



# Psychology Services Workforce in Scotland

Workforce information as at  
30 June 2019

03 September  
2019

## This is a National Statistics Publication



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### Introduction

This publication summarises national data on the workforce providing Psychology Services in NHSScotland, following the latest census at 30 June 2019. 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
- Doctorate in Clinical Psychology graduate retention

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, 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.

**As of 1 April 2019, responsibility for collecting workforce data and producing national statistics transferred from ISD to NES. The publications will be co-produced by ISD and NES until 30<sup>th</sup> September 2019, after which NES will take on full responsibility.**

National Psychology workforce statistics will continue to be released in accordance with the following timetable for the remainder of 2019:

Census date	Publication date	Producer
30-Jun-19	03-Sep-19	ISD and NES
30-Sep-19	03-Dec-19	NES

### Main Points

Within Psychology Services in NHSScotland at 30 June 2019:

- There were a total of 1179.9 WTE (1,431 headcount) clinical staff in post. This is 0.6% (7.6 WTE) higher than reported 12 months previously. Since the last quarterly census the WTE has increased by 0.3% (3.6 WTE).
- Clinical Psychologists remain the largest staff group in this workforce, accounting for 65.4% (771.6 WTE) of clinical staff in post. Since June 2018, this staff group has grown by 2.0 WTE (0.3%).
- There are currently 110.5 WTE vacancies being advertised for recruitment, of which 75.7 WTE (68.5%) are for Clinical Psychology positions. New posts account for 41.0% (45.3 WTE) of the total vacancies. Compared with previous census years, the current vacancy rate of 8.6% across Psychology Services is the highest vacancy rate ever reported in June.
- There are 237 individuals training for various post-graduate qualifications in applied psychology, including 174 on the Doctorate in Clinical Psychology, who will be fully qualified to become Clinical Psychologists upon course completion.

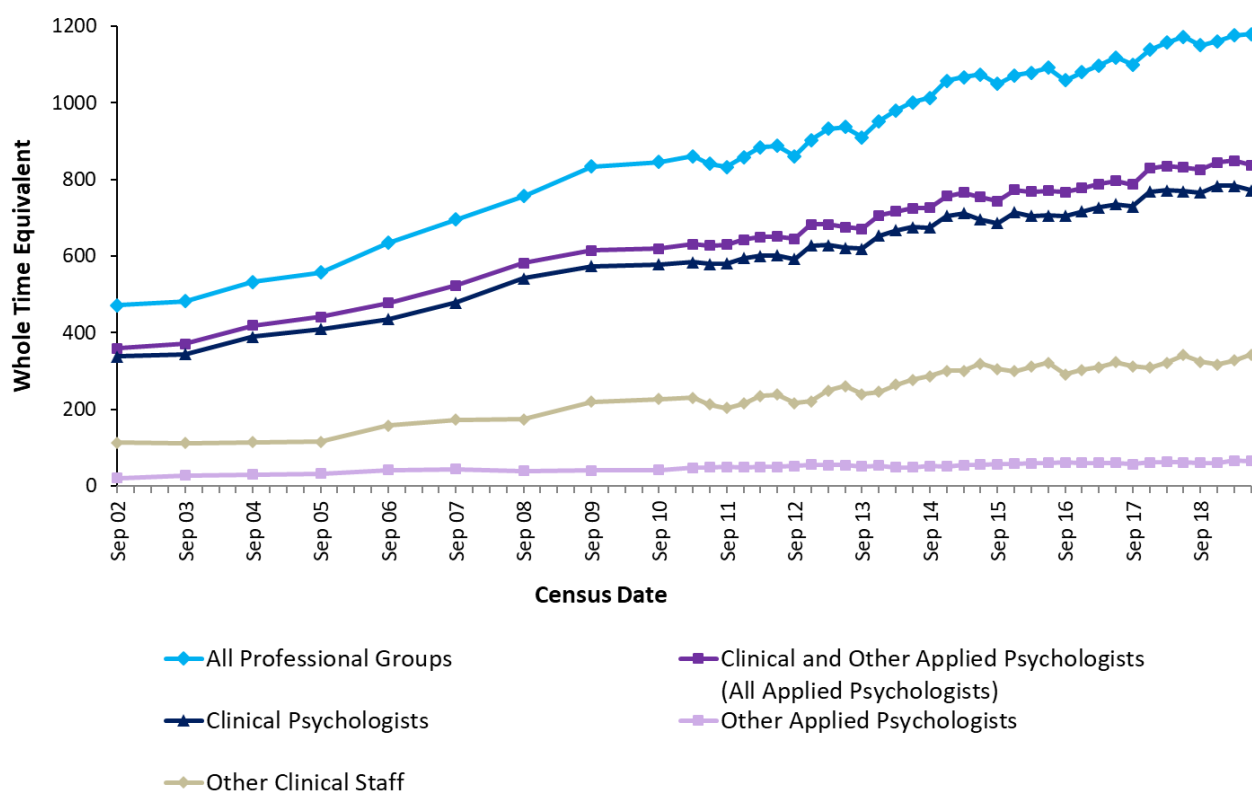
## Results and Commentary

### 1. Staff in Post

At 30 June 2019, there were a total of 1,179.9 WTE (1,431 headcount) clinical staff in posts within Psychology Services across NHSScotland. Bespoke data collection for this workforce began with an initial pilot collection in 2001, with more complete data collection commencing in 2002. Figure 1 shows the growth in this workforce over time distinguishing between the major professional groups.

In the past 12 months there has been an overall increase of 0.6% (7.6 WTE). The WTE has increased by 0.3% (3.6 WTE) over the last quarter.

**Figure 1: WTE of all Clinical Staff in NHSScotland Psychology Services from 30 September 2002 to 30 June 2019<sup>1,2</sup>.**



#### Notes

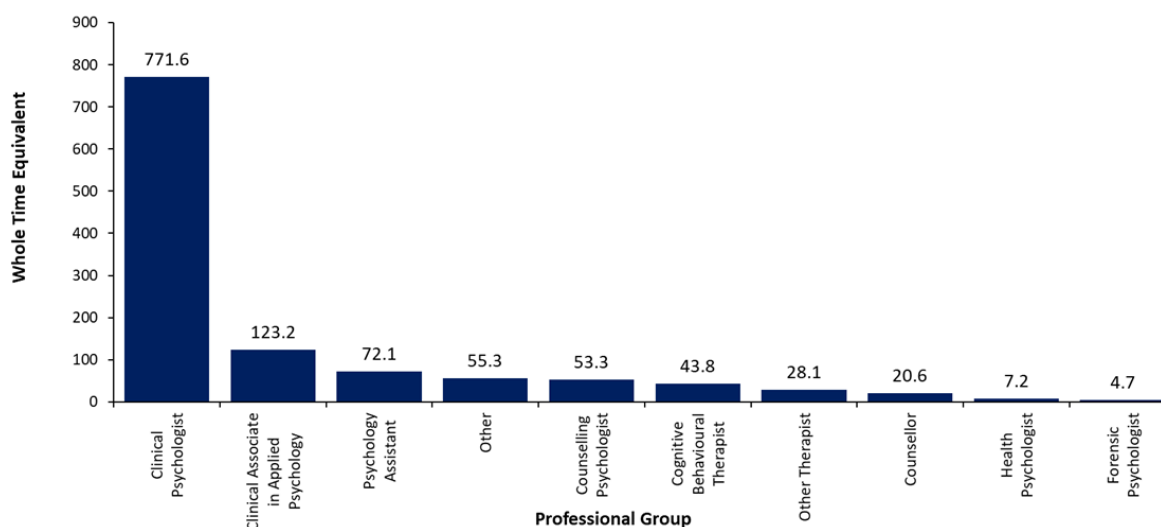
- As at 30 June 2019 there were 65.1 WTE (5.5%) staff on maternity leave and 10.8 WTE (0.9%) on long term sick leave.
- Quarterly data collection began from March 2011. Prior to this there was only an annual census at 30 September.

