

Psychology Services Workforce in NHSScotland

QUARTER ENDING 31 MARCH 2021



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.

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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 2021. 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 vacancies
- The number of trainees in Doctorate and MSc Courses

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 as at 31 March 2021 are shared across the following outputs:

Dashboards

- The [psychology workforce dashboard](#) presents quarterly data on staff in post in NHSScotland psychology services, vacant posts and 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, ethnicity and disability, turnover, vacant posts, staff in training, and the retention of trainees in the workforce.

Data tables

- Supplementary long-term trend data for staff in post, vacancies 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
 - Staff turnover
 - Psychology training course intakes
- 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 2021:

- Within Psychology Services in NHSScotland as at 31 March 2021, there were a total of 1310.6 WTE (1571 headcount) clinical staff in post. This is 106.6% (676.2 WTE) higher than in September 2006, 7.9% (96.6 WTE) higher than reported 12 months previously and 2.2% (28.5 WTE) higher than the December 2020 census.
- Female staff comprise 85.5% of the Psychology Services workforce. The headcount of female staff working part-time has decreased from 766 in December 2020 to 756 in March 2021 (-1.3%, - 10 headcount), while the headcount of female staff working whole-time has increased from 553 in December 2020 to 587 in March 2021 (6.1%, 34 headcount).
- Out of the total of 157.4 WTE advertised vacancies, 60.3% (94.9 WTE) had been advertised for less than three months, 28.7% (45.2 WTE) for three to six months and 11.0% (17.3 WTE) for longer than six months. The vacancy rate was 10.7%, compared to 10.1% in December 2020 and 8.0% in March 2019 (vacancy data are unavailable for March 2020). A further 35.3 WTE vacancies were approved but not yet advertised.
- 40 students began training for the MSc in Psychological Therapy in Primary Care in 2021, compared to 35 in 2020 and an average yearly intake of 25 since 2005. Of the 232 graduates from this course between 2006 and 2020 for whom National Insurance numbers are available, 145 (62.5%) were employed in NHSScotland as at 31 March 2021. 28 students began training on the MSc in Applied Psychology for Children and Young People, compared to 29 in 2020 and an average yearly intake of 19 since 2007. Of the 186 graduates from this course between 2007 and 2020 for whom National Insurance numbers are available, 104 (55.9%) were employed in NHSScotland as at 31 March 2021.

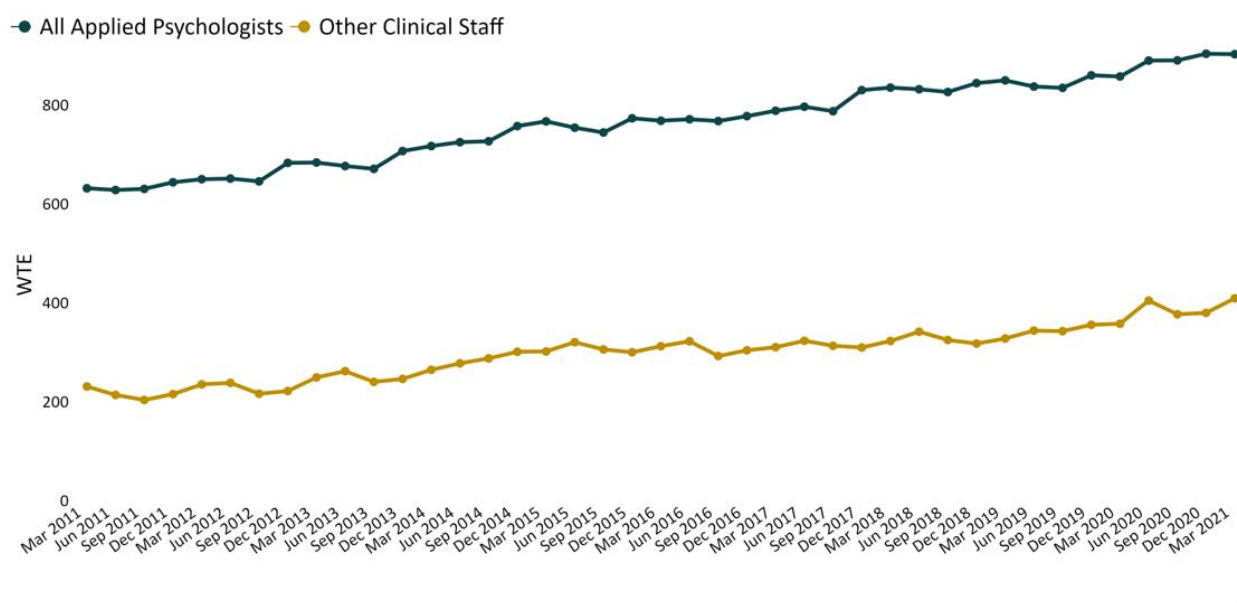
3. Staff in Post

3.1 Staff WTE

At 31 March 2021, there were a total of 1310.6 WTE (1571 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 increase in this workforce since March 2011, overall and split by All Applied Psychologists and Other Clinical Staff. Since 2011, the overall workforce has increased by 52.2% (449.4 WTE). There has been an overall increase of 7.9% (96.6 WTE) since March 2020 and 2.2% (28.5 WTE) since the last census in December 2020.

Figure 1: WTE of staff in NHSScotland Psychology Services between March 2011 and March 2021^{1,2}.

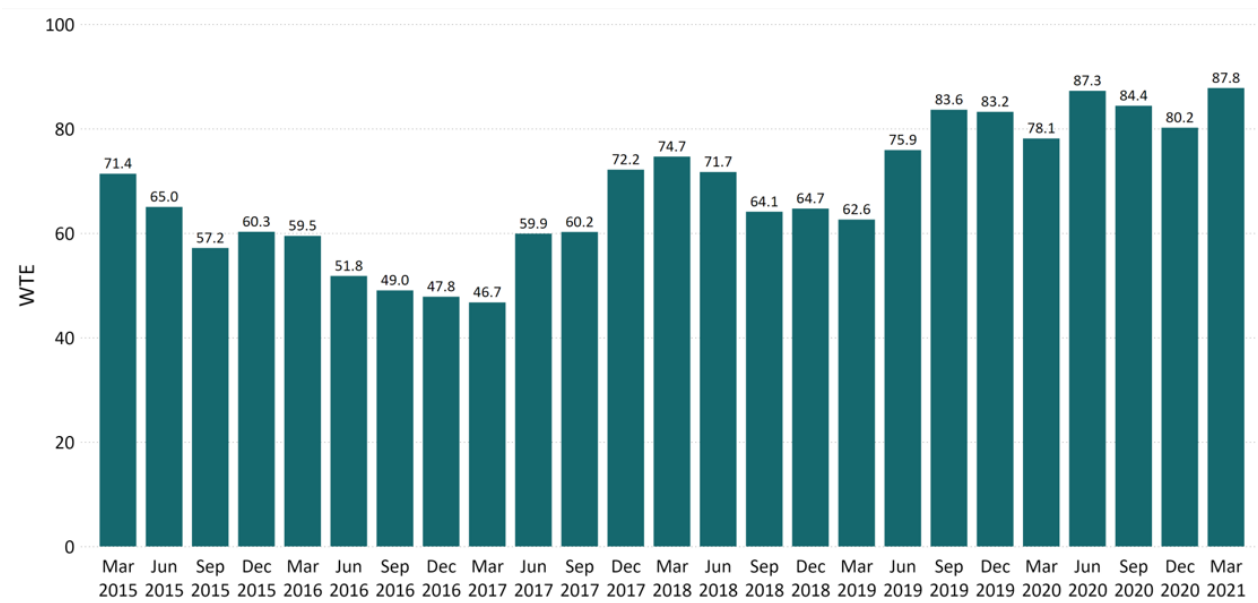


Notes:

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 2021, there were 81.0 WTE staff on maternity leave and 6.8 WTE staff on long term sick leave. Figure 2 illustrates the WTE of staff absent due to maternity/long-term sick leave, quarterly since March 2015. Please note, the two types of absence have been combined for confidentiality reasons.

Figure 2. WTE of Staff in NHSScotland Psychology Services on Maternity and Long-term Sickness Absence, Quarterly from March 2015 to March 2021.



