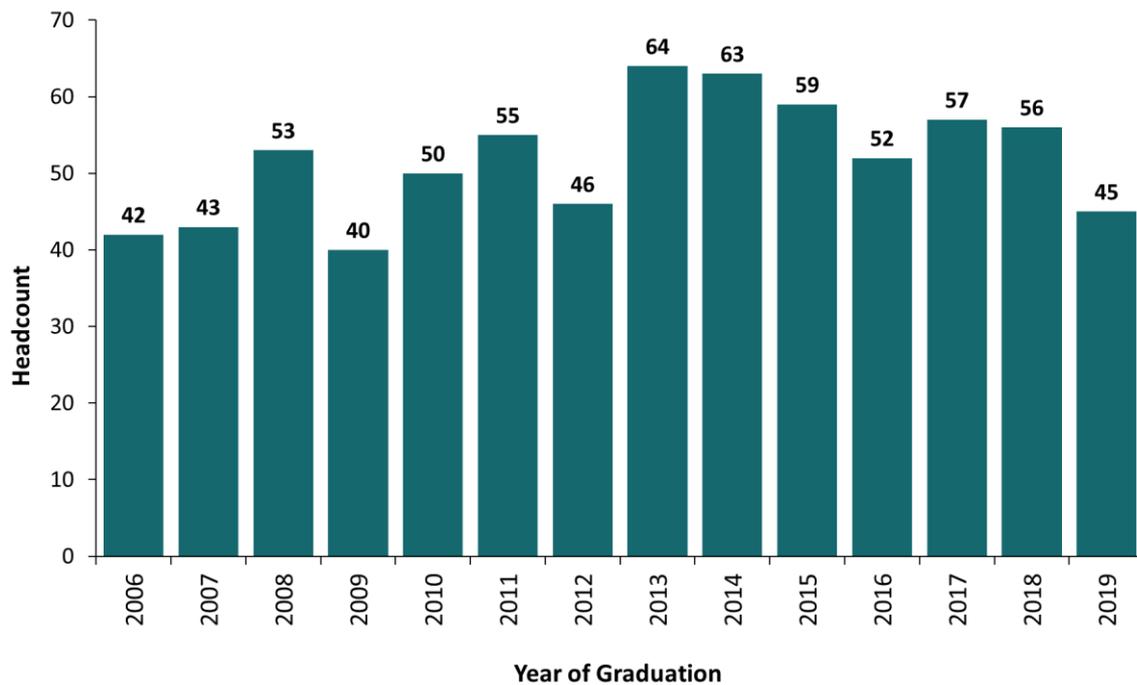
Notes

1. Data are only available from the 2003 intake onwards.
2. Data includes trainees in 2.5 years and 3 years Doctorate in Clinical Psychology Courses at University of Glasgow and trainees in 2.5 year, 3 years, 4 years and 5 years at University of Edinburgh

The last intake of trainees on either a four or five year course at the University of Edinburgh was in 2012. Since 2013, all trainees have therefore commenced a three-year course, unless they have previously completed either the MSc APCYP or the MSc PTPC. Graduates from these courses have now been given recognition for prior learning and are able to complete the DClinPsych course in 2.5 years. This came into effect from the 2014 intake at the University of Edinburgh and the 2017 intake at the University of Glasgow.

Figure 19 shows the number of graduates from the DClinPsych courses that achieved Health and Care Professions Council (HCPC) registration after completing the course. HCPC registration is required in order to undertake a post as a Clinical Psychologist within the UK.

Figure 19: Headcount of DClinPsych Trainees achieving HCPC Registration, by Graduation Year, from 2006 to 2019^{1,2}.

