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Introduction

This publication summarises national data on the workforce providing Psychology Services in NHSScotland, following the latest census at 31 March 2018. This National Statistics 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 staff in training
- Graduate tracking for Doctorate in Clinical Psychology courses

Note that figures are presented either as headcount (actual numbers of staff) or, where applicable, by whole time equivalent (WTE) which adjusts the figures to take account of part-time working.

The data are gathered and analysed collaboratively by the Information Services Division (ISD) within National Services Scotland (NSS) and NHS Education for Scotland (NES). Data are collected directly from Psychology services and held within the National Psychology Workforce Information Database held at NSS. The data collected are verified by Psychology Heads of Service, who ISD and NES work closely with to ensure a high level of data 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 for psychological interventions. 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.

Contemporary healthcare policy recognises the importance of Psychological and Psychosocial factors for physical and mental health and wellbeing across the life span. Government objectives for health improvement require change in what people (i.e. the public, service users and service providers) individually and collectively, think, feel and do about health and healthcare in Scotland. There is a strong 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 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 at 31 March 2018:

- The WTE is almost three times higher than reported at the first data collection in 2001. Since December 2014, rate of growth has been consistent. The workforce has grown by 9.4% (99.5 WTE) since December 2014 and in the past 12 months there has been an increase of 5.4% (59.4 WTE).

- Clinical Psychologists remain the largest professional group, contributing 66.7% (771.7 WTE) of the psychology workforce. Since data collection began, the percentage of other clinical staff, (including Clinical Associates in Applied Psychology, Counsellors and Assistant Psychologists) has increased from 20% to 27.8% of all clinical staff.

- There are currently 68.0 WTE vacancies, of which 49.8 WTE (73.2%) are for Clinical Psychologist positions. New posts make up 28.8% (19.6 WTE) of the total vacancies.

- There are 236 individuals training for various post-graduate qualifications in applied psychology, including 183 on the Doctorate in Clinical Psychology, who will be fully qualified to become Clinical Psychologists upon course completion. On average, ten years after graduating, 70.9% of graduates are still employed in NHSScotland Psychology Services.
Results and Commentary

1. Staff in Post
At 31 March 2018, there were a total of 1,156.7 WTE (1,394 headcount) clinical staff in posts within Psychology Services across NHSScotland. Figure 1 shows the growth in this workforce over time, distinguishing between the major professional groups. Overall, the WTE at 31 March 2018 is almost three times higher than reported at the first data collection in 2001. Rate of growth in WTE has varied over time, with the highest annual growth seen between September 2005 and September 2006 (13.8%) and between September 2013 and September 2014 (11.4%). Since December 2014 growth has been more consistent, the total workforce has grown by 9.4% (99.5 WTE) and in the past 12 months there has been an increase of 5.4% (59.4 WTE).

Figure 1: WTE of all Clinical Staff in NHSScotland Psychology Services from 30 September 2001 to 31 March 2018.\(^{1,2,3}\)

1. At 31 March 2018 there were 68.1 WTE (5.9%) staff on maternity leave and 6.6 WTE (0.6%) on long term sick leave.
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.
Clinical psychologists still remain the largest staff group within this workforce with 771.7 WTE in post at this census compared to 311.0 WTE at 30 September 2001. Since March 2017, the clinical psychologist workforce grew by 44.7 WTE (6.1%). The long term growth in this workforce is partly due to the expansion of training in Doctoral Clinical Psychology.

The percentage of other types of clinical staff within psychology services has also increased and is now 27.8% compared to 20.0% in 2001, when data collection began. This group includes all other staff (excluding applied psychologists) such as Cognitive Behavioural Therapists, Clinical Associates in Applied Psychology, Counsellors, Assistant Psychologists and Other Therapists (shown in Figure 1 as ‘Other Clinical Staff’). Growth has remained steady within this group over recent years, in the last 12 months there has been an increase of 4.1% (12.6 WTE), however there was a period of rapid growth between September 2013 and 2014, when this group increased by 19.8%. This growth can be attributed in part to the introduction of two training programmes: MSc in Psychological Therapy in Primary Care in 2005 and MSc in Applied Psychology for Children and Young People in 2007, which increased the number of other types of clinical staff supporting these services.

Historically, clinical psychologists were the main staff group within psychology services – they still account for 66.7% of all clinical staff. However since 2005, the availability of wider training (for example MSc courses in Applied Psychology) has expanded the skill mix in order for psychological therapies to be delivered by a range of staff. Figure 2 shows the range of staff groups in NHSScotland Psychology Services.

**Figure 2: WTE of Profession in Psychology Services across NHSScotland at 31 March 2018**

2. The professional group Clinical Associate in Applied Psychology (CAAP) is a new group being recorded from 31 December 2017 census onwards. Previously, these staff would have been included in either the Graduate of the MSc Psychological Therapy in Primary Care or Graduate of the MSc Applied Psychology for Children and Young People professional groups, which have now been removed. While data quality checks and updates are ongoing, some CAAPs are still being recorded in the Other professional group.
1.1 Staff in NHS Boards

Figure 3 compares the WTE of all applied psychologists employed per 100,000 population in each mainland NHS Board at the latest census with that at 31 March 2011, when quarterly data collection first began. NHS Greater Glasgow and Clyde still has the largest rate with 18.1 WTE All Applied Psychologists per 100,000 population compared to the national average of 15.4. However, it should be noted that 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.

