

# **Psychology Services Workforce in Scotland**

**Workforce as at 31 December 2019**

**3 March 2020**

## An Official Statistics publication

This release by NHS Education for Scotland (NES) provides a quarterly update, as at 31 December 2019, on the number of staff directly employed by NHSScotland Psychology services, the number of vacant posts and staff in training. 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 1<sup>st</sup> 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 23<sup>rd</sup> August 2019, details the rationale for the changes and arrangements for the transfer of these 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 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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## Introduction

This publication summarises national data on the workforce providing Psychology Services in NHSScotland, following the latest census at 31 December 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 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.

## Main Points

- Within Psychology Services in NHSScotland as at 31 December 2019, there were a total of 1214.4 WTE (1,477 headcount) clinical staff in post. This is 91.4% (580.0 WTE) higher than in September 2006, 4.6% (53.7 WTE) higher than reported 12 months previously, and 3.3% (38.3 WTE) higher than the September 2019 census. Out of an establishment of 1360.0 WTE, 145.6 WTE posts were vacant, 71.9 WTE staff were on maternity/parental leave and 11.4 WTE staff were on long-term sick leave.
- There has been a consistent increase in the number of staff working part time 113.6% (425 head count, 295.9 WTE) compared to staff working whole time 7.8% (49 head count, 57.3 WTE) since March 2011. The number of female staff working in part time positions has increased by 127.4% (414 head count) and full time positions increased by 8.7% (42 head count) compared to March 2011 census.
- There are currently 145.6 WTE vacancies being advertised for recruitment, of which 89.0 WTE (61.1%) are for Clinical Psychology positions. The number of replacement posts (86.2 WTE, 59.2%) account for majority of the vacancies advertised. The current vacancy rate of 10.7% is the highest observed in NHSScotland Psychology Services for all December census vacancies since data collection began.

# Results and Commentary

## 1. Staff in Post

At 31 December 2019, there were a total of 1214.4 WTE (1,477 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 more quarterly data collection commencing in 2010.

**Figure 1. Whole Time Equivalent and Head Count of staff in NHSScotland Psychology Services as at 31 December 2019**

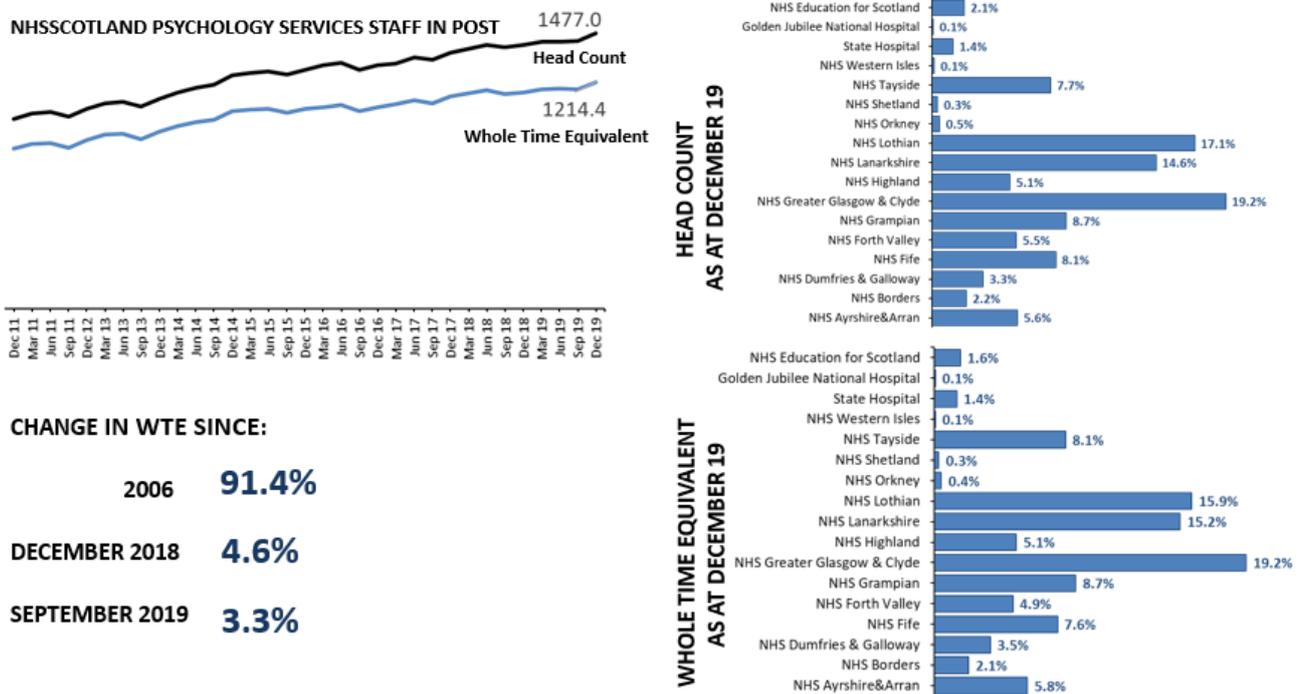
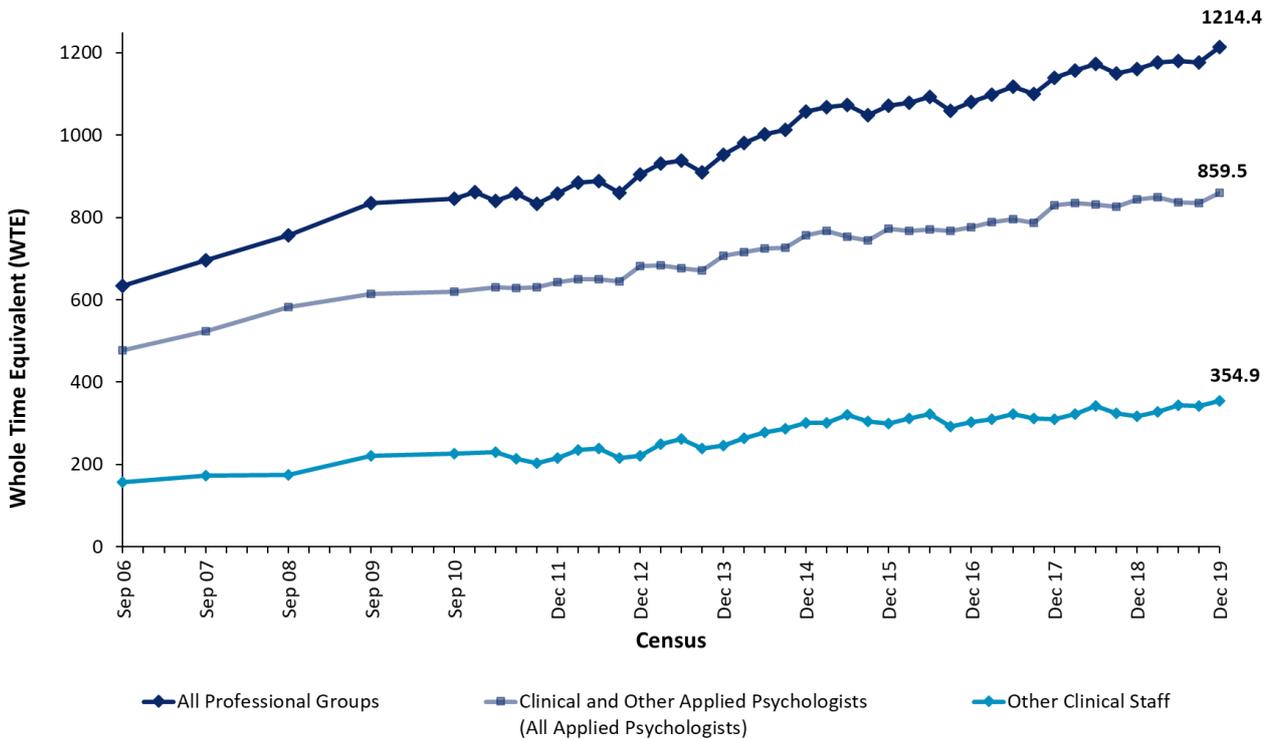


Figure 2 shows the increase in this workforce from 2006 census to December 2019. Since 2006 census, the total workforce has increased by 91.4% (580.0 WTE ). In the past 12 months there has been an overall increase of 4.6% (53.7 WTE) and increase of 3.3% (38.3 WTE) since last quarter.

**Figure 2. Whole time equivalent (WTE) of staff in NHSScotland Psychology Services from 2006 census to 31 December 2019<sup>1,2</sup>.**

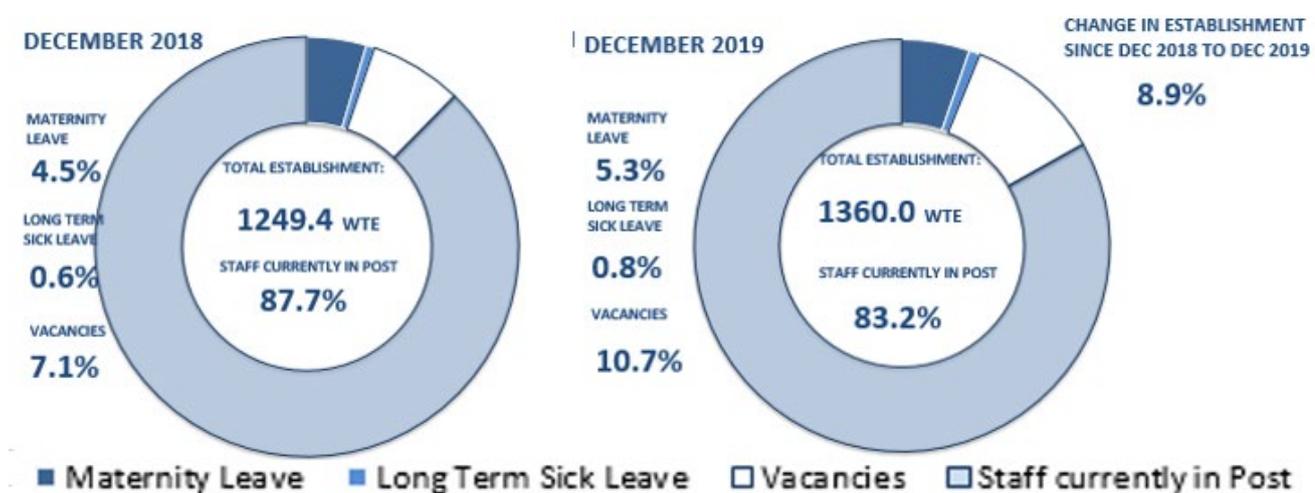


Notes:

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](#).

At 31 December 2019, out of an establishment of 1360.0 WTE ,71.9 WTE (5.3%) of the establishment were on maternity/parental leave, 11.4 WTE (0.8%) were on long term sick leave and 145.6 WTE (10.7%) of posts were vacant. Figure 3 illustrates the total establishment as at December 2018 census and December 2019 census including percentage of staff in post; maternity/parental leave and long term sick leave and vacant posts. Compared to December 2018 census, there has been increase of 8.9% in the total establishment.

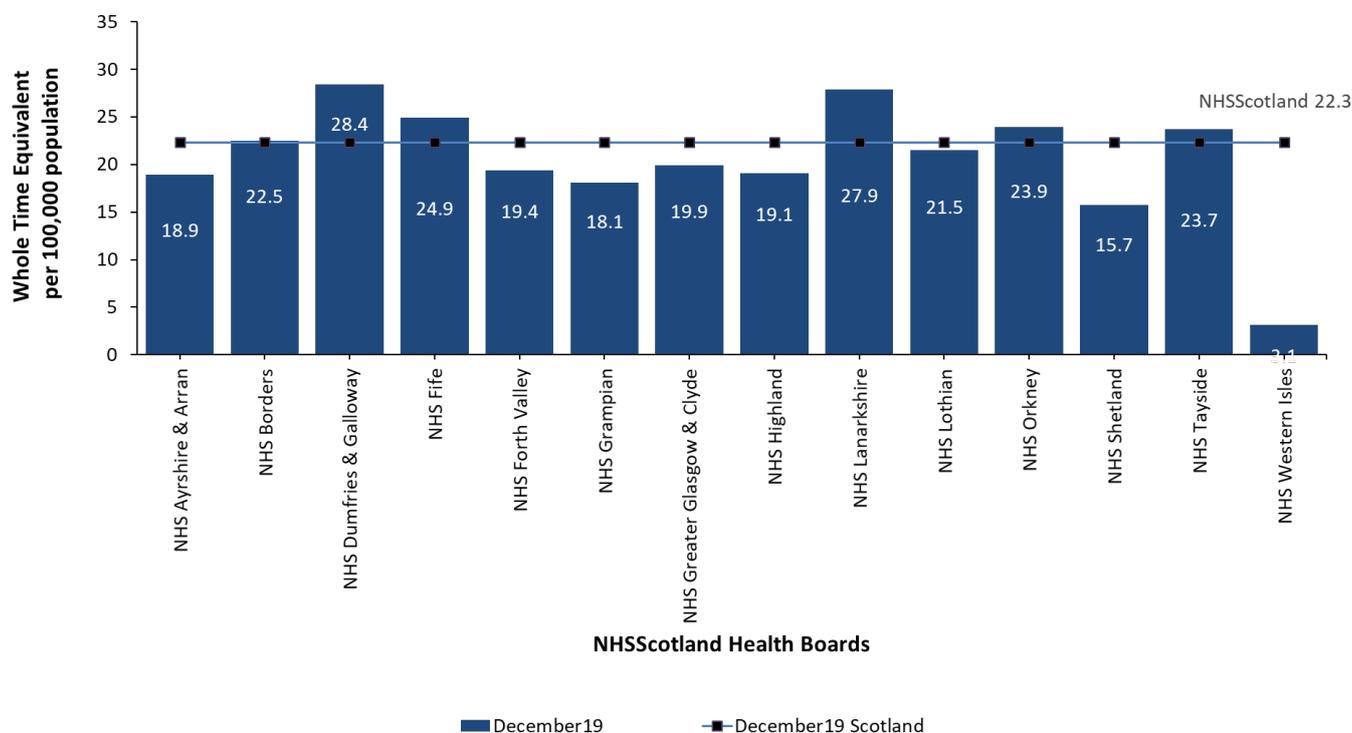
**Figure 3. Whole Time Equivalent of Staff in NHSScotland Psychology Services as at 31 December 2018 and 31 December 2019.**



### 1.1 Whole Time Equivalent (WTE) per 100,000 population

Figure 4 shows the Whole Time Equivalent (WTE) of all clinical staff employed in NHSScotland Psychology Services per 100,000 population as at 31 December 2019. NHSScotland Psychology Services has 22.3 WTE per 100,000 population with NHS Dumfries and Galloway (28.4WTE) and NHS Lanarkshire (27.9 WTE) having the maximum number of clinical staff employed per 100,000 population and NHS Western Isles having the least (3.1 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 will have a greater demand for services.

