



Psychology Services Workforce in Scotland

Workforce as at 30 September 2019



**3 December
2019**

This release by NHS Education for Scotland (NES) provides a quarterly update, as at 30 September 2019, on the number of staff directly employed by NHSScotland Psychology services and the number of vacant posts. 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.

As of 1st October 2019, NHS Education for Scotland (NES) has taken responsibility for some national workforce data, statistical & intelligence functions. A joint [letter](#)  [346Kb] by the Chief Executives of NSS and NES, dated 23rd August 2019, details the rationale for the changes and arrangements for the transfer of these functions.

Previous quarterly Workforce publications have been released as National Statistics. NES anticipates becoming an accredited provider of Official Statistics in December 2019. For the current publication NES has voluntarily applied the UK Statistics Authority's [Code of Practice for Statistics](#).

Contents

Introduction	4
Main Points	5
Results and Commentary.....	6
1. Staff in Post	6
1.1 WTE per 100,000 population	9
1.2 Staff by Professional Group	11
2. Staff by Target Age and Area of Work.....	12
2.1 Target Age	13
2.2 Area of Work	14
3. Characteristics of the workforce	18
3.1 Gender and contracted hours	18
3.2 Age	20
3.3 Contract Term	21
3.4 Agenda for Change Pay Bands.....	22
4. Vacant Posts	24
4.1 Vacancy Rates.....	24
4.2 Vacancy Types	27
4.3 Vacancy Length	31
Glossary.....	32
Summary of Professional Groups within Psychology Services	34
Summary of Training Courses	36
List of Tables.....	40
Psychology Workforce Contacts	42
Appendices	43
Appendix 1 – Background information.....	43
Appendix 2 – Publication Metadata	45
Appendix 3 – Early access details	47

Introduction

This publication summarises national data on the workforce providing Psychology Services in NHSScotland, following the latest census at 30 September 2019. This release is accompanied by a number of tables in Excel – see [background tables](#).

This report summarises key aspects of the data released including:

- The number and characteristics of clinical staff in post
- The number of vacant posts

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.

Main Points

- Within Psychology Services in NHSScotland as at 30 September 2019, there were a total of 1176.1 WTE (1,434 headcount) clinical staff in post. This is 85.4% (541.7 WTE) higher than in September 2006, 2.3% (26.3 WTE) higher than reported 12 months previously, and -0.3% (-3.8 WTE) lower than the June 2019 census. Out of an establishment of 1318.9 WTE, 142.8 WTE posts were vacant, 72.9 WTE staff were on maternity/parental leave and 10.8 WTE staff were on long-term sick leave.
- There has been a consistent increase in the number of female staff working part-time within NHSScotland Psychology Services, from 325 headcount at 31 March 2011 to 720 headcount at 30 September 2019 (+395 headcount, +121.5%). The number of female staff working whole time has remained relatively stable over this period (+23 headcount, +4.8%). At 30 September 2019, 58.7% of contracts for female staff were part-time, compared to 28.0% for male staff.
- There are currently 142.8 WTE vacancies being advertised for recruitment, of which 93.3 WTE (65.3%) are for Clinical Psychology positions. New posts account for 36.0% (51.4 WTE) of the total vacancies. While September vacancy rates tend to be higher than other quarters, the current rate of 10.8% of posts vacant is the highest observed in NHSScotland Psychology Services since data collection began.

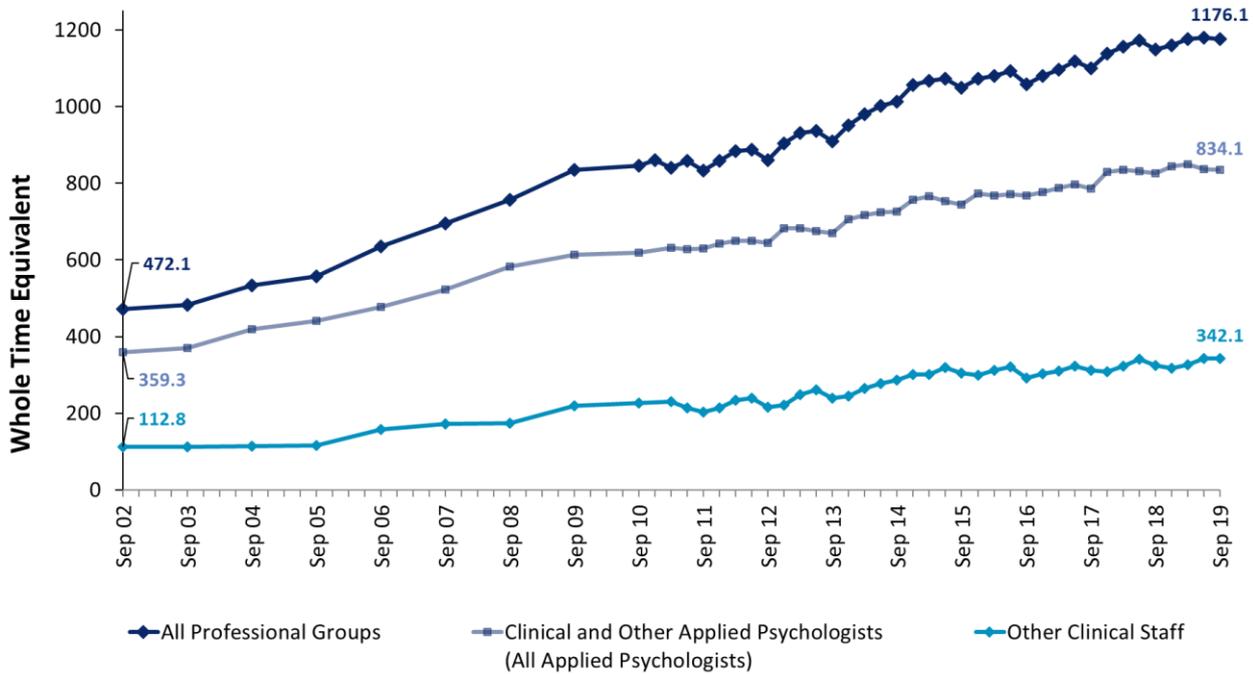
Results and Commentary

1. Staff in Post

At 30 September 2019, there were a total of 1,176.1 WTE (1,434 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 between September 2002 and September 2019. Over this time, the total workforce has grown by 704.0 WTE (149.1%). In the past 12 months there has been an overall increase of 26.3 WTE (2.3%).

Figure 1. Whole time equivalent (WTE) of staff in NHSScotland Psychology Services, from 30 September 2002 to 30 September 2019.



At 30 September 2019, 72.9 WTE (5.5%) of the establishment were on maternity/parental leave, 10.8 WTE (0.8%) were on long term sick leave and 142.8 (10.8%) of posts were vacant. These numbers are shown in Figure 2, alongside the September 2018 numbers for comparison. At 30 September 2019, out of an establishment of 1318.9 WTE, 1092.4 WTE (82.8%) of staff were working in post, compared to 1085.7 out of an establishment of 1239.6 WTE (87.6%) in September 2018.

Figure 2. Current staff, vacancies, maternity leave and long term sickness (WTE and % of establishment), at 30 September 2018 and 30 September 2019.

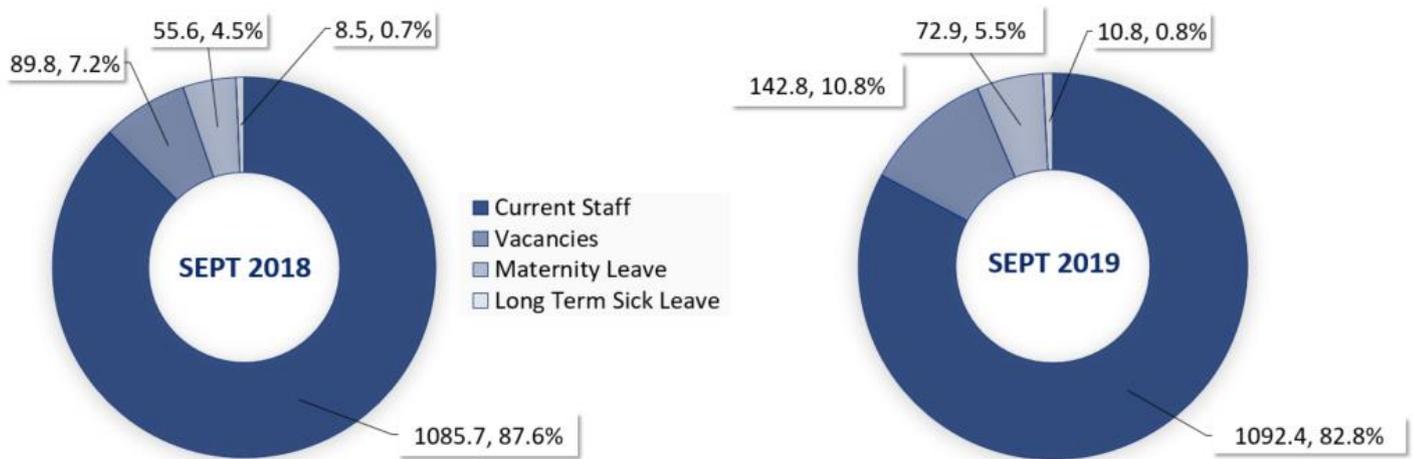
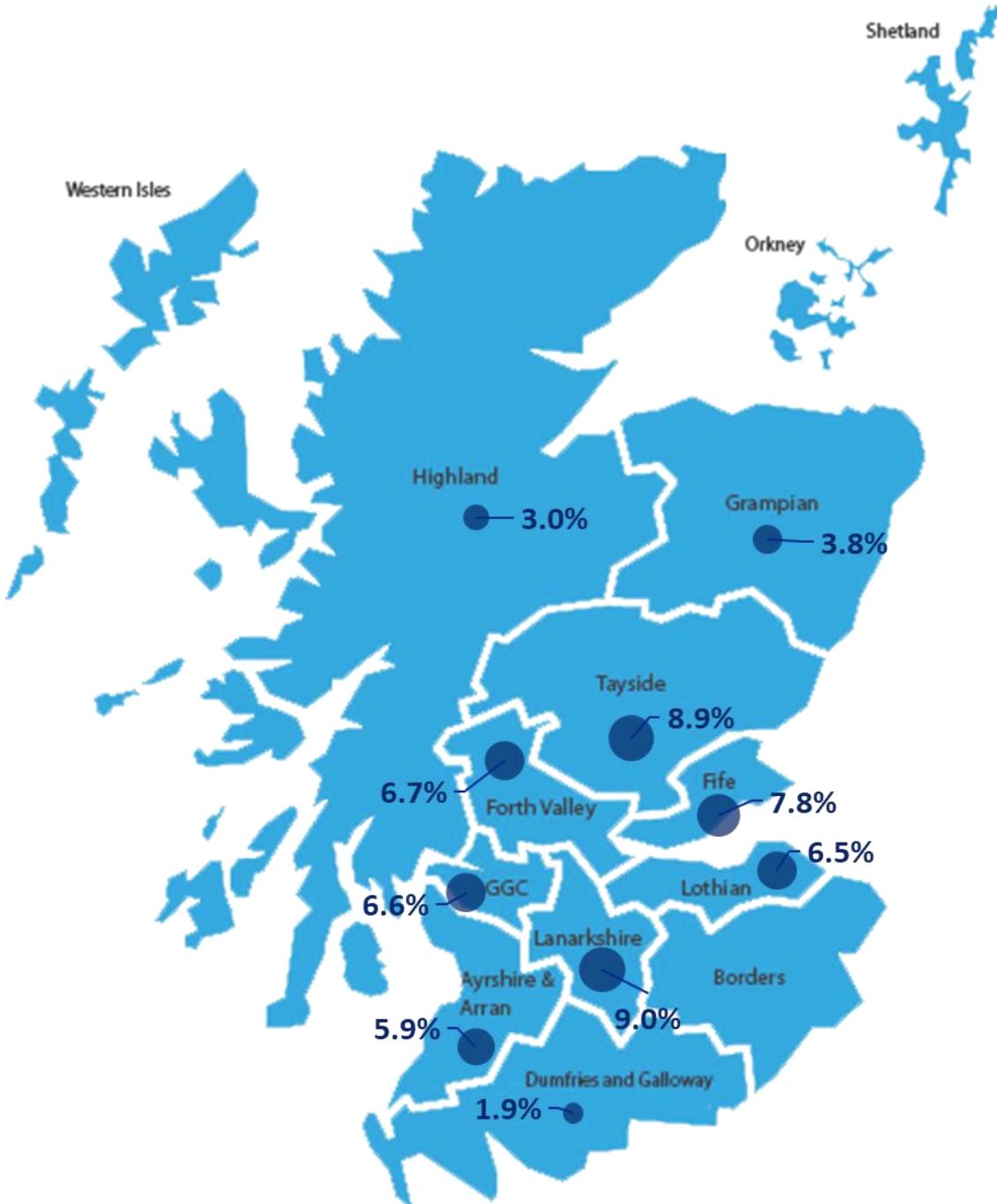


Figure 3 shows the percentage of staff currently on maternity/parental leave, by health board. NHS Borders, NHS Orkney, NHS Shetland, NHS Western Isles, NHS Golden Jubilee, NHS State Hospital and NHS Education for Scotland did not have any staff on maternity/parental leave.