Figure 3: Applied Psychologists in mainland NHS Boards – Change in WTE rates per 100,000 population between 31 March 2011 and 31 March 2018.\(^1\)

\(^1\) Please note that NHS Orkney, NHS Shetland and NHS Western Isles all currently have less than 1.5 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. 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 (0-18/19 years), Adult (20-64 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. Understanding how the workforce is distributed across the different age groups and the demand for particular services by each group is essential for workforce planning, particularly when considering projected changed to the demography of the population.

2.1. Target Age

Figure 4 displays a trend of the WTE staff working across each Target Age back to March 2011 when this type of data first became available. The largest age category continues to be Adults, which accounts for 59.6% of the workforce at 31 March 2018. Child and Adolescents has consistently been the second largest category, comprising 25.8% of workforce at current census date. The Older Adult and Age non-specific categories are smaller groups accounting for 6.8% and 7.8% of the total workforce respectively at March 2018.

Figure 4: Trend of all clinical staff in Psychology Services by Target Age between 31 March 2011 and 31 March 2018\(^1\).

\(^{1}\) Age non-specific refers to services where clinical staff treat clients across the life span.
The WTE within each Target Age has increased over this time period. The Adult target age category has seen the largest growth in terms of WTE since March 2011, an increase of 127.8 WTE (22.8%). The largest percentage increases were seen in the Older Adult and Age non-specific categories during this period, with increases of 101.9% (+39.6 WTE) and 82.8% (+40.8 WTE) respectively since March 2011. This has also changed the distribution of staff across target age categories. The proportion of staff within the Child and Adolescent target age category has remained similar during this time frame, accounting for 24.5% of staff at March 2011 and 25.8% of staff at March 2018.

The increase within the Older Adult target age may partly be due to the introduction of trainees on the Doctorate in Clinical Psychology course having specific alignment to Older People’s Services. The MSc Psychological Therapy in Primary Care course covers both adults and older adults. This has enabled graduates to work in the Older Adults target age on completion, an age group for which historically there have been fewer staff assigned.

### 2.2 Area of Work

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

Figure 5 shows the largest Area of Work has consistently been Mental Health, with an average of 57.9 WTE staff working in Mental Health since data collection began in March 2011. This area has increased by 212.0 WTE (43.0%) over this period, whereas all other areas have increased by 83.5 WTE (22.7%) in total.

*Figure 5: Trend of all clinical staff in Psychology Services by Area of Work between 31 March 2011 and 31 March 2018.*
2.3 Area of Work and Target Age

Each of the Area of Work categories can be broken down further into more specific specialty areas. For definitions of each area of work including the subcategories for Mental Health, see the glossary.

Understanding the workforce operating in specialty areas is essential for workforce planning, each having different staffing requirements. For example, within Mental Health, the subcategory Severe and Enduring Mental Health treatment requires a more intensive level of workforce resourcing than Mild to Moderate services. See table 3.2 in the background tables for a complete breakdown of categories and subcategories by Target Age or table 3.3 for area of work categories and subcategories by professional group, going back to March 2011.

Figure 6 shows a breakdown of the workforce within each of the subcategories for Mental Health area of work by target age. This shows that General Mental Health is the largest area of work for all target age categories at each census date since March 2011. At the current census date; General Mental Health makes up 43.6% of Adult services, 43.6% of Older Adult services and 54.9% of Child and Adolescent services. Since March 2011, the greatest increase in WTE has occurred within the General Mental Health subcategory for Child and Adolescent services, (an increase of 86.4 WTE, from 80.7 to 167.1). In the same time period the greatest percentage increase in General Mental Health has been observed within Older Adult category (193% increase, from 13.3 to 39.1 WTE).

Figure 6 demonstrates that the total staff working in Age non-specific mental health areas declined from March 2011 to September 2013 but has been increasing each quarter since. Within the age non-specific group there has been an increase in the staff working within Eating Disorders since December 2016, and very little change within this specialty area for the other target age groups; Child and Adolescent, Adult and Older Adult, since 2011.
Figure 6: Clinical Staff (WTE) working within Mental Health subcategories by Target Age since 31 March 20111,2,3.
1. Age non-specific refers to services where clinical staff treat clients across the life span and also includes non-clinical work such as Academic and Teaching roles. The sub-categories for Mental Health area of work have been separated out in Figure 6 these are: General Mental Health, Severe and Enduring (MH), Mild to Moderate (MH), Early Intervention (MH) and Eating Disorders (MH).

2. Please refer to tabs 3.2 and 3.3 in the background tables for a full breakdown of the specialty areas of work.

3. Due to data quality issues the subcategory level detail for Mental Health is not available for June 2012, December 2012 and March 2013.

Figure 7 displays the remaining area of work categories by target age. The largest of these categories for Child and Adolescent focused staff are currently Physical Health (30.5 WTE, 10.2%) and Learning Disabilities (26.4 WTE, 8.8%).