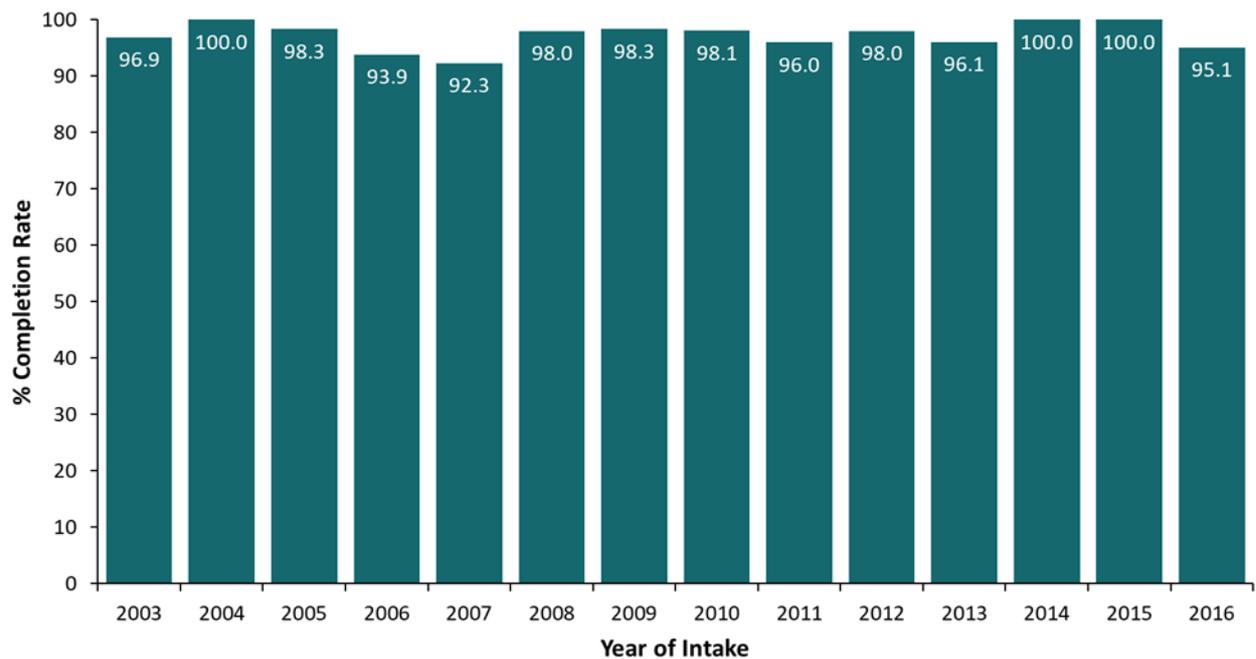


Notes

1. The data are only available for 2006 graduates onwards.
2. The completion rates are based on those that have already left the course and will exclude anyone that is currently on an extension as it is unknown whether they will achieve HCPC registration. Therefore, completion rates for some years are subject to change in future.

Figure 20 displays the completion rates for trainees who started on the DClinPsych course from 2003 to 2016. The completion rate for every cohort has been above 92%. Excluding trainees who are currently on an extension, the overall completion rate for the DClinPsych courses in Scotland is 97.3%. Further information on completion rates for each course is available in the [data tables](#).

Figure 20: Completion Rates for DClinPsych Trainees by Intake Year, from 2003 to 2016¹.



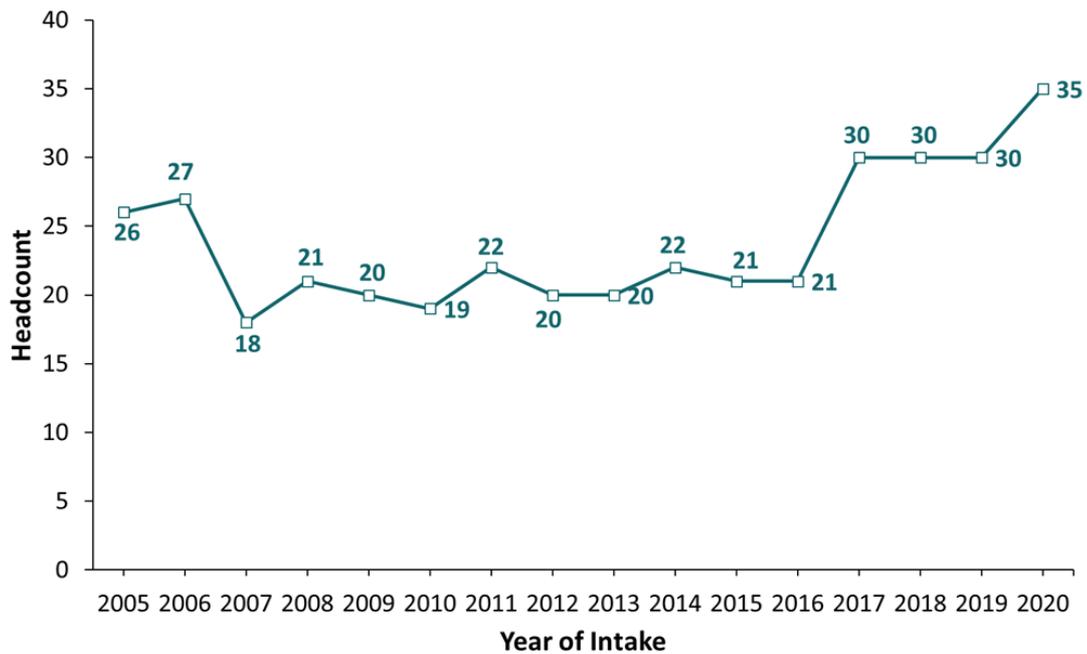
Notes

1. The completion rates are based on those that have already left the course and will exclude anyone that is currently on an extension as it is unknown whether they will achieve HCPC registration. Therefore, completion rates for some years are subject to change in future.