**Figure 4. Whole Time Equivalent (WTE) of Total Clinical Staff per 100,000 population as at 31 December 2019<sup>1</sup>**

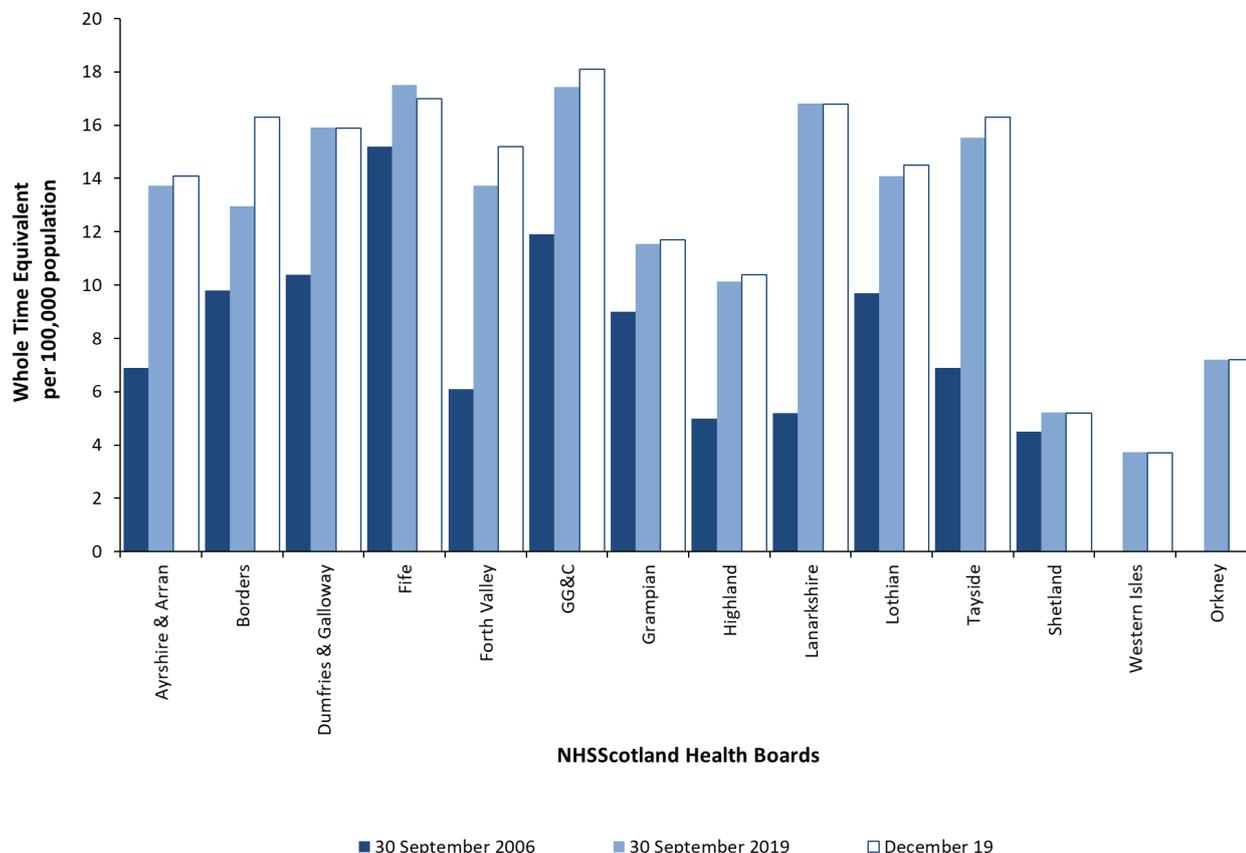


Notes:

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

Figure 5 compares the Whole Time Equivalent of all Applied Psychologists employed per 100,000 population in NHS Boards as at 31 December 2019, 30 September 2019 and 30 September 2006 census. NHS Greater Glasgow and Clyde has the highest number of Applied Psychologists employed per 100,000 population (18.1 WTE per 100,000 population). Since 2006, the Whole Time Equivalent of Applied Psychologists has increased by 1.6%. The Whole Time Equivalent has increased by 3.0% since last quarterly census.

**Figure 5. Whole Time Equivalent per 100,000 population of Applied Psychologists in NHSScotland Psychology Services as at 30 September 2006 census, 30 September 2019 census and 31 December 2019<sup>1,2,3</sup>.**



Notes:

1. 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.
2. Quarterly data collection began from March 2011. Prior to this there was only an annual census at 30 September.
3. 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](#).

### 1.2 Staff by Professional Group

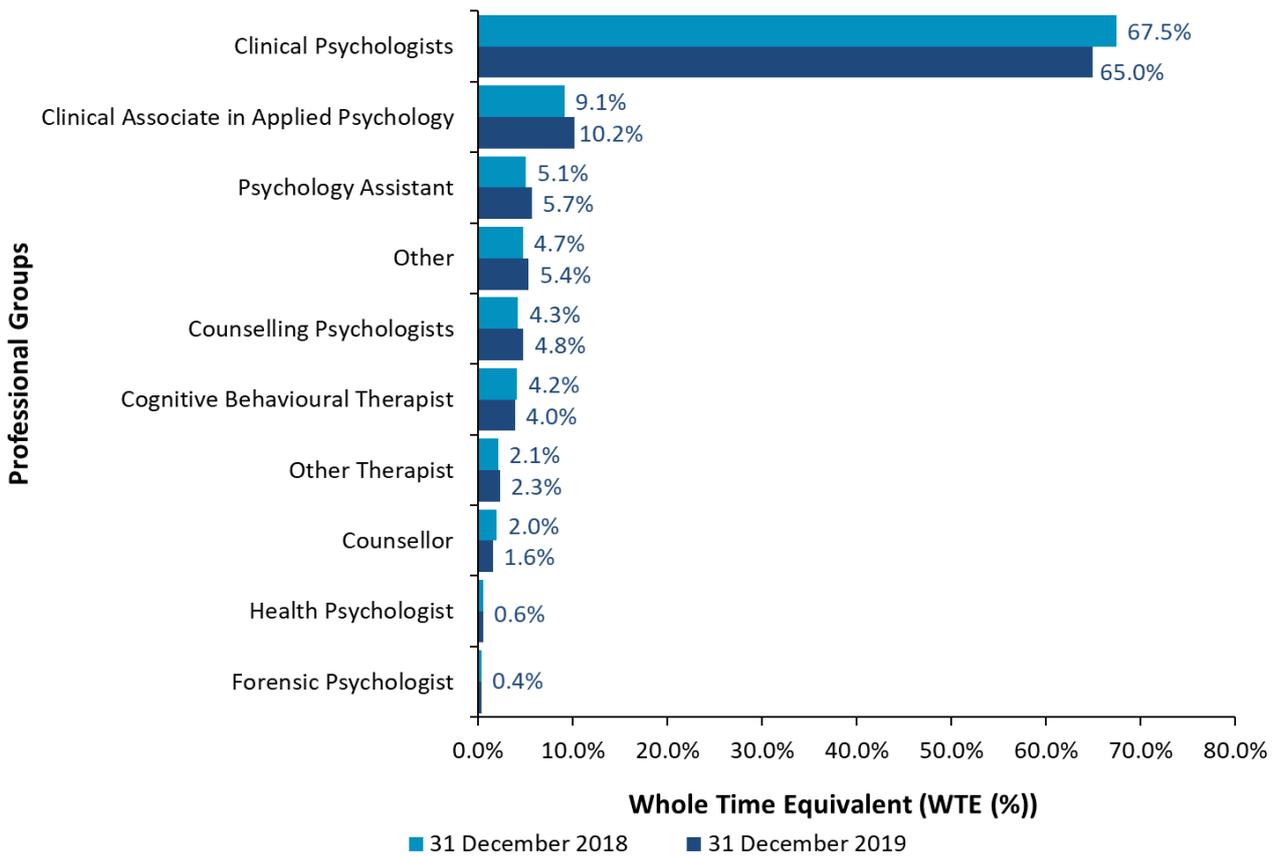
As at 31 December 2019, All Applied Psychologists comprised 70.8% of the workforce (859.5 WTE) and Other Clinical Staff 29.2% (354.9 WTE).

Figure 6 shows the Percentage of the different Professional Groups in NHSScotland. Clinical psychologists are by far the largest group, with 788.9 WTE (65%). This is 5.9 WTE (0.8%) higher than December 2018 and 18.2 WTE (2.4%) than September 2019. There has been a major increase in the professional groups, Counselling Psychologists (18.5%), Clinical Associate in Applied Psychology(CAAP) (17%), Psychology Assistant (17.2%) and Other (18.6%) professional groups while there was a decrease in Counsellor (-15.1%) and

Cognitive Behavioural Therapist (-0.9%) professional groups compared to December 2018 census.

The Whole Time Equivalent of Applied Psychologists has increased by 1.9% since December 2018 and 3% since September 2019 census. Compared to December 2018 census, the Whole Time Equivalent of Other Clinical staff has increased by 12% (37.9 WTE)

**Figure 6. Percentage of Whole Time Equivalent of Professional Groups in NHSScotland Psychology Services as at 31 December 2018 and 31 December 2019**



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

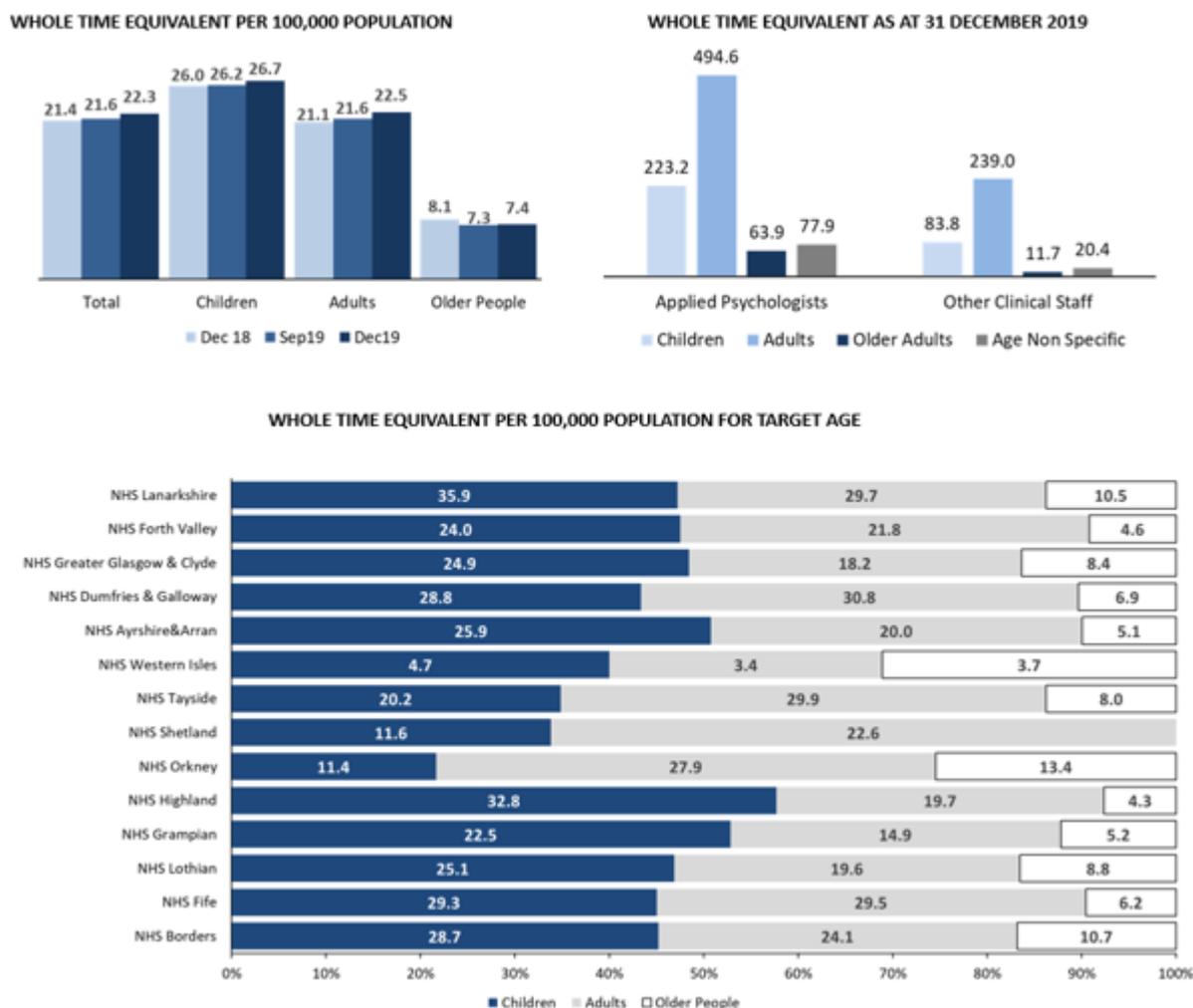
## 2. Staff by Target Age and Area of Work

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](#).

**Figure 7. Whole Time Equivalent of Staff in Post in NHSScotland Psychology Services by target age**



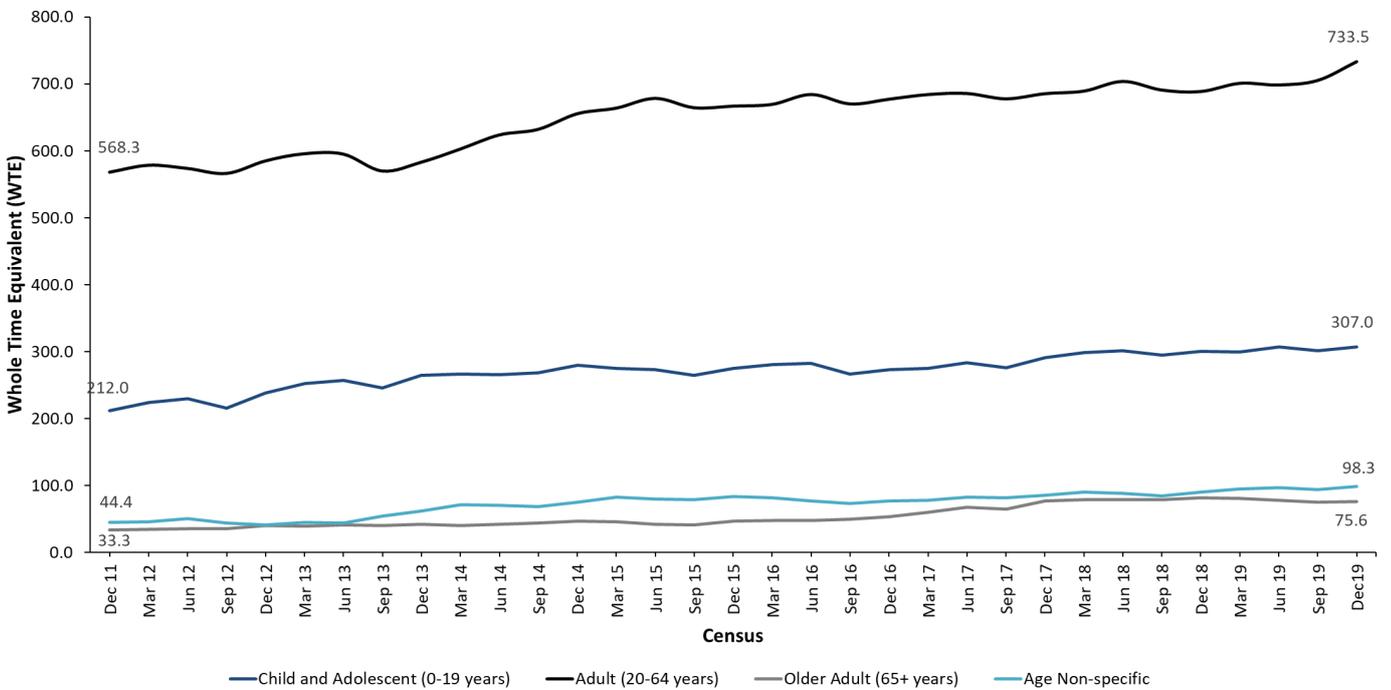
## 2.1 Target Age

Figure 8 displays a trend of the WTE staff working across each Target Age, between December 2011 and December 2019. The largest Target Age group continues to be Adult, which accounts for 60.4% of the Psychology workforce at 31 December 2019. The Child and Adolescent Target age accounts for 25.3% of the workforce, Older Adults 6.2% and Age Non-Specific 8.1%.