Outwith Mental Health, the largest categories for Adult focused staff are split fairly evenly between Forensic (57.6 WTE, 8.4%), Physical Health (55.1 WTE, 8.0%) and Learning Disabilities (53.9 WTE, 7.8%).

The distribution for Older Adults is less varied with Other (which includes non-clinical roles such as Academic and Teaching) being the largest category outwith Mental Health (32.6 WTE, 41.5%). The remaining 6.9 WTE (8.8%) of this workforce is split over a number of smaller categories each of which accounts for less than 2.5 WTE.

‘Age non-specific’ is the only group where Mental Health is not the largest category at the current census date; conversely the largest three categories for these staff are Other, 24.0 WTE (26.7%), Neuropsychology, 26.1 WTE (28.9%), and Physical Health, 20.2 WTE (22.4%).
Figure 7: Clinical Staff (WTE) in remaining Area of Work categories outside Mental Health by Target Age since 31 March 2011\(^1,2,3\)
1. Age non-specific refers to services where clinical staff treat clients across the life span and also includes non-clinical work such as Academic and Teaching roles. The sub-categories for Mental Health area of work have been separated out in Figure 6 these are: General Mental Health, Severe and Enduring (MH), Mild to Moderate (MH), Early Intervention (MH) and Eating Disorders (MH).

2. The Other group includes sub-categories such as Healthcare for the Elderly and Dementia, Academic, Teaching and Management roles, along with other specialty areas such as Trauma Services, Autistic Spectrum Disorder, Self-help workers, Prison Services and Gender based violence.

3. Please refer to tabs 3.2 and 3.3 in the background tables for a full breakdown of the specialty areas of work.

Since March 2011, the number of staff working in Learning Disabilities and Forensic specialty areas has remained fairly constant across all target age groups. There has been an increase of staff (WTE) working within Physical Health for Child and Adolescents and age non-specific target ages since March 2011, however staffing for this area of work within the Adult and Older Adult categories has not changed substantially. Furthermore there has been a 3 fold increase (from 8.1 WTE in March 2011, to 26.1 WTE at March 2018) in Neuropsychology provision within the non-target age specific category since March 2011, see figure 7 above.

3. Vacancies

3.1 Current Vacancies
At 31 March 2018, 68.0 WTE vacancies were being advertised for recruitment. Table 1 shows a breakdown of these by professional group. A further 23.1 WTE posts (not shown in Table 1) were approved for recruitment but not yet advertised.

Of the vacancies advertised, 47.0 WTE were for whole-time positions while the remaining 21.0 WTE were for part-time posts. Of the 88 advertised posts, 54 were permanent positions, 29 were fixed-term for less than two years and 4 were fixed-term for two years or more.

Vacant posts may be a consequence of either staff leaving a post or the creation of new posts. When this level of detail was known, the majority (69.8%) of advertised vacancies were to replace staff who had left or were about to leave existing posts or were taking maternity leave. However 30.2% of vacancies related to newly created posts.
Table 1: NHSScotland Psychology Services vacancies being advertised by professional group at 31 March 2018\(^1,2,3,4,5\).

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>New Posts (WTE)</th>
<th>Replacement Posts (WTE)</th>
<th>Maternity Leave Cover (WTE)</th>
<th>Other and Unknown Posts (WTE)(^1)</th>
<th>Total NHSScotland (WTE)(^2)</th>
<th>Establishment WTE (total vacancies plus staff in post)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Applied Psychologists;</td>
<td>10.6</td>
<td>36.7</td>
<td>2.1</td>
<td>2.0</td>
<td>51.4</td>
<td>886.0</td>
</tr>
<tr>
<td>Clinical Psychologist(^3)</td>
<td>10.6</td>
<td>35.1</td>
<td>2.1</td>
<td>2.0</td>
<td>49.8</td>
<td>821.5</td>
</tr>
<tr>
<td>Counselling Psychologist</td>
<td>-</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>1.0</td>
<td>52.7</td>
</tr>
<tr>
<td>Forensic Psychologist</td>
<td>-</td>
<td>0.6</td>
<td>-</td>
<td>-</td>
<td>0.6</td>
<td>5.8</td>
</tr>
<tr>
<td>Other Clinical Staff;</td>
<td>9.0</td>
<td>5.6</td>
<td>1.0</td>
<td>1.0</td>
<td>16.6</td>
<td>338.7</td>
</tr>
<tr>
<td>Clinical Associate in Applied Psychology (CAAP)</td>
<td>3.0</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>4.0</td>
<td>87.7</td>
</tr>
<tr>
<td>Cognitive Behavioural Therapist</td>
<td>-</td>
<td>-</td>
<td>1.0</td>
<td>-</td>
<td>1.0</td>
<td>56.0</td>
</tr>
<tr>
<td>Psychology Assistant</td>
<td>1.0</td>
<td>3.0</td>
<td>-</td>
<td>-</td>
<td>4.0</td>
<td>72.2</td>
</tr>
<tr>
<td>Other Therapist(^5)</td>
<td>3.0</td>
<td>1.0</td>
<td>-</td>
<td>1.0</td>
<td>5.0</td>
<td>23.6</td>
</tr>
<tr>
<td>Counsellor</td>
<td>-</td>
<td>0.6</td>
<td>-</td>
<td>-</td>
<td>0.6</td>
<td>24.9</td>
</tr>
<tr>
<td>Other(^5)</td>
<td>2.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2.0</td>
<td>74.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>19.6</strong></td>
<td><strong>42.3</strong></td>
<td><strong>3.1</strong></td>
<td><strong>3.0</strong></td>
<td><strong>68.0</strong></td>
<td><strong>1224.7</strong></td>
</tr>
</tbody>
</table>