Clinical Psychologists still remain the largest staff group within this workforce with 771.6 WTE in post at this census compared to 338.6 WTE at 30 September 2002. Figure 1 indicates that there may be a seasonal component to the number of Clinical Psychologists each quarter. Compared to June 2018, the clinical psychologist workforce in post has grown by 2.0 WTE (0.3%).

The percentage of other types of clinical staff within psychology services (shown in Figure 1 as 'Other Clinical Staff') has increased from 23.9% in 2002 to 29.1% at the latest census. 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. This growth can be attributed in part to the introduction of two training programmes: MSc in Psychological Therapy in Primary Care (MSc PTPC) in 2005 and MSc in Applied Psychology for Children and Young People (MSc APCYP) in 2007, which increased the number of individuals trained to take on these roles.

On 30 June 2019 there were 343.2 WTE Other Clinical Staff in post, compared to 327.1 on 31 March 2019 (4.9%, 16.1 WTE increase) and 341.0 WTE (0.6%, 2.2 WTE increase) on 30 June 2018.

**Figure 2: WTE of each Profession in Psychology Services across NHSScotland at 30 June 2019<sup>1,2</sup>.**



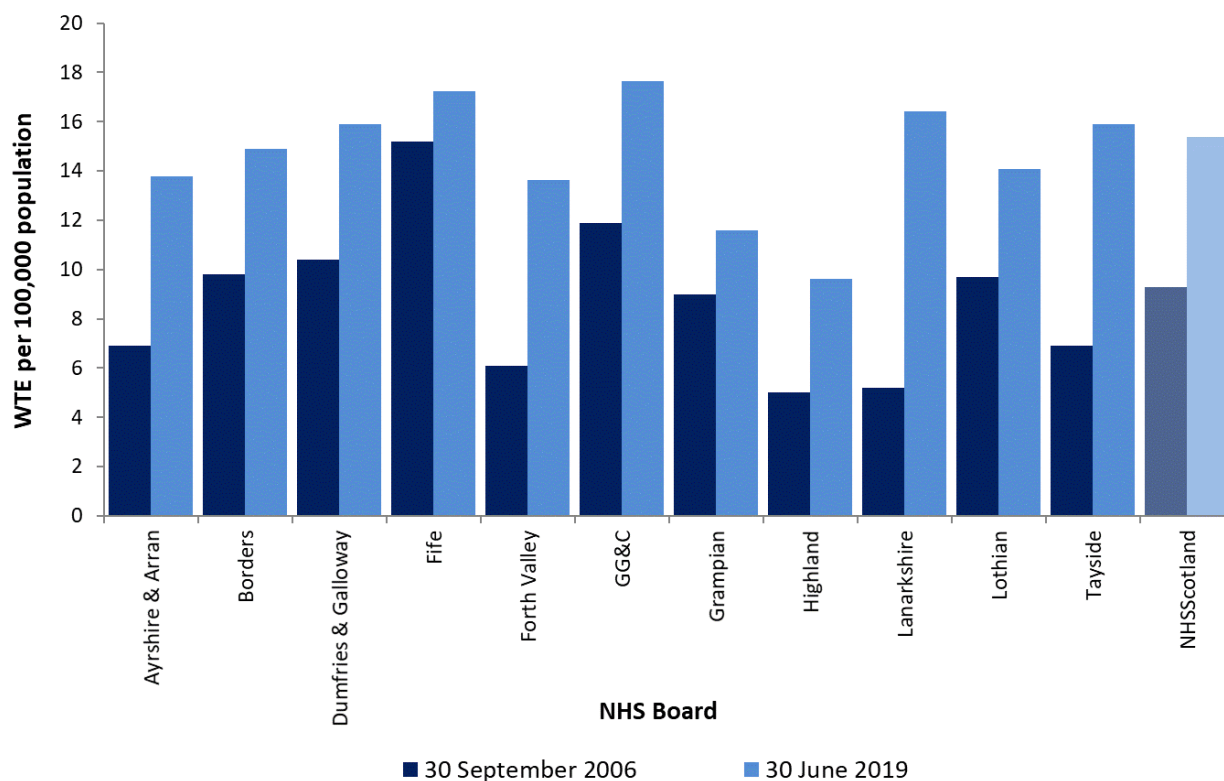
#### Notes

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. The professional group Clinical Associate in Applied Psychology (CAAP) has been recorded since 31 December 2017. 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. Increasingly NHS Boards are employing graduates of the MSc PTPC under roles other than CAAP. These individuals are recorded under 'CBT Therapist', 'Other Therapist' and 'Other'.

## 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 30 September 2006, when the current NHS Board Area configuration began. NHS Greater Glasgow and Clyde currently has the largest rate with 17.7 WTE Applied Psychologists per 100,000 population compared to the overall Scotland rate 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. It should also be noted that health boards with higher levels of deprivation will have higher or increased demand for services.

**Figure 3: Applied Psychologists in mainland NHS Boards – Change in WTE rates per 100,000 population between 30 September 2006 and 30 June 2019<sup>1,2</sup>.**