5.2.2. MSc Psychological Therapy in Primary Care

Figure 21 displays the intake of trainees on the MSc Psychological Therapy in Primary Care course. Since 2005 there has been an intake of 382 trainees in total, with an average intake of 24 trainees each year. Excluding the trainees from the 2020 intake who are due to complete in 2021, there have been 330 graduates from the course. This indicates a completion rate of 95.1%.

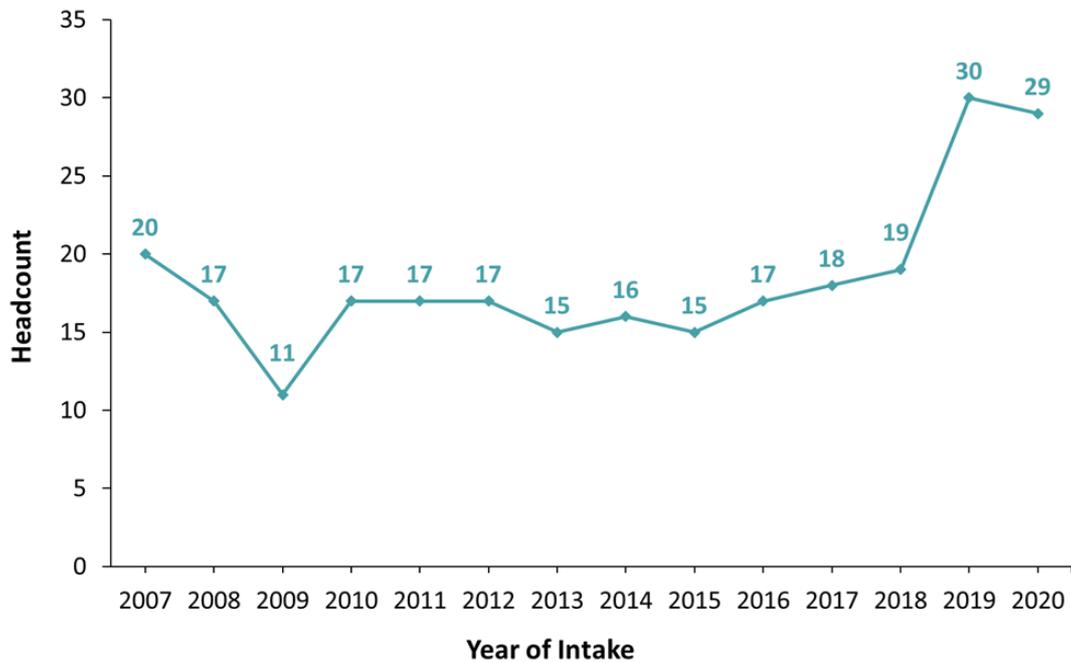
Figure 21: Intake of Trainees onto the MSc PTPC Course, from 2005 to 2020.



5.2.3. MSc Applied Psychology for Children and Young People

Figure 22 displays the intake of trainees on the MSc Applied Psychology for Children and Young People course. Since 2007 there has been an intake of 258 trainees in total, with an average intake of 18 trainees each year. Excluding the trainees from the 2020 intake who are due to complete in 2021, there have been 219 graduates from the course. This indicates a completion rate of 95.6%.

Figure 22: Intake of Trainees onto the MSc APCYP Course from 2007 to 2020.