Figure 3. Percentage WTE of staff on maternity/parental leave by health board, at 30 September 2019.



1.1 WTE per 100,000 population

Figure 4 shows the WTE of All Applied Psychologists per 100,000 population for September census dates since 2011. While the WTE continues to increase year on year, the percentage increase since September 2018 has been relatively small (0.1 WTE, 0.7%).

Figure 4. WTE of All Applied Psychologists per 100,000 population for September census dates, 2011-2019.

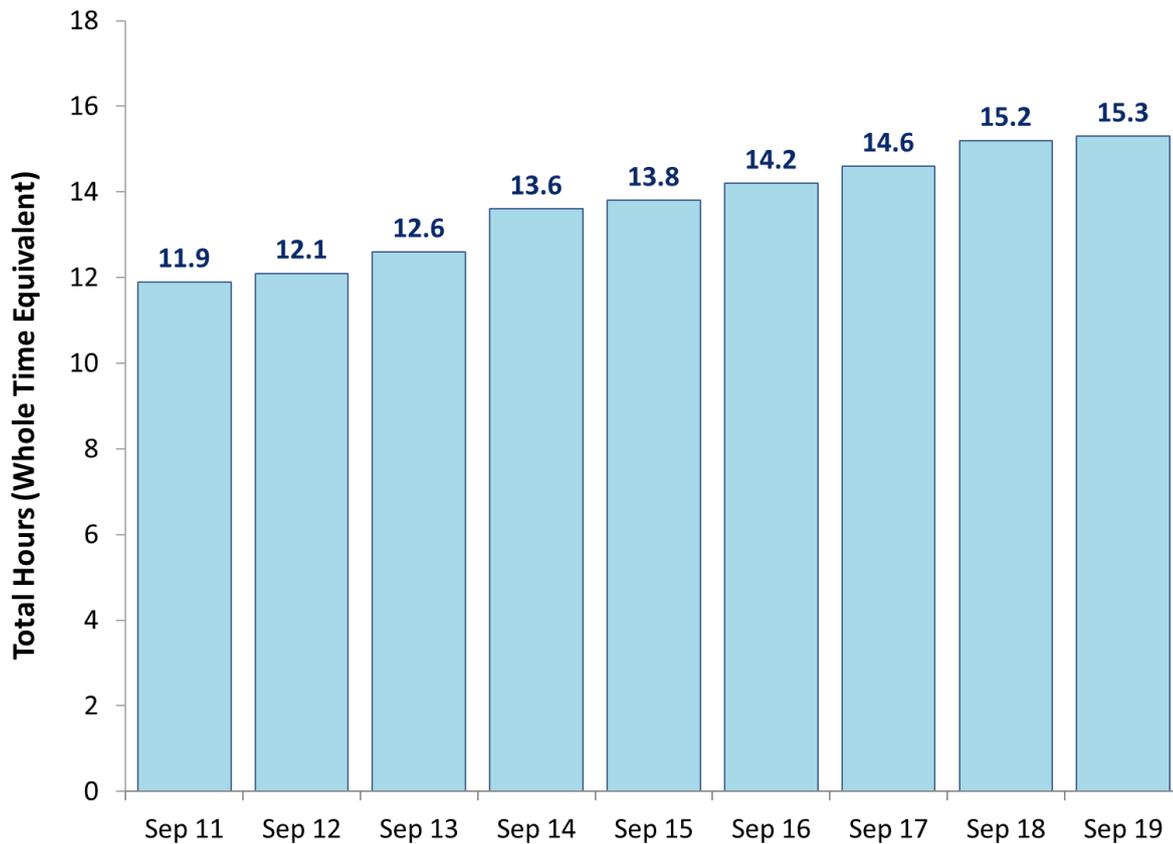
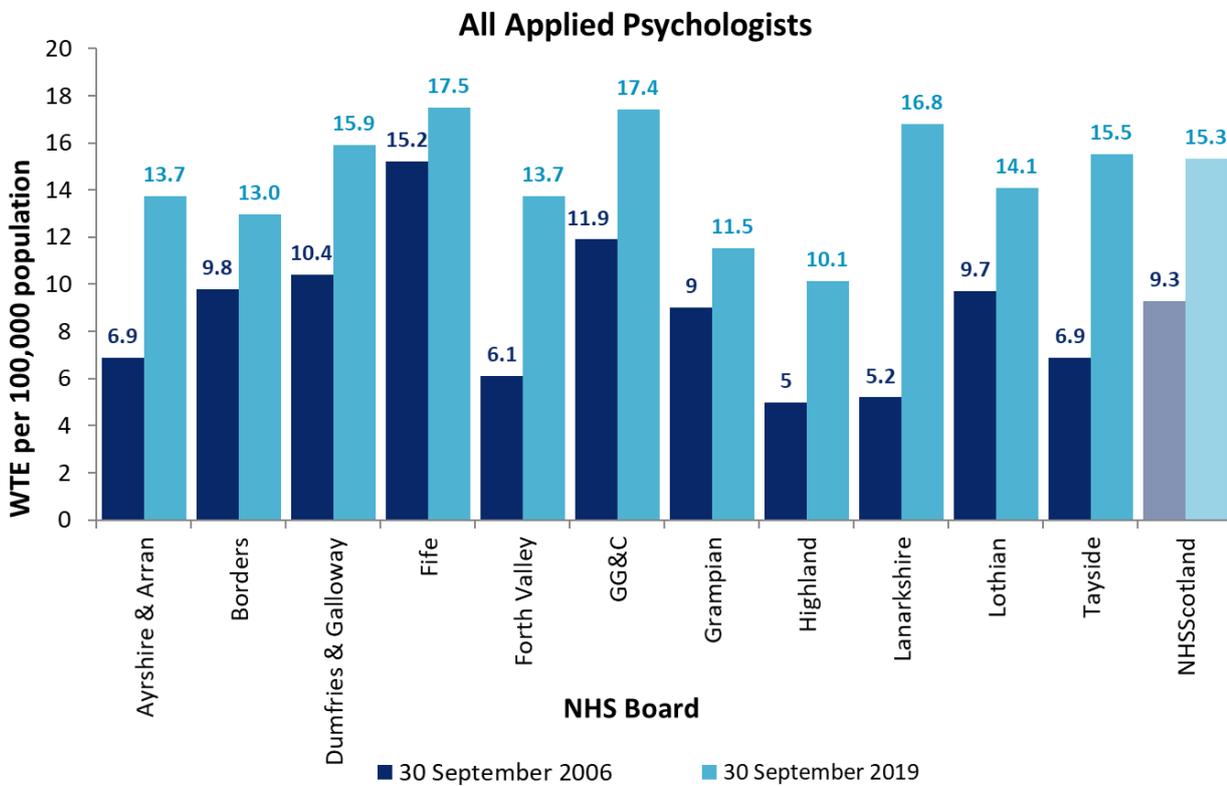


Figure 5 compares the WTE of all Applied Psychologists employed per 100,000 population in each mainland NHS Board at the latest census with that at 30 September 2006, when the current NHS Board Area configuration began. NHS Fife currently has the highest rate with 17.5 WTE Applied Psychologists per 100,000 population, compared to the overall NHSScotland rate of 15.3. However, the higher rates in some Boards will be 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 will have a greater demand for services.

Figure 5. Applied Psychologists in mainland NHS Boards – WTE per 100,000 population at 30 September 2006 and 30 September 2019^{1,2}.



Notes

1. NHS Orkney, NHS Shetland and NHS Western Isles all currently have less than 2.0 WTE Applied Psychologists so are not included in this chart. Further information on services to the islands board can be found in the [background tables](#).
2. The total NHSScotland figures also include Applied Psychologists working in Special Health Boards: NHS Education, NHS State Hospitals Board for Scotland and Golden Jubilee National Hospital.

1.2 Staff by Professional Group

As at 30 September 2019, All Applied Psychologists comprised 70.9% of the workforce (834.1 WTE) and Other Clinical Staff 29.1% (342.1 WTE).

Figure 6 shows the WTE and percentage of different types of Applied Psychologist within the workforce at 30 September 2019. Clinical psychologists are by far the largest group, with 770.7 WTE. This is 5.2 WTE (0.7%) higher than September 2018 but -0.9 WTE (-0.1%) less than June 2019.

Figure 6. WTE and percentage of different types of Psychologist in Psychology Services across NHSScotland at 30 September 2019¹.

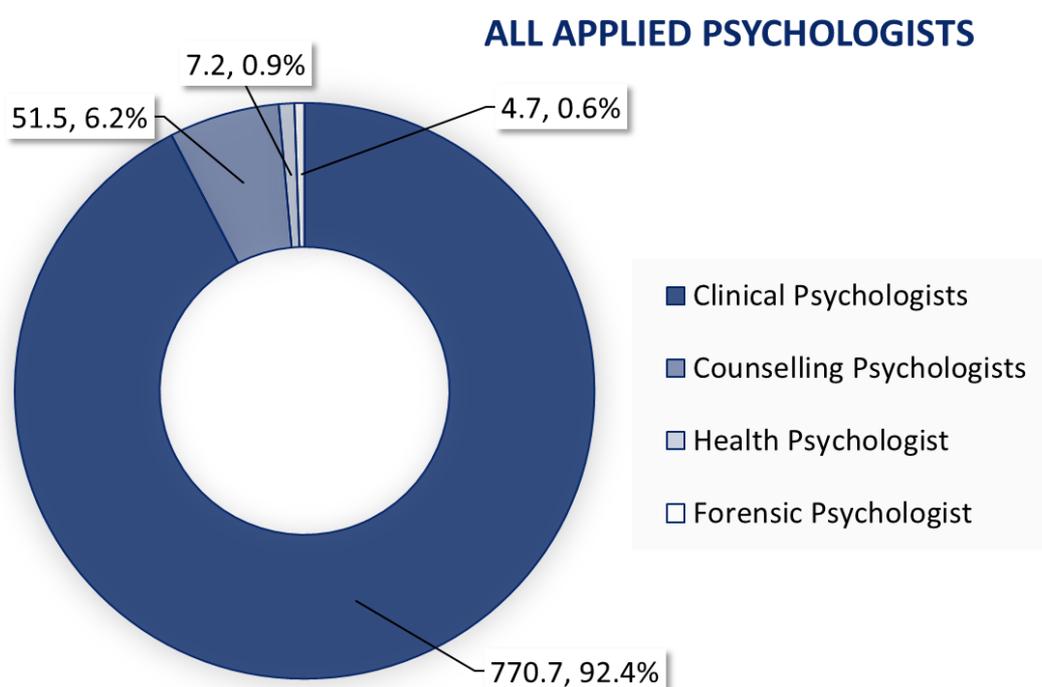
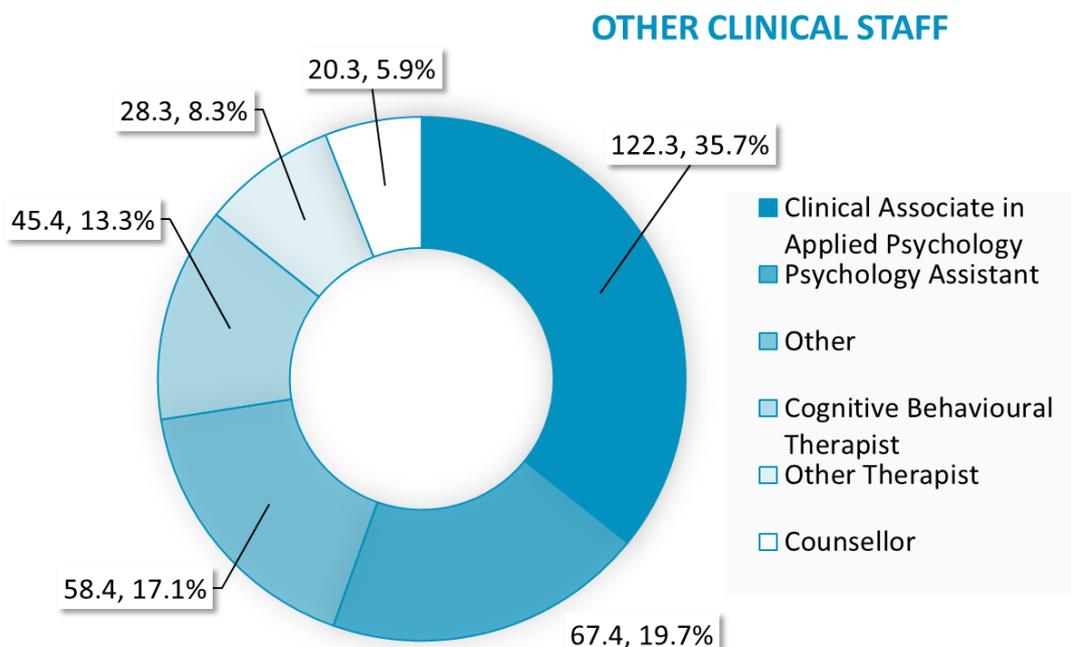