While the Older Adult Target age accounts for the smallest percentage of the Psychology workforce, it has seen the largest percentage increase since December 2011 (+127.1%). 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. Whole Time Equivalent of all clinical staff in Psychology Services by Target Age between 31 December 2011 and 31 December 2019<sup>1</sup>.**



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, available at the following link: [https://www.isdscotland.org/Health-Topics/Workforce/NES-Publication/#child\\_and\\_adolescent](https://www.isdscotland.org/Health-Topics/Workforce/NES-Publication/#child_and_adolescent)

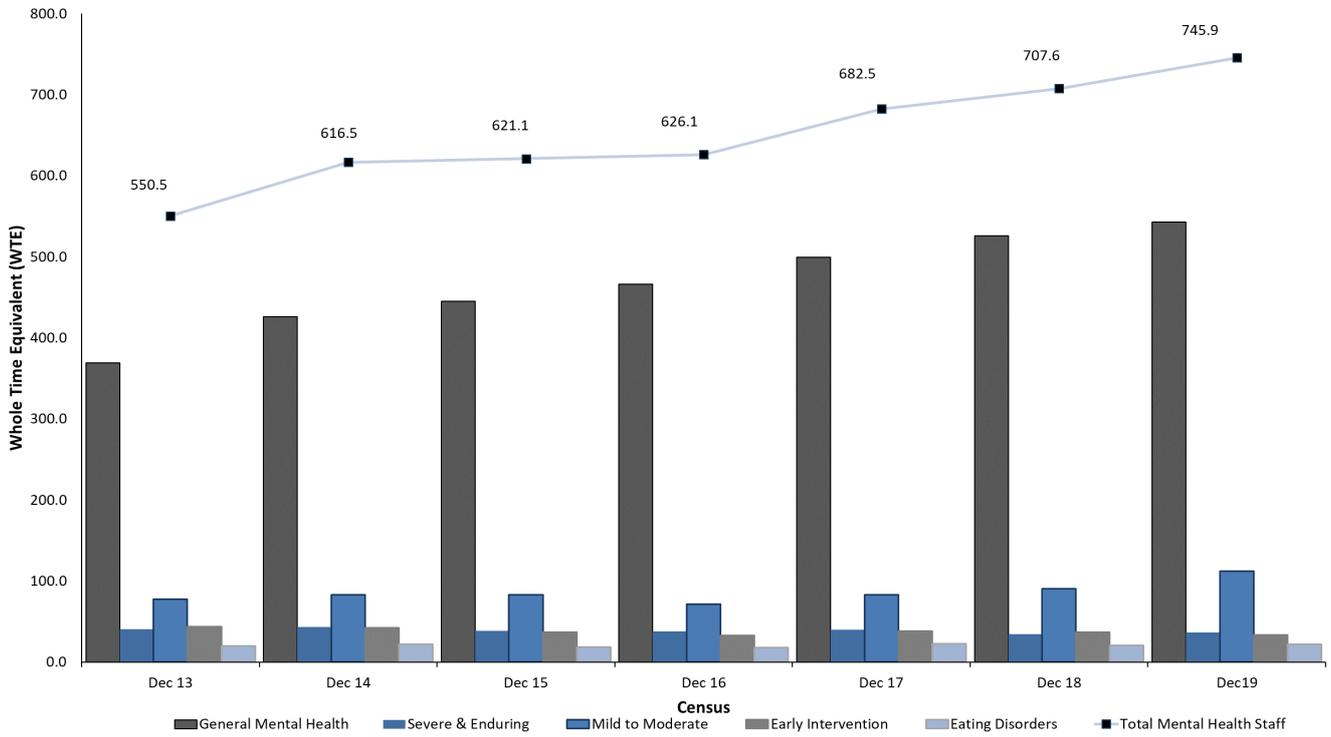
**2.2 Area of Work**

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 December 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, see the [glossary](#).

By far the largest area of work is General Mental Health, which accounted for 44.7% (543.0 WTE) of the workforce at 31 December 2019. Mild to Moderate Mental Health accounted for 9.2% (111.9 WTE) of the workforce, Severe and Enduring Mental Health for 3.0% (36.3 WTE), Early Intervention for 2.7% (33.2 WTE), and Eating Disorders for 1.8% (21.6 WTE).

**Figure 9. Whole Time Equivalent of Mental Health Area of Work in NHSScotland Psychology Services from December 2013 to December 2019 census**

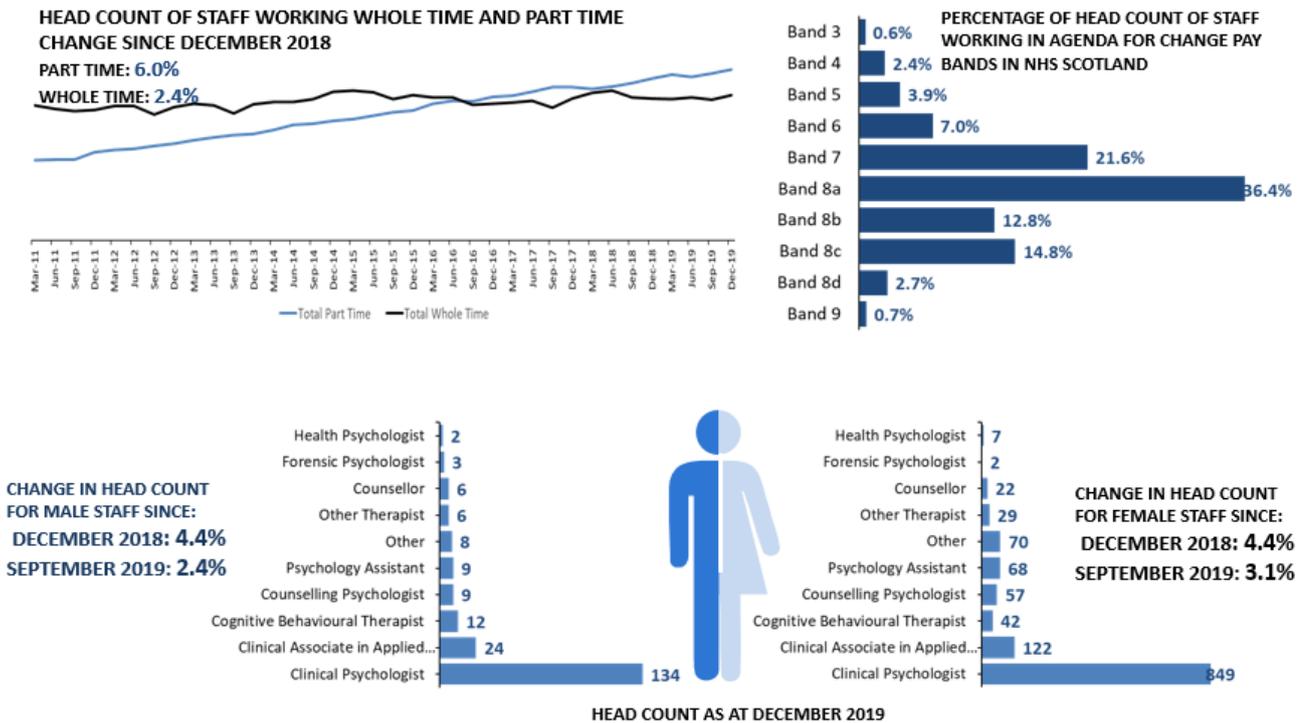


In other area of work, the Other category is currently the largest of these, accounting for 9.8%% of the workforce (119.2 WTE). This group incorporates sub-categories such as Healthcare for the Elderly and Dementia, Academic, Teaching and Management, Trauma Services, Autistic Spectrum Disorder, Self-help Workers, Prison Services and Gender-based Violence. The second largest category is Physical Health (9.5% of the workforce, 115.1 WTE), followed by Learning Disabilities (6.8%, 82.2 WTE), Forensic (5.1%, 62.2 WTE), Neuropsychology (4.6%, 55.8 WTE), and Alcohol and Substance Misuse (2.8%, 34.2 WTE).

As at December 2019 census, in Mental Health professional group, the largest group was in the Adult age category, 445.1WTE which comprises of 59.7% of total workforce. Child and Adolescent category is 232.9 WTE and Older Adults is 41.8WTE in Mental Health Professional group which is 2.8% increase in Child and Adolescent and decrease of 1.9% in Older Adults age category since December 2018 census.

### 3. Characteristics of the workforce

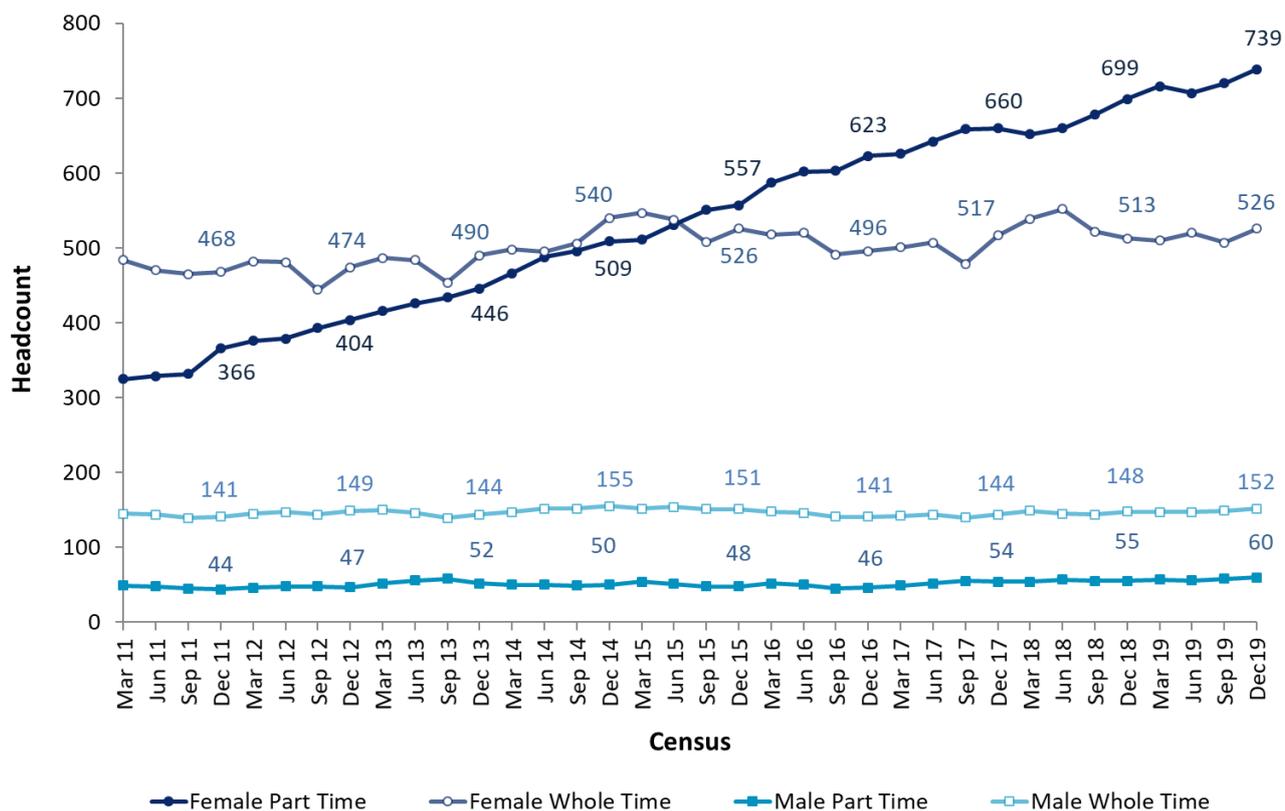
**Figure 10. Characteristics of staff in NHSScotland Psychology Services by Contract Term, Agenda for Change Pay Band and Gender**



#### 3.1 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 739 headcount at 31 December 2019 (+414 headcount, +127.4%). At 31 December 2019, 58.4% 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 (+42 headcount, +8.7%), with some seasonal fluctuations. The number of male staff working both whole-time (+7 headcount, +4.8%) and part-time (+11 headcount, +22.4%) has barely changed over this period. This is illustrated in Figure 11. For more detailed information on contract type and gender by professional group, please refer to Table 6.1 within the [background tables](#).

**Figure 11. Contract Type and Gender for Psychology Staff within NHSScotland from 31 March 2011 to 31 December 2019 by headcount.**



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 28.3% of male staff (60 headcount) and 58.4% of female staff (739 headcount) work fewer than 37.5 hours, some practitioners may also hold part-time positions outside of NHSScotland.