#### Notes

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

## 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](#).

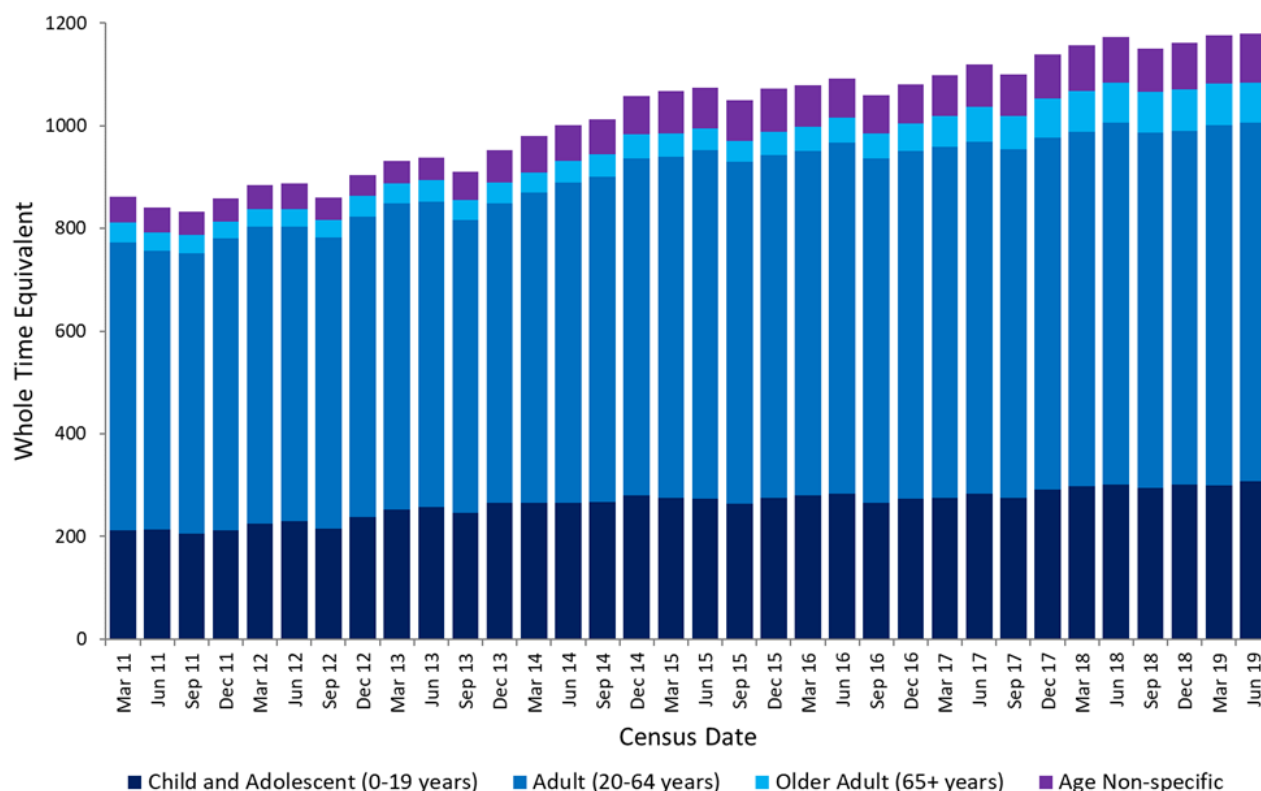
Within each professional group, individual staff members may work across several different Target Ages and Areas of Work. Target Age refers to the age group of patients being cared for. For Psychology Services, the distinct age groups are generally Child & Adolescent (0-18 years), Adult (19-64 years),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

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

### 2.1 Target Age

Figure 4 displays a trend of the WTE staff working across each Target Age back to March 2011 when this information was first collected. The largest Target Age group continues to be Adult, which accounts for 59.2% of the workforce at 30 June 2019. The Child and Adolescent group has consistently been the second largest category, with 26.1% of the Psychology Workforce devoted to this group at the current census date. The Older Adult and Age non-specific categories are smaller groups accounting for 6.6% and 8.2% of the total workforce respectively at June 2019.

**Figure 4: Trend of all clinical staff in Psychology Services by Target Age between 31 March 2011 and 30 June 2019.**



The WTE devoted to each Target Age has increased over this time period. The Adult Target Age category has seen the largest growth of WTE since March 2011, an increase of 24.4% (137.0 WTE). The largest percentage increases were seen in the Older Adult and Age non-specific categories during this period, with increases of 99.4% (38.6 WTE) and 95.4% (47.0 WTE) respectively since March 2011. The WTE of staff working within the Child and Adolescent Target Age has increased by 45.5% (96.1 WTE) in this time period although the proportion of staff within the Child and Adolescent Target Age category has remained similar during this time frame, accounting for around a quarter of staff.

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 Adult 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 of the services that a clinician provides – the areas being Mental Health, Learning Disabilities, Physical Health, Neuropsychology, Forensic, Alcohol & Substance Misuse and Other specialty services. Additionally, Mental Health is broken down into sub-specialties (General, Mild to Moderate, Severe and

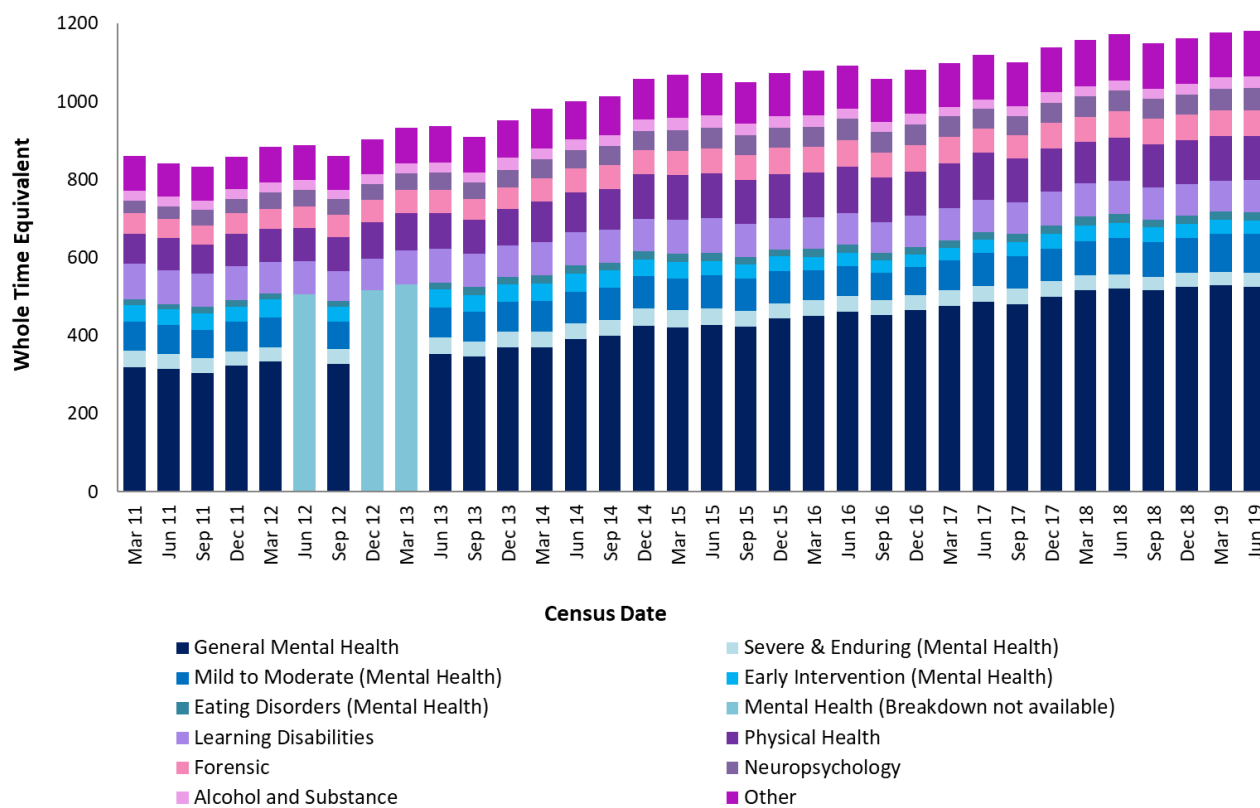
Enduring, Eating Disorders, and Early Intervention). For definitions of each Area of Work including the subcategories for Mental Health, see the [glossary](#).

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 staffing than Mild to Moderate services.