Figure 7 shows the WTE and percentage of different types of Other Clinical Staff in the workforce at 30 September 2019. The WTE of Other Clinical staff has not changed since September 2018.

Figure 7. WTE and percentage of Other Clinical Staff in Psychology Services across NHSScotland at 30 September 2019¹.



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

2. 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 background 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).

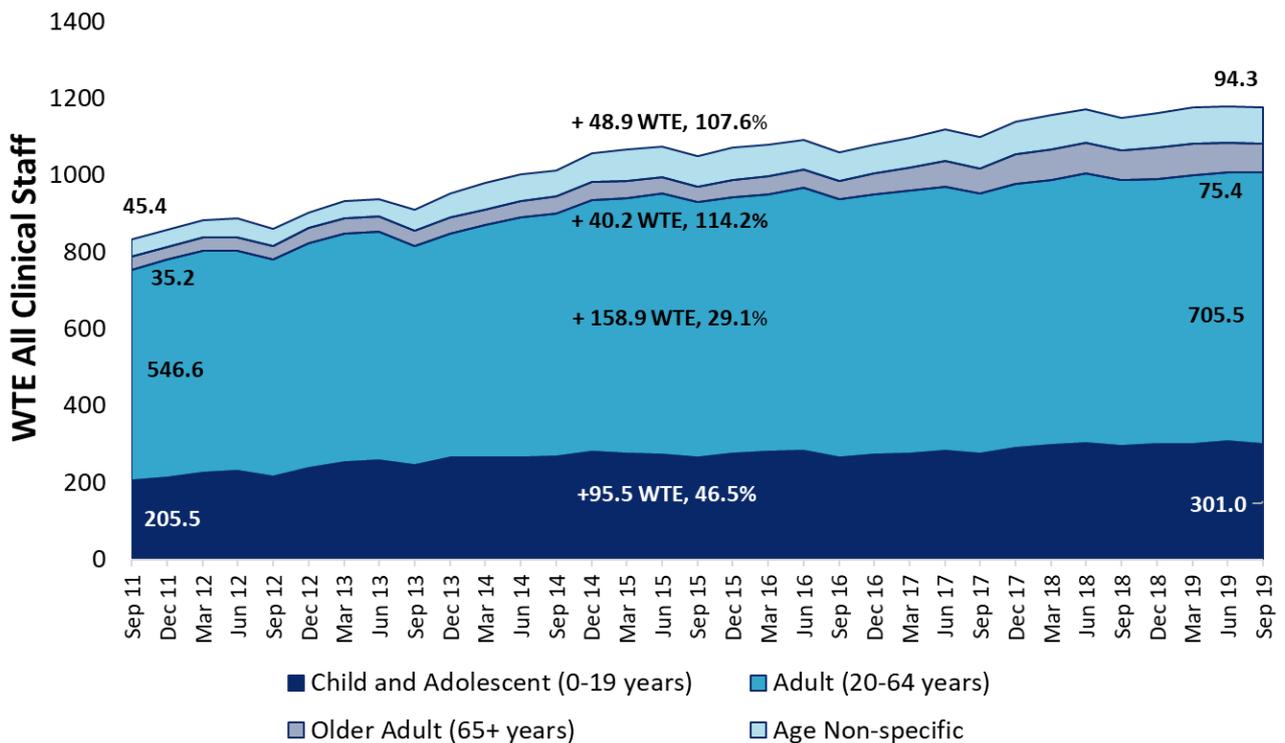
Area of Work refers to the broad specialty area that the clinician works in. For definitions of each Area of Work please refer to the [glossary](#).

2.1 Target Age

Figure 8 displays a trend of the WTE staff working across each Target Age, between September 2011 and September 2019. The largest Target Age group continues to be Adult, which accounts for 60.0% of the Psychology workforce at 30 September 2019. The Child and Adolescent Target age accounts for 25.6% of the workforce, Older Adults 6.4% and Age Non-Specific 8.0%.

While the Older Adult Target age accounts for the smallest percentage of the Psychology workforce, it has seen the largest percentage increase since September 2011 (+114.2%). This may be due partly to the introduction of trainees on the Doctorate in Clinical Psychology course with specific alignment to Older People’s Services. Similarly, the MSc Psychological Therapy in Primary Care course covers both adults and older adults, which enables graduates to work with the Older Adult Target Age on completion.

Figure 8. WTE of all clinical staff in Psychology Services by Target Age between 31 September 2011 and 30 September 2019.



2.2 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 September census dates since 2011. 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, see the [glossary](#).

By far the largest area of work is General Mental Health, which accounted for 45.2% (531.9 WTE) of the workforce at 30 September 2019. Mild to Moderate Mental Health accounted for 8.3% (97.8 WTE) of the workforce, Severe and Enduring Mental Health for 3.0% (35.7 WTE), Early Intervention for 2.6% (30.9 WTE), and Eating Disorders for 1.7% (20.5 WTE).

Figure 9. Mental Health Area of Work: WTE at September census dates between 2011 and 2019.

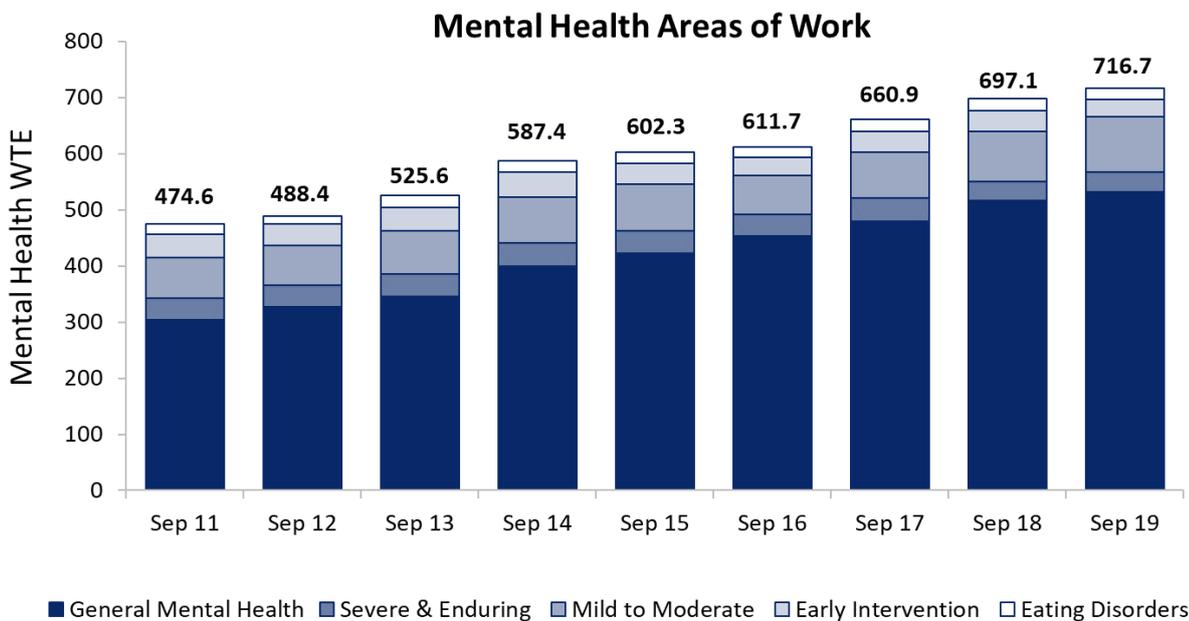


Figure 10 shows the percentage change of different areas of work within the General Mental Health category, since September 2011 and since September 2018. All areas have increased since the previous census, except for Early Intervention, which has decreased by -15.8% (-5.8 WTE). Early Intervention has also seen the greatest drop since 2011 (-25.7%, -10.7 WTE), while Severe and Enduring Mental Health Dropped by -6.3% (-2.4 WTE). All other subcategories have increased during this time, particularly General Mental Health, which grew by 75.0% (228 WTE).

Figure 10. Mental Health Area of Work subcategories: Percentage change since September 2011 and September 2018.