1. Due to missing data it is unknown whether 1.0 WTE vacancy is for new or replacement posts. This group also includes 2.0 WTE vacancies for redesigned positions.
2. For the 31 March 2018 census all NHS Boards provided the necessary vacancy data. Please note the following NHS Boards reported no posts were between advertised and being filled as at 31 March 2018: NHS Shetland, NHS Western Isles and State Hospitals Board for Scotland.
3. At 31 March 2018 there were 2 headcount, 0.9 WTE vacancies for Clinical or Counselling Psychologists which have been included within the Clinical Psychologist figures.
4. Other Therapist includes vacancies for child and adolescent therapists, psychological therapists and mental health practitioners.
5. The vacancies within the Other professional group include CAMHS Clinician vacancies where no additional information was provided about the post’s profession.

### 3.2 Vacancy trends

Figure 8 shows the trend for the vacancy rates observed at each census since vacancy data collection began. A moving average showing the combined rate for the previous 4 census points has been added to the chart to provide an indication of the underlying trend and to adjust for any seasonal effects. More detailed trend information on vacancies for individual professional groups is shown in table 10.1 in the background tables.

Despite quarter on quarter variation, the moving average suggests that the overall vacancy rate within all professional groups has remained relatively steady. There have been two peaks in the vacancy rates at September 2012 (10.6%) and September 2017 (9.3%).
Excluding these census dates, the vacancy rate has been 5.9% on average since September 2011 and remained between 4.2% and 7.7%. The current vacancy rate is 5.6% with a moving average of 6.9%.

Figure 8: Trend in the vacancy rates (the percentage of establishment that is vacant) for all clinical staff between 30 September 2011 and 31 March 2018.\(^1\)

1. For the 31 March 2018 census all NHS Boards provided the necessary vacancy data. Please note that for some 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.

It is important to note that the Doctorate in Clinical Psychology course commences in October and this has an impact vacancy levels for other staff such as Assistant Psychologists, who will leave their current post to enter this training. This means vacancy levels at the September census are often higher. Trainees from the Doctorate in Clinical Psychology course graduate in September and these graduates subsequently fill vacant Applied Psychologist posts, which is reflected in the drop in vacancy rates at each December census.
This is illustrated in Figure 9, which shows a drop in the vacancies from September 2017 (112.4 WTE) to December 2018 (63.9 WTE) before increasing slightly at the current census date to 68.0 WTE. The majority of advertised vacancies each quarter since September 2016 were for replacement posts, accounting for an average of 58.6% of all posts advertised. Over the same period there has been an average of 25.7 WTE (33.4%) vacancies for new posts illustrating a continuous effort to expand the workforce. The number of vacancies for new positions continues to vary from quarter to quarter, however this has increased over the past two years from 7.3 WTE at 31 March 2016 to 19.6 WTE at 31 March 2018, see Figure 9.

**Figure 9: Change in proportion of vacancies for new and replacement posts between 31 March 2016 and 31 March 2018**

1. Please note the Other and Unknown category includes secondment roles, backfill for secondments, enhancements to change existing skill mix within a team e.g. transformation of an existing Band 7 post to a Band 8a vacancy, along with other vacancies which did not specify whether these were for new or replacement positions.

Figures 10 and 11 show trends for the vacancy rates observed for all applied psychologists and other clinical staff respectively. The moving average indicates the rate of vacancies for all applied psychologists was fairly steady overall from 30 September 2013, with small increases each quarter from September 2016 before decreasing again after September...
2017. As a result of this drop, the moving average for all applied psychologists vacancies has reduced to 6.7% for the current quarter.

**Figure 10: Trend in the vacancy rates (the percentage of establishment that is vacant) for all applied psychologists between 30 September 2011 and 31 March 2018.**

The vacancy rate for other clinical staff working in NHS Psychology Services shows a greater level of variation from quarter to quarter, however the moving average indicates this rate remained between 5.0% and 6.7% from December 2013 to June 2017. There had been an increasing rate of vacancies for other clinical staff since December 2016; however the rate fell to 6.4% in December 2017 and reduced further to 4.9% for the current March 2018 quarter. The moving average has also decreased this quarter for the first time since December 2016, from 8.2% at December 2018 to 7.6% currently.
3.3 Length of Vacancies

From December 2017, the length of time that posts have been vacant can be reported. Table 2 shows how long vacancies at 31 March 2018 had been vacant since first being advertised. Among those vacancies with a date first advertised recorded, 48.6 WTE (81.0%), had been advertised for less than 3 months, and 1.5 WTE (2.5%) had been advertised for 6 months or longer (excluding those for which vacancy length is unknown). Of the 11.4 WTE advertised for more than 3 months, 8.2 WTE were for permanent positions at Band 6 and above. Since December 2017, there are 6.3 WTE fewer posts which have been vacant for over 6 months. For information 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 31 March 2018$^{1,2,3}$.