### 3.2 Contract Length

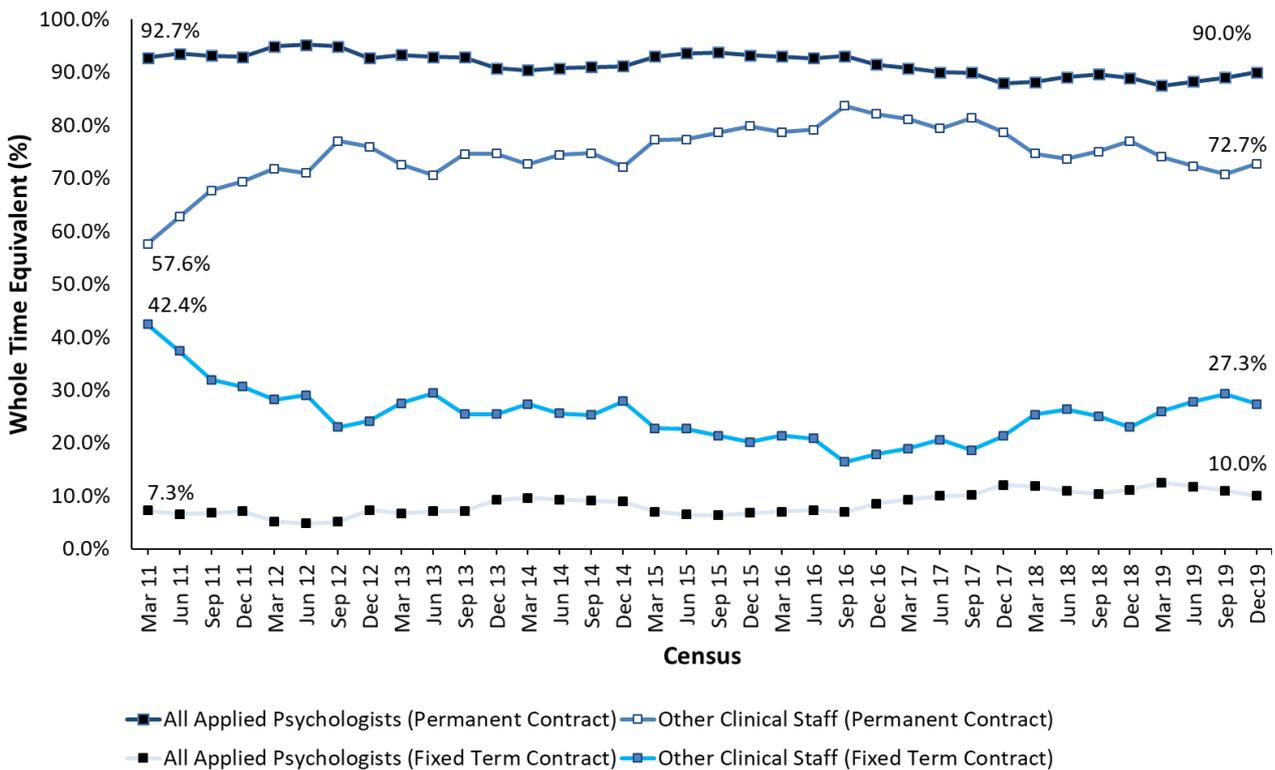
At 31 December 2019, 1031.5 WTE (84.9%) of staff in NHSScotland Psychology Services were employed on a permanent contract, 136.5 WTE (11.2%) were employed on a fixed term contract of less than two years and 46.4 WTE (3.8%) were employed on a fixed term contract of longer than two years' duration.

The percentage of staff employed on a permanent contract varied by professional group. While 773.5 WTE (90.0%) of All Applied Psychologists held a permanent contract, this

number was lower for Other Clinical Staff (258.0 WTE, 72.7%). Further information is available by NHS Board in Tables 8.1 and 8.2 of the [background tables](#).

Figure 12 shows the trend in the percentage of all Clinical Staff holding permanent and fixed contracts between 31 March 2011 and 31 December 2019. The percentage of Applied Psychologists on permanent contracts has declined slightly, from 585.0 (92.7%) to 773.5 (90.0%) over that period. The Whole Time Equivalent of Other Clinical Staff holding permanent contracts was 132.5 (57.6%) in March 2011 which rose to 83.6% in September 2016 and has reduced since reaching 72.7% at the current census. The percentage of Applied Psychologists working in fixed term contract increased from 7.3% in March 2011 to 10.0% in December 2019 census while the percentage of Other Clinical Staff working in fixed term contracts decreased significantly from 42.4% in March 2011 census to 27.4% at the current census.

**Figure 12. Whole Time Equivalent (%) of NHSScotland Psychology services staff from 31 March 2011 to 31 December 2019 based on Contract Length.**

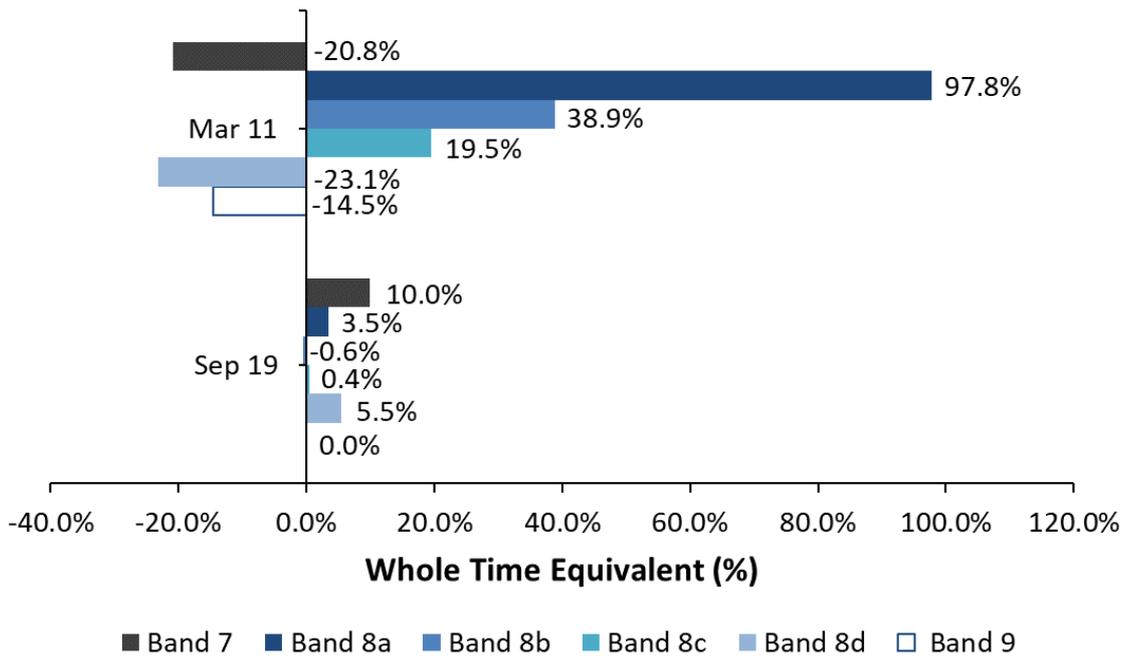


### 3.3 Agenda for Change Pay Bands

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 Professions working in these services, with the majority of staff on Band 8a or higher (88.5% at 31December 2019).

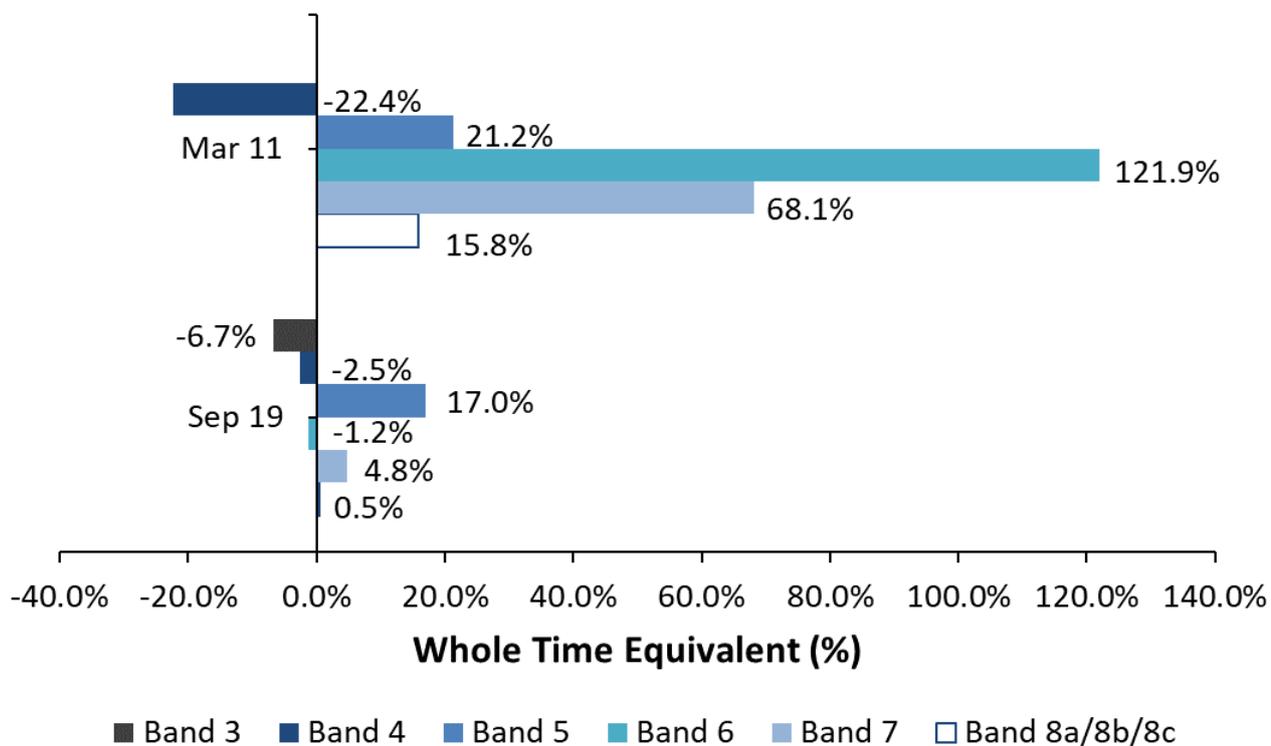
Figure 13 shows the change in the percentage of All Applied Psychologists at different AfC bands between March 2011, when this information was first collected, and 31 December 2019. Since March 2011 census, the percentage of WTE of Applied Psychologists in Band 9 (-14.5%), Band 8d (-23.1%) and Band 7 (-20.8%) have reduced significantly while the WTE in Band 8a has increased by 97.8%. Compared to last census, the percentage of Applied Psychologists in Band 7 has increased by 10.0%.

**Figure 13. Percentage of All Applied Psychologists at Agenda for Change pay bands as at 31 December 2019 from 30 March 2011 and 30 September 2019.**



The percentage of Other Clinical Staff at different AfC bands is shown in Figure 14. 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 details please refer to tables 7.1 and 7.2 in the [background tables](#).

**Figure 14. Percentage of All Other Clinical Staff at Agenda for Change pay bands as at 31 December 2019 from 30 March 2011 and 30 September 2019<sup>1</sup>.**

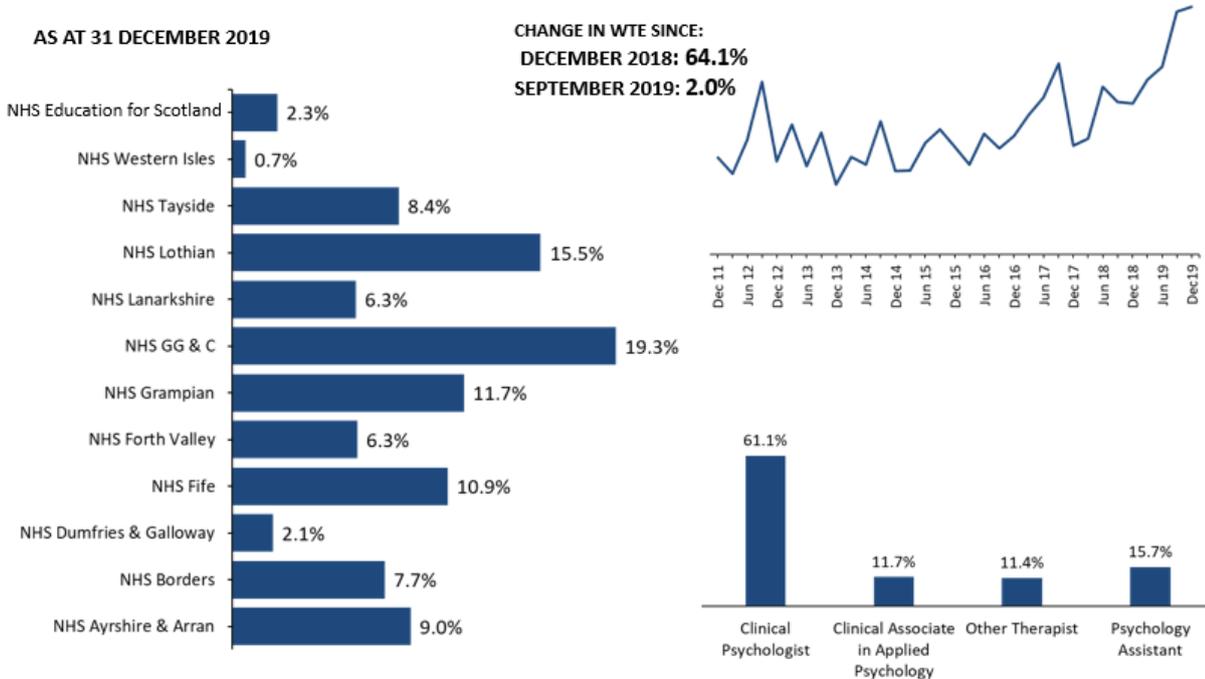


Notes:

1. As at March 2011 census, Band 3 posts for Other Clinical staff were not recorded.

## 4. Vacant Posts

**Figure 15. Vacancies at NHSScotland Psychology Services as at 31 December 2019 and Trend of vacancies since December 2011.**



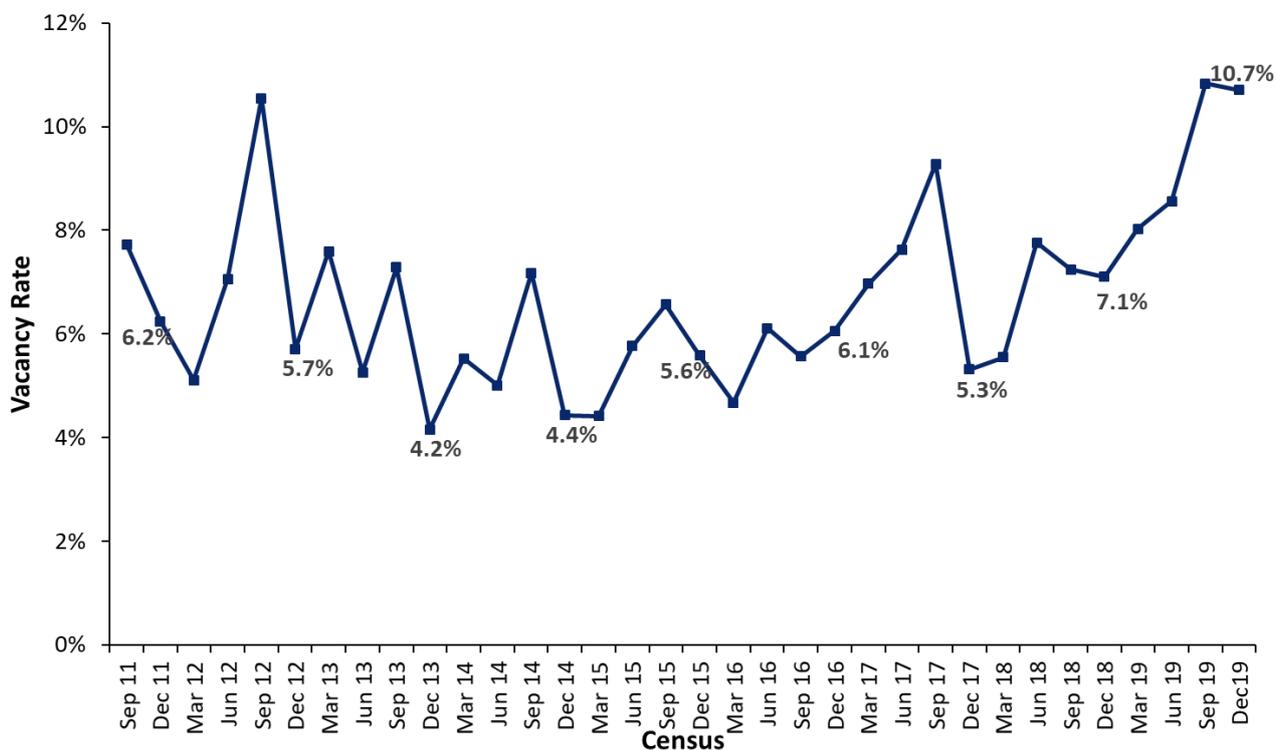
### 4.1 Vacancy Rates

At 31 December 2019, the WTE of posts being advertised for recruitment was 145.6, or 10.7% of the establishment, which is the highest vacancy rate recorded for December census since data collection began in 2011. A further set of posts, constituting 43.3 WTE, were approved for recruitment but were not yet advertised.