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

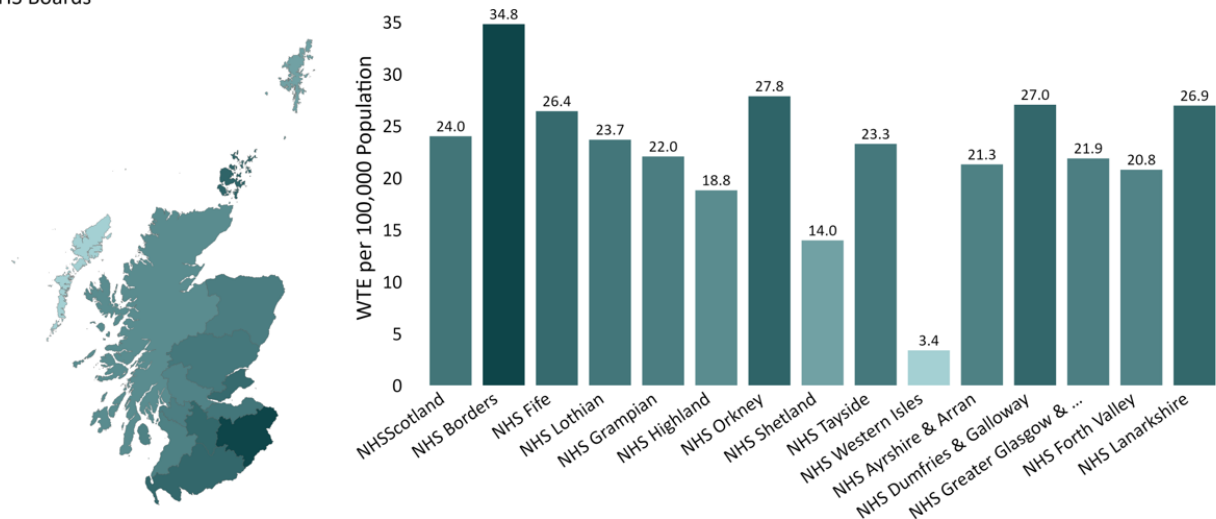
3.2 Whole Time Equivalent (WTE) per 100,000 Population

Figure 3 shows the Whole Time Equivalent (WTE) of all clinical staff employed in NHSScotland Psychology Services per 100,000 population as at 31 March 2021. NHS Borders currently has the largest WTE per 100,000 population (34.8 WTE) followed by NHS Orkney (27.8 WTE), and NHS Dumfries and Galloway (27.0 WTE), compared to the overall Scotland rate of 24.0 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 3. WTE of All Clinical Staff per 100,000 Population as at 31 March 2021.¹

NHS Boards

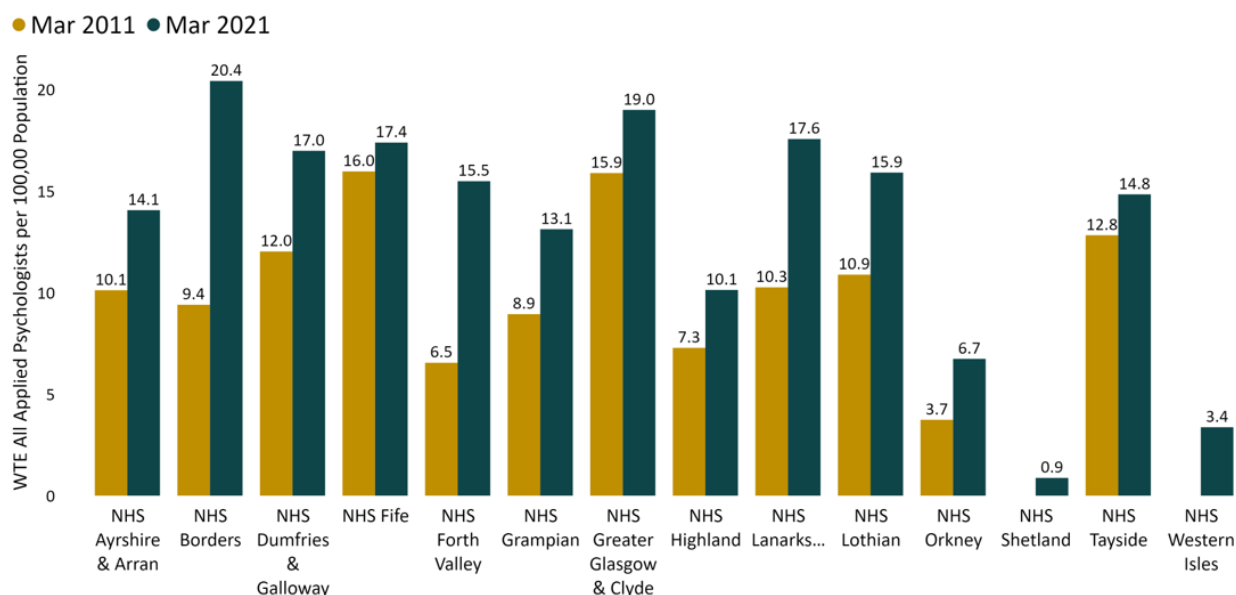


Notes:

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 4 compares the Whole Time Equivalent of all Applied Psychologists employed per 100,000 population in NHS Boards as at 31 March 2011 and 31 March 2021. NHS Borders currently has the highest number of Applied Psychologists employed per 100,000 population (20.4 WTE).

Figure 4. WTE per 100,000 Population of Applied Psychologists in NHSScotland Psychology Services as at 31 March 2011 and 31 March 2021.



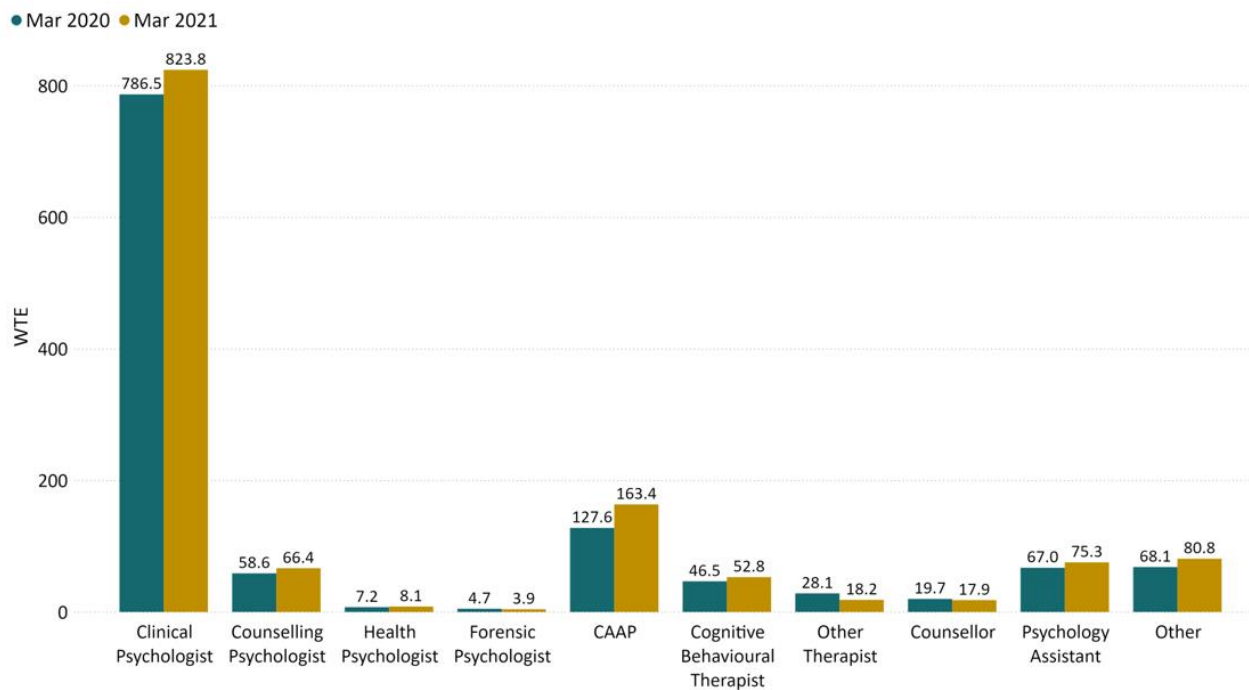
3.3 Staff by Professional Group

As at 31 March 2021, All Applied Psychologists comprised 68.8% of the workforce (902.2 WTE) and Other Clinical Staff 31.2% (408.4 WTE).

Figure 5 shows the WTE of the different Professional Groups in NHSScotland at 31 March 2021 and 31 March 2020. At the current census, Clinical Psychologists were the largest staff group, comprising 62.9% (823.8 WTE) of the workforce. This is 4.7% (37.3 WTE) higher than in March 2020 and 0.3% (2.3 WTE) lower than in December 2020. The WTE of Counselling Psychologists has also increased since March 2020 (+13.3%, 7.8 WTE), as has the WTE of Health Psychologists (+12.5%, 0.9 WTE), while the WTE of Forensic Psychologists decreased slightly (-17.0%, 0.8 WTE).

The WTE of Other Clinical Staff increased from 357.0 in March 2020 to 408.4 in March 2021 (+14.4%, 51.4 WTE). The greatest increases were in Clinical Associates in Applied Psychology (28.1%, 35.8 WTE) and in the Other category (18.7%, 12.7 WTE). Conversely, the WTE of Other Therapists decreased by 35.2% (9.9 WTE).

Figure 5: WTE of Professional Groups in NHSScotland Psychology Services as at 31 March 2020 and 31 March 2021.¹



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](#).