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>0-3 months (WTE)</th>
<th>3-6 months (WTE)</th>
<th>Over 6 months (WTE)</th>
<th>Unknown (WTE)</th>
<th>Total Vacancies (WTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Applied Psychologists;</td>
<td>35.5</td>
<td>7.4</td>
<td>1.5</td>
<td>7.0</td>
<td>51.4</td>
</tr>
<tr>
<td>Clinical Psychologist$^1$</td>
<td>34.4</td>
<td>7.4</td>
<td>1.0</td>
<td>7.0</td>
<td>49.8</td>
</tr>
<tr>
<td>Counselling Psychologist</td>
<td>0.5</td>
<td>-</td>
<td>0.5</td>
<td>-</td>
<td>1.0</td>
</tr>
<tr>
<td>Forensic Psychologist</td>
<td>0.6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td>Other Clinical Staff;</td>
<td>13.1</td>
<td>2.5</td>
<td>-</td>
<td>1.0</td>
<td>16.6</td>
</tr>
<tr>
<td>Clinical Associate in Applied Psychology (CAAP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.0</td>
</tr>
<tr>
<td>Cognitive Behavioural Therapist</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1.0</td>
</tr>
<tr>
<td>Counsellor</td>
<td>0.6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td>Psychology Assistant</td>
<td>3.5</td>
<td>0.5</td>
<td>-</td>
<td>-</td>
<td>4.0</td>
</tr>
<tr>
<td>Other Therapist$^2$</td>
<td>5.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>5.0</td>
</tr>
<tr>
<td>Other$^3$</td>
<td></td>
<td>2.0</td>
<td>-</td>
<td>-</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>48.6</strong></td>
<td><strong>9.9</strong></td>
<td><strong>1.5</strong></td>
<td><strong>8.0</strong></td>
<td><strong>68.0</strong></td>
</tr>
</tbody>
</table>

1. At 31 March 2018 there were 2 headcount 0.9 WTE vacancies for Clinical or Counselling Psychologists which have been included within the Clinical Psychologist figures.
2. Other Therapist includes vacancies for child and adolescent therapists, psychological therapists and mental health practitioners.
3. The vacancies within the Other professional group include CAMHS Clinician vacancies where no additional information was provided about the post’s profession.

3.4 Target Age of Vacancies

Information is also routinely collected about the Target Age of Vacancies; Target Age refers to the age group of patients that staff are assigned to treat. For Psychology Services the distinct age groups are generally Child & Adolescent (0-18/19 years), Adult (20-64 years), or Older Adult (65+ years). A trend showing the distribution of vacancies across these Target Age categories is displayed in Figure 12 below.

A majority of vacancies at each census date since March 2016 have been for roles in Adult services, these have accounted for 58.4% of advertised vacancies over the past 24 months. Vacancies relating to Child and Adolescent services were the second largest category at each census date since March 2016 with 27.3% of all vacancies advertised since March 2016 relating to this age group of patients.
Table 3 shows the distribution of vacancies by professional group and target age of patients seen. A majority of the vacancies at 31 March 2018 were within Adult services, 46.6%, and the second largest group was Child and Adolescent services accounting for 35.3% of the vacancies at the census date. Older Adult vacancies accounted for 14.6% of current vacancies across the professional groups and 3.5% were Age non-specific vacancies. Table 3 also shows the vacancy rates (as percentage of establishment) for each Target Age category. The rate for Older Adult roles is highest for the current census date at 12.6%.
Table 3: NHSScotland Psychology Services vacancies being advertised by professional group and Target Age at 31 March 2018