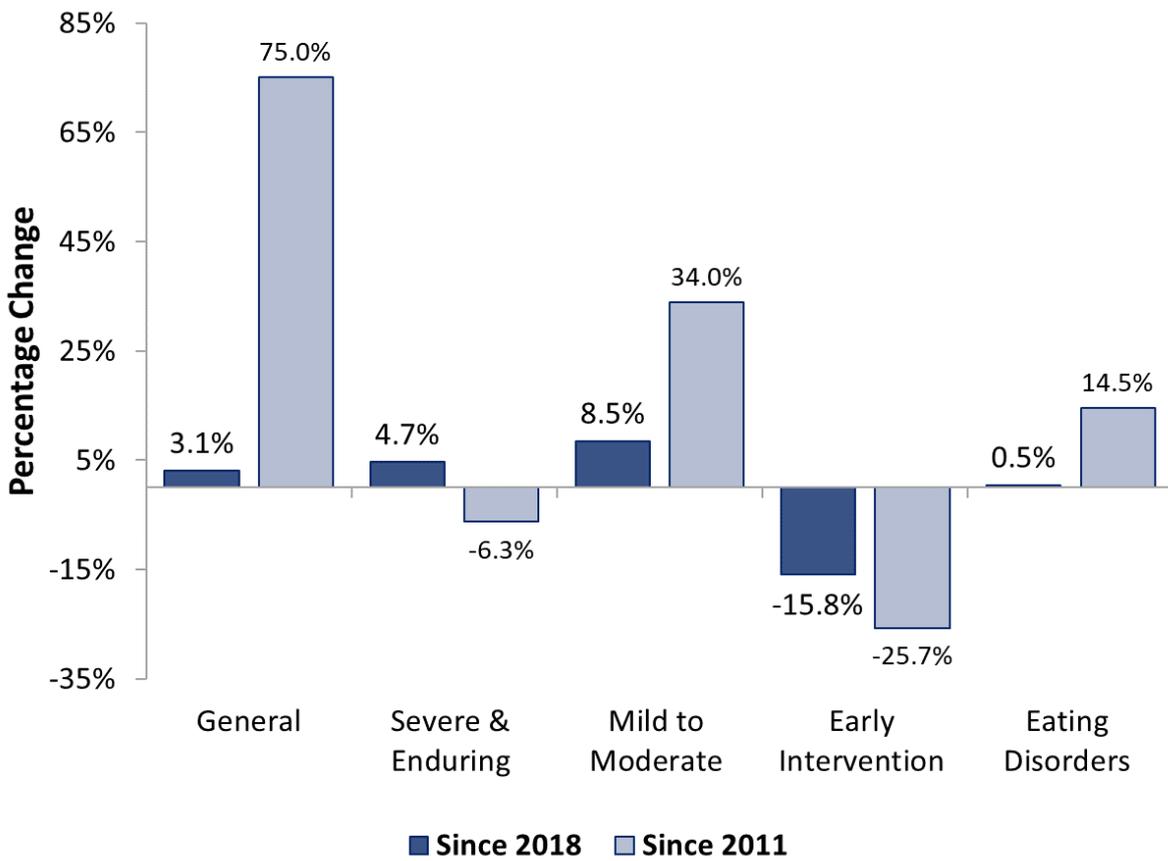


Figure 11 shows the WTE for Other Area of Work categories. The Other category is currently the largest of these, accounting for 10.1% of the workforce (119.1 WTE). This group incorporates sub-categories such as Healthcare for the Elderly and Dementia, Academic, Teaching and Management, Trauma Services, Autistic Spectrum Disorder, Self-help Workers, Prison Services and Gender-based Violence. The second largest category is Physical Health (9.3% of the workforce, 109.3 WTE), followed by Learning Disabilities (7.2%, 84.3 WTE), Forensic (5.4%, 63.9 WTE), Neuropsychology (4.7%, 55.5 WTE), and Alcohol and Substance Misuse (2.3%, 27.4 WTE).

Figure 11. Other Area of Work categories: WTE at September census dates between 2011 and 2019.

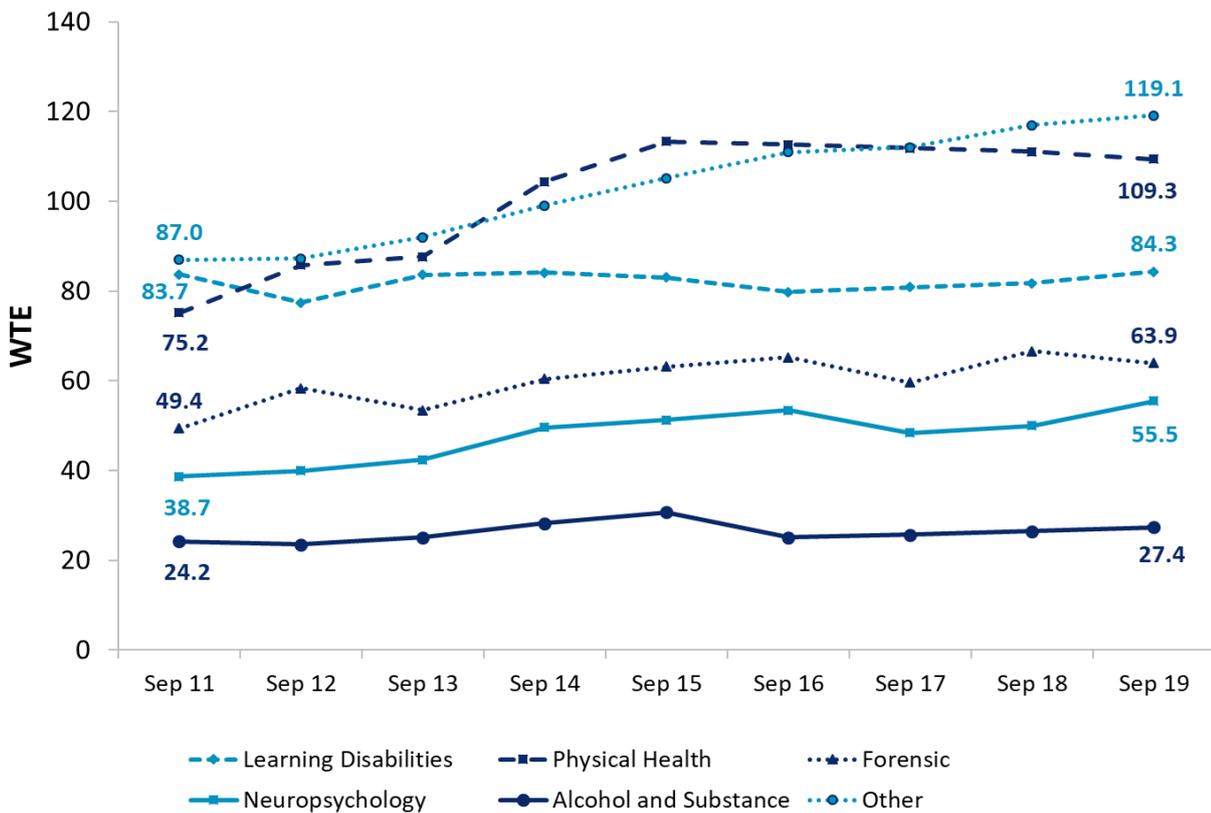
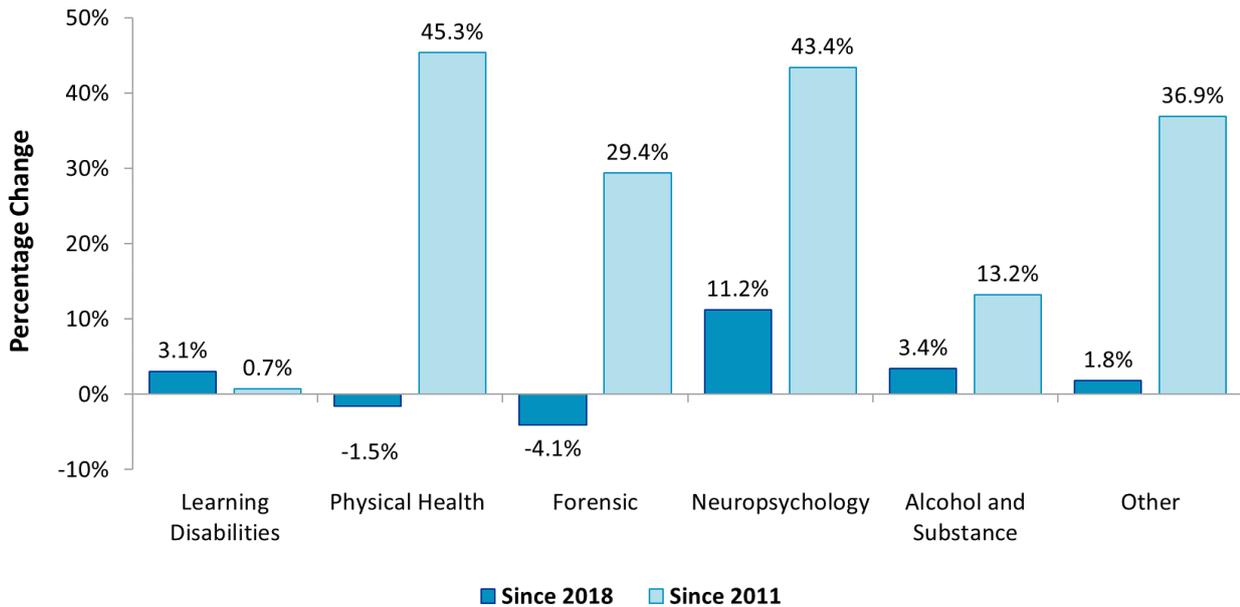


Figure 12 shows the percentage change of these Areas of Work, since September 2011 and since September 2018. All areas have increased since 2011. Since 2018, the greatest percentage increase has been in Neuropsychology (+11.2%, +5.6 WTE) and the greatest percentage decrease has been in Forensic (-4.1%, -2.7 WTE).

Figure 12. Other Area of Work categories: Percentage change since September 2011 and September 2018.



3. Characteristics of the workforce

3.1 Gender and contracted hours

As can be seen in Figure 13, there has been a substantial increase in the number of female staff working part-time, from 325 headcount at 31 March 2011 to 720 headcount at 30 September 2019 (+395 headcount, +121.5%). At 30 September 2019, 58.7% of contracts for female staff were part-time, compared to 40.2% in March 2011. The number of female staff working whole-time has remained relatively stable (+23 headcount, +4.8%), with some seasonal fluctuations.

The number of male staff working both whole-time (+4 headcount, +2.8%) and part-time (+9 headcount, +18.4%) has barely changed over this period. For more detailed information on contract type and gender by professional group, please refer to Table 6.1 within the [background tables](#).

Figure 13. Contract Type and Gender for Psychology Staff within NHSScotland from 31 March 2011 to 30 September 2019, by headcount.

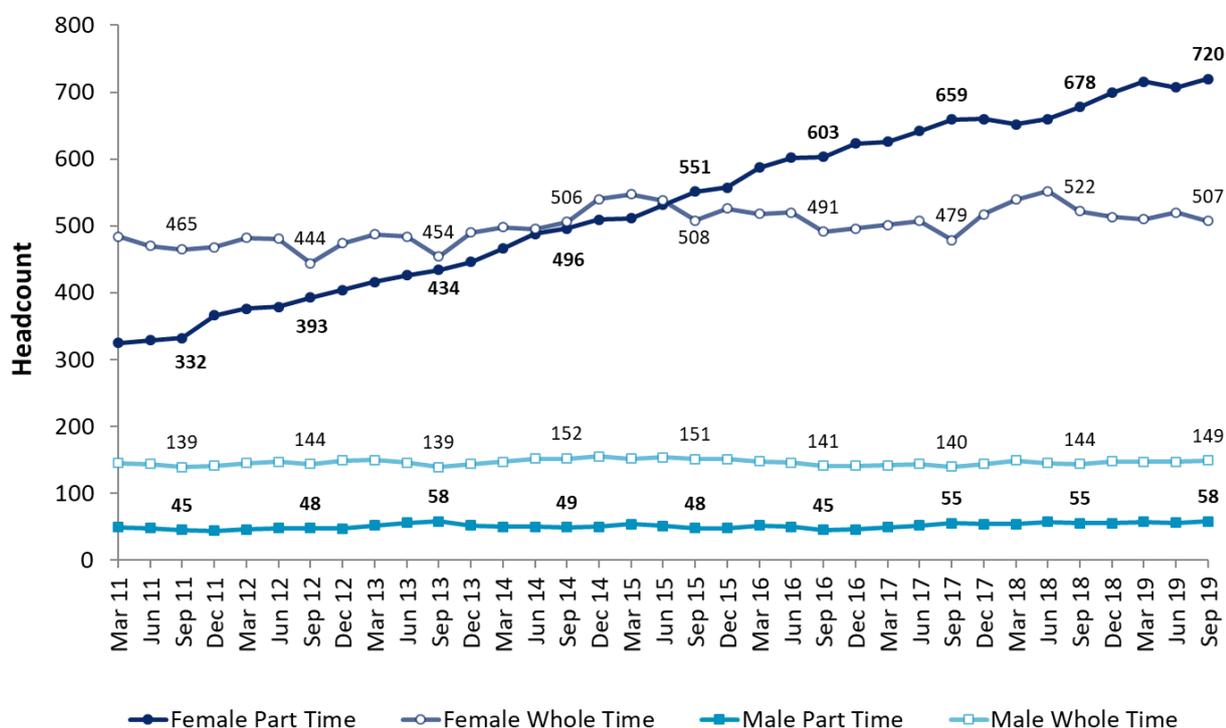
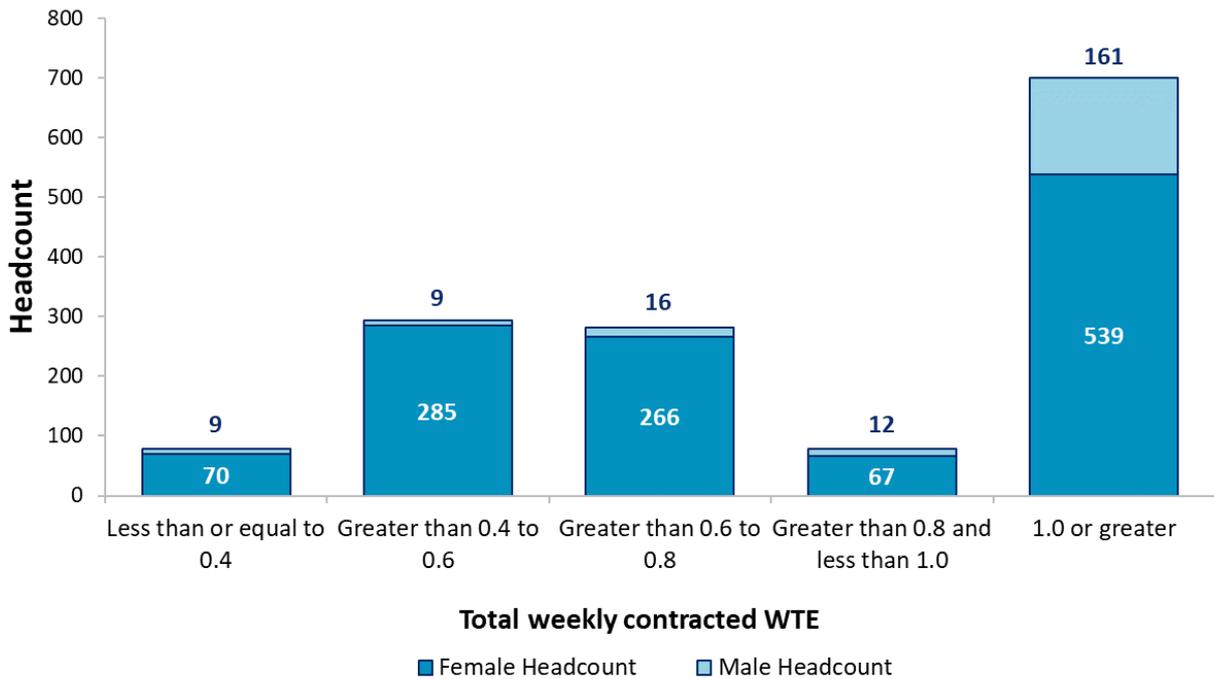