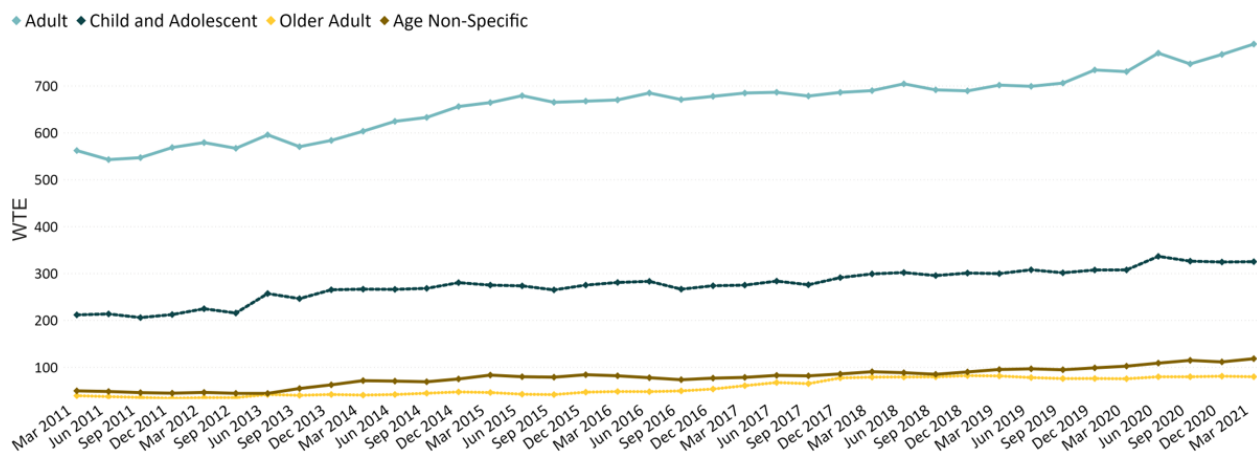
3.4.1. Target Age

Figure 6 displays the quarterly WTE of staff working across each Target Age, between March 2011 and March 2021. The largest Target Age group continues to be Adult, which accounts for 60.2% (788.8 WTE) of the Psychology workforce at 31 March 2021. The Child and Adolescent Target age accounts for 24.8% (324.7 WTE) of the workforce, Older Adults 6.1% (79.3 WTE) and Age Non-Specific 9.0% (117.8 WTE).

The Adult Target Age category has seen the largest growth of WTE since March 2011, an increase of 40.4% (227.0 WTE). The largest percentage increases were seen in the Age Non-Specific and Older Adult categories, with increases of 139.3% (68.6 WTE) and 103.9% (40.4 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 53.7% (113.4 WTE) over this time period, although the proportion of staff has remained similar, accounting for around a quarter of the total staff WTE.

Figure 6. WTE of all clinical staff in Psychology Services by Target Age between 31 March 2011 and 31 March 2021¹.



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](#).

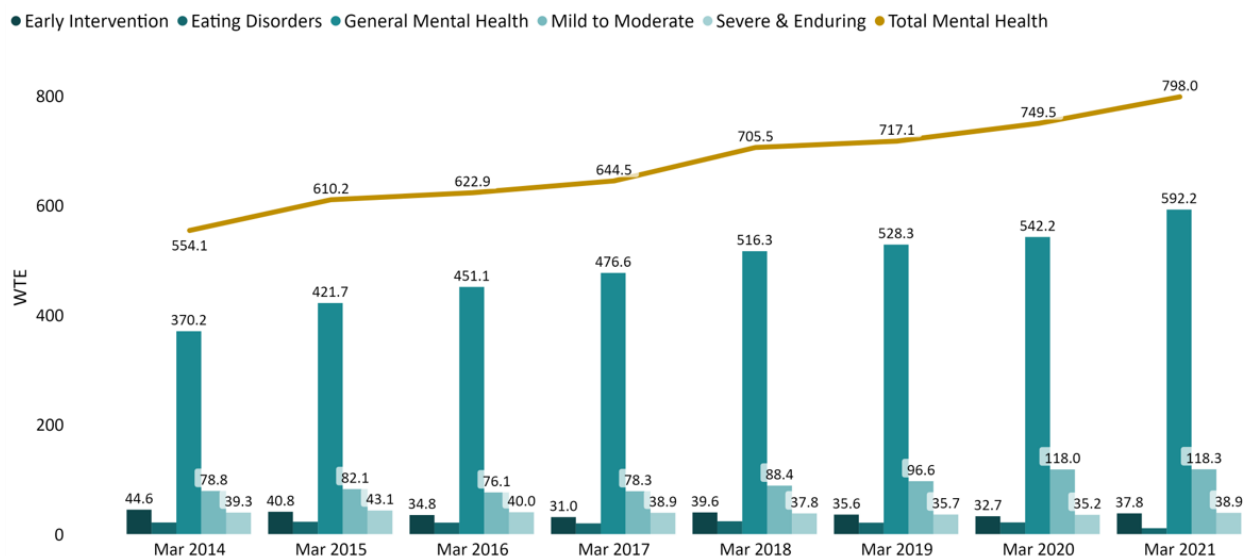
3.4.2. Area of Work

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 7 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 45.2% (592.2 WTE) of the workforce at 31 March 2021. Mild to Moderate Mental Health accounted for 9.0% (118.3 WTE) of the workforce, Severe and Enduring Mental Health for 3.0% (38.9 WTE), Early Intervention for 2.9% (37.8 WTE), and Eating Disorders for 0.8% (10.8 WTE).

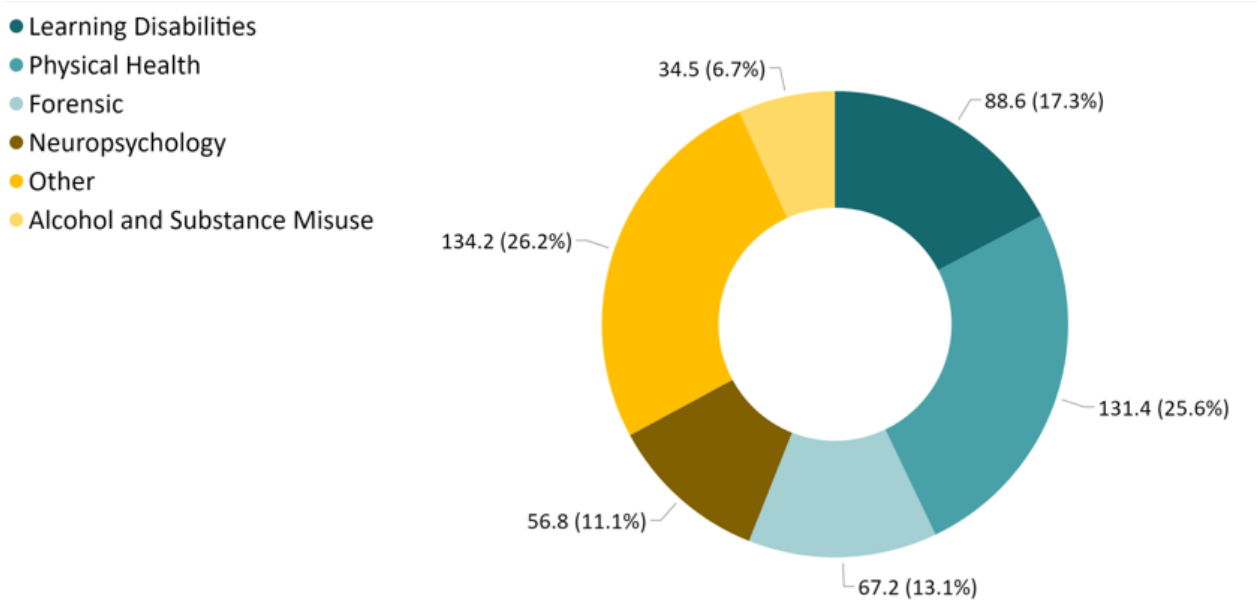
Figure 7. WTE of Staff in Post in the Mental Health Area of Work, from 31 March 2014 to 31 March 2021.



The WTE of the majority of Mental Health subcategories has increased since March 2020; General Mental Health by 50 WTE (9.2%), Early Intervention by 5.2 WTE (15.6%), Severe and Enduring Mental Health by 3.6 WTE (10.2%) and Mild to Moderate Mental Health by 0.3 WTE (0.3%). Conversely, the WTE of the Eating Disorders subcategory has decreased by 10.6 WTE (-49.5%).

Figure 8 shows the WTE of non-Mental Health areas of work. The largest of these is Other, accounting for 10.2% of the workforce (134.2 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 (10.0% of the workforce, 131.4 WTE), followed by Learning Disabilities (6.8%, 88.6 WTE), Forensic (5.1%, 67.2 WTE), Neuropsychology (4.3%, 56.8 WTE), and Alcohol and Substance Misuse (2.6%, 34.5 WTE).