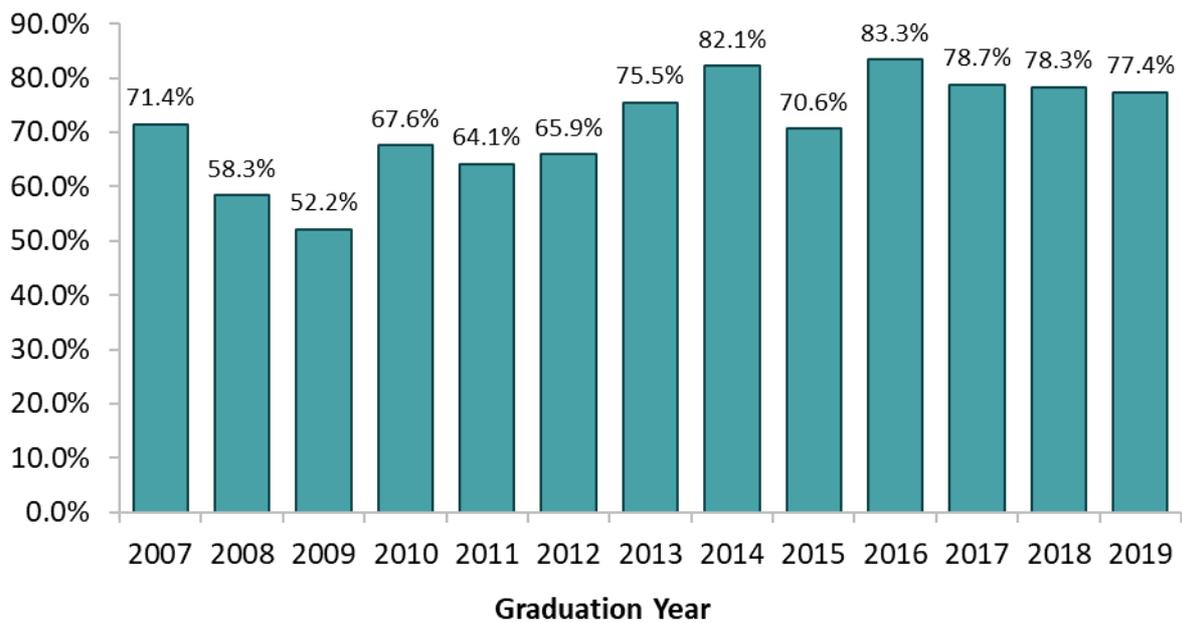


5.3 Graduate Retention- Doctorate in Clinical Psychology (D Clin Psych)

Between 2007 and 2019 there were 683 successful graduates of DClIn Psych. Figure 23 illustrates the retention rate, showing the percentage of graduates employed in Psychology Services in NHSScotland for each graduation year since 2007. Of the 506 graduates for whom this information is available, 369 are currently employed in NHSScotland, an overall retention rate of 72.9%.

Due to data quality issues, some of the graduates who are currently in employment in NHSScotland might not be included in the data. Further work is being done to determine the accuracy of the data. Any reduction in retention could be due to a number of factors such as graduates taking a career break before beginning permanent employment in Scotland, taking up employment in NHSScotland outwith Psychology Services, moving to NHS England or further abroad, or choosing to work in the private sector. More information on graduate retention is available in the [data tables](#).

Figure 23: Retention Rate of DClinPsych Graduates within NHSScotland Psychology Services, by Graduation Year since 2007¹.



Notes

1. National Insurance numbers are missing for 177 graduates between 2007 and 2019. These graduates are not included in the retention figures above, as we are unable to track their current employment. Further work is being done to determine the accuracy of the data.

6. Glossary

Agenda for Change (AfC): The national pay system for NHS Workforce excluding doctors, dentists and very senior managers.

Applied Psychologists: Includes clinical, counselling, forensic, health and neuropsychologists. See the [Summary of Professional Groups](#) for definitions of each.

Area of Work: The specialty area that a clinician works in. For a list of areas of work, see table 3.2 in the [data tables](#). Below are definitions of the sub categories under 'Mental Health' and the other areas of work:

Mental Health – mild to moderate: A mild mental health problem is when a person has a small number of symptoms that have a limited effect on their daily life. A moderate mental health problem is when a person has more symptoms that can make their daily life much more difficult than usual.

Mental Health – severe and enduring: People with recurrent or severe and enduring mental illness, for example schizophrenia, bipolar affective disorder or organic mental disorder, severe anxiety disorders or severe eating disorders, have complex needs which may require the continuing care of specialist mental health services working effectively with other agencies. Many people with severe mental illness are treated in the community with the support of primary care staff. A range of services is needed in addition to primary care - specialist mental health services, employment, education and training, housing and social support. Needs will fluctuate over time, and services must be able to anticipate and respond to crisis.

Mental Health – early intervention: A multidisciplinary, coordinated system of service provision to identify risk situations and/or likelihood of psychological ill health.

Mental Health – eating disorders: Eating disorders are a group of disorders in which abnormal feeding habits are associated with psychological factors. Characteristics may include a distorted attitude toward eating, handling and hoarding food in unusual ways, loss of body weight, nutritional deficiencies, dental erosion, electrolyte imbalances, and denial of extreme thinness. The most common conditions include anorexia nervosa and bulimia nervosa. Persons with eating disorders of this kind characteristically misperceive themselves as either overweight or of normal weight.

Treatment of eating disorders is often on an outpatient basis unless severe malnutrition and electrolyte imbalances are present, severe depression and suicidal tendencies endanger the patient, or there is evidence that the patient cannot cope with daily living without resorting to abnormal eating patterns. Additionally, the family and home environment may be creating unbearable tension because of a power struggle over the patient's abnormal eating pattern.