Figure 5 shows that the largest Area of Work has consistently been General Mental Health, accounting for 44.5% of the workforce at 30 June 2019 (525.6 WTE). Since 31 March 2011, this has increased by 206.5 WTE (+64.7%). Over the same period there have been small WTE increases in most other areas of work, however, small reductions in WTE have occurred within Severe and Enduring Mental Health (-6.4 WTE), Early Intervention (-8.4 WTE) and Learning Disabilities (-9.1 WTE) areas of work.

Aside from General Mental Health, the next largest categories at the current census date were Other (116.8 WTE, 9.9% of total WTE), followed by Physical Health (112.0 WTE, 9.5% of total WTE), Mild to Moderate Mental Health (99.9 WTE, 8.5% of total WTE) and Learning Disabilities (82.0 WTE, 6.9% of total WTE). 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.

**Figure 5: Trend of all clinical staff in Psychology Services by Area of Work between 31 March 2011 and 30 June 2019<sup>1,2</sup>.**



#### Notes

1. The breakdown for Mental Health sub-categories at June 2012, December 2012 and March 2013 is unavailable.
2. See Table 3.2 in the [background tables](#) for a detailed breakdown of the 'Other' category.

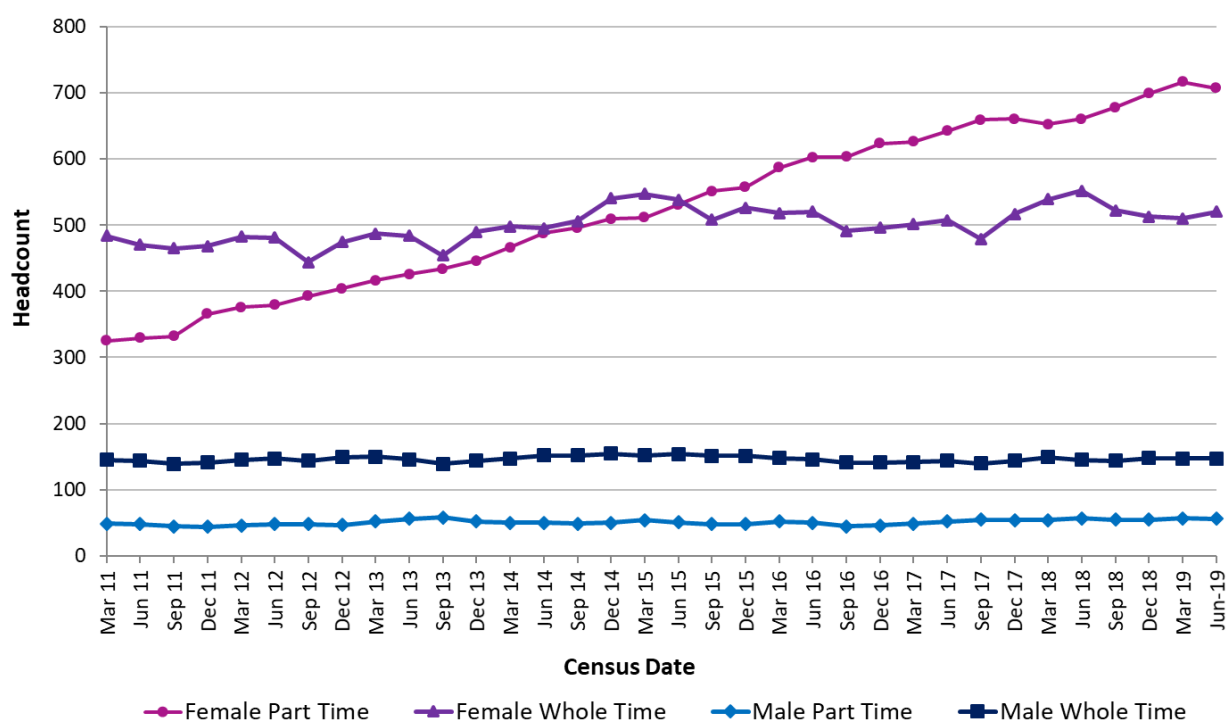
### 3. Characteristics of the workforce

#### 3.1 Gender and contracted hours

Since March 2011, the majority of the increase in WTE can be accounted for by the rise in female staff working within Psychology Services, from a total of 809 females in March 2011 to 1,227 females at the current census date (+418 headcount, a 51.7% increase). In contrast the number of male staff has remained relatively stable (+9 headcount, a 4.6% increase). Over the past 12 months the headcount of females has increased by 15 (+1.2%) and they currently contribute 990.0 WTE (83.9%) of the total 1179.9 WTE within NHSScotland Psychology Services.

As the female headcount has risen there has also been a large increase in part-time working. Overall, 53.3% of posts were part-time at the latest census compared to 37.3% at March 2011. The majority of this increase can be attributed to the increase in part-time female staff, with 57.6% of contracts for female staff being part-time at the current census date compared to 40.2% in March 2011. The trend for contract type and gender is illustrated in Figure 6. For more detailed information on contract type and gender by professional group, please refer to Table 6.1 within the [background tables](#).

**Figure 6: Trend of Contract Type and Gender for Psychology Staff within NHSScotland from 31 March 2011 to 30 June 2019, by headcount<sup>1,2</sup>.**