Figure 8. WTE/Percentage of Staff in Post in the non-Mental Health Areas of Work, as at 31 March 2021.



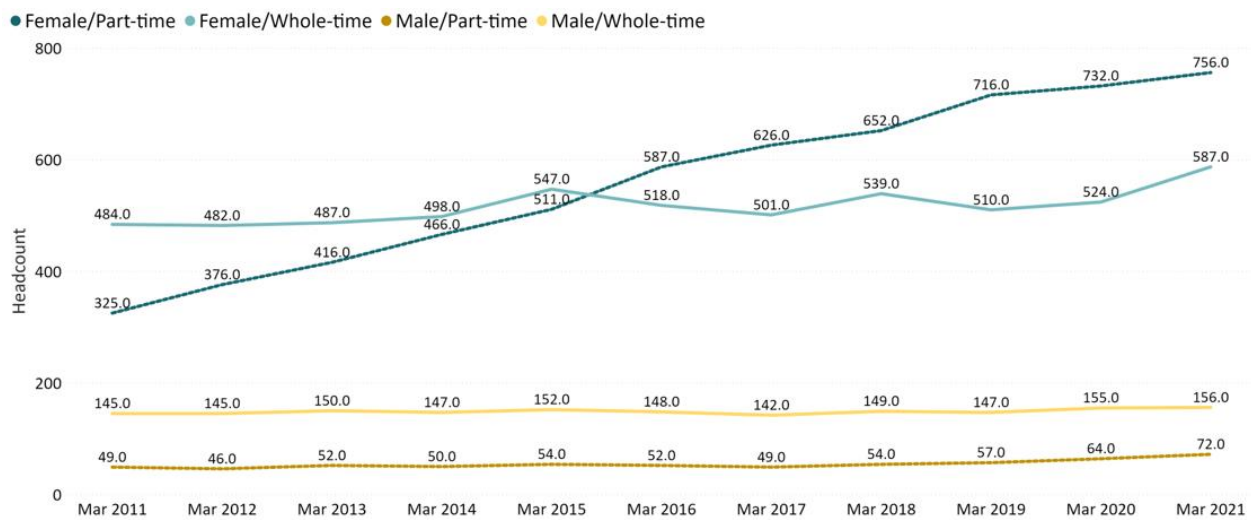
4. Characteristics of the Workforce

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 756 headcount at 31 March 2021 (+431 headcount, 132.6%), although this figure has dropped slightly since the previous quarter (-10 headcount, 1.3%). At 31 March 2021, 56.3% of contracts for female staff were part-time, compared to 31.6% for male staff. The number of male staff working part-time increased from 49 headcount in March 2011 to 72 headcount in March 2021 (+23 headcount, 46.9%), see Figure 9. 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 many practitioners work fewer than 37.5 hours, some may also hold part-time positions outside of NHSScotland.

Figure 9. Contract Type and Gender for Psychology Staff within NHSScotland from 31 March 2011 to 31 March 2021, by Headcount.

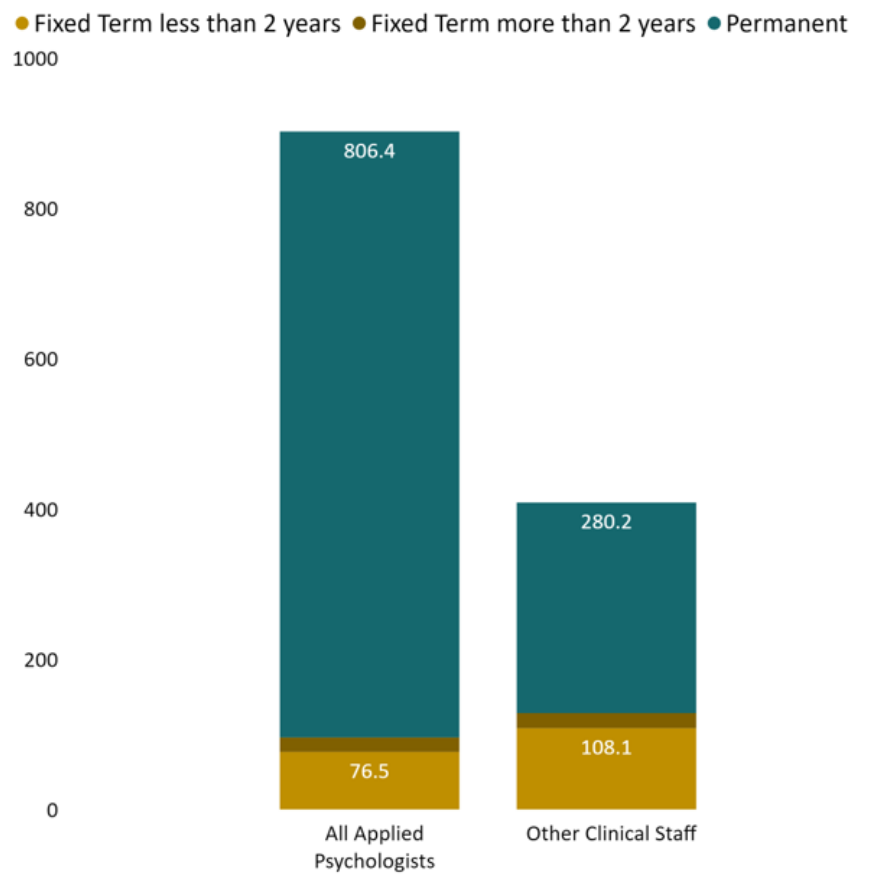


4.2 Contract Length

At 31 March 2021, 1086.7 WTE (82.9%) of staff in NHSScotland Psychology Services were employed on a permanent contract, 184.7 WTE (14.1%) were employed on a fixed term contract of less than two years' duration and 39.3 WTE (3.0%) were employed on a fixed term contract of longer than two years' duration.

Figure 10 shows the WTE of staff employed on a permanent contract as at 31 March 2021. While 806.4 WTE (89.4%) of All Applied Psychologists held a permanent contract, this number was lower for Other Clinical Staff (280.2 WTE, 68.6%). The percentage of Applied Psychologists on permanent contracts has declined from 92.7% (585.0 WTE) since March 2011, while the percentage of Other Clinical Staff holding permanent contracts has increased from 57.6% (132.5 WTE).

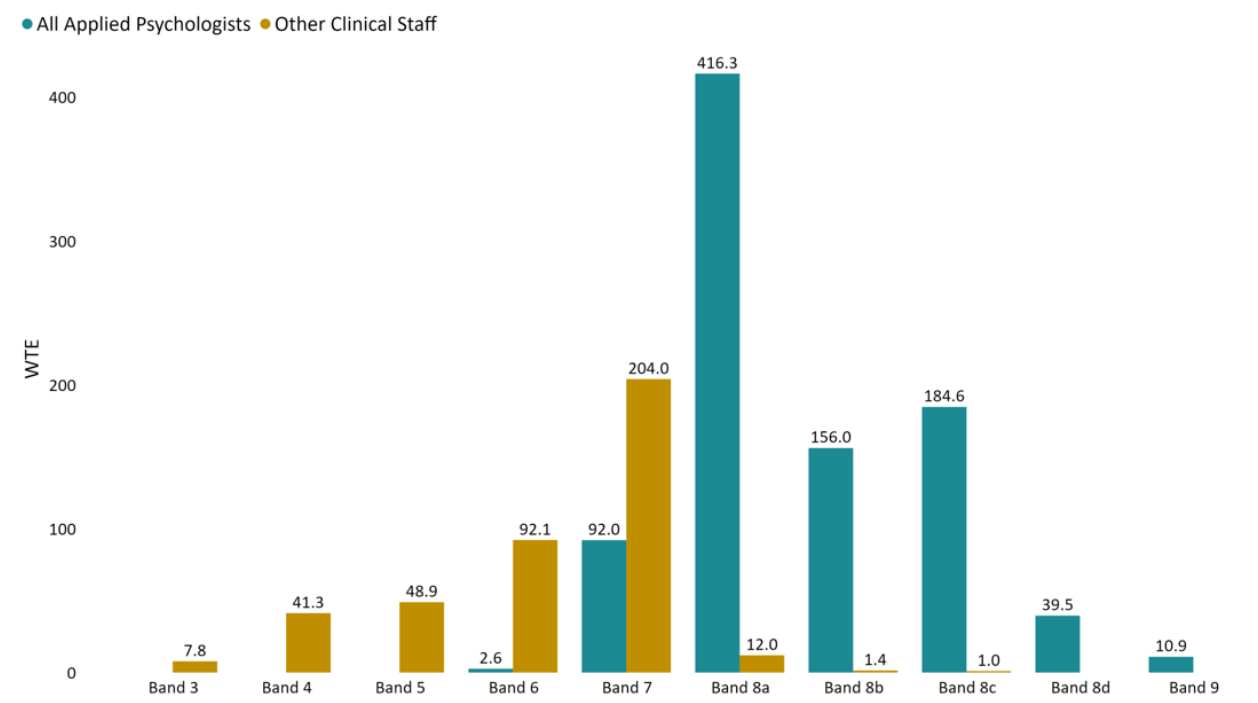
Figure 10. WTE of Applied Psychologists and Other Clinical Staff on Permanent and Fixed Term Contracts, as at 31 March 2021.