<table>
<thead>
<tr>
<th>Professional Group</th>
<th>Child and Adolescent 0-18/19 years (WTE)</th>
<th>Adults 20-64 years (WTE)</th>
<th>Older Adults 65+ years (WTE)</th>
<th>Age non-specific (WTE)</th>
<th>Total Vacancies (WTE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Applied Psychologists;</td>
<td>19.0</td>
<td>24.6</td>
<td>5.9</td>
<td>1.9</td>
<td>51.4</td>
</tr>
<tr>
<td>Clinical Psychologist¹</td>
<td>19.0</td>
<td>23.0</td>
<td>5.9</td>
<td>1.9</td>
<td>49.8</td>
</tr>
<tr>
<td>Counselling Psychologist</td>
<td>-</td>
<td>1.0</td>
<td>-</td>
<td>-</td>
<td>1.0</td>
</tr>
<tr>
<td>Forensic Psychologist</td>
<td>-</td>
<td>0.6</td>
<td>-</td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td>Other Clinical Staff;</td>
<td>5.0</td>
<td>7.1</td>
<td>4.0</td>
<td>0.5</td>
<td>16.6</td>
</tr>
<tr>
<td>Clinical Associate in Applied Psychology (CAAP)</td>
<td>1.0</td>
<td>1.0</td>
<td>2.0</td>
<td>-</td>
<td>4.0</td>
</tr>
<tr>
<td>Cognitive Behavioural Therapist</td>
<td>-</td>
<td>-</td>
<td>1.0</td>
<td>-</td>
<td>1.0</td>
</tr>
<tr>
<td>Counsellor</td>
<td>-</td>
<td>0.6</td>
<td>-</td>
<td>-</td>
<td>0.6</td>
</tr>
<tr>
<td>Psychology Assistant</td>
<td>-</td>
<td>2.5</td>
<td>1.0</td>
<td>0.5</td>
<td>4.0</td>
</tr>
<tr>
<td>Other Therapist³</td>
<td>2.0</td>
<td>3.0</td>
<td>-</td>
<td>-</td>
<td>5.0</td>
</tr>
<tr>
<td>Other²</td>
<td>2.0</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>2.0</td>
</tr>
<tr>
<td><strong>Total Vacancies</strong></td>
<td><strong>24.0</strong></td>
<td><strong>31.7</strong></td>
<td><strong>9.9</strong></td>
<td><strong>2.4</strong></td>
<td><strong>68.0</strong></td>
</tr>
<tr>
<td><strong>Staff in post</strong></td>
<td>298.7</td>
<td>689.5</td>
<td>78.5</td>
<td>90.1</td>
<td>1156.7</td>
</tr>
<tr>
<td>% Establishment vacant⁴</td>
<td>7.4%</td>
<td>4.4%</td>
<td>11.2%</td>
<td>2.6%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

1. 0.9 WTE vacancy for a Clinical or Counselling Psychologist has been included within the Clinical Psychologist figures.
2. The vacancies within the Other professional group include CAMHS Clinician vacancies where no additional information was provided about the post’s profession.
3. Other Therapist includes vacancies for child and adolescent therapists, psychological therapists and mental health practitioners.
4. Establishment figures include the total staff in post and the total vacancies for the current census date. For more detail please see the Glossary.
4. Staff in training

4.1 Current Trainees
The latest reported number of individuals training towards the Applied Psychology postgraduate qualifications are shown in Table 4 below. NES has responsibility for commissioning the pre-registration training of Clinical Psychologists for NHSScotland i.e. 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).

Table 4: Number of Trainees in Applied Psychology at 31 March 2018\(^1\).

<table>
<thead>
<tr>
<th>Training Course</th>
<th>Headcount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctorate in Clinical Psychology</td>
<td>183</td>
</tr>
<tr>
<td>Of the 183: (CAMHS Aligned)(^2)</td>
<td>(34)</td>
</tr>
<tr>
<td>(Forensic Aligned)(^2)</td>
<td>(25)</td>
</tr>
<tr>
<td>(Older Adult Aligned)(^2)</td>
<td>(24)</td>
</tr>
<tr>
<td>MSc Psychological Therapy in Primary Care</td>
<td>30</td>
</tr>
<tr>
<td>MSc in Applied Psychology for Children &amp; Young People</td>
<td>18</td>
</tr>
<tr>
<td>BPS Stage 2 Qualification in Health Psychology</td>
<td>5</td>
</tr>
<tr>
<td><strong>Total Number in Training</strong></td>
<td><strong>236</strong></td>
</tr>
</tbody>
</table>

1. In order to meet strategic objectives, some of the 183 Doctorate in Clinical Psychology trainees are aligned to strategic priorities. These places are funded by the Scottish Government with an aim of increasing workforce capacity in specific clinical populations.

4.2 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. The data covers as far back in time as available.

Figure 13 displays the intake of trainees on the DClinPsych courses in Scotland from 2003 to 2017. The average intake over this period was 55 trainees per year. However there were 60 trainees in the latest intake in September 2017 (26 at the University of Glasgow and 34 at the University of Edinburgh), the largest total intake there has been since 2004.
Figure 13: Intake of Trainees on the Doctorate in Clinical Psychology Course at the University of Edinburgh and University of Glasgow by headcount from 2003 to 2017\(^1,2\).

As illustrated, the last intake of trainees on a 4 year or 5 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. From the 2014 intake, graduates from these courses have now been given recognition for prior learning at the University of Edinburgh and are able to complete the DClinPsych course in 2.5 years. This is also the case for trainees starting the DClinPsych course from the 2017 intake at the University of Glasgow.

Figure 14 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 14: Chart to display the headcount number of trainees from each of the DClinPsych courses that have achieved HCPC registration, by year of completion from 2006 to 2017\(^1,2\).

1. Note this data is only available for 2006 graduates onwards.
2. Please note the first cohort of Edinburgh 2.5 year course graduates are included in the Edinburgh 3 year course completion figures.

Figure 15 displays the completion rates for trainees that started on the DClinPsych course from 2003 to 2014. 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 97.2%). Further information on completion rates for each course is available in tab 12.1 of the background tables.
Figure 15: Chart to display the total completion rate so far for trainees on all of the DClinPsych courses by year of intake from 2003 to 2014.