Figure 14 below displays the current distribution of weekly contracted hours for staff within NHSScotland Psychology Services by headcount and gender, accounting for individuals who have more than one part-time position so that only their combined overall hours per week are included.

Figure 14. Distribution of weekly contracted whole time equivalent, by gender and headcount, at 30 September 2019.

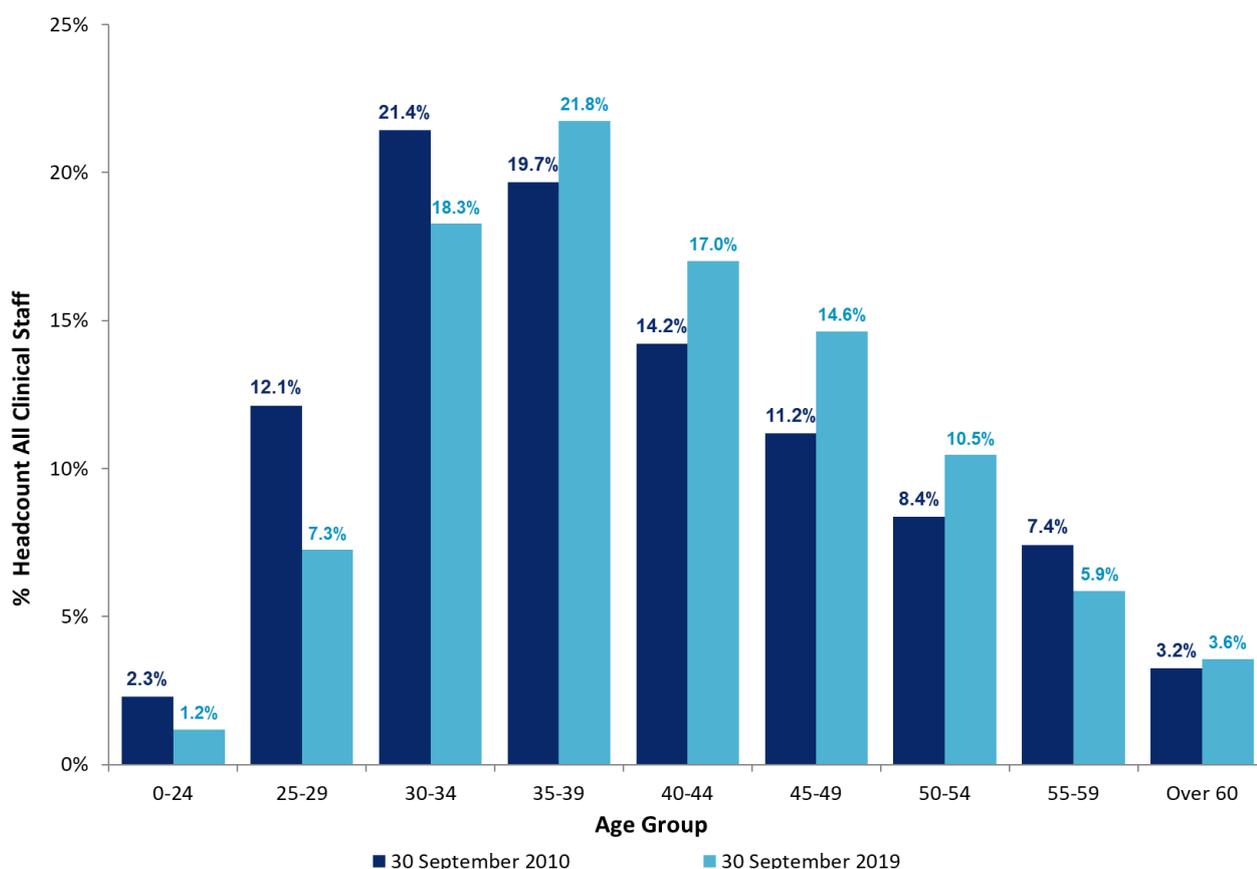


A contract of 37.5 hours or 40 sessions is the standard working week for one whole-time equivalent staff member under NHS guidelines. While 22.2% of male staff (46 headcount) and 56.1% of female staff (688 headcount) work fewer than 37.5 hours, it is worth noting that some practitioners may also hold part-time positions outside of NHSScotland.

3.2 Age

Figure 15 shows the change to the age profile of the workforce between 30 September 2010, when these data were first available, and 30 September 2019. There are fewer staff aged under 35 at the current census and more staff aged between 35 and 54 than in 2010. The largest age group of staff has moved from 30-34 year old category (21.4% at 30 September 2010) to the 35-39 year old category (21.8% at 30 September 2019).

Figure 15. Age profile of All Clinical Staff at 30 September 2010 and 30 September 2019.



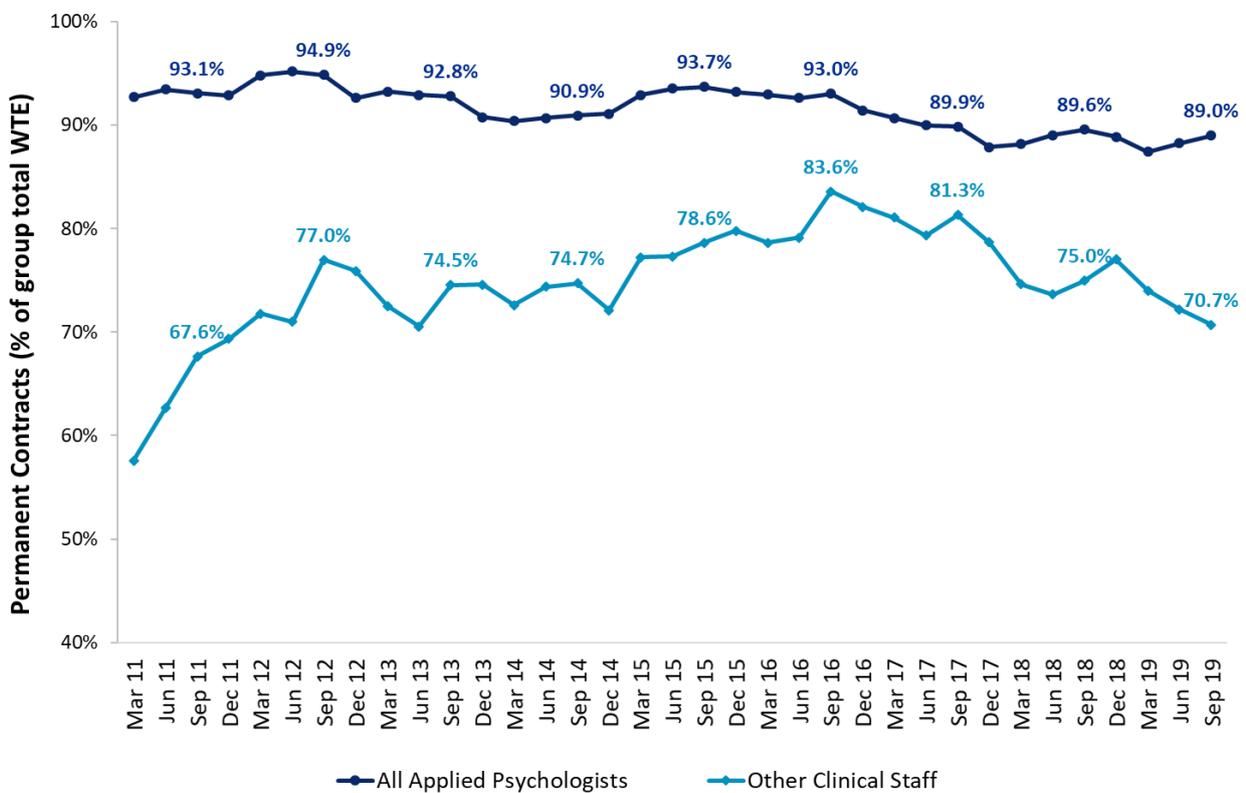
3.3 Contract Term

At 30 September 2019, 984.0 WTE (83.7%) of staff in NHSScotland Psychology Services were employed on a permanent contract, 141.3 WTE (12.0%) were employed on a fixed term contract of less than two years and 50.9 WTE (4.3%) 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 742.1 WTE (89.0%) of All Applied Psychologists held a permanent contract, this number was lower for Other Clinical Staff (241.9 WTE, 70.7%). Further information is available by NHS Board in Tables 8.1 and 8.2 of the [background tables](#).

Figure 16 shows the trend in the percentage of All Applied Psychologists and Other Clinical Staff holding permanent contracts between 31 March 2011 and 30 September 2019. The percentage of applied psychologists on permanent contracts has declined slightly, from 585.0 (92.7%) to 742.1 (89.0%) over that period. The WTE of Other Clinical Staff holding permanent contracts was 132.5 (57.6%) in March 2011. It then rose to a high of 243.9 (83.6%) in September 2016, before dropping again to 241.9 WTE (70.7%) at the current census.

Figure 16. The percentage of permanent contracts for All Applied Psychologists and Other Clinical Staff, from 31 March 2011 to 30 September 2019.