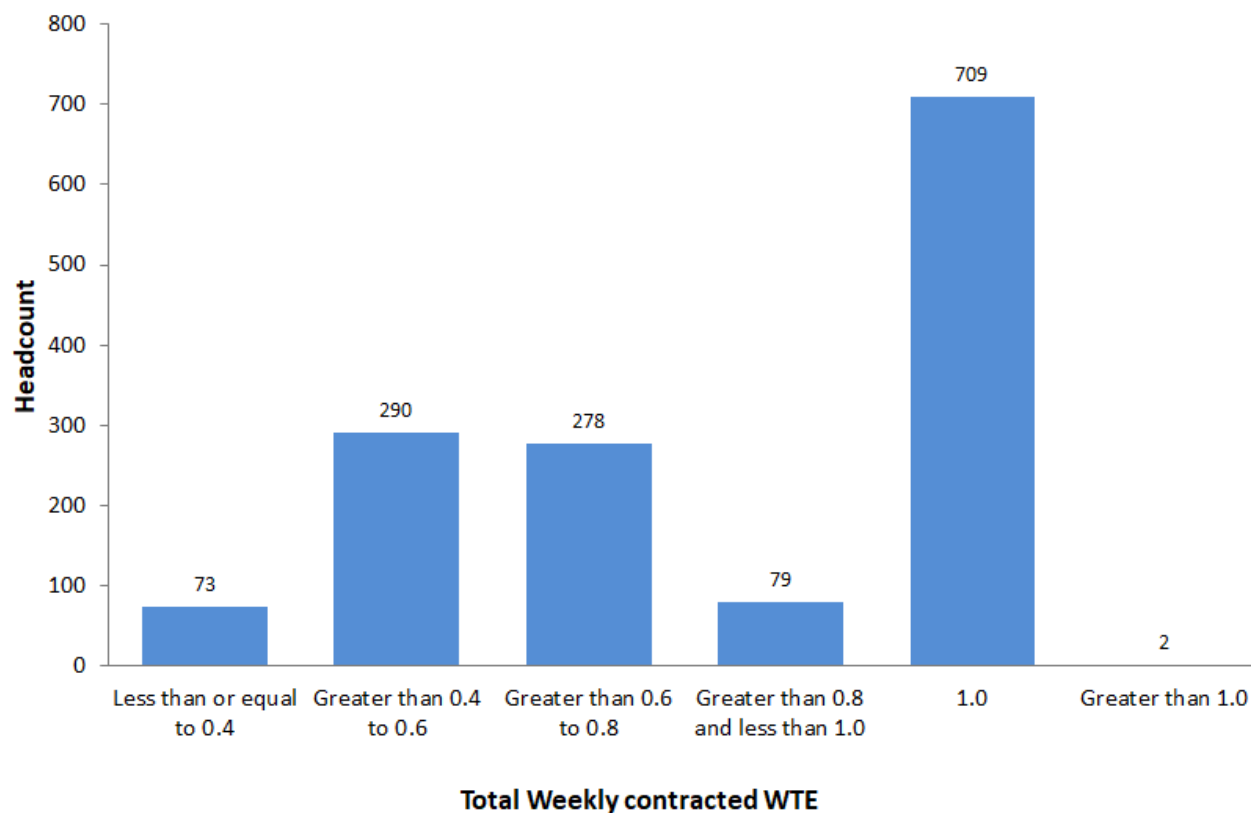


#### Notes

1. Please note that Whole-time/Part-time working data are only available from March 2011.
2. At 30 June 2019, there is one staff member (1.0 WTE) who has not disclosed their gender, this person has not been included in breakdowns in this chart.

Figure 7 below displays the current distribution of weekly contracted hours for staff within NHSScotland Psychology Services by headcount, accounting for individuals who have more than one part-time position so that only their combined overall hours per week are included. It should be noted that approximately half of psychology staff still work 37.5 hours a week or greater overall (49.7%) as at 30 June 2019, as some staff hold multiple part-time positions. Most part-time staff work over 16 sessions a week, which is equivalent to 0.4 WTE.

**Figure 7: Distribution of weekly contracted whole time equivalent, by headcount at 30 June 2019.**



It should be noted that 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 slightly above half (50.3%) of staff appear to work less than 37.5 hours, please note that some practitioners might hold a part-time position within NHSScotland Psychology Services as well as a part-time position outside of NHSScotland. There are a small number of practitioners (n=2) who are known to be working over 37.5 hours per week (1.0 WTE).

### 3.2 Contract Term

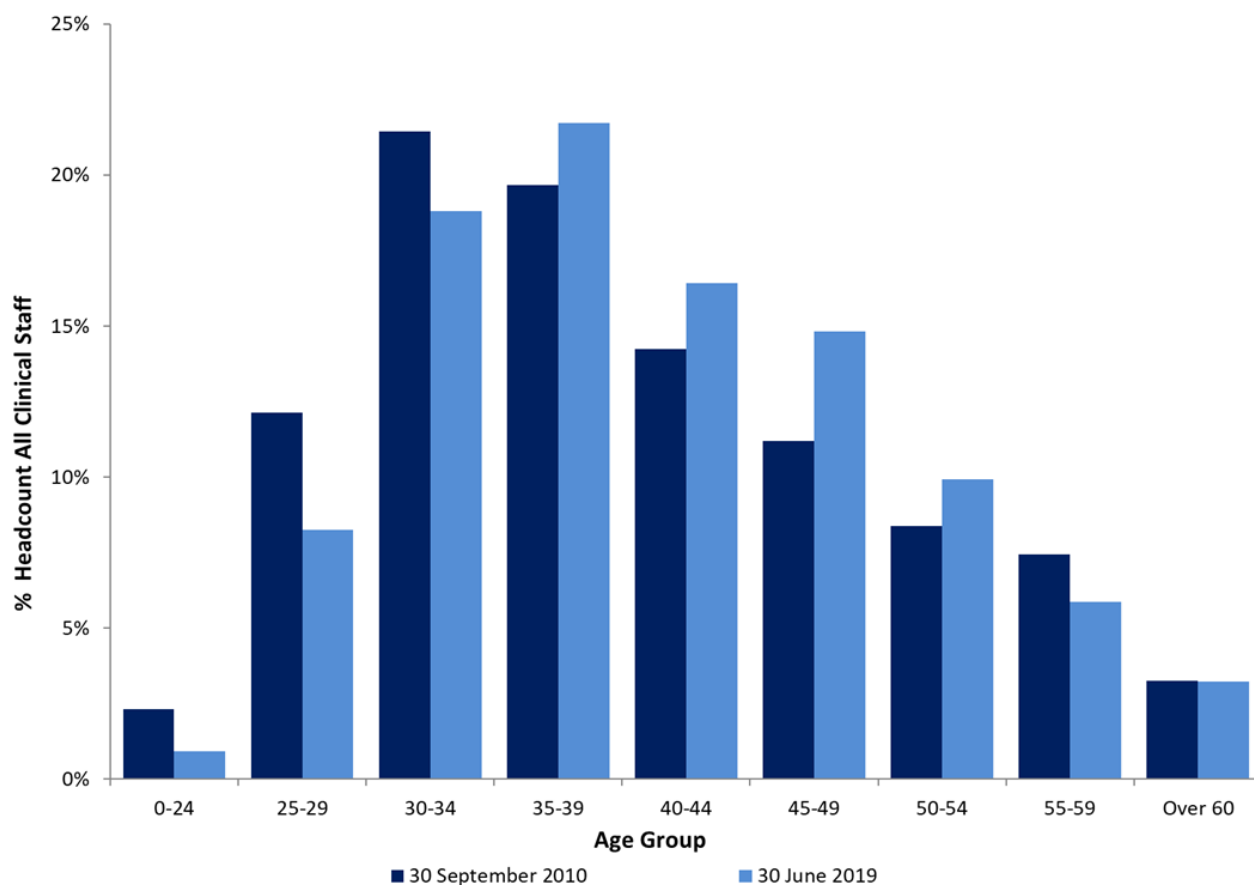
Data are collected on whether staff hold a permanent or temporary contract for their position(s). Temporary contracts are grouped into fixed term for less than two years, or fixed term for two years or more. At the current census date 83.6% WTE of staff in NHSScotland Psychology Services were employed on a permanent contract, 11.6% WTE were employed on a fixed term contract less than two years and 4.8% WTE were employed on a fixed term contract of longer than two years' duration. However, please note that 36 staff hold two or more posts with different contract terms at the current census date, so the sum of all groups will be larger than the total headcount.

The percentage of staff employed on a permanent contract varies by professional group; 89.4% of Applied Psychologists held a permanent contract at the current census date, compared with 74.5% of Other Clinical Staff. Psychology Assistants were the only professional group where the majority of staff held fixed term contracts; these were divided between fixed term contracts for more than two years (19.3%) and fixed term posts for less than two years (80.7%). This information is available by NHS Board and Professional Group, as shown in Tables 8.1 and 8.2 of the [background tables](#).