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 (89.5%, 807.3 WTE as at 31 March 2021). Figure 11 shows the WTE of All Applied Psychologists and Other Clinical Staff, by band, as at 31 March 2021.

Figure 11. WTE of All Applied Psychologists and Other Clinical Staff at different Agenda for Change Pay Bands as at 31 March 2021.



For more details, please refer to tables 7.1 and 7.2 in the [data tables](#).

5. Vacant Posts

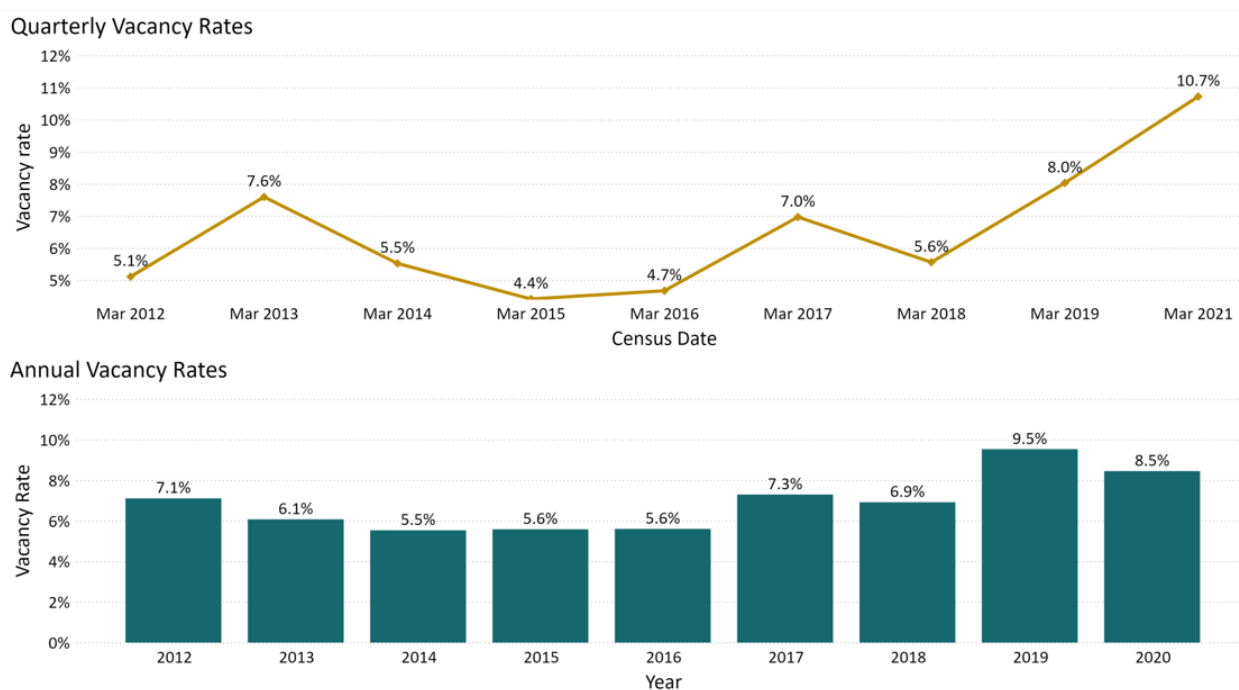
5.1 Vacancy Rates

At 31 March 2021, the WTE of posts being advertised for recruitment was 157.4 WTE, or 10.7% of the establishment. A further set of posts, constituting 35.3 WTE, were approved for recruitment but were not yet advertised.

Of the 157.4 WTE advertised posts, 105.2 WTE were permanent positions and 52.2 WTE were for fixed-term posts which includes fixed term for less than two years and for more than two years.

Figure 12 shows vacancy rates (percentage of the establishment that was vacant) between March 2012 and March 2021, quarterly and annually. The current vacancy rate of 10.7% is high compared to the rate of 8.0% in March 2019, the last March census date for which this information is available.

Figure 12. Vacancy Rates between March 2012 and March 2021^{1,2,3}.



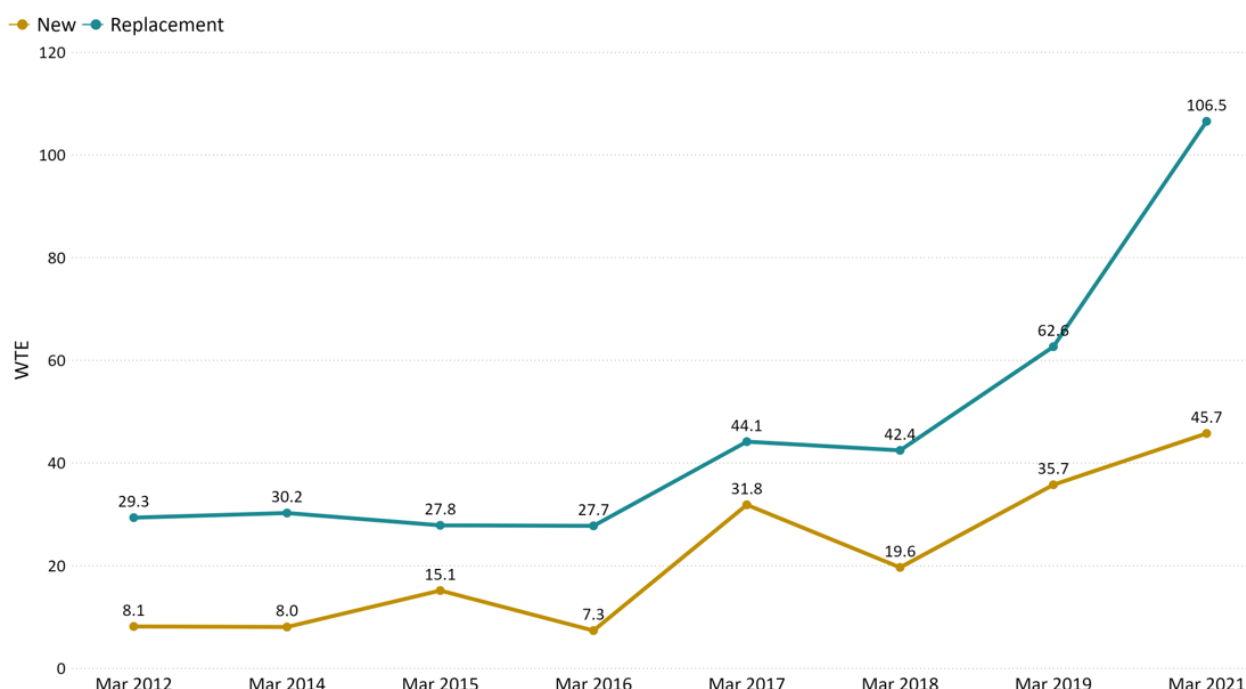
Notes

1. For the 31 March 2021 census, all boards returned vacancy data. For some previous quarters, a small number of services may not have provided vacancy information. Specific information on which services and boards responded can be found in previous publications. There was 1.0 WTE vacancy advertised as either Clinical/Counselling Psychologist, which could be filled by either Professional Groups.
2. Other Therapist includes vacancies for Support Workers, Specialist Therapists and Child and Adolescent Therapists, where no further information was provided about the role.
3. A post that has been advertised for recruitment may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore, the establishment may include double counting of posts.

5.2 Vacancy Types

Figure 13 shows the vacancy WTE for new, replacement and maternity leave/other/unknown posts between December 2016 and March 2021. As at 31 March 2021, 45.7 WTE (29.0%) were advertised as new posts while 106.5 WTE (67.7%) were advertised as replacement posts. There were an additional 5.2 WTE (3.3%) of posts that were Maternity Leave/Other/Unknown. The percentage of replacement posts has increased from 61.0% (62.6 WTE) in March 2019, while the percentage of new posts has decreased from 34.8% (35.7 WTE).

Figure 13. WTE of new and replacement vacancies from March 2012 to March 2021^{1,2,3}.



Notes

1. For the 31 March 2021 census, all boards returned vacancy data. For some previous quarters, a small number of services may not have provided vacancy information. Specific information on which services and boards responded can be found in previous publications. There was 1.0 WTE vacancy advertised as either Clinical/Counselling Psychologist, which could be filled by either Professional Groups.
2. Other Therapist includes vacancies for Support Workers, Specialist Therapists and Child and Adolescent Therapists, where no further information was provided about the role.
3. A post that has been advertised for recruitment may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore, the establishment may include double counting of posts.