Figure 16 displays the intake of trainees on the MSc Psychological Therapy in Primary Care course. Since 2005 there has been an intake of 317 trainees in total, with an average intake of 24 trainees each year. Excluding the trainees from the 2018 intake who are due to complete in 2019, there have been 273 graduates from the course. This indicates a success rate of 95.1%.
Figure 16: The intake of trainees on the MSc PTPC course, from 2005 to 2018.

Figure 17 displays the intake of trainees on the MSc Applied Psychology for Children and Young People course. Since 2007 there has been an intake of 198 trainees in total, with an average intake of 18 trainees each year. Excluding the trainees from the 2018 intake who are due to complete in 2019, there have been 174 graduates from the course. This indicates a success rate of 96.7%.
The BPS Stage 2 Health Psychology course has had a total intake of 35 trainees since 2008, with an average intake of 3 or 4 trainees each year. The latest intake in 2017 was for 5 trainees which is one more than the previous year. The course has a completion rate of 90.0%.

4.3 Graduate Retention - Doctorate in Clinical Psychology (D Clin Psych)
ISD/NES has tracked whether graduates of the Doctorate in Clinical Psychology enter the NHSScotland psychology workforce. Since 2001 there have been 783 successful graduates of this course, of which 512 (65.4%) are currently employed within NHSScotland Psychology Services.

Figure 18 illustrates further the high retention rate, showing the percentage of graduates who were employed in psychology services in NHSScotland on average and from each cohort up to 16 years after their graduation. On average ten years after graduating, 70.9% of graduates are still employed in NHSScotland Psychology Services.

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, the initial retention has increased in latter cohorts of graduates. For the 2001 – 2007 graduate cohorts retention was 61.5% on average the year after graduating. More recently, the 2008 – 2016 graduate cohorts have an average retention of 78.1% one year after graduating. 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.

Figure 18: Retention of DClinPsych Graduates employed in NHSScotland Psychology Services by cohort since 2001\textsuperscript{1,2}.

1. Please note that the 2017 cohort of graduates is not included in this figure as it has not yet been a full year since their graduation.
2. Please note that retention data for the 2001 graduates is unavailable for 1 year after their 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 and 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 that 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 postgraduate 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 registers with the Heath 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
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:
Figure 19: Diagram to illustrate the start and end dates of the psychology training courses.

MSc PTPC – MSc Psychology Therapy in Primary Care
MSc APCYP – MSc Applied Psychology for Children and Young People

Stage 2 Health Psychology course usually takes 2 years to complete, however the start dates can vary from year to year.

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>
<thead>
<tr>
<th>Table No.</th>
<th>File name</th>
<th>Time Period</th>
<th>File and size</th>
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<td>All Clinical Staff (WTE) employed in Psychology Services by NHS Board</td>
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<td>1.2</td>
<td>All Clinical Staff (Headcount) employed in Psychology Services by NHS Board</td>
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<td>1.3</td>
<td>All Clinical Staff (WTE per 100,000 population) employed in Psychology Services by NHS Board</td>
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<tr>
<td>2.1</td>
<td>All Clinical Staff (WTE) employed in Psychology Services by Age Group</td>
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<td>All Clinical Staff (Headcount) employed in Psychology Services by Age Group</td>
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<td>3.1</td>
<td>All Clinical Staff (WTE) employed in Psychology Services by Area of Work</td>
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<td>3.2</td>
<td>All Clinical Staff (WTE) employed in Psychology Services by detailed Area of Work and Target Age</td>
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<td>3.3</td>
<td>All Clinical Staff (WTE) Employed in NHS Scotland Psychology Services by detailed Area of Work and by Professional Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>All Clinical Staff (WTE) employed in Psychology Services by Target Age</td>
<td></td>
<td></td>
</tr>
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<td>4.3</td>
<td>All Clinical Staff (WTE or Headcount) employed in Psychology Services by Target Age, Area of Work and Professional group</td>
<td></td>
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</tr>
<tr>
<td>5.1</td>
<td>All Clinical Staff (Headcount) employed in Psychology Services by Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.1</td>
<td>All Clinical Staff (Headcount) employed in Psychology Services by Contract Type</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.2</td>
<td>All Clinical Staff (Headcount) employed in Psychology Services by Contract Type and Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.1</td>
<td>All Clinical Staff (WTE) employed in Psychology Services by Band</td>
<td></td>
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<td>7.2</td>
<td>All Clinical Staff (Headcount) employed in Psychology Services by Band</td>
<td></td>
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<tr>
<td>8.1</td>
<td>All Clinical Staff (Headcount) employed in Psychology Services by Contract Length</td>
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<td></td>
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<td>All Clinical Staff (WTE) employed in Psychology Services by Contract Length</td>
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<td>9.1</td>
<td>Ethnicity of All Psychology Services Staff</td>
<td>Sep 2011-Sep 2017</td>
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<td>9.2</td>
<td>All Psychology Services Staff by Declared Disability</td>
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<td>All Vacancies in Psychology Services by NHS Board</td>
<td>Dec 2011- Mar 2018</td>
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<td>10.2</td>
<td>Length of Vacancies for Clinical Staff in Psychology Services by Professional Group and NHS Board</td>
<td>Dec 2017- Mar 2018</td>
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<tr>
<td>11.1</td>
<td>All Applied Psychologists (Headcount) in Training in NHSScotland</td>
<td>Mar 2018</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Description</td>
<td>Period</td>
<td>Notes</td>
</tr>
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<td>---</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------</td>
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</tr>
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<td>12.1</td>
<td>Course Intakes and Outputs for trainees on a Doctorate in Clinical Psychology Course in Scotland from the 2003 intake onwards</td>
<td>Sep 2003- Mar 2018</td>
<td>““</td>
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<tr>
<td>12.2</td>
<td>Graduates of Doctorate in Clinical Psychology (Headcount) in Workforce in NHSScotland Psychology Services</td>
<td>““</td>
<td>““</td>
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<tr>
<td>13.1</td>
<td>Course Intakes for the MSc Applied Psychology for Children and Young People and MSc Psychological Therapy in Primary Care</td>
<td>““</td>
<td>““</td>
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</tbody>
</table>
Contact