Alcohol & Substance Misuse: Treatment of individuals with a maladaptive pattern of a drug, alcohol or other chemical agent that leads to social, occupational, psychological or physical health problems.

Forensic: Forensic psychology deals with the psychological aspects of legal processes, including applying theory to criminal investigations, understanding psychological problems associated with criminal behaviour. Forensic Psychologists work in a range of NHS settings. They work in high and medium security hospitals in the assessment and treatment of those detained under the Mental Health Act. They also work within the community and in child and family settings where issues of risk assessment and offence related work may be critically important. In addition to the NHS, a significant number of forensic psychologists work in the prison service.

Learning Disabilities: A learning disability is a reduced intellectual ability and difficulty with everyday activities, e.g. delayed childhood development, socialising, or physical tasks, which affects someone for their whole life. The level of support someone needs depends on the individual; those with a severe learning disability or profound and multiple learning disability (PMLD) will need more care from a multi-disciplinary team and with areas such as mobility, personal care and communication.

Neuropsychology: Neuropsychology looks at the relationship between the physical brain and its various functions, dealing with topics such as sensory perception, memory, and the biological basis for conditions like depression. Psychologists within this field also help with the assessment and rehabilitation of people with brain injury or other neurological conditions, such as strokes, dementia, and degenerative brain disease.

Physical Health: Psychologists working in physical health deal with the psychological and emotional aspects of health and illness as well as supporting people who are chronically ill.

Clinical Psychologists: Psychology staff with a Doctorate in Clinical Psychology and registered with the Health and Care Professions Council.

Clinical Staff: All staff working in psychology services within NHSScotland.

Establishment: Term used in calculating NHSScotland workforce information to describe total filled and vacant posts. Establishment is calculated by adding the number of staff in post to the number of vacant posts.

HCPC: Health and Care Professions Council. This is a Register for Health and Care Professionals within the UK who are required to meet certain standards of practice. For many professions, including several types of Psychologist, it is a legal requirement to be registered in order to practice in their field.

Headcount: The actual number of individuals working within NHSScotland. The Scotland figures eliminate any double counting that may exist as a result of an employee holding more than one post.

GG&C: NHS Greater Glasgow and Clyde

NES: NHS Education for Scotland

Other Clinical Staff: Includes posts often taken up by graduates of the MSc in Psychological Therapy in Primary Care and the MSc Applied Psychology for Children and Young People E.g. clinical associates in applied psychology, counsellors, assistant psychologists, cognitive behavioural therapists, other therapists and other professionals.

Target Age: The age group of patients seen by a clinician. For Psychology Services this can be child & adolescent (0-18/19 years), adult (20-64 years), or older adult (65+ years). Age non-specific refers to those clinicians who see patients from across the lifespan and can also include non-clinical work such as teaching.

Vacancy: A post which was vacant and being advertised for recruitment at the census date.

Whole time equivalent (WTE): The WTE adjusts headcount figures to take account of part-time working. For example, NHS Agenda for Change staff work 37.5 whole-time hours per week so a staff member working part-time at 30 hours per week would be calculated as 0.8 WTE.

7. Summary of Professional Groups within Psychology Services

All Applied Psychologists

This includes Clinical Psychologists, Counselling Psychologists, Health Psychologists, Forensic Psychologists and Neuropsychologists. These staff have completed specific post-graduate training and hold additional qualifications in their field.

Clinical Associate in Applied Psychology

(CAAP) Graduates of the MSc Applied Psychology for Children and Young People or the MSc Psychological Therapy in Primary Care are qualified to work as CAAPs. They are trained in the delivery of evidence-based psychological therapies for common mental health problems in primary care, or in the delivery of tier two psychology assessments in a range of services for children and young people.

Clinical Psychologist

Psychology staff with a Doctorate in Clinical Psychology (see [Summary of Training Courses](#)) and registered with the Health and Care Professions Council.

Counselling Psychologist

Psychologists who hold a British Psychological Society accredited post graduate qualification in Counselling Psychology and are registered with the Health and Care Professions Council (HCPC).

Health Psychologist

Psychologists who hold a British Psychological Society accredited Masters in Health Psychology and as Stage II or Doctorate in Health Psychology.

Forensic Psychologist

Psychologists who hold a British Psychological Society accredited postgraduate qualification in Forensic Psychology.

Neuropsychologist

Clinical Psychologists who in addition to their Doctorate in Clinical Psychology qualification hold a Stage II British Psychological Society Neuropsychology qualification.

Cognitive Behavioural Therapist

Cognitive behavioural therapists use talking therapy to help patients change negative patterns of thinking or behaviour. They have completed accredited training programme in Cognitive Behavioural Therapy.