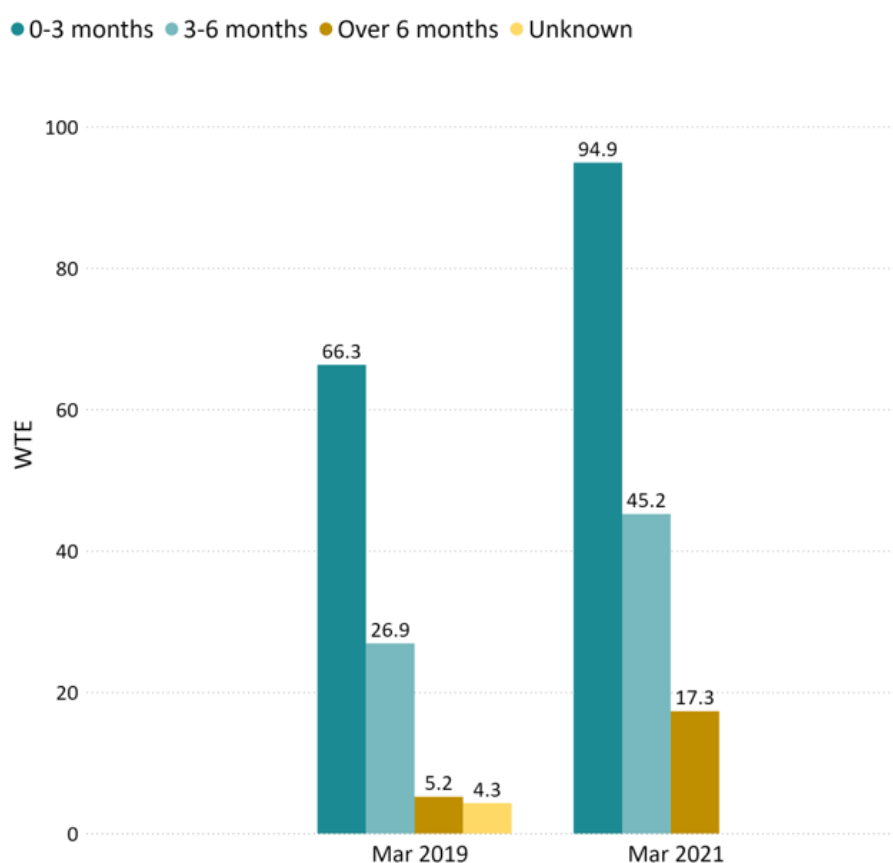
More detailed information about March 2021 vacancies by NHS Board and professional group is available in the [psychology workforce dashboard](#).

5.3 Vacancy Length

The time period for which vacancies had been advertised prior to the census date (vacancy length) has been captured for most vacancies from December 2017 onwards. Figure 14 shows this information for the latest available census compared to March 2019. At 31 March 2021, 94.9 WTE (60.3%) vacancies had been advertised for less than 3 months, 45.2 WTE (28.7%) for between 3 and 6 months, and 17.3 WTE (11%) for 6 months or longer.

For information on vacancy length broken down by NHS Board, see table 11.2 in the background tables.

Figure 14. Length of NHSScotland Psychology Services Vacancies as at 31 March 2019 and 31 March 2021^{1,2,3}.

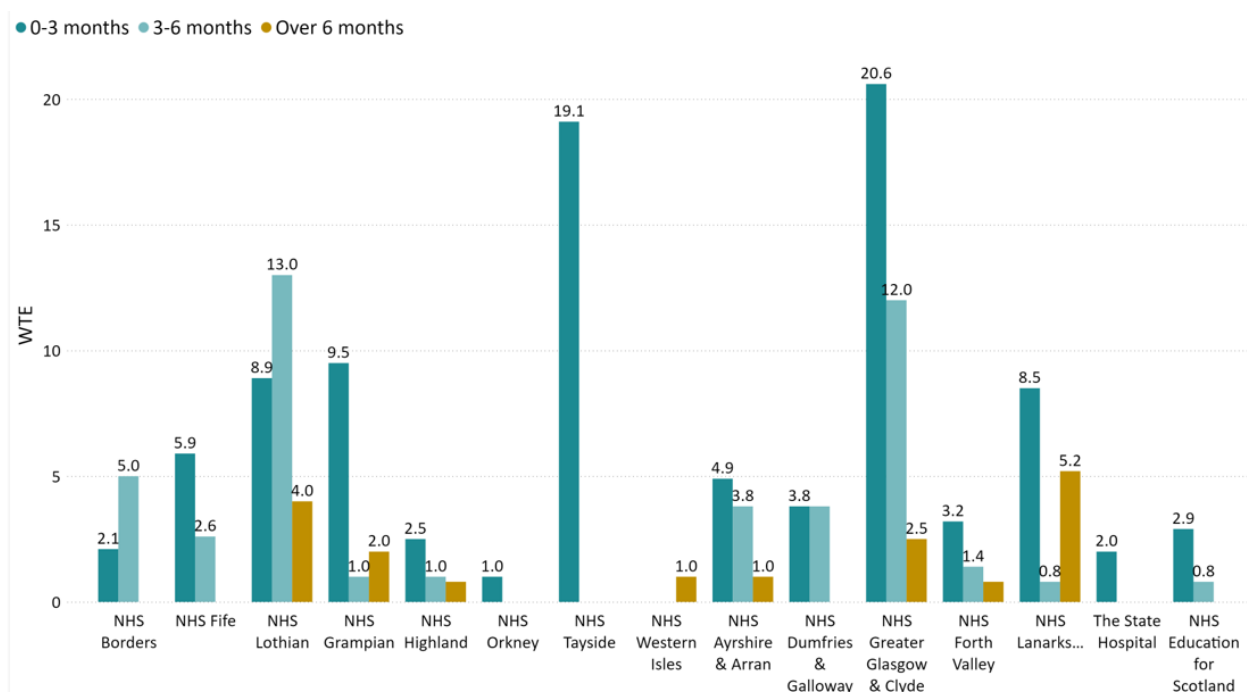


Notes

1. For the 31 March 2021 census, all boards returned vacancy data. For some previous quarters, a small number of services may not have provided vacancy information. Specific information on which services and boards responded can be found in previous publications. There was 1.0 WTE vacancy advertised as either Clinical/Counselling Psychologist, which could be filled by either Professional Groups.
2. Other Therapist includes vacancies for Support Workers, Specialist Therapists and Child and Adolescent Therapists, where no further information was provided about the role.
3. A post that has been advertised for recruitment may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore, the establishment may include double counting of posts.

Figure 15 shows the Whole Time Equivalent of vacant posts advertised by the length of time the posts were advertised for NHSScotland Health Boards. NHS Greater Glasgow and Clyde had the greatest number of posts advertised for less than 3 months as at 31 March 2021 (20.6), while NHS Lanarkshire had the largest number of vacant posts advertised greater than six months (5.2 WTE).

Figure 15. Whole Time Equivalent of vacant posts advertised by length of vacancy for NHSScotland Health Boards as at 31 March 2021^{1,2,3}.



Notes

1. For the 31 March 2021 census, all boards returned vacancy data. For some previous quarters, a small number of services may not have provided vacancy information. Specific information on which services and boards responded can be found in previous publications. There was 1.0 WTE vacancy advertised as either Clinical/Counselling Psychologist, which could be filled by either Professional Groups.
2. Other Therapist includes vacancies for Support Workers, Specialist Therapists and Child and Adolescent Therapists, where no further information was provided about the role.
3. A post that has been advertised for recruitment may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore, the establishment may include double counting of posts.

6. Staff in training

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

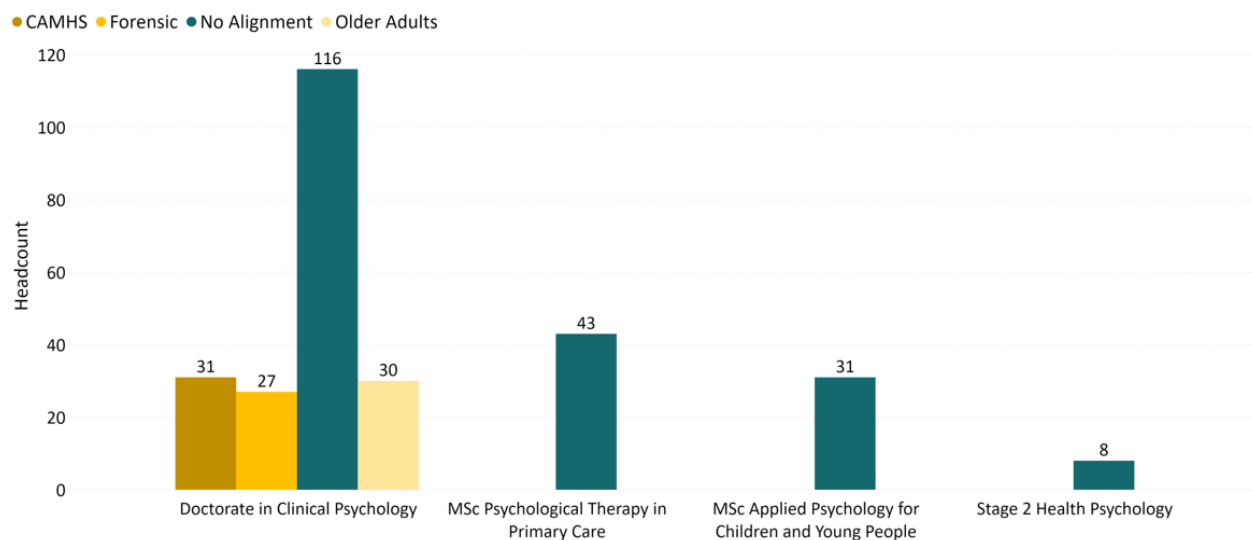
In addition to the Doctorate in Clinical Psychology (DClinPsych), MSc Psychological Therapy in Primary Care (MSc PTPC) and MSc in Applied Psychology for Children and Young People (MSc APCYP), NES works in partnership with NHS boards to provide the British Psychological Society's Stage 2 Training in Health 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](#).