Of the 145.6 WTE advertised posts, 95.7 WTE were permanent positions and 49.9 WTE were for fixed-term posts which included fixed term for less than two years and for more than two years.

Figure 16 shows vacancy rates (percentage of the establishment that was vacant) between September 2011 and December 2019. 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. The vacancy rate which showed a large increase in vacancies was in September 2012 census (10.6%) and in September 2019 census (10.8%). The current census shows a vacancy rate of 10.7% which signifies a slight decrease in the vacancy trend compared to last quarterly census however it is a significant increase since December 2018 census (7.1%).

**Figure 16. Percentage of the establishment vacant between 30 September 2011 and 31 December 2019<sup>1,2</sup>.**

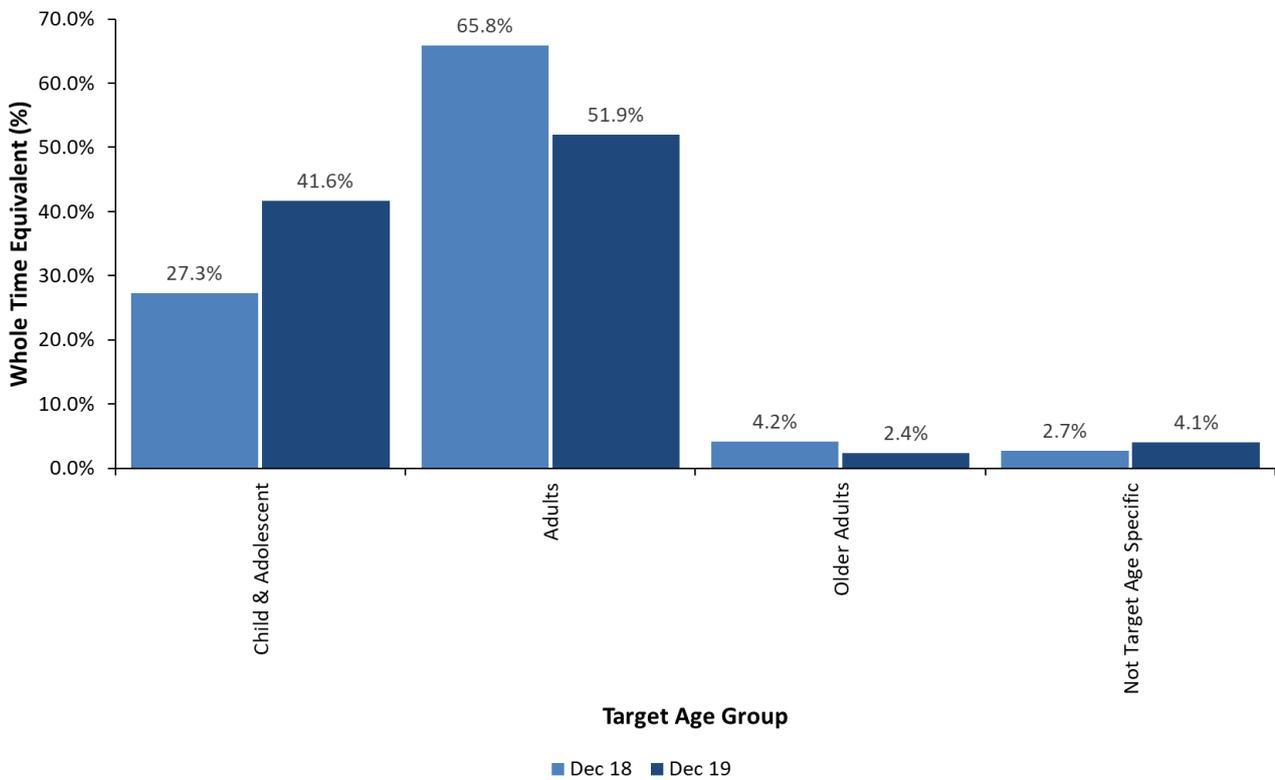


Notes

1. For the 31 December 2019 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.
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 17 shows the breakdown of vacancies for target age; Child and Adolescent (0-18 years), Adults (19-64years), Older Adults (65+) and Not Age specific. Compared to December 2018 census, the percentage of number of vacancies within the total vacancies advertised has increased from 27.3% to 41.6% in the child and adolescent category while the vacancies have decreased from 65.8% to 51.9% in the adult category as at 31 December 2019 census. The number of vacancies have also decreased in the Older Adults category while the Non target Age Specific category has seen an increase in the vacancies at the current census.

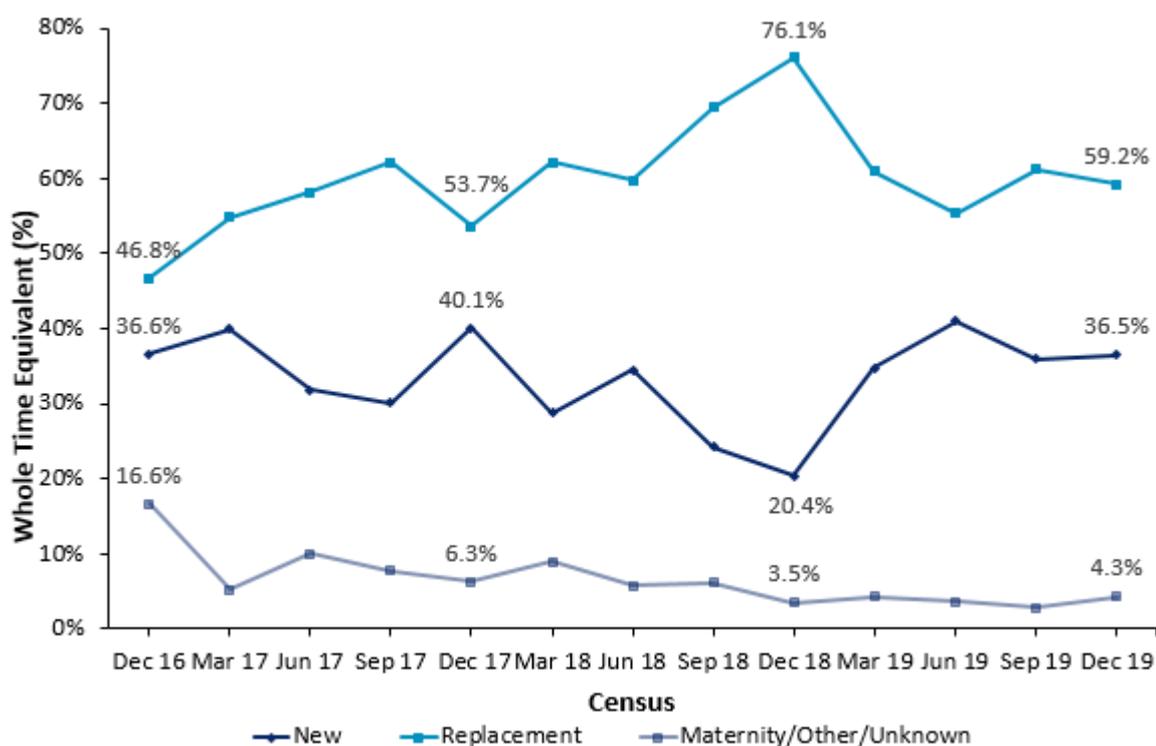
**Figure 17. Percentage of the vacancies advertised as at December 2018 and December 2019 by Target Age group**



## 4.2 Vacancy Types

Figure 18 shows the vacancy WTE for new, replacement and maternity leave/other/unknown posts between December 2016 and December 2019. As at 31 December 2019 census 53.2WTE(36.5%) were advertised for new posts while 86.2 WTE(59.2%) were advertised for replacement posts. Since last year, the WTE of vacancies advertised for new posts increased from 20.4% to 36.5% while the vacancies for replacement posts decreased by 22.2%. The WTE of posts advertised for Maternity and Other categories increased by 21.8%.

**Figure 18. WTE of new, replacement and maternity leave/other/unknown vacancies from 31 December 2016 to 30 September 2019<sup>1</sup>.**

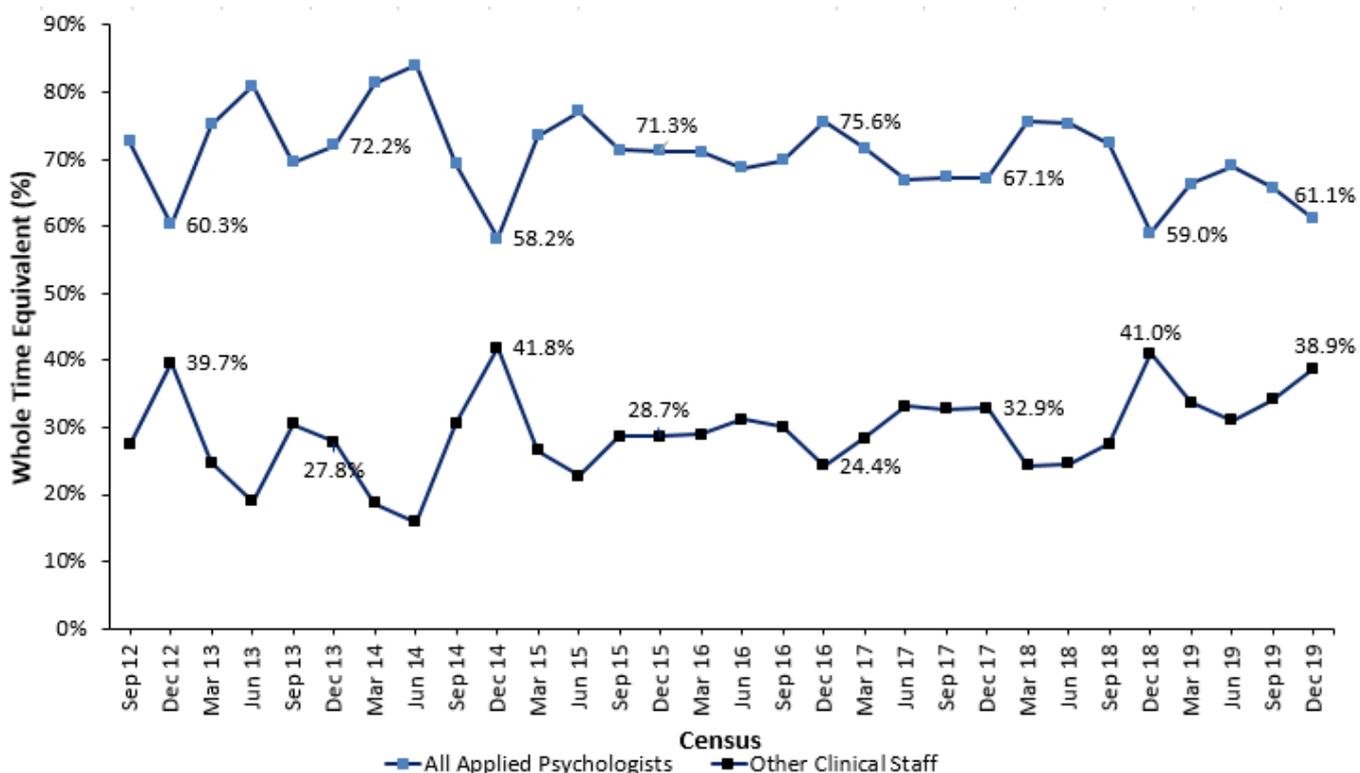


Notes

1. For the 31 December 2019 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.

Figure 19 shows the WTE of All Applied Psychologists vacancies and Other Clinical Staff vacancies between September 2012 and December 2019. The vacancy WTE for Applied Psychology posts was less than last census (89.0 WTE) while the vacancy WTE increased for Other Clinical staff posts (56.6 WTE).