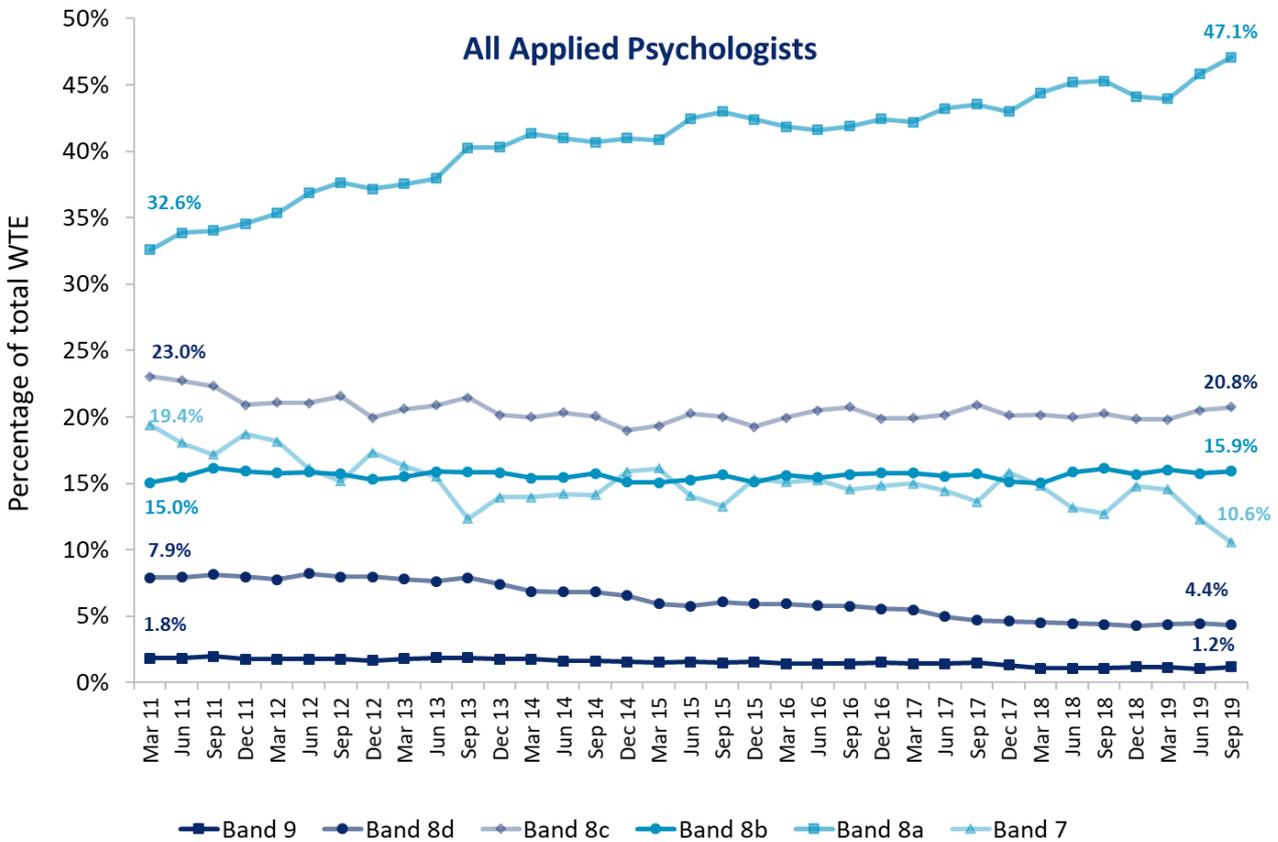


3.4 Agenda for Change Pay Bands

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 Professions working in these services, with the majority of staff on Band 8a or higher (89.3% at 30 September 2019).

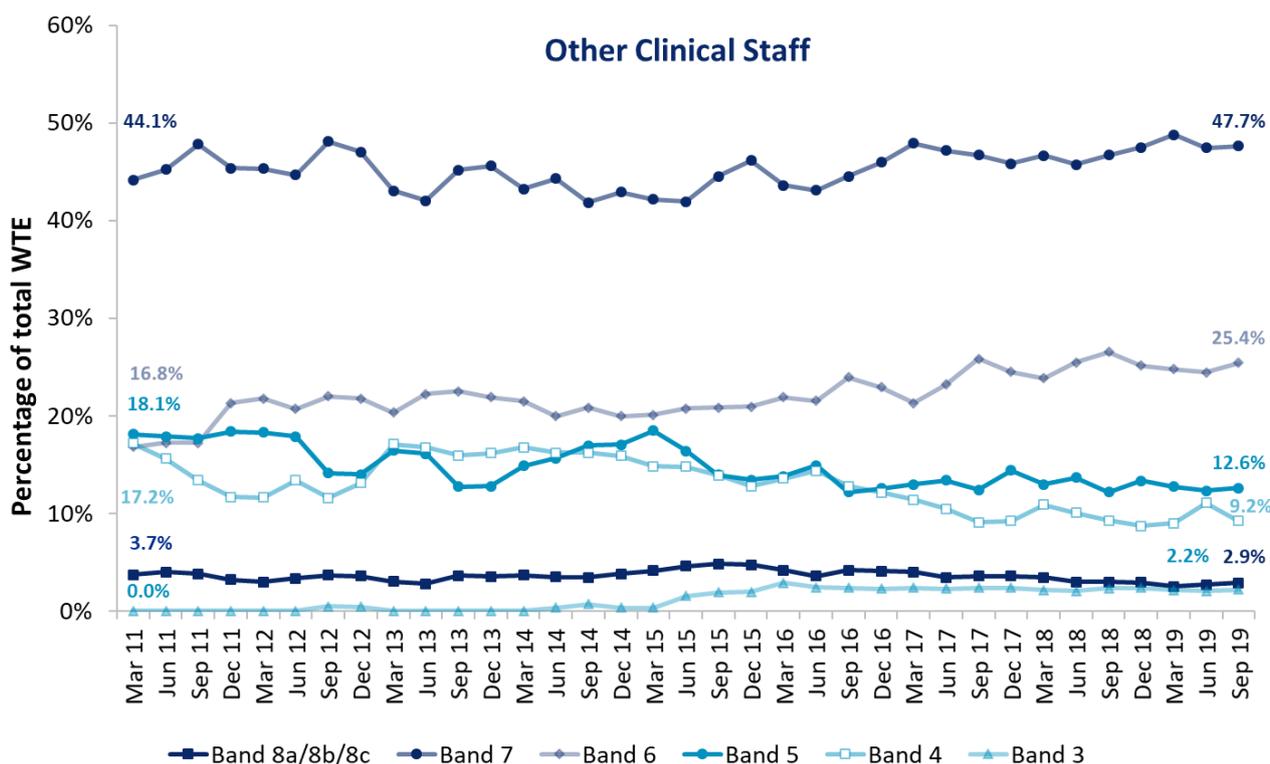
Figure 17 shows the trend in the percentage of All Applied Psychologists at different AfC bands between March 2011, when this information was first collected, and 30 September 2019. There are proportionally fewer psychologists at Bands 7, 8c, 8d and 9, while the percentage at bands 8a and 8b has increased since March 2011.

Figure 17. Percentage of All Applied Psychologists at different Agenda for Change pay bands, from 30 March 2011 to 30 September 2019.



The percentage of Other Clinical Staff at different AfC bands is shown in Figure 18. Proportionally more staff are currently employed at the higher bands 6 and 7, which may reflect an increase in the number of roles for Clinical Associates in Applied Psychology. At the March 2011 census, there was a higher percentage of staff employed at Bands 4 and 5. For more detail please refer to tables 7.1 and 7.2 in the [background tables](#).

Figure 18. Percentage of Other Clinical Staff at different Agenda for Change pay bands, from 30 March 2011 to 30 September 2019.



4. Vacant Posts

4.1 Vacancy Rates

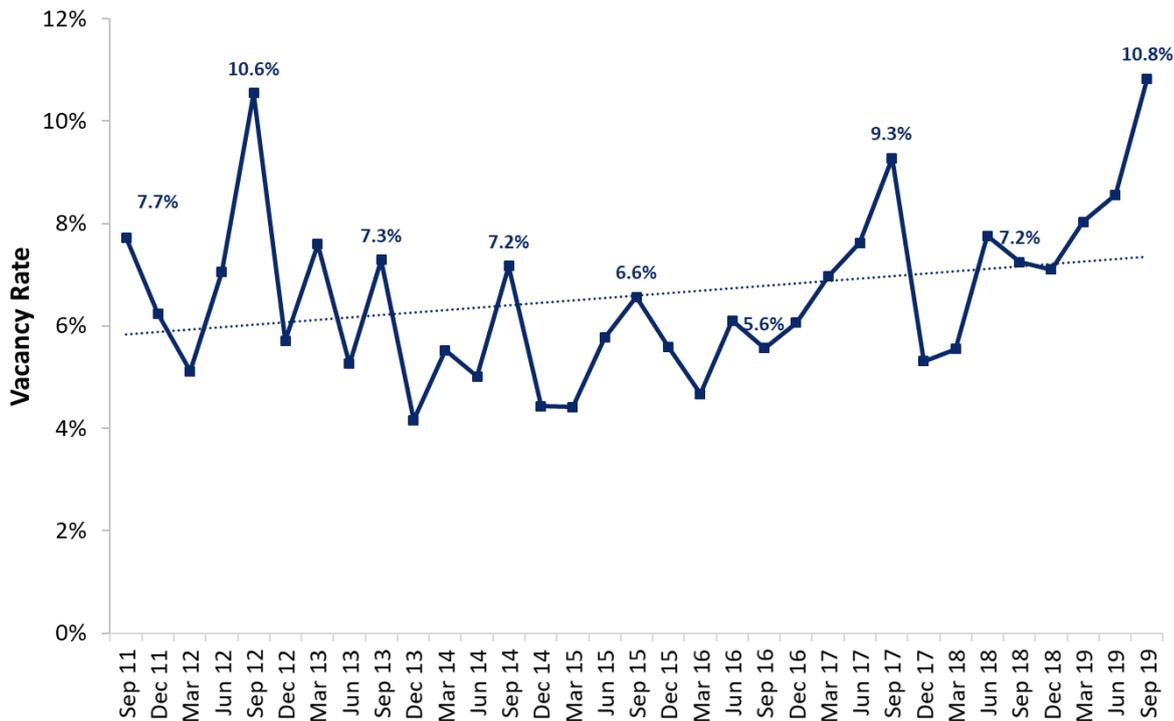
At 30 September 2019, the WTE of posts being advertised for recruitment was 142.8, or 10.8% of the establishment, which is the highest vacancy rate recorded since data collection began in 2011. A further set of posts, constituting 39.8 WTE, were approved for recruitment but were not yet advertised.

Of the 142.8 WTE advertised posts, 100.8 WTE were permanent positions, 39.2 WTE were fixed-term for less than two years and 2.8 WTE were fixed-term for two years or more.

Figure 19 shows vacancy rates (percentage of the establishment that was vacant) between September 2011 and September 2019. There was a slight, non-significant, upward trend over this time period ($F(1,31) = 2.6$, $R^2 = .08$, $p = .12$).

September census vacancy rates tend to be higher than other quarters, as this is often when staff such as Assistant Psychologists leave their current posts to enter doctoral training. Graduates from the Doctorate in Clinical Psychology course subsequently fill vacant Applied Psychologist posts, which results in a drop in vacancy rates at each December census.

Figure 19. Percentage of the establishment vacant between 30 September 2011 and 30 September 2019^{1,2}.