6.1 Current Trainees

The latest reported numbers of individuals training towards Applied Psychology postgraduate qualifications are shown in Figure 16. The total number of doctoral trainees has increased by 5 (2.5%) since March 2020, the number of MSc Psychological Therapy in Primary Care trainees has increased by 8 (22.9%), and the number of BPS Stage 2 Qualification in Health Psychology trainees has increased by 3 (60%). The number of trainees on the MSc in Applied Psychology of Children & Young People remains the same at 31.

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 204 trainees working towards Doctorate in Clinical Psychology, 31 were aligned to CAMHS, 27 to Forensic Psychology and 30 to Older Adults.

Figure 16. Trainees (Headcount) in NHSScotland as at 31 March 2021¹



6.2 Course intakes and outputs

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

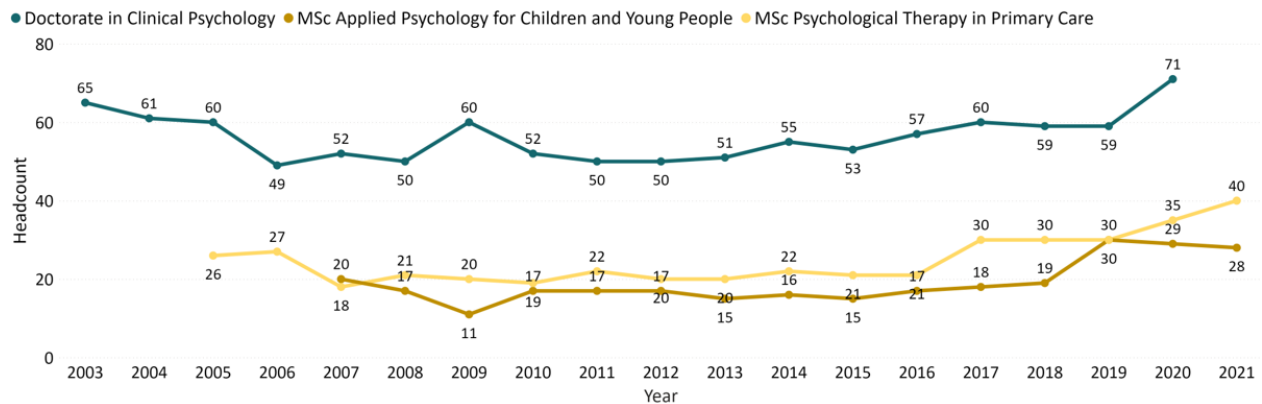
6.2.1. Course Intakes

Figure 17 displays the intake of trainees on the DClinPsych, the MSc Psychological Therapy in Primary Care (MSc PTPC) and the MSc Applied Psychology for Children and Young People (MSc APCYP) in Scotland between 2003 to 2021.

The average DClinPsych intake between 2003 and 2020 was 56 trainees per year. There were 71 trainees at the latest intake in September 2020 (29 at the University of Glasgow and 42 at the University of Edinburgh).

The last intake of trainees on either a four or five year DClinPsych 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 17: Intake of Trainees on the Doctorate in Clinical Psychology, MSc APCYP or the MSc PTPC^{1,2}.



Notes

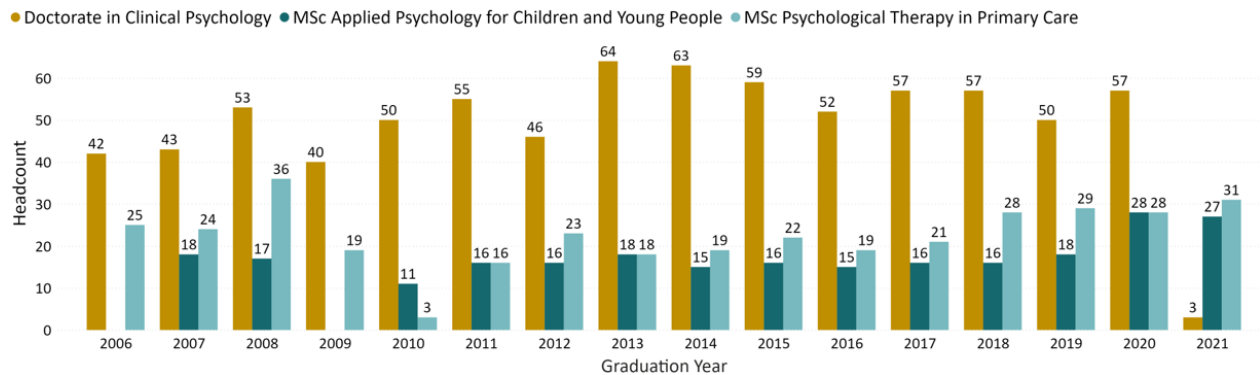
1. Data are only available from the 2003 intake onwards.
2. Data includes trainees in 2.5 years and 3 years Doctorate in Clinical Psychology Courses at University of Glasgow and trainees in 2.5 year, 3 years, 4 years and 5 years at University of Edinburgh

The average intake of trainees to the MSc Psychological Therapy in Primary Care course between 2005 and 2021 was 25 trainees per year. There were 40 trainees at the latest intake in January 2021. The average intake of trainees to the MSc Applied Psychology for Children and Young People course between 2007 and 2021 was 19 trainees per year. There were 28 trainees at the latest intake in February 2021.

6.2.2. Course Completion

Figure 18 shows the number of students graduating from the DCLinPsych, MSc Psychological Therapy in Primary Care and MSc Applied Psychology for Children and Young People courses between 2006 and 2021.

Figure 18: Headcount of DClinPsych, MSc APCYP and MSc PTPC graduates between 2006 and 2021¹.



Notes

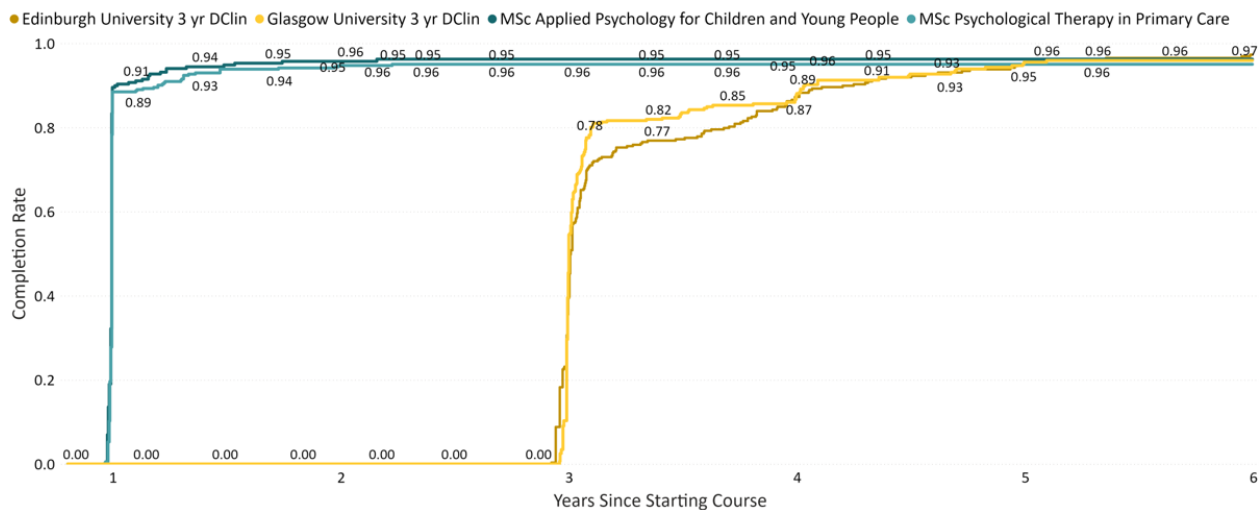
1. The data are only available for 2006 graduates onwards.