**Figure 19. NHSScotland Psychology Services vacancies by Professional Group, from 30 September 2012 to 31 December 2019<sup>1,2</sup>.**



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.
2. As at 31 December 2019 census; all boards returned vacancy data. There were 4.3 WTE vacancies advertised with job titles Clinical/ Counselling Psychologist so could be filled by either Professional Groups

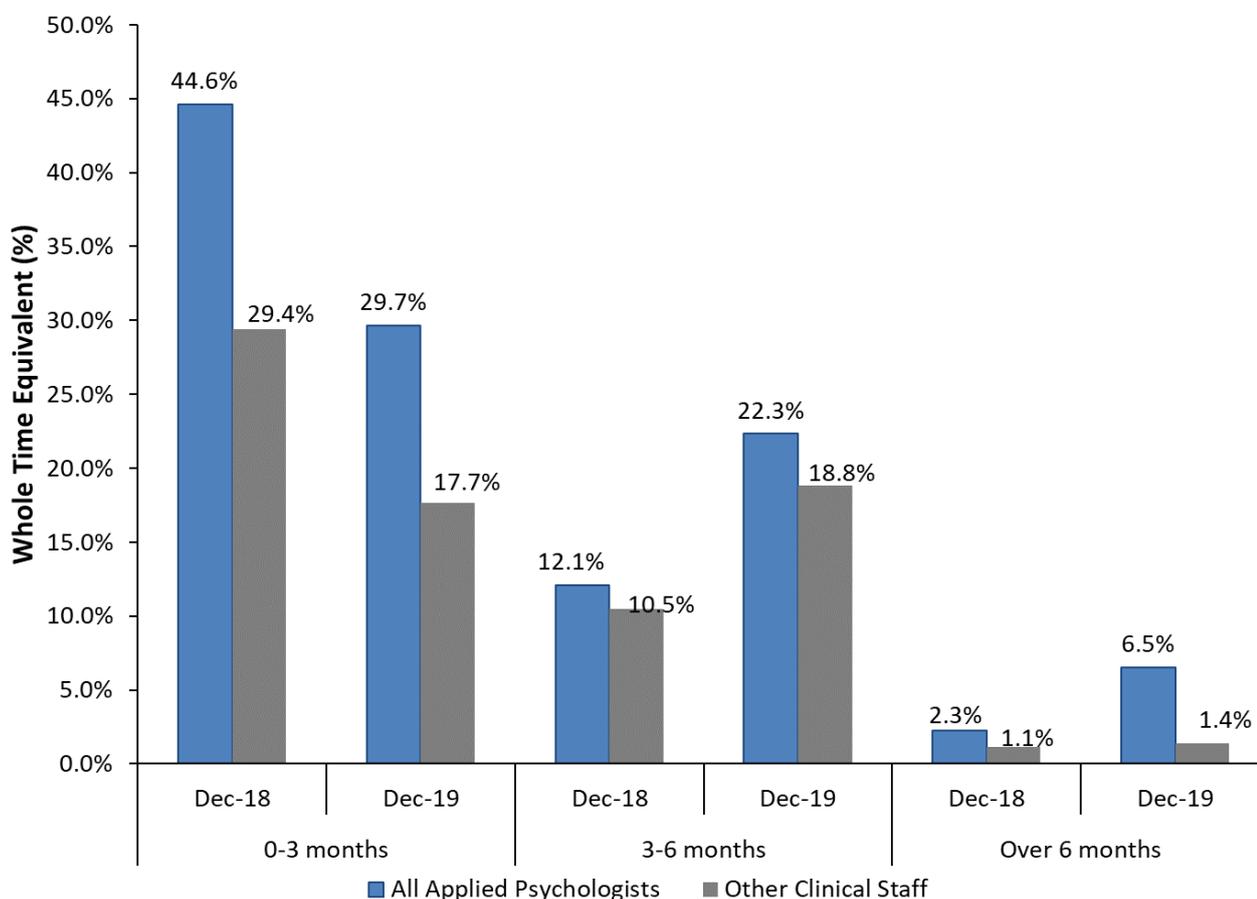
More detailed information about December 2019 vacancies is available by NHS Board, in Table 10.1 in the [background tables](#).

### 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. Figure 20 shows this information for the latest available census compared to December 2018 census. At 31 December 2019, 68.9 WTE (47.3%) had been advertised for less than 3 months, 59.9 WTE (41.1%) for between 3 and 6 months, 11.5 WTE (7.9%) for 6 months or longer.

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

**Figure 20. Vacancy length of NHSScotland Psychology Services by Professional Group as at 31 December 2018 and 31 December 2019<sup>1,2,3,4</sup>.**

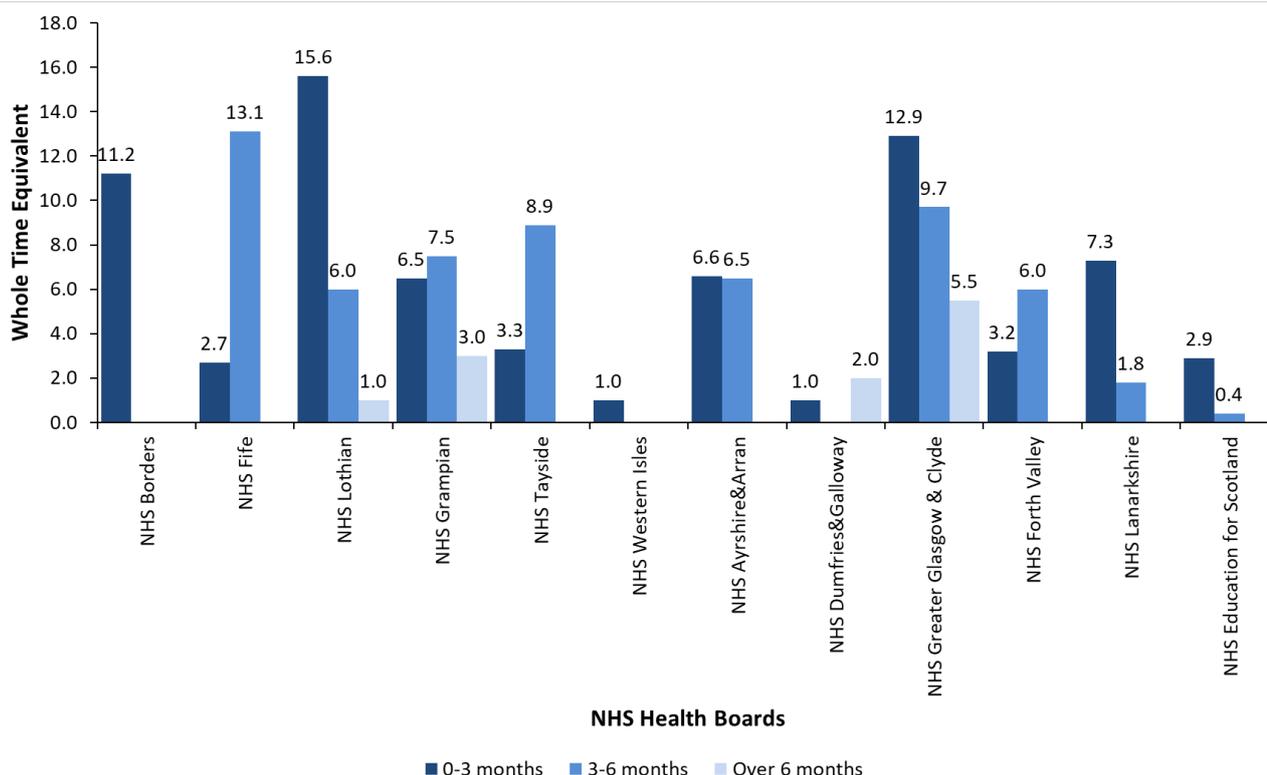


**Notes**

1. As at 31 December 2019 census; all boards returned vacancy data. There were 4.3 WTE vacancies advertised with job titles Clinical/ Counselling Psychologist so 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 21 shows the Whole Time Equivalent of vacant posts advertised by the length of time the posts were advertised for in NHSScotland Health Boards. NHS Greater Glasgow and Clyde had the maximum number of posts advertised (5.5 WTE) for greater than 6 months as at 31 December 2019 while NHS Lothian had the largest number of vacant posts advertised (15.6 WTE) for less than 3 months.

**Figure 21. Whole Time Equivalent of vacant posts advertised by length of vacancy advertised for in NHSScotland Health Boards as at 31 December 2019<sup>1,2</sup>**



Notes

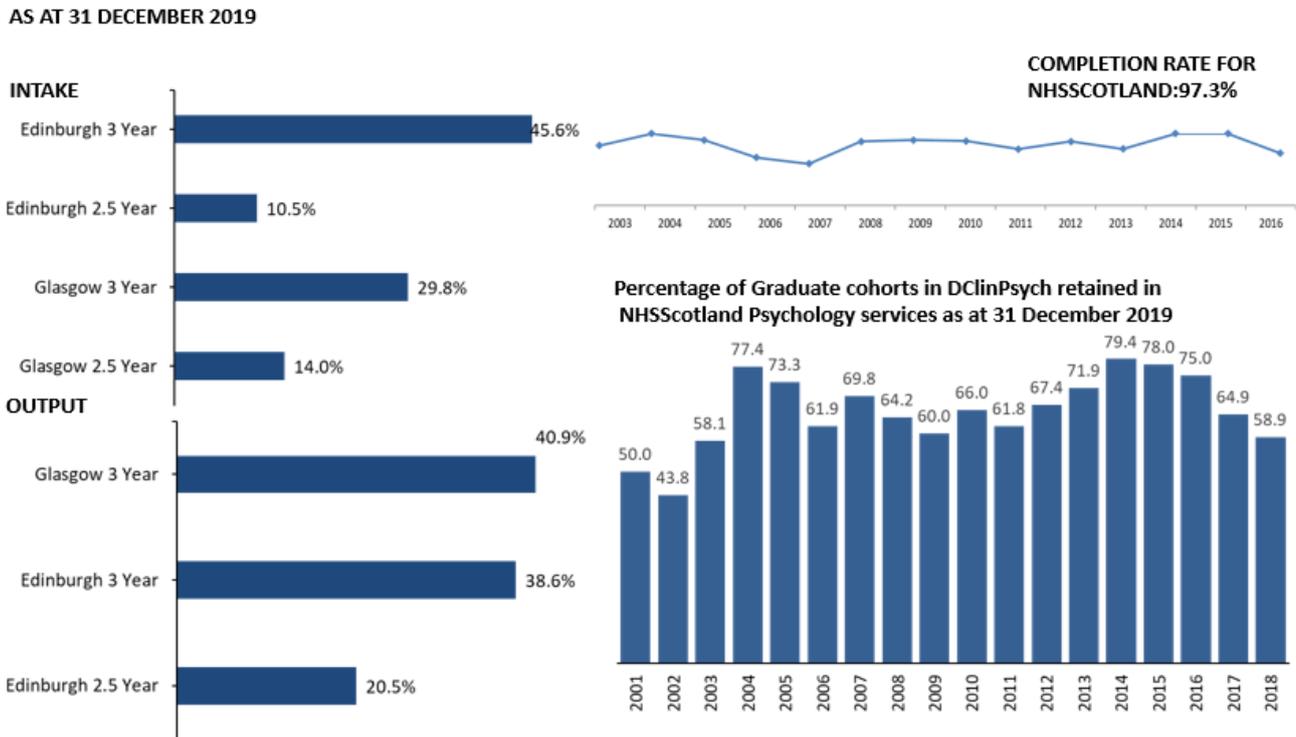
1. As at 31 December 2019 census; all boards returned vacancy data. The following NHS Boards / Services reported no posts were advertised and being filled as at 31 December 2019: NHS Orkney, NHS Shetland, Golden Jubilee National Hospital and State Hospital.
2. A post that has been advertised for recruitment may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore, the establishment may include double counting of posts.

## 5. Staff in training

NES has responsibility for commissioning the pre-registration training of Clinical Psychologists for NHSScotland, the main source of psychology workforce supply. In addition to the Doctorate in Clinical Psychology (DClinPsych), MSc Psychological Therapy in Primary Care (MSc PTPC) and MSc in Applied Psychology for Children and Young People (MSc APCYP), NES works in partnership with NHS boards to provide British Psychological Society’s Stage 2 Training in Health Psychology to Health Psychologists in

training. Trainees on each of the courses are employed by the NHS during training (for definitions of these training courses see the [Summary of Training Courses](#)).

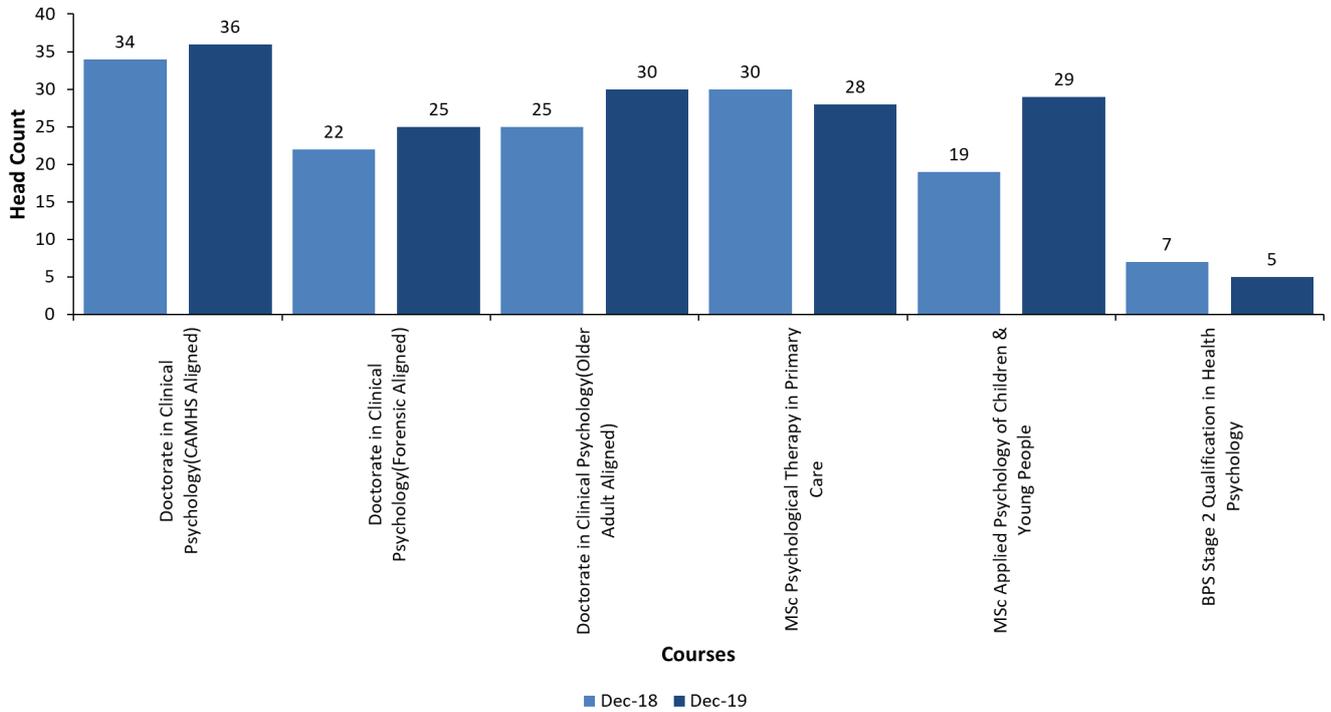
**Figure 22. Staff in Training in NHSScotland Psychology Services as at 31 December 2019**



**5.1 Current Trainees**

The latest reported number of individuals training towards the Applied Psychology postgraduate qualifications are shown in Figure 23. At the current census, Of the 196 trainees, some of the trainees were working towards Doctorate in Clinical Psychology aligned to CAMHS, Forensic and Older Adults. While the number of trainees have increased compared to December 2018 census, the number of trainees in MSc Psychological Therapy in Primary Care and BPS Stage 2 Qualification in Health Psychology have decreased marginally.

**Figure 23. All Applied Psychologists (Headcount) in Training in NHSScotland as at 31 December 2018 and 31 December 2019<sup>1</sup>**



**Notes**

1. In order to meet strategic objectives, some of the 196 Doctorate in Clinical Psychology trainees are aligned to specific areas of work. These places are funded by the Scottish Government with the aim of increasing workforce capacity in these clinical populations.