### 3.3 Age profile of staff

Figure 8 examines the net change to the age distribution of the workforce between 30 September 2010 when these data were first available, and 30 June 2019. When considering all types of clinical staff this shows the age distribution for staff has changed significantly over this period; there are fewer staff aged under 35 at the current census and more staff aged between 35 and 54 than in 2010. The largest age group of staff has moved from 30-34 year old category (21.4% at 30 September 2010) to the 35-39 year old category (21.7% at 30 June 2019).

**Figure 8: Comparison of Age profile for all clinical staff between 30 September 2010 and 30 June 2019.**

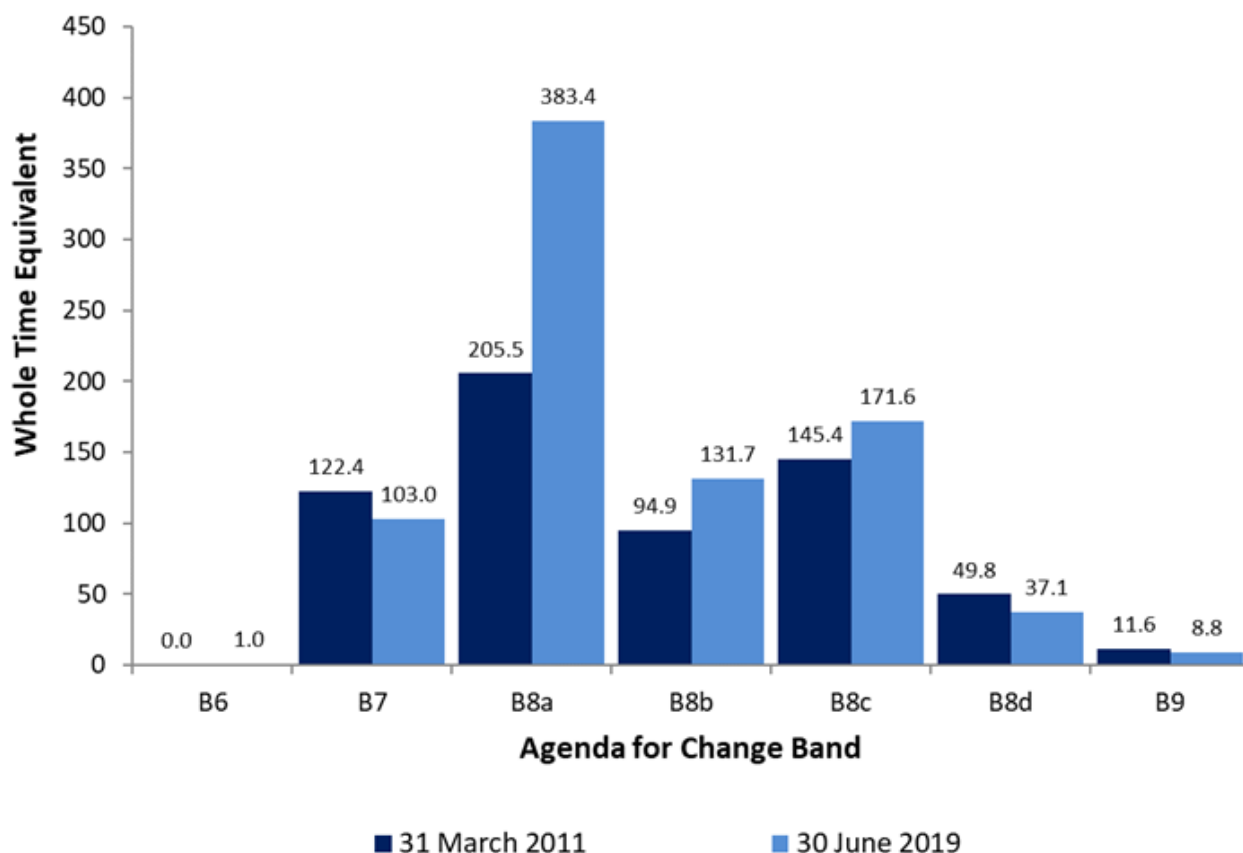


### 3.4 Agenda for Change Pay Bands

The AfC Pay Band of a clinician reflects their level of training and expertise as well as the duties of the post, including the potential responsibilities in terms of the supervision and management of other staff. As a consequence, Clinical or Applied Psychologists are generally banded higher than other Clinical Professions working in these services, with the vast majority of staff on Band 8a or higher (87.5% at 30 June 2019).

Figure 9 shows how Psychologists were distributed across AfC Bands at the latest census compared to in March 2011, when this information was first collected. The majority of the increase in WTE staff in post since March 2011 (+205.7 WTE, +32.6%) is accounted for by an increase in Band 8a employees (+177.8 WTE, +86.5%). However, increases have also occurred in at Band 8b level (+36.7 WTE, +38.7%) and Band 8c level (+26.2 WTE, +18.1%). In contrast, there has been a decrease in the number of people employed at Band 7 (-19.4 WTE, -15.8%), Band 8d (-12.7 WTE, -25.5%) and Band 9 (-2.8 WTE, -24.4%).

**Figure 9: Distribution of Agenda for Change pay bands for all Applied Psychologists at 31 March 2011 and 30 June 2019<sup>1</sup>.**



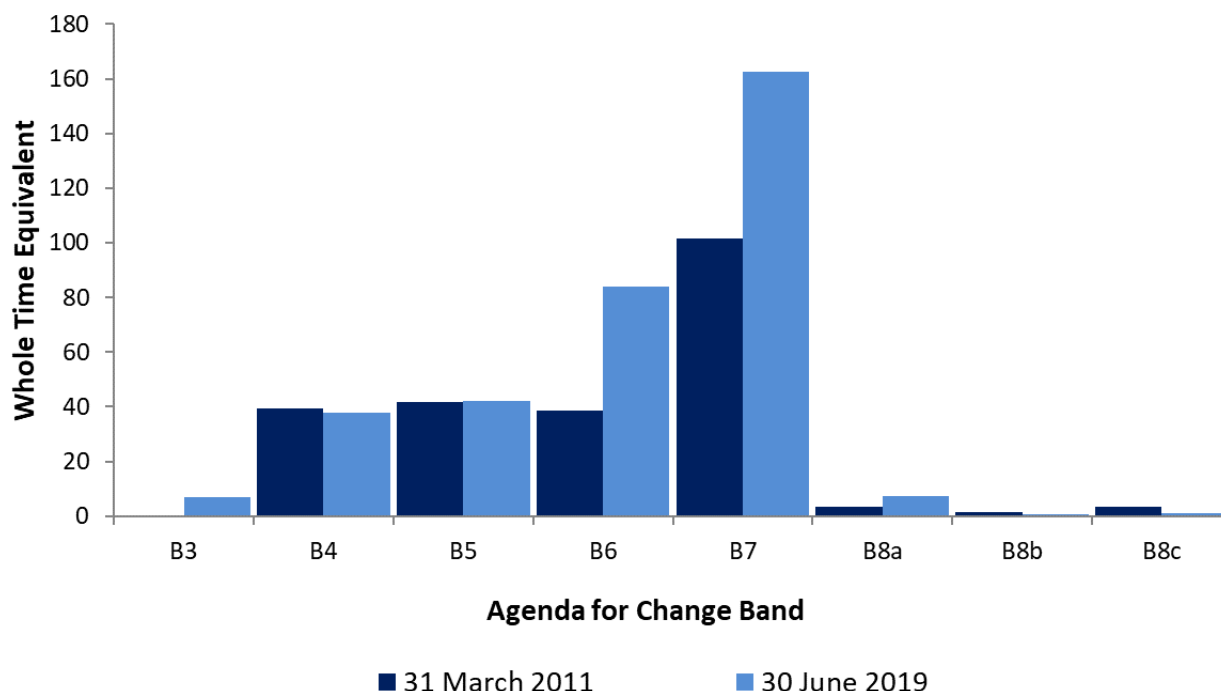
#### Notes

1. Please note that one 1.0 WTE staff member employed at Band 4 for the March 2011 census date is excluded from this chart.