Figure 19 displays the Kaplan-Meier completion estimates for trainees on the Edinburgh and Glasgow DClinPsych, the MSc Psychological Therapy in Primary Care and the MSc Applied Psychology for Children and Young People courses over time.

Within 3 years of starting the 3 year Edinburgh DClinPsych course, there is a 39% probability of completion, rising to 71% within 3.1 years, 87% within 4 years and 95% within 5 years. Within 3 years of starting the 3 year Glasgow DClinPsych course, there is a 45% probability, rising to 80% within 3.1 years, 88% within 4 years and 96% within 5 years.

Within 1 year of starting the MSc APCYP course, there is a 90% probability of completion, rising to 96% after 2 years. Within 1 year of starting the MSc PTPC course, there is an 88% probability of completion, rising to 95% after 2 years .

Figure 19: Kaplan-Meier Completion Estimates for DClinPsych MSc APCYP and MSc PTPC courses.



Notes

1. The DClinPsych completion estimates do not include trainees on the 2.5 year course.

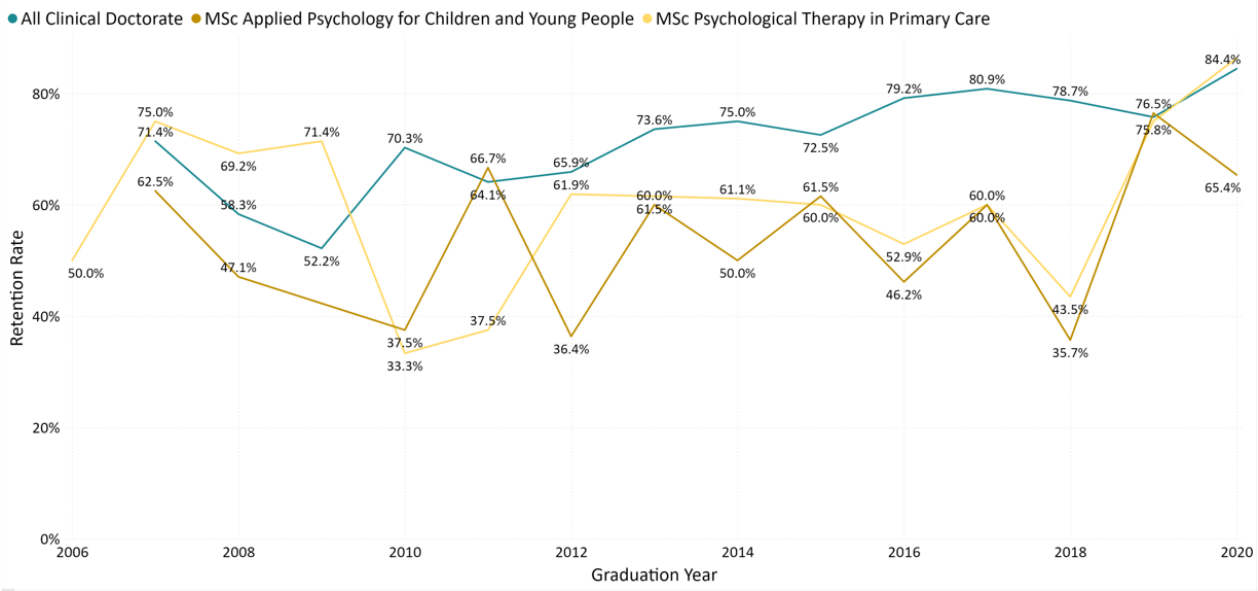
6.3 Graduate Retention- Doctorate in Clinical Psychology (D Clin Psych)

Between 2007 and 2020 there were 746 successful graduates from the DClin Psych course and 220 from the MSc APCYP course. Between 2006 and 2020 there were 330 successful graduates from the MSc PTPC course.

Of the 554 DClin Psych graduates for whom National Insurance numbers are available, 405 are currently employed in NHSScotland, an overall retention rate of 73.1%. Of the 186 MSc APCYP course graduates for whom National Insurance numbers are available, 104 are currently employed in NHSScotland, an overall retention rate of 55.9%. Of the 232 MSc PTPC course graduates for whom National Insurance numbers are available, 145 are currently employed in NHSScotland, an overall retention rate of 62.5%.

Figure 20 illustrates the percentage of graduates currently employed in NHSScotland, by graduation year since 2006. 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 20: Retention Rate of DClinPsych, MSc APCYP and MSc PTPC Graduates within NHSScotland Psychology Services, by Graduation Year since 2006¹.



7. 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.

8. 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.

9. 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: <https://www.nes.scot.nhs.uk/our-work/applied-psychology-professional-training-programmes/>.

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>

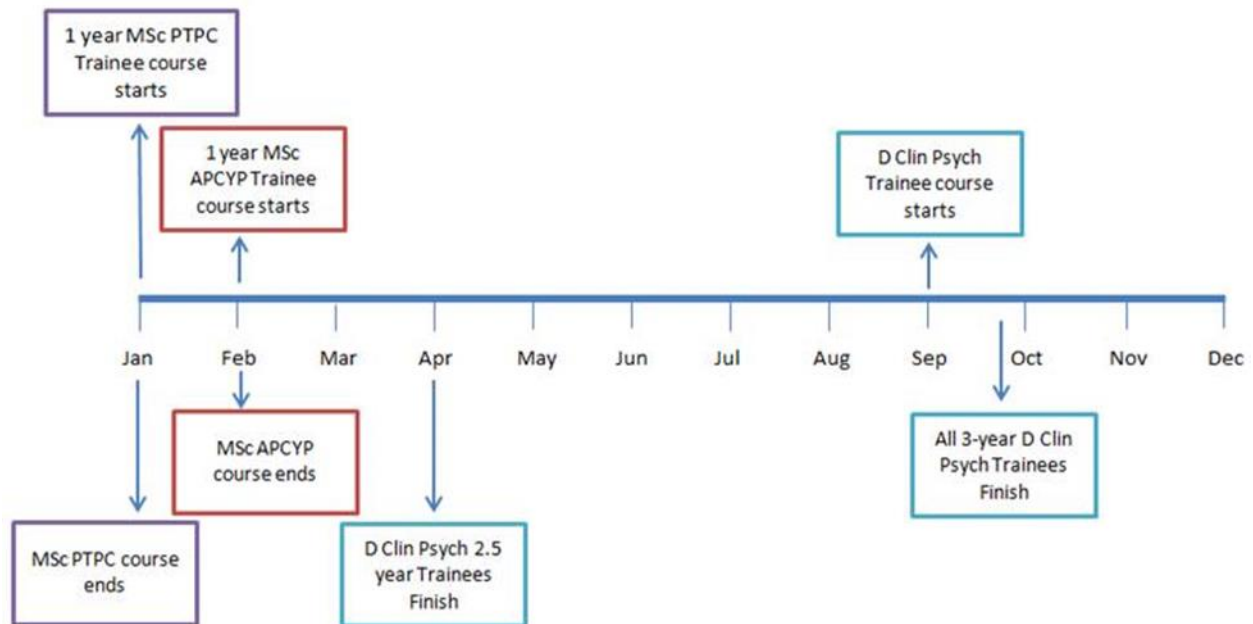
BPS Stage 2 Qualification in Health Psychology

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: <https://www.nes.scot.nhs.uk/our-work/applied-psychology-professional-training-programmes/#traineehealthpsychologists3>

Figure 21: 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.

10. 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	2021-06-01-Psychology-Workforce-Tables	2001-2019	Excel 750 Kb
1.1	Table 1.1: All Clinical Staff (WTE) employed in Psychology Services by NHS Board	2010-Mar 2021	"
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 2021	"
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	All Clinical Staff Employed, Joiners, Leavers and Turnover Rates in NHSScotland Psychology Services	Mar 2010-Mar 2021	“
10.1	Ethnicity and Declared Disability of All Psychology Services Staff	Sep 2011-Sep 2020	“
11.1	All Vacancies (WTE) in Psychology Services by NHS Board	Dec 2011-Mar 2021	“
11.2	Length of Vacancies for Clinical Staff in Psychology Services, WTE by Professional Group and NHS Board	“ –	“
12.1	All Applied Psychologists (Headcount) in Training in NHSScotland	Mar 2021	“
13.1	Course Intakes, Outputs and Completion Rates for trainees on a Doctorate in Clinical Psychology Course in Scotland from the 2003 intake onwards	2003-2020	“
13.2	Graduates of Doctorate in Clinical Psychology (Headcount) in Workforce in NHSScotland Psychology Services	2007-2020	“
14.1	Course Intakes, Outputs and Completion Estimates for the MSc Applied Psychology for Children and Young People and MSc Psychological Therapy in Primary Care	2005-2021	“

14.2	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>2006-2020</u>	“
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11. 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.

<https://www.nes.scot.nhs.uk/our-work/matrix-a-guide-to-delivering-evidence-based-psychological-therapies-in-scotland/>

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.

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:

<https://www.nes.scot.nhs.uk/our-work/applied-psychology-professional-training-programmes/>

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.