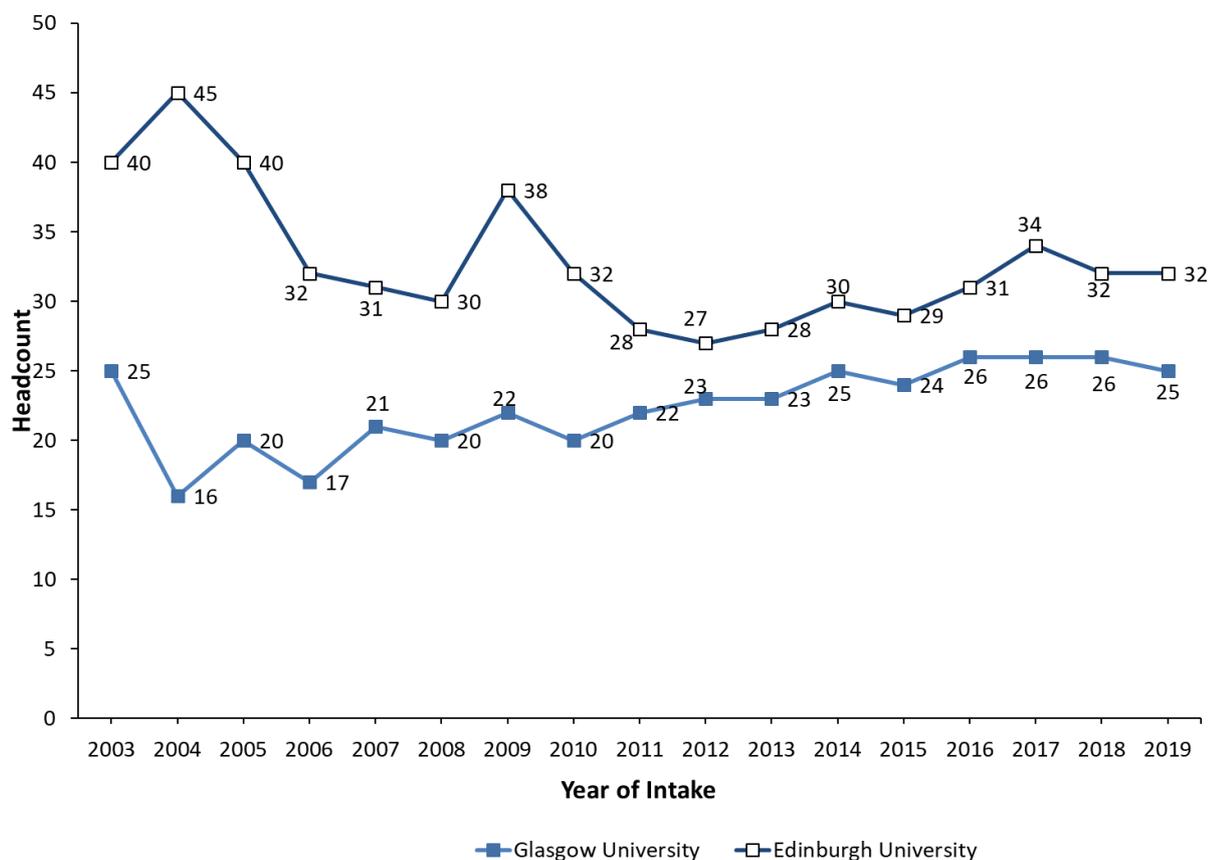
**5.2 Course intakes and outputs**

This section explores the number of trainees on each of these courses further in respect of number of students starting the course (intake) and the number completing the course.

**5.2.1 Doctorate in Clinical Psychology**

Figure 24 displays the intake of trainees on the DClinPsych courses in Scotland from 2003 to 2019. The average intake over this period was 55 trainees per year. There were 57 trainees at the latest intake in September 2019 (25 at the University of Glasgow and 32 at the University of Edinburgh).

**Figure 24: Intake of Trainees on the Doctorate in Clinical Psychology Course at the University of Edinburgh and University of Glasgow by headcount from 2003 to 2019<sup>1,2</sup>.**



Notes

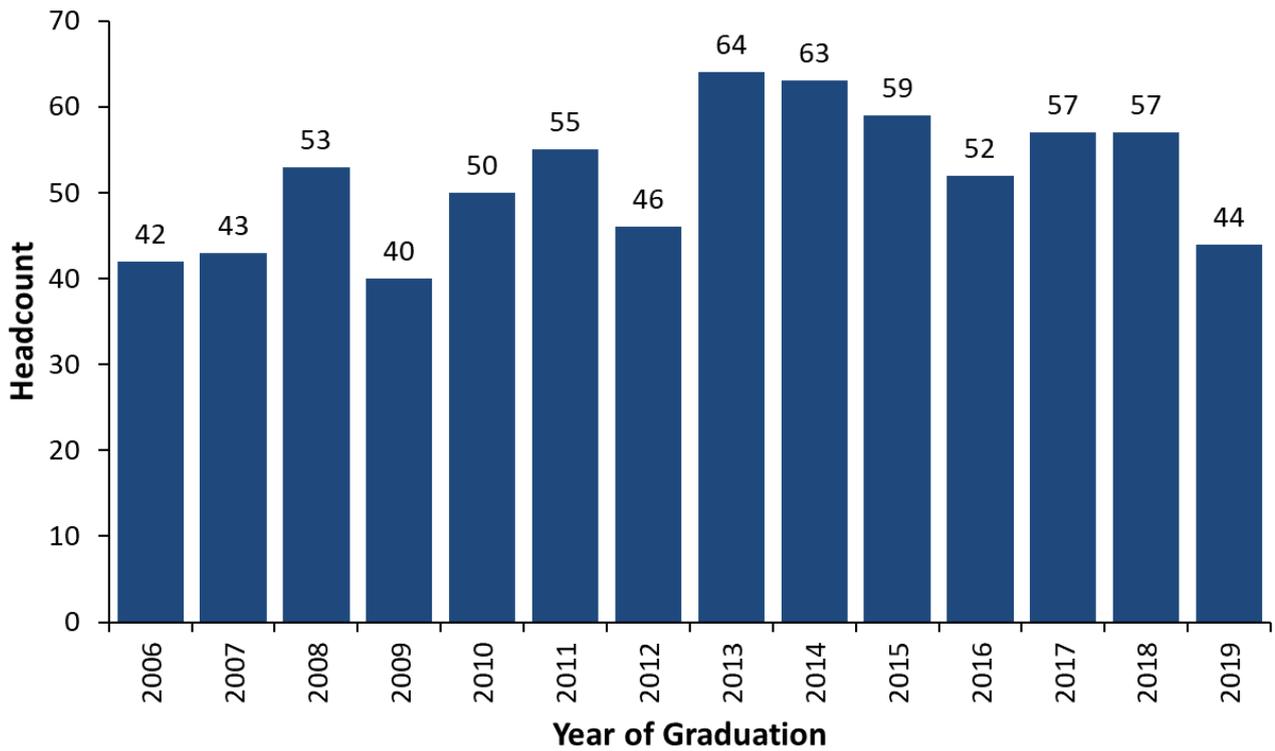
1. Data are only available from the 2003 intake onwards.
2. Data includes trainees in 2.5 years and 3 years Doctorate in Clinical Psychology Courses at University of Glasgow and trainees in 2.5 year, 3 years, 4 years and 5 years at University of Edinburgh

The last intake of trainees on either a four or five year course at the University of Edinburgh was in 2012. Since 2013, all trainees have therefore commenced a 3 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.

From 2009, aligned training pathways on the DClinPsych were introduced for several clinical populations with the aim of increasing workforce capacity within those areas. Specific CAMHS aligned pathways give trainees greater experience working with CAMHS populations in addition to their main trainee workload. Since the first intake in 2009, there has been an average intake of 10 trainees on the CAMHS Aligned Doctorate course each year.

Figure 25 shows the number of graduates from the DClinPsych courses that achieved Health and Care Professions Council (HCPC) registration after completing the course. HCPC registration is required in order to undertake a post as a Clinical Psychologist within the UK.

**Figure 25: Head Count of trainees from each of the DClinPsych courses that have achieved HCPC registration, by year of completion from 2006 to 2019<sup>1,2</sup>.**

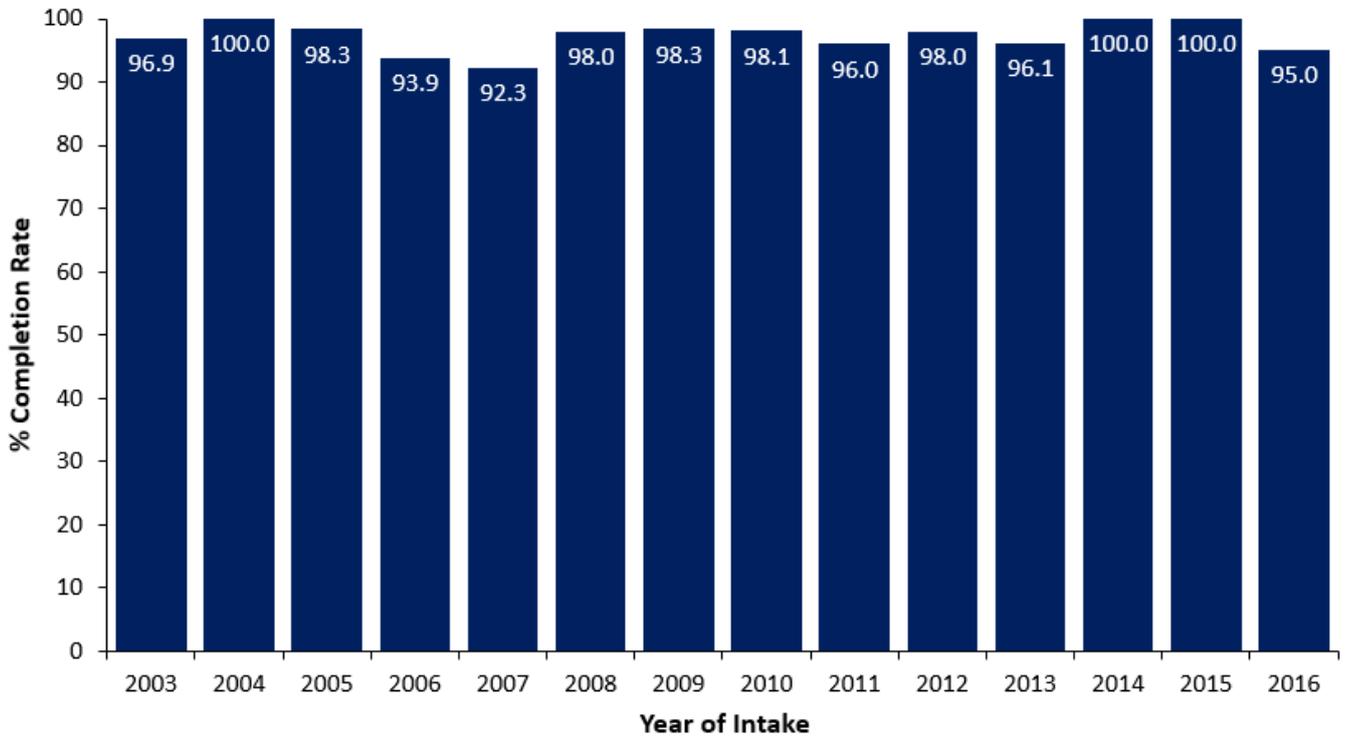


Notes

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

Figure 26 displays the completion rates for trainees that started on the DClinPsych course from 2003 to 2016. This illustrates that the completion rate for every cohort has been above 92%. Excluding trainees who are currently on an extension, the overall completion rate for the DClinPsych courses in Scotland is 97.3%. Further information on completion rates for each course is available in tab 12.1 of the [background tables](#).

**Figure 26: Total completion rate as at 31 December 2019 for trainees on DClinPsych courses by year of intake from 2003 to 2016<sup>1</sup>.**



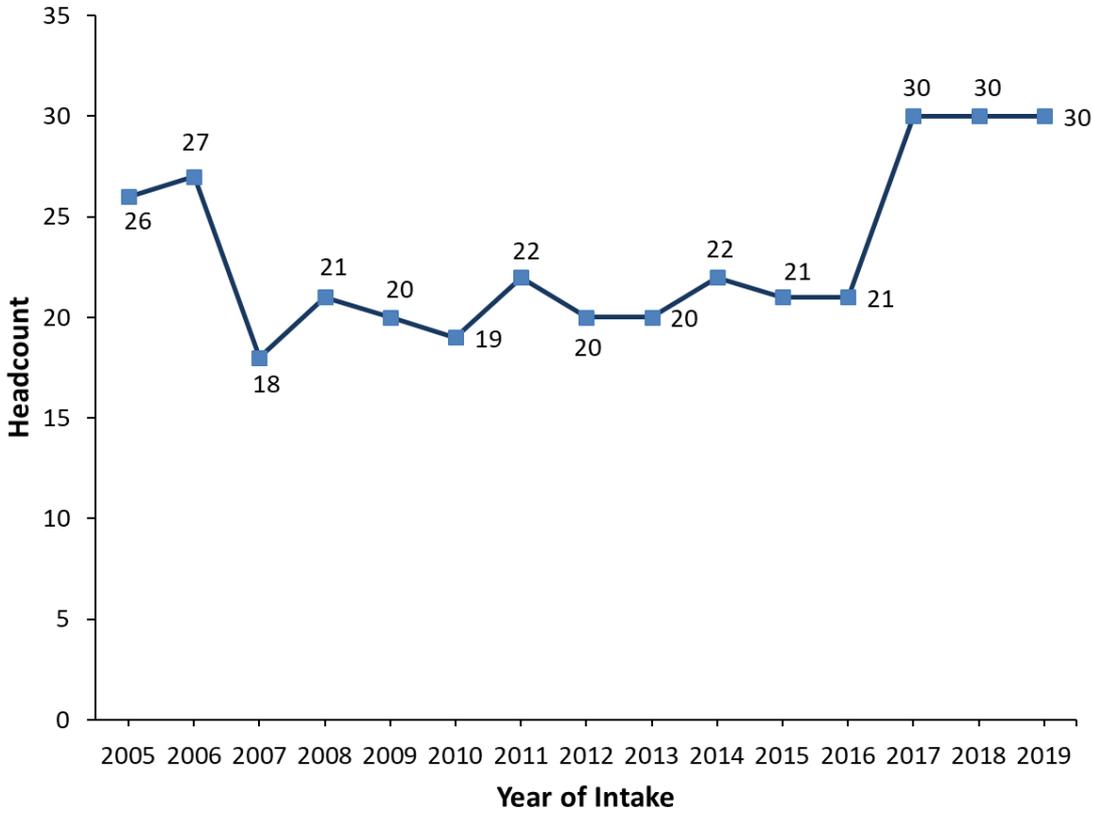
Notes

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

### 5.2.2 MSc Psychological Therapy in Primary Care

Figure 27 displays the intake of trainees on the MSc Psychological Therapy in Primary Care course. Since 2005 there has been an intake of 347 trainees in total, with an average intake of 23 trainees each year. Excluding the trainees from the 2019 intake who are due to complete in 2020, there have been 302 graduates from the course. This indicates a completion rate of 95.3%.