For other Clinical Staff (which includes professional groups such as Assistant Psychologists, Cognitive Behavioural Therapists, Clinical Associates in Applied Psychology and Other Therapists) the vast majority of staff occupy posts that are banded between Band 4 and 7. However, the majority of the expansion in other Clinical Staff roles has occurred in Band 6 (+45.1 WTE, +116.5%) and Band 7 (+61.2 WTE, +60.2%). These changes reflect an increase in the number of roles for Clinical Associates in Applied Psychology, where staff are employed at either at Band 6 and 7 level.

For more detail please refer to tables 7.1 and 7.2 in the [background tables](#).

**Figure 10: Distribution of Agenda for Change pay bands for Other Clinical Staff at 31 March 2011 and 30 June 2019.**



## 4. Vacant Posts

### 4.1 Current Vacancies

At 30 June 2019, the WTE of posts being advertised for recruitment was 110.5. Table 1 shows a breakdown of these by Professional Group. A further set of posts, constituting 51.3 WTE (not shown in Table 1), were approved for recruitment but were not yet advertised.

Of the 110.5 WTE advertised posts, 77.4 WTE were permanent positions, 31.3 were fixed-term for less than two years and 1.8 vacancies were fixed-term for two years or more.

**Table 1: NHSScotland Psychology Services vacancies being advertised by Professional Group at 30 June 2019<sup>1,2,3,4,5</sup>.**

Professional Group	New Posts (WTE)	Replacement Posts (WTE)	Maternity Leave Cover (WTE)	Total NHSScotland (WTE) <sup>1</sup>	Establishment WTE (total vacancies plus staff in post) <sup>3</sup>	Vacancy Rate <sup>4</sup>
<b>All Applied Psychologists;</b>	<b>25.5</b>	<b>47.4</b>	<b>3.3</b>	<b>76.2</b>	<b>912.9</b>	8.3%
Clinical Psychologist	25.5	46.9	3.3	75.7	847.3	8.9%
Counselling Psychologist <sup>5</sup>		0.5		0.5	53.8	0.9%
<b>Other Clinical Staff;</b>	<b>19.8</b>	<b>13.8</b>	<b>0.7</b>	<b>34.3</b>	<b>377.5</b>	9.1%
Clinical Associate in Applied Psychology (CAAP)	11.8	4.9	0.7	17.4	140.6	12.4%
Cognitive Behavioural Therapist	1.0			1.0	44.8	2.2%
Psychology Assistant	1.0	3.0		4.0	76.1	5.3%
Other Therapist <sup>2</sup>	6.0	5.4		11.4	39.5	28.9%
Other		0.5		0.5	55.8	0.9%
<b>Total</b>	<b>45.3</b>	<b>61.2</b>	<b>4.0</b>	<b>110.5</b>	<b>1290.4</b>	8.6%

1. For the 30 June 2019 census all boards returned vacancy data.
2. Other Therapist includes vacancies for Specialist Therapists and Child and Adolescent Therapists where no further information was provided about the role.
3. A post that has been advertised for recruitment may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore, the establishment may include double counting of posts.
4. Vacancy rates are calculated by taking the number of vacancies and dividing by the establishment figures.
5. There were three posts advertised as Clinical/ Counselling Psychologists and under the professional group Clinical Psychology. These posts were included under Clinical Psychologists.

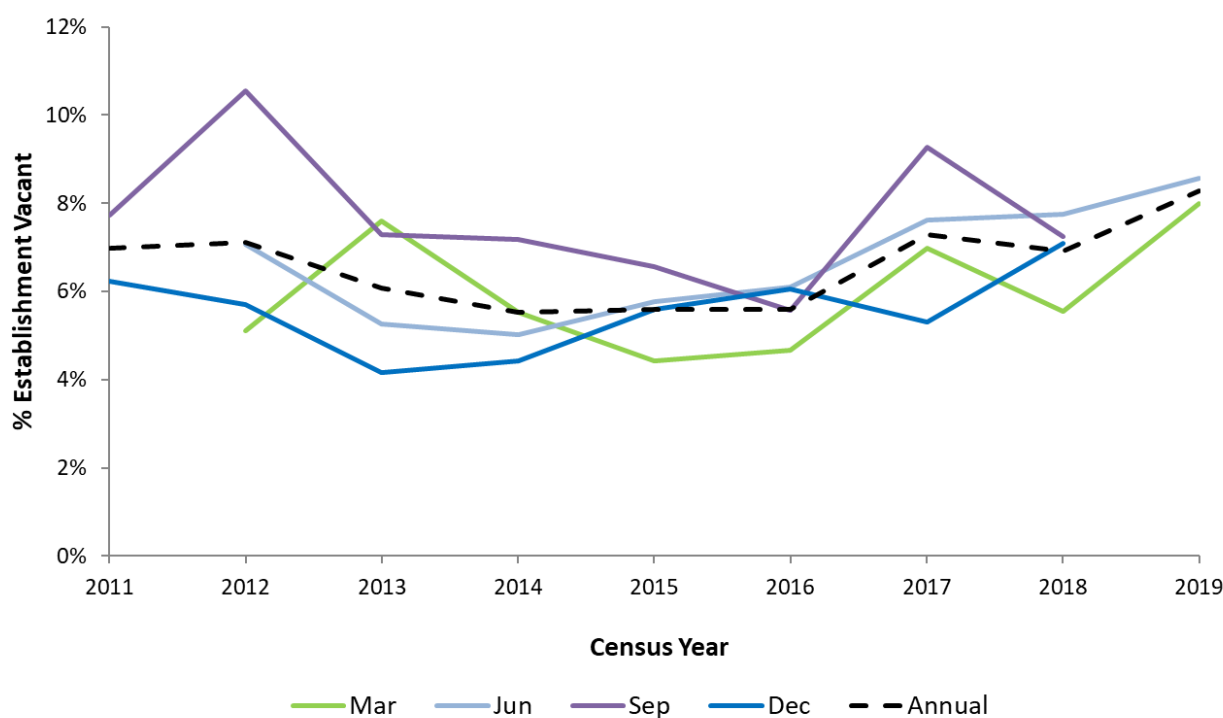
Vacant posts may be a consequence of either staff leaving a post or the creation of new posts. The majority (59.0%) of advertised vacancies were to replace staff who had left or

were about to leave existing posts or were taking maternity leave. 41.0% of the remaining vacancies related to newly created posts.