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Further Information

Further Information can be found on the ISD website.
For more information on the Child and Adolescent Mental Health Services Workforce see the CAMHS section of our website.
For related topics, please see the Psychological Therapies Waiting Times pages.
The next release of this publication will be 04 September 2018.

Rate this publication

Please provide feedback on this publication to help us improve our services.
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. Specifically, 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.


Further information on Older People’s Psychology Services can be found in the paper: ‘The Challenge of Delivering Psychological Therapies for Older People in Scotland’ (2011), a report of Older People’s Psychological Therapies Working Group


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

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

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 part 3 is to be published later in 2018. Parts 2 and 3 will examine how to improve integrated workforce planning in social care and primary care settings. 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 in 2018 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, available at the following link: http://www.isdscotland.org/Health-Topics/Mental-Health/Child-and-Adolescent-Mental-Health/


Further information on Mental Health services in NHSScotland can be found on the website: http://www.isdscotland.org/Health-Topics/Mental-Health/

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

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<tr>
<td>Publication title</td>
<td>Psychology Services Workforce in NHSScotland</td>
</tr>
<tr>
<td>Description</td>
<td>Describes the characteristics of clinical staff employed in psychology services in NHSScotland as at 31 March 2018.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Health Care Personnel, Finance and Performance.</td>
</tr>
<tr>
<td>Format</td>
<td>Excel format.</td>
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<tr>
<td>Data source(s)</td>
<td>Clinical Psychology Services Workforce Database.</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>Approximately two weeks after the census date.</td>
</tr>
<tr>
<td>Release date</td>
<td>05 June 2018</td>
</tr>
<tr>
<td>Frequency</td>
<td>From 2001-2010 publications were produced annually. From March 2011 the publications have been produced quarterly.</td>
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<tr>
<td>Timeframe of data and timeliness</td>
<td>Data up to 31 March 2018</td>
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<tr>
<td>Continuity of data</td>
<td>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.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>N/A</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>N/A</td>
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<tr>
<td>Concepts and definitions</td>
<td>Please see the glossary.</td>
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<tr>
<td>Relevance and key uses of the statistics</td>
<td>See link to known uses of the Psychology Data: <a href="http://www.isdscotland.org/Health-Topics/Workforce/Psychology/">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 modernisation of Clinical Psychology training agenda in NHSScotland.</td>
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<tr>
<td>Accuracy</td>
<td>The source data are collected and verified by CAMHS lead clinicians using the National CAMHS Workforce Information Database held centrally at NSS. ISD and NES work closely with these lead clinicians to ensure a high level of data accuracy.</td>
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<tr>
<td>Completeness</td>
<td>The source data are collected and verified by Psychology lead clinicians using the National Clinical Psychology Workforce Information Database held centrally at NSS. ISD and NES work closely with these lead clinicians to ensure a high level of data accuracy. All NHS Boards are also prompted to return vacancy information. All NHS Boards provided vacancy information for 31 March 2018.</td>
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<td>Comparability</td>
<td>Psychologists can be compared to psychologists providing services to children and/or adolescents in the CAMHS Workforce Planning Project <a href="http://www.isdscotland.org/Health-Topics/Mental-Health/Child-and-Adolescent-Mental-Health/">http://www.isdscotland.org/Health-Topics/Mental-Health/Child-and-Adolescent-Mental-Health/</a></td>
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<tr>
<td>Accessibility</td>
<td>It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.</td>
</tr>
<tr>
<td>Coherence and clarity</td>
<td>All Psychology tables are accessible via the ISD website in a pdf or Excel format at <a href="http://www.isdscotland.org/Health%2DTopics/Workforce/Psychology/">http://www.isdscotland.org/Health%2DTopics/Workforce/Psychology/</a></td>
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Data are presented by:
Professional group; NHS Board; Area of work; Target Age and A4C band.
Trainee Data is not included in the main workforce tables.

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<th>Headcount and whole time equivalent (WTE). Numeric.</th>
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<tr>
<td>Last published</td>
<td>06 March 2018</td>
</tr>
<tr>
<td>Next published</td>
<td>04 September 2018</td>
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<td>Date of first publication</td>
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<td>Help email</td>
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</tr>
<tr>
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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
Appendix 4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (i.e. assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (i.e. legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (i.e. still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying
compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.