Other Therapist

Includes Psychotherapists, family and couple therapists

Counsellor

Counsellors provide talking therapies to clients and their families. They are trained to listen with empathy and can help people with a range of mental health conditions including: depression, anxiety, long term illnesses, eating disorders and drug misuse. Counsellors come from a range of backgrounds but will all have completed a recognised counselling qualification.

Psychology Assistant

Psychologists who have completed an undergraduate degree in Psychology and wish to gain experience in a clinical setting. Psychology Assistants often aspire to undertake further training in a specific area of Psychology e.g. Doctorate or MSc course.

8. Summary of Training Courses

Doctorate in Clinical Psychology

The Doctorate in Clinical Psychology is a 3-year full time course funded by NES which can be studied at either the University of Edinburgh or the University of Glasgow in Scotland. Entry to the course requires an Honours degree in Psychology (2:1 or above) which has the British Psychological Society (BPS) Graduate Basis for Chartered Membership, alongside relevant clinical or research experience. Specific CAMHS aligned trainee pathways on the Doctorate courses are government-funded places which give trainees greater experience working with CAMHS populations in addition to their main trainee workload. Aligned pathways have been introduced for several clinical populations with the aim of increasing workforce capacity within those areas. On completion, trainees will be fully qualified Clinical Psychologists and are still able to work in areas outwith CAMHS. Both of the Scottish courses are approved by the Health and Care Professions Council as well as the British Psychological Society and represent the highest level of training in Psychology. Further information on the Doctorate as well as links to the University Course websites for Scotland can be found at: <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/training-psychologists/training-programmes.aspx>.

MSc Psychological Therapy in Primary Care

The MSc in Psychological Therapy in Primary Care is a one-year course that was introduced in 2005. The MSc is funded by NHS Education for Scotland and delivered jointly by the Universities of Stirling and Dundee. Entry to the course requires an Honours degree in Psychology (2:1 or above) which has the British Psychological Society (BPS) Graduate Basis for Chartered Membership, and during training,

trainees are employed in NHS Boards and provide clinical services as part of supervised practice. This course was designed to train people to deliver evidence-based psychological therapies to adults in Primary Care by developing knowledge of prevalence, diagnostic criteria, presentation and treatment of common mental health disorders within a Cognitive Behavioural Framework. The course is designed to extend the knowledge of the theoretical foundations of human behaviour and psychological disorders, and to develop the necessary competences to deliver evidence-based psychological therapies to treat common mental health disorders in adults in a primary care setting. Graduates of this course are able to work as Clinical Associates in Applied Psychology (CAAP) in the NHS, or within other clinically related posts in the private or public sector. This allows graduates to enter the workforce quickly and respond to pressing service demands (e.g. support the NHS Boards to meet Psychological Therapies Heat Targets)

Further information can be found online at: <https://www.dundee.ac.uk/study/pg/psychological-therapy-primary-care/>

Or <https://www.stir.ac.uk/postgraduate/programme-information/prospectus/psychology/psychological-therapy-in-primary-care/#intro>

MSc in Applied Psychology for Children and Young People

The MSc in Applied Psychology for Children and Young People is a one-year course that was introduced in 2007 and is funded by NHS Education for Scotland at the University of Edinburgh. Entry to the course requires an Honours degree in Psychology (2:1 or above) which has the British Psychological Society (BPS) Graduate Basis for Chartered Membership, and whilst training trainees are expected to complete a full year clinical placement within an NHSScotland CAMHS setting. The course was introduced to expand the professional skill mix working within CAMHS and other child services, with graduates of the course able to apply for employment as Clinical Associates in Applied Psychology, Child and Adolescent Therapists or Primary Mental Health Workers, for example. Further information can be found at: <http://www.ed.ac.uk/health/clinical-psychology/studying/msc-applied-psychology>