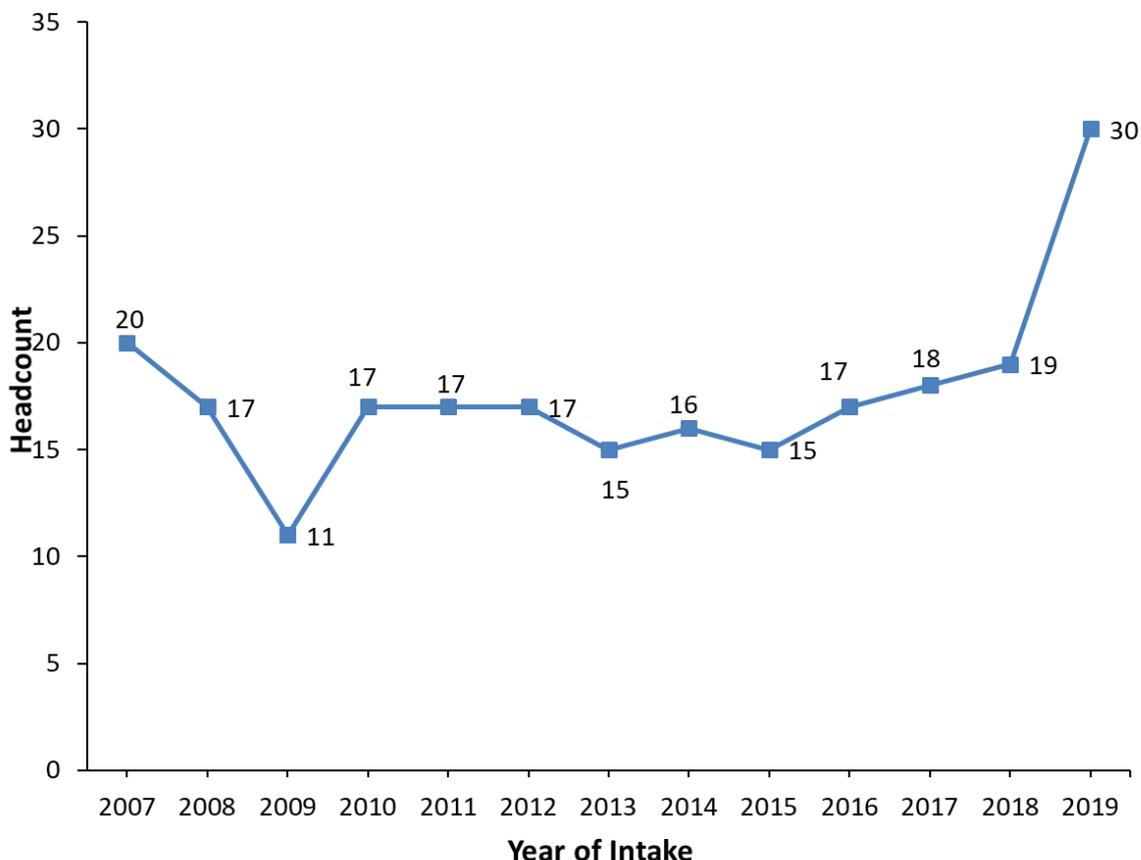
Figure 27: Trend of intake of trainees on the MSc PTPC course, from 2005 to 2019.



### 5.2.3 MSc Applied Psychology for Children and Young People

Figure 28 displays the intake of trainees on the MSc Applied Psychology for Children and Young People course. Since 2007 there has been an intake of 229 trainees in total, with an average intake of 18 trainees each year. Excluding the trainees from the 2019 intake who are due to complete in 2020, there have been 192 graduates from the course. This indicates a completion rate of 96.5%.

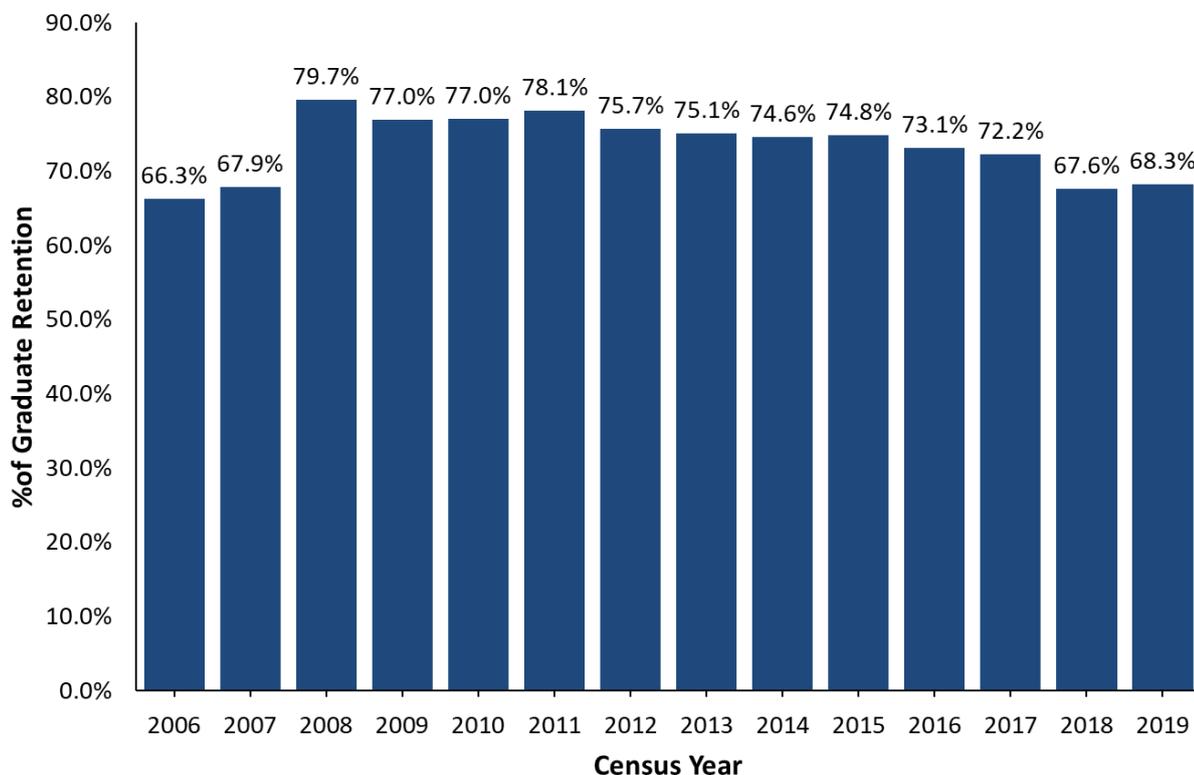
**Figure 28: Trend of intake of trainees on the MSc APCYP course from 2007 to 2019.**



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

From 2001 to 2018 there were 782 successful graduates of DClIn Psych. Figure 29 illustrates the retention rate, showing the percentage of graduates since 2003 employed in Psychology Services in NHSScotland for each year from 2006. The current retention rate of graduates in DClInPsych is 68.3%. The proportion of Clinical Psychologists retained in NHSScotland Psychology Services follows a fairly similar pattern between cohorts: decreasing in the first year after graduation and then gradually increasing or remaining constant. However due to data quality issues, some of the graduates who are currently in employment in NHSScotland might not be included. Further work is being done to determine the accuracy of the data. An initial 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 Table 12.2 in [background tables](#).

**Figure 29: Retention of DClinPsych Graduates from 2003 cohort at NHSScotland Psychology Services since 2006<sup>1,2,3</sup>.**



Notes

1. The 2019 cohort of graduates is not included in this figure as it has not yet been a full year since their graduation. The completion rates are based on those that have already left the course and will exclude anyone that is currently on an extension. Therefore, completion rates for some years are subject to change in future.
2. There are missing National Insurance nos for 372 graduates. Therefore, some of the graduates who are currently in employment in NHSScotland might not be included. Further work is being done to determine the accuracy of the data.
3. The retention data for the 2001 graduates are unavailable for one year after their graduation.
4. The retention is calculated for September census dates only, approximately one year after graduation.

## 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>

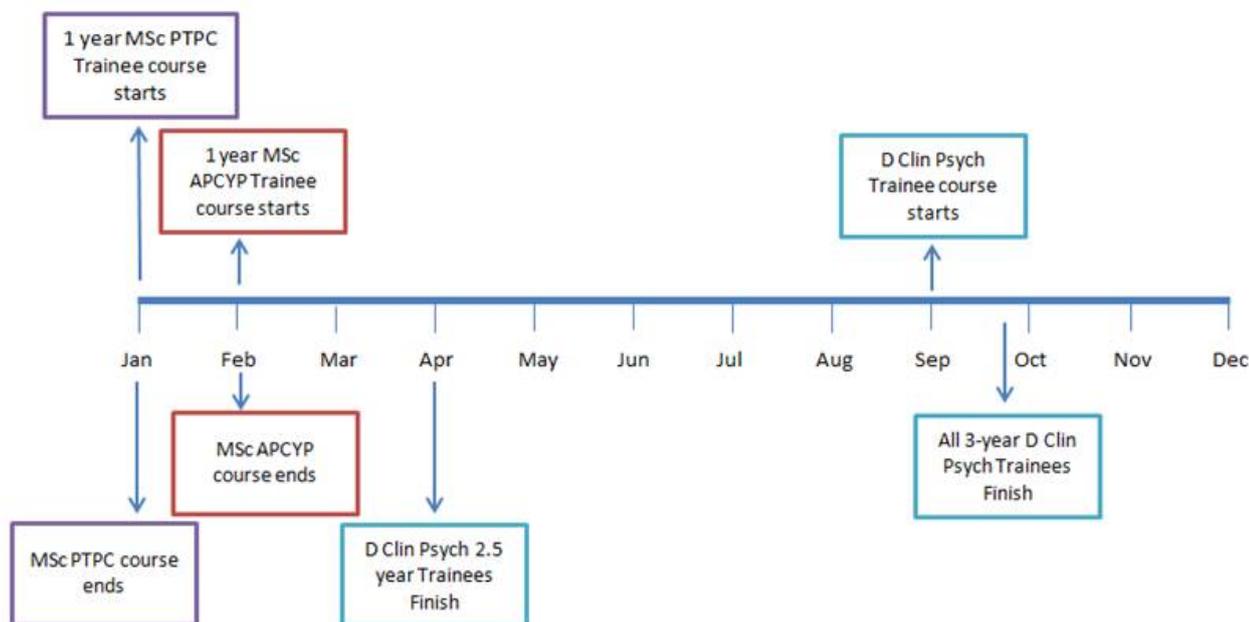
## **BPS Stage 2 Qualification in Health Psychology**

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<sup>1,2</sup>.**



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	<a href="#"><u>2020-03-03-Psychology-Workforce-Tables</u></a>	2001-2019	Excel 750 Kb
1.1	<a href="#"><u>All Clinical Staff (WTE) employed in Psychology Services by NHS Board</u></a>	2010-Dec 2019	“
1.2	<a href="#"><u>All Clinical Staff (Headcount) employed in Psychology Services by NHS Board</u></a>	“	“
1.3	<a href="#"><u>All Clinical Staff (WTE per 100,000 population) employed in Psychology Services by NHS Board</u></a>	“	“
2.1	<a href="#"><u>All Clinical Staff (WTE) employed in Psychology Services by Age Group</u></a>	“	“
2.2	<a href="#"><u>All Clinical Staff (Headcount) employed in Psychology Services by Age Group</u></a>	“	“
3.1	<a href="#"><u>All Clinical Staff (WTE) employed in Psychology Services by Area of Work</u></a>	2011-Dec 2019	“
3.2	<a href="#"><u>All Clinical Staff (WTE) employed in Psychology Services by detailed Area of Work and Target Age</u></a>	“	“
4.1	<a href="#"><u>All Clinical Staff (WTE) employed in Psychology Services by Target Age</u></a>	“	“
4.2	<a href="#"><u>All Clinical Staff (WTE or Headcount) employed in Psychology Services by Target Age, Area of Work and Professional group</u></a>	“	“
5.1	<a href="#"><u>All Clinical Staff (Headcount and WTE) employed in Psychology Services by Gender</u></a>	“	“
6.1	<a href="#"><u>All Clinical Staff (Headcount and WTE) employed in Psychology</u></a>	“	“

	<u>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- Dec 2019	“
10.2	<u>Length of Vacancies for Clinical Staff in Psychology Services in by Professional Group and NHS Board</u>	Dec 2017- Dec 2019	“
11.1	<u>All Applied Psychologists (Headcount) in Training in NHSScotland</u>	Dec 2019	“
12.1	<u>Course Intakes, Outputs and Completion Rates for trainees on a Doctorate in Clinical Psychology Course in Scotland from the 2003 intake onwards</u>	Sep 2003- Dec 2019	“
12.2	<u>Graduates of Doctorate in Clinical Psychology (Headcount) in Workforce in NHSScotland Psychology Services</u>	Sep 2003- Sep 2019	“

13.1	<u>Course Intakes and Outputs for the MSc Applied Psychology for Children and Young People and MSc Psychological Therapy in Primary Care</u>	Sep 2003- Dec 2019	“
13.2	<u>Graduats of MSc Psychological Therapy in Primary Care and MSc Applied Psychology in Children and Young People (Head Count) in Workforce or Doctorate in Clinical Psychology Courses in Scotland</u>	Sep 2003- Dec 2019	“

## Psychology Workforce Contacts

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## 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](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 31 December 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 31 December 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: <a href="#">Known uses of the Psychology Data</a>  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 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>
<b>Completeness</b>	<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>
<b>Comparability</b>	<p>Psychologists can be compared to psychologists providing services to children and/or adolescents in the CAMHS Workforce Planning Project:</p> <p><a href="https://www.isdscotland.org/Health-Topics/Workforce/NES-Publication/2020-03-03-CAMHS-Workforce-Report.pdf">https://www.isdscotland.org/Health-Topics/Workforce/NES-Publication/2020-03-03-CAMHS-Workforce-Report.pdf</a></p>
<b>Accessibility</b>	<p>The publication is made accessible according to <a href="#">published guidelines</a>.</p>
<b>Coherence and clarity</b>	<p>All Psychology tables are accessible via the ISD website in a pdf or <a href="#">Excel format</a> at</p> <p>Data are presented by:</p> <p>Professional group; NHS Board; Area of work; Target Age and A4C band.</p>
<b>Value type and unit of measurement</b>	<p>Headcount and whole time equivalent (WTE). Numbers of new and replacement vacancies. Numbers of trainees. Numeric.</p>
<b>Disclosure</b>	<p>In this Publication, the <a href="#">published guidelines</a> is followed.</p>
<b>UK Statistics Authority Assessment</b>	<p>NES became an accredited provider of Official Statistics in December 2019 and as such this release is produced in accordance with UK Statistics Authority's <a href="#">Code of Practice for Statistics</a>. NES <a href="#">voluntarily applied</a> the Code of Practice for the publication released on 3 December 2019</p>
<b>Last published</b>	3 December 2019
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<b>Date of first publication</b>	2001
<b>Help email</b>	<a href="mailto:nss.mentalhealthwfh@nhs.net">nss.mentalhealthwfh@nhs.net</a>
<b>Date form completed</b>	24 February 2020

## 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.