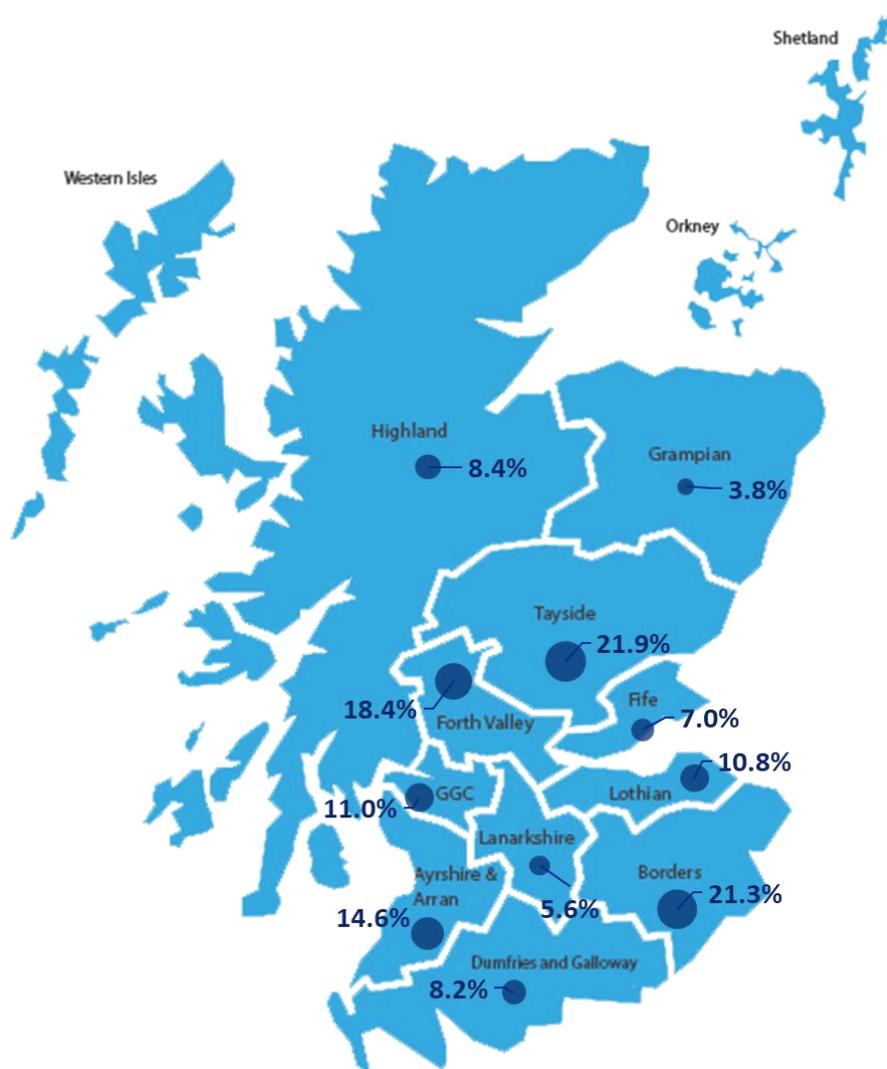


Notes

1. For the 30 September 2019 census all boards returned vacancy data. Please note that, 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.
2. 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 used to calculate the vacancy rate (% establishment vacant) may include double counting of posts.

Figure 20 shows the vacancy rate at 30th September by NHS board, excluding the non-geographical boards and the Island boards (NHS Orkney, Shetland and Western Isles). At the current census date, NHS Borders and NHS Tayside had over 20% of posts vacant.

Figure 20. Percentage of the establishment vacant at 30 September 2019, by health board¹.



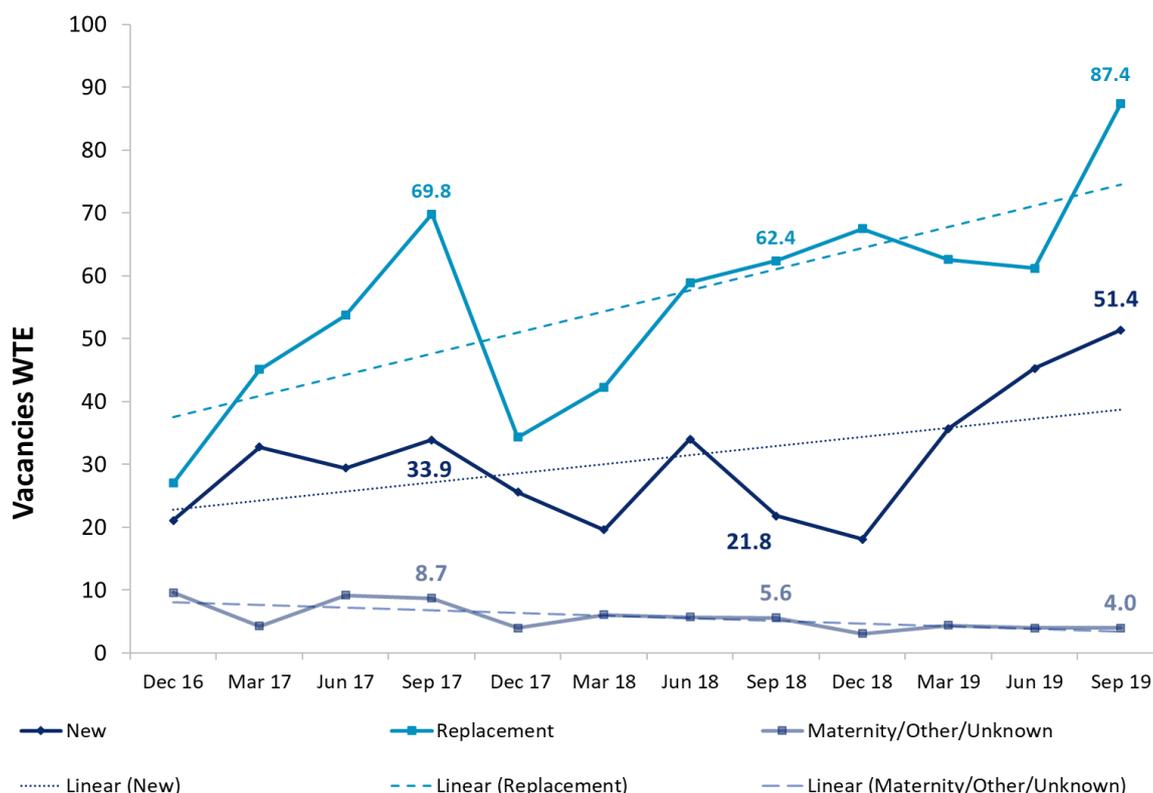
Notes

1. 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 used to calculate the vacancy rate (% establishment vacant) may include double counting of posts.

4.2 Vacancy Types

Figure 21 shows the vacancy WTE for new, replacement and maternity leave/other/unknown posts between December 2016 and September 2019. The WTE of new posts was 135.8% (29.6 WTE) greater at September 2019 than September 2018, and the WTE of replacement posts was 40.1% (25.0 WTE) greater.

Figure 21. WTE of new, replacement and maternity leave/other/unknown vacancies from 31 December 2016 to 30 September 2019¹.



Notes

1. For the 30 September 2019 census all boards returned vacancy data. Please note that, 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.

Figure 22 shows new, replacement and maternity leave/other/unknown posts, as a percentage of the total vacancy WTE, at September 2018 and September 2019. Compared to the previous year, at the September 2019 census there was a greater proportion of new posts being advertised, and a smaller proportion of replacement and maternity leave/other/unknown posts.

Figure 22. Percentage of total vacancy WTE for new, replacement and maternity leave/other/unknown posts at 30 September 2018 and 30 September 2019.

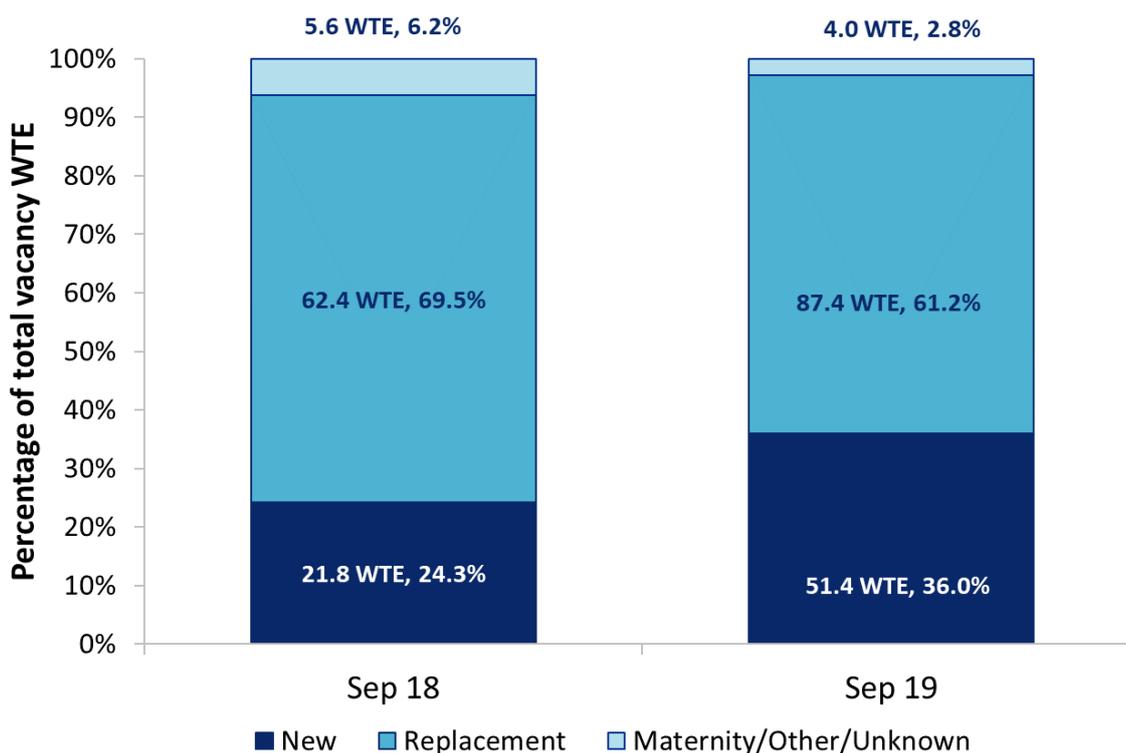
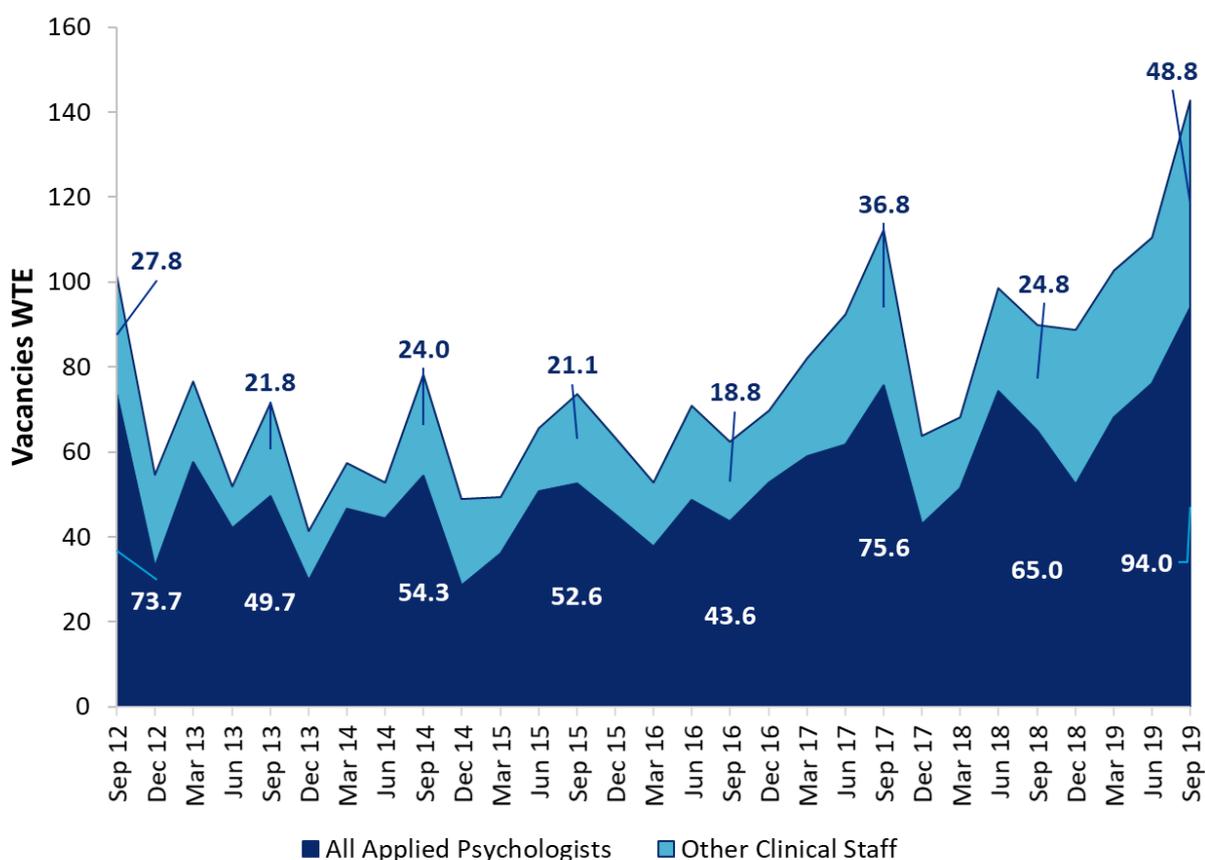


Figure 23 shows the WTE of All Applied Psychologists vacancies and Other Clinical Staff vacancies between September 2012 and September 2019. The vacancy WTE for both groups is higher this census than at any previous census. For Applied Psychology posts, the September 2019 vacancy WTE of 94.0 is 44.6% (29.0 WTE) higher than in September 2018. For Other Clinical Staff posts, the current vacancy rate of 48.8 is 96.4% (24.0 WTE) higher than the previous year.