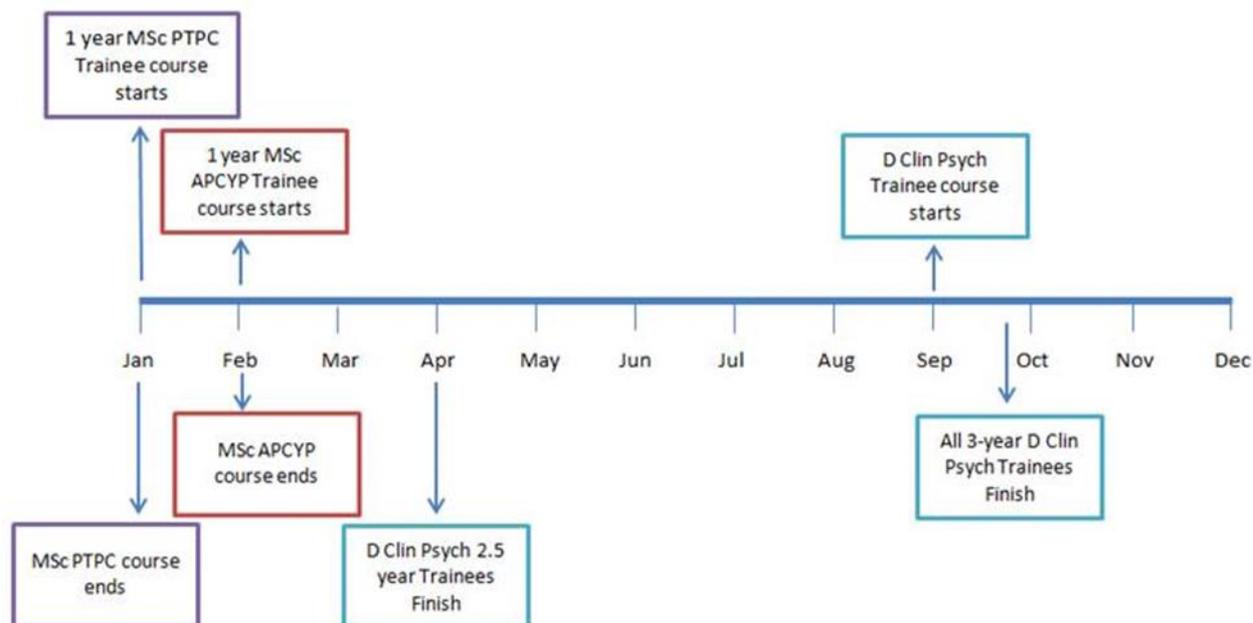
BPS Stage 2 Qualification in Health Psychology

BPS Stage 2 Qualification is a doctoral level qualification in Health Psychology. NHS Education for Scotland (NES) in partnership with Health Boards in Scotland funds Trainee Health Psychologists to explore the contribution health psychology can make in supporting NHSScotland to meet its Health Improvement Targets. This is a two-year programme designed to allow the Trainee Health Psychologists to successfully complete the British Psychological Society's Stage 2 Training while employed by NHS to undertake a programme of approved work. Entry to the course requires an Honours degree in Psychology (2:1 or above) which has the British Psychological Society (BPS) Graduate Basis for Chartered Membership and a BPS accredited Masters Degree in Health Psychology. NHS-funded Stage 2 training places may also require applicants to have a number of years' experience working in relevant areas such as working with people with physical health problems, supporting people to make lifestyle changes, population-based interventions or undertaking research and evaluation. Trainees work with the Public Health departments of their health boards on projects aimed at meeting specific HEAT Targets for health improvement and Trainees should receive supervision from an appropriately experienced Health

Psychologist during their training. Graduates of this course can work as Chartered Health Psychologists and are registered with the Health and Care Professions Council (HCPC).

Further information can be found at: <http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/training-psychologists/training-programmes/health-psychologist-in-training.aspx>

Figure 24: Start and End dates of Psychology Training Courses^{1,2}.



MSc PTPC – MSc Psychology Therapy in Primary Care

MSc APCYP – MSc Applied Psychology for Children and Young People

Notes

1. The stage 2 Health Psychology course usually takes 2 years to complete, however the start dates can vary from year to year.
2. Please note that some individuals take maternity leave or other periods of leave during training which can impact on the timing of the course completion.

9. List of Tables

Please note, due to the Covid-19 pandemic, data on vacancies as at 31 March 2020 are not reported, due to the additional demands this would place on colleagues at NHS Boards.

Table No.	File name	Time Period	File and size
1-12	2020-03-03-Psychology-Workforce-Tables	2001-2019	Excel 750 Kb
1.1	All Clinical Staff (WTE) employed in Psychology Services by NHS Board	2010-Mar 2020	“
1.2	All Clinical Staff (Headcount) employed in Psychology Services by NHS Board	“ -	“
1.3	All Clinical Staff (WTE per 100,000 population) employed in Psychology Services by NHS Board	“ -	“
2.1	All Clinical Staff (WTE) employed in Psychology Services by Age Group	“ -	“
2.2	All Clinical Staff (Headcount) employed in Psychology Services by Age Group	“ -	“
3.1	All Clinical Staff (WTE) employed in Psychology Services by Area of Work	2011-Mar 2020	“
3.2	All Clinical Staff (WTE) employed in Psychology Services by detailed Area of Work and Target Age	“ -	“
4.1	All Clinical Staff (WTE) employed in Psychology Services by Target Age	“ -	“
4.2	All Clinical Staff (WTE or Headcount) employed in Psychology Services by Target Age, Area of Work and Professional group	“ -	“
5.1	All Clinical Staff (Headcount and WTE) employed in Psychology Services by Gender	“ -	“
6.1	All Clinical Staff (Headcount and WTE) employed in Psychology Services by Contract Type and Gender	“ -	“