Figure 23. NHSScotland Psychology Services vacancies by Professional Group, from 30 September 2012 to 30 September 2019¹.



Notes

1. 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 used to calculate the vacancy rate (% establishment vacant) may include double counting of posts.

More detailed information about September 2019 vacancies is available in Table 1 below and, by NHS Board, in Table 10.1 in the [background tables](#).

Table 1. NHSScotland Psychology Services vacancies being advertised by Professional Group at 30 September 2019^{1,2,3,4}.

Professional Group	New Posts (WTE)	Replacement Posts (WTE)	Maternity Leave/ Other (WTE)	Total NHSScotland (WTE) ¹	Establishment WTE (total vacancies plus staff in post) ³	Vacancy Rate ⁴
All Applied Psychologists;	33.3	57.7	3.0	94.0	928.1	10.1%
Clinical Psychologist	32.8	57.5	3.0	93.3	864.0	10.9%
Counselling Psychologist	0.5	-	-	0.5	52.0	1.0%
Health Psychologist	-	0.2	-	0.2	7.4	2.7%
Other Clinical Staff;	18.1	29.7	1.0	48.8	390.9	12.5%
Clinical Associate in Applied Psychology (CAAP)	6.6	9.8	-	16.4	138.7	11.8%
Cognitive Behavioural Therapist	-	2.0	-	2.0	47.4	4.2%
Psychology Assistant	9.5	12.5	-	22.0	89.4	24.6%
Other Therapist	2.0	5.4	1.0	8.4	36.7	22.9%
Total	51.4	87.4	4.0	142.8	1318.9	10.8%

1. For the 30 September 2019 census all boards returned vacancy data.
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.
4. There was a 1.0 WTE post advertised for either a Clinical or Counselling Psychologist, which is included under the Professional Group Clinical Psychologists.

4.3 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. Table 2 shows this information for the latest available census. At 30 September 2019, 75.0 WTE (52.5%) had been advertised for less than 3 months, 61.5 WTE (43.1%) for between 3 and 6 months, 4.8 WTE (3.3%) for 6 months or longer, and for 1.5 WTE (1.1%) the date of first advertisement was unknown.

For information on vacancy length broken down by NHS Board, see table 10.2 in the [background tables](#).

Table 2: NHSScotland Psychology Services vacancies being advertised by Professional Group and months since first advertised, at 30 September 2019^{1,2,3,4}.

Professional Group	Less than 3 months (WTE)	3-6 months (WTE)	Over 6 months (WTE)	Total Vacancies (WTE)
All Applied Psychologists;	44.0	45.7	2.8	94.0
Clinical Psychologist	43.5	45.5	2.8	93.3
Counselling Psychologist	0.5	-	-	0.5
Health Psychologist	-	0.2	-	0.2
Other Clinical Staff;	31.0	15.8	2.0	48.8
Clinical Associate in Applied Psychology (CAAP)	10.2	6.2	-	16.4
Cognitive Behavioural Therapist	-	-	2.0	2.0
Psychology Assistant	15.4	6.6	-	22.0
Other Therapist	5.4	3.0	-	8.4
Total	75.0	61.5	4.8	142.8

1. For the 30 September 2019 census all boards returned vacancy data.
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.
4. There was a 1.0 WTE post advertised for either a Clinical or Counselling Psychologist, which is included under the Professional Group Clinical Psychologists.

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 [background 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 Psychologists, 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.

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.

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>

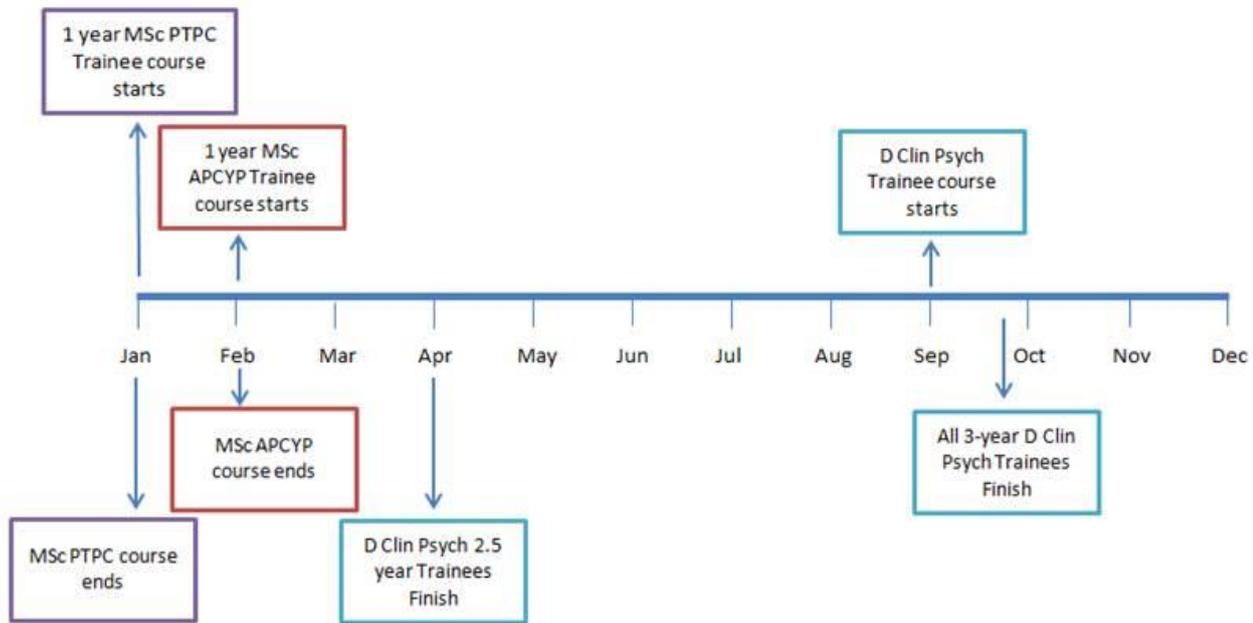
BPS Stage 2 Qualification in Health Psychology

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: Diagram to illustrate the start and end dates of the 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.

List of Tables

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

8.1	<u>All Clinical Staff (Headcount) employed in Psychology Services by Contract Length</u>	“	“
8.2	<u>All Clinical Staff (WTE) employed in Psychology Services by Contract Length</u>	“	“
9.1	<u>Ethnicity of All Psychology Services Staff</u>	Sep 2011-Sep 2019	“
9.2	<u>All Psychology Services Staff by Declared Disability</u>	“	“
10.1	<u>All vacancies advertised (WTE) in Psychology Services by NHS Board</u>	Dec 2011- Sep 2019	“
10.2	<u>Length of Vacancies for Clinical Staff in Psychology Services in by Professional Group and NHS Board</u>	Dec 2017- Sep 2019	“

Psychology Workforce Contacts

Email: nss.mentalhealthwf@nhs.net, Datagroup@nes.scot.nhs.uk

Liz Jamieson

Workforce Information Manager

0131 656 3301

Anita George

Information Analyst Business Partner

0131 275 6497

Elizabeth Fowler

Senior Information Analyst

0131 275 6566

James Thom

Senior Information Analyst

0141 223 1400

Appendices

Appendix 1 – Background information

Statements provided by NHS Boards

Please note that these statements are now included within the background tables. Please see tab “NHS Board Statement” within the [background tables](#). Information on services to the Islands Boards is held within a separate tab – named “Services to the Islands” within the tables.

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 [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 – Publication Metadata

Metadata Indicator	Description
Publication title	Psychology Services Workforce in Scotland
Description	Describes the characteristics of clinical staff employed in psychology services in NHSScotland as at 30 September 2019
Theme	Health and Social Care
Topic	Health Care Personnel, Finance and Performance
Format	Excel format
Data source(s)	Clinical Psychology Services Workforce Database
Date that data are acquired	Approximately two weeks after the census date
Release date	3 December 2019
Frequency	From 2001-2010 publications were produced annually. From March 2011 the publications have been produced quarterly.
Timeframe of data and timeliness	Data up to 30 September 2019
Continuity of data	In December 2009 information was published by the new Agenda for Change (AfC) classifications for the first time. Historically, NHSScotland workforce information had been published in a format based on the pay structure, namely Whitley, for the majority of staff.
Revisions statement	N/A
Revisions relevant to this publication	N/A
Concepts and definitions	Please see the glossary.
Relevance and key uses of the statistics	See link to known uses of the Psychology Data: Known uses of the Psychology Data Previous years have seen an increase in staffing; these figures have attracted considerable media attention in the past due to the modernisation of the Clinical Psychology training agenda in NHSScotland.
Accuracy	The source data are collected and verified by Psychology lead clinicians using the National Clinical Psychology Workforce Information Database held centrally at NSS. NES work closely with these lead clinicians to ensure a high level of data accuracy.

	<p>Please note that there is an ongoing data quality investigation (as at September 2019) to review and investigate the accuracy of Psychology Workforce data reported by ISD relating to NHS Orkney, NHS Shetland, and NHS Western Isles. This investigation is focusing on the census dates between September 2010 and September 2019.</p>
Completeness	<p>The source data are collected and verified by Psychology lead clinicians using the National Clinical Psychology Workforce Information Database held centrally at NSS. NES work closely with these lead clinicians to ensure a high level of data accuracy.</p> <p>All NHS Boards are also prompted to return vacancy information.</p> <p>All boards returned vacancy information for this quarter.</p>
Comparability	<p>Psychologists can be compared to psychologists providing services to children and/or adolescents in the CAMHS Workforce Planning Project:</p> <p>https://www.isdscotland.org/Health-Topics/Workforce/NES-Publication/2019-12-03-CAMHS-Workforce-Report.pdf</p>
Accessibility	<p>The publication is made accessible according to published guidelines.</p>
Coherence and clarity	<p>All Psychology tables are accessible via the ISD website in a pdf or Excel format at</p> <p>Data are presented by:</p> <p>Professional group; NHS Board; Area of work; Target Age and A4C band.</p>
Value type and unit of measurement	<p>Headcount and whole time equivalent (WTE). Numbers of new and replacement vacancies. Numbers of trainees. Numeric.</p>
Disclosure	<p>In this Publication, the published guidelines is followed.</p>
UK Statistics Authority Assessment	<p>Previous quarterly Workforce publications have been released as National Statistics. NHS Education for Scotland (NES) anticipates becoming an accredited provider of Official Statistics in December 2019. For the current publication NES has voluntarily applied the UK Statistics Authority's Code of Practice for Statistics.</p>
Last published	3 September 2019
Next published	3 March 2020
Date of first publication	2001
Help email	nss.mentalhealthwf@nhs.net
Date form completed	26 November 2019

Appendix 3 – 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.