7.1	All Clinical Staff (WTE) employed in Psychology Services by Band	“ -	“
7.2	All Clinical Staff (Headcount) employed in Psychology Services by Band	“ -	“
8.1	All Clinical Staff (Headcount) employed in Psychology Services by Contract Length	“ -	“
8.2	All Clinical Staff (WTE) employed in Psychology Services by Contract Length	“ -	“
9.1	Ethnicity of All Psychology Services Staff	<u>Sep 2011-Sep 2019</u>	“
9.2	All Psychology Services Staff by Declared Disability	“ -	“
10.1	All Applied Psychologists (Headcount) in Training in NHSScotland	<u>Mar 2020</u>	“
11.1	Course Intakes, Outputs and Completion Rates for trainees on a Doctorate in Clinical Psychology Course in Scotland from the 2003 intake onwards	<u>Sep 2003-Mar 2020</u>	“
11.2	Graduates of Doctorate in Clinical Psychology (Headcount) in Workforce in NHSScotland Psychology Services	<u>Sep 2003-Sep 2019</u>	“
12.1	Course Intakes and Outputs for the MSc Applied Psychology for Children and Young People and MSc Psychological Therapy in Primary Care	<u>Sep 2005-Mar 2020</u>	“
12.2	Graduates of MSc Psychological Therapy in Primary Care and MSc Applied Psychology in Children and Young People (Headcount) in Workforce or Doctorate in Clinical Psychology Courses in Scotland	<u>Sep 2003-Mar 2020</u>	“

10. Psychology Workforce Contacts

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Appendices

Appendix 1 – Background information

Mental Health Policy and Targets

Developments in mental health care have been driven by a series of reports and policy recommendations:

The Scottish Government 10 year Mental Health Strategy 2017-2027 was published in March 2017 (<http://www.gov.scot/Publications/2017/03/1750>). The strategy highlights the need to increase the supply of the workforce and to ensure the skill mix across a wide range of services meets in the needs of the population.

The Scottish Government has set a standard for the NHS in Scotland to deliver a maximum wait of 18 weeks from a patient's referral to treatment for Psychological Therapies from December 2014.

The Psychological Therapies 'Matrix' is a guide to planning and delivering evidence-based Psychological Therapies within NHS Boards in Scotland. It provides a summary of the information on the current evidence base for various therapeutic approaches, a template to aid in the identification of key gaps in service, and advice on important governance issues.

[http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/the-matrix-\(2015\)-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland.aspx](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology/the-matrix-(2015)-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland.aspx)

Further information on Older People's Psychology Services can be found in the paper: 'The Challenge of Delivering Psychological Therapies for Older People in Scotland' (2011), a report of Older People's Psychological Therapies Working Group <https://www2.gov.scot/resource/0039/00392671.pdf>

For more details on psychology forensic services, please refer to the following paper:

'Psychological Care in the Context of Forensic Mental Health Services: New Responsibilities for Health Boards in Scotland (2011), Report by Heads of Psychological Services in NHSScotland.

For more information on Psychology Services in NHSScotland please see the 'Applied Psychologists and Psychology in NHSScotland: Working Group Discussion Paper' available at:

http://www.sehd.scot.nhs.uk/mels/CEL2011_10.pdf

In June 2017 the Scottish Government published [Part 1 of the National Health and Social Care Workforce Plan](#). The plan outlines measures that are designed to strengthen and harmonise NHSScotland workforce planning practice nationally, regionally and locally to ensure that NHSScotland has the workforce it will need to address future demand for safe, high quality services. These measures include the establishment of a National Workforce Planning Group.

Part 2 of the workforce plan was published in December 2017 and outlined a framework for improving workforce planning in social care. **Part 3** was then published in April 2018 to cover the primary care setting. Together these will enable different health and social care systems to move together towards publication of a second full Health and Social Care Workforce Plan later in 2019 and beyond.

Links to Related Publications

There is a differing age range of service provision across the boards in child services, for more details of this please refer to the [CAMHS publication](#).

For further information on training programmes within applied psychology in NHSScotland please see:

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/psychology.aspx>

Appendix 2 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", HPS is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

Early Access for Management Information

These statistics will also have been made available to those who needed access to 'Management Information', i.e. as part of the delivery of health and care:

- Scottish Government Health Department – Mental Health Division
- Health Improvement Scotland – Improvement Advisor.

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email alformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.