## 4.2 Vacancy trends

Figure 11 shows that vacancy rates are often higher in September than in March, June or December because this is often when staff such as Assistant Psychologists leave their current posts to enter doctoral training. Trainees from the Doctorate in Clinical Psychology course graduate in September and these graduates subsequently fill vacant Applied Psychologist posts, which results in a drop in vacancy rates at each December census.

**Figure 11: Trend in the vacancy rates (the percentage of establishment that is vacant) for all Clinical Staff between 30 September 2011 and 30 June 2019<sup>1,2</sup>.**

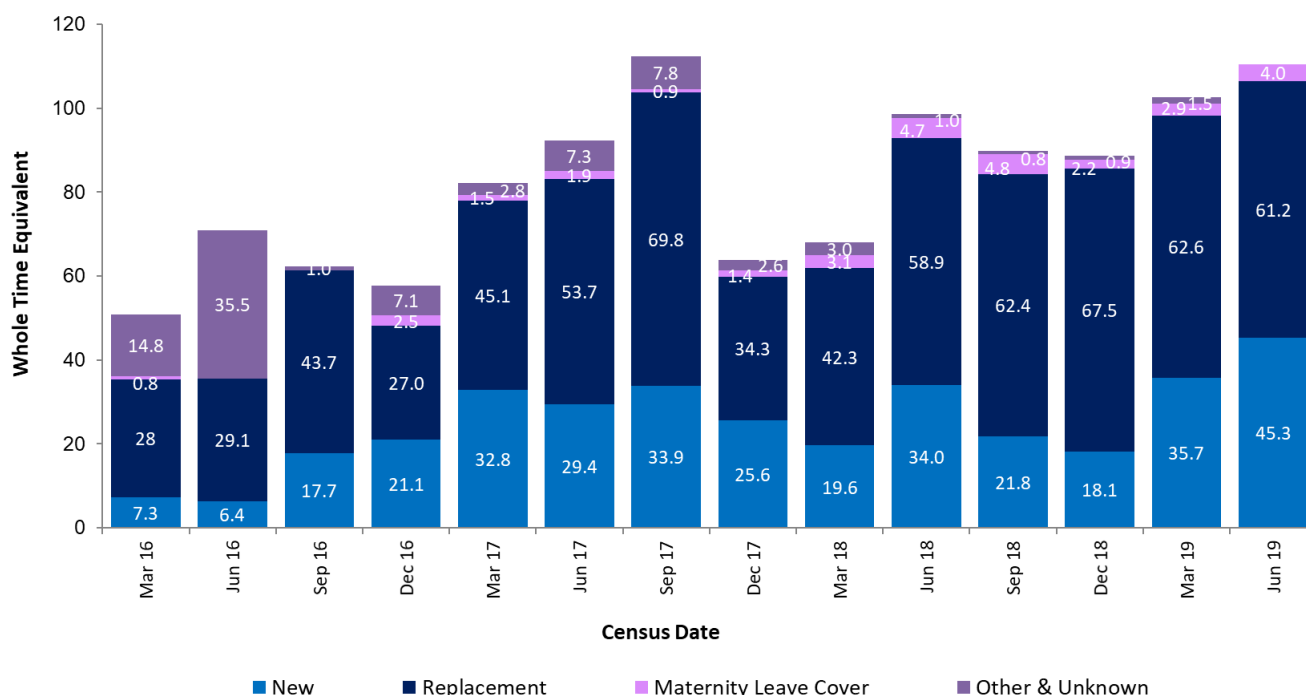


### Notes

1. For the 30 June 2019 census all boards returned vacancy data. Please note that, for some previous quarters, a small number of services may not have provided vacancy information. Specific information on which services and boards responded can be found in previous publications.
2. A post that has been advertised for recruitment may still be occupied by the previous incumbent and so also included within the staff in post figure. Therefore, the establishment used to calculate the vacancy rate (% establishment vacant) may include double counting of posts.

Figure 12 shows the composition of vacancies split by new, replacement or other posts from March 2016 to June 2019. The WTE of vacancies has been increasing since December 2018. This is driven by a rise in the number of new posts being advertised. Further information on vacancies for individual Professional Groups is shown in table 10.1 in the [background tables](#).

**Figure 12: Change in WTE of vacancies for new and replacement posts between 31 March 2016 and 30 June 2019<sup>1</sup>.**



#### Notes

- Please note the 'Other and Unknown' category includes vacancies that are not specified as being for either new or replacement positions.

### 4.3 Duration of Vacancies

The time period for which vacancies had been advertised prior to the census date (vacancy length) has been captured for most vacancies from December 2017 onwards. Table 2 shows this information for the latest available census. For posts where length of vacancy is known (i.e. where date first advertised is available), 98.4 WTE (89.0%) had been advertised for less than 6 months and 12.1 WTE (11.0%) had been advertised for 6 months or longer at June 2019.

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

**Table 2: NHSScotland Psychology Services vacancies being advertised by Professional Group and months since first advertised, at 30 June 2019<sup>1,2,3</sup>.**

Professional Group	Less than 3 months (WTE)	3-6 months (WTE)	Over 6 months (WTE)	Total Vacancies (WTE)
<b>All Applied Psychologists;</b>	<b>56.8</b>	<b>12.3</b>	<b>7.1</b>	<b>76.2</b>
Clinical Psychologist	56.3	12.3	7.1	75.7
Counselling Psychologist <sup>3</sup>	0.5			0.5
<b>Other Clinical Staff;</b>	<b>26.0</b>	<b>3.3</b>	<b>5.0</b>	<b>34.3</b>
Clinical Associate in Applied Psychology (CAAP)	14.4		3.0	17.4
Cognitive Behavioural Therapist		1.0		1.0
Psychology Assistant	4.0			4.0
Other Therapist <sup>1</sup>	7.6	1.8	2.0	11.4
Other <sup>2</sup>		0.5		0.5
<b>Total</b>	<b>82.8</b>	<b>15.6</b>	<b>12.1</b>	<b>110.5</b>

#### Notes

1. Other Therapist includes vacancies for Child and Adolescent Therapists and Specialist Therapists.
2. The vacancies within the Other Professional Group include a Peer Support Worker role.
3. There were three posts advertised as Clinical/ Counselling Psychologists and under the professional group Clinical Psychology. These posts were included under Clinical Psychologists.

## 5. Staff in training

### 5.1 Current Trainees

The latest reported number of individuals training towards the Applied Psychology postgraduate qualifications are shown in Table 3 below. 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](#)).

**Table 3: Number of Trainees in Applied Psychology at 30 June 2019<sup>1</sup>.**

Training Course	Headcount
Doctorate in Clinical Psychology	174
<i>Of the 174: (CAMHS Aligned)<sup>1</sup></i>	31
<i>(Forensic Aligned)<sup>1</sup></i>	22
<i>(Older Adult Aligned)<sup>1</sup></i>	24
MSc Psychological Therapy in Primary Care	30
MSc in Applied Psychology for Children & Young People	30
BPS Stage 2 Qualification in Health Psychology	3

#### Notes

1. In order to meet strategic objectives, some of the 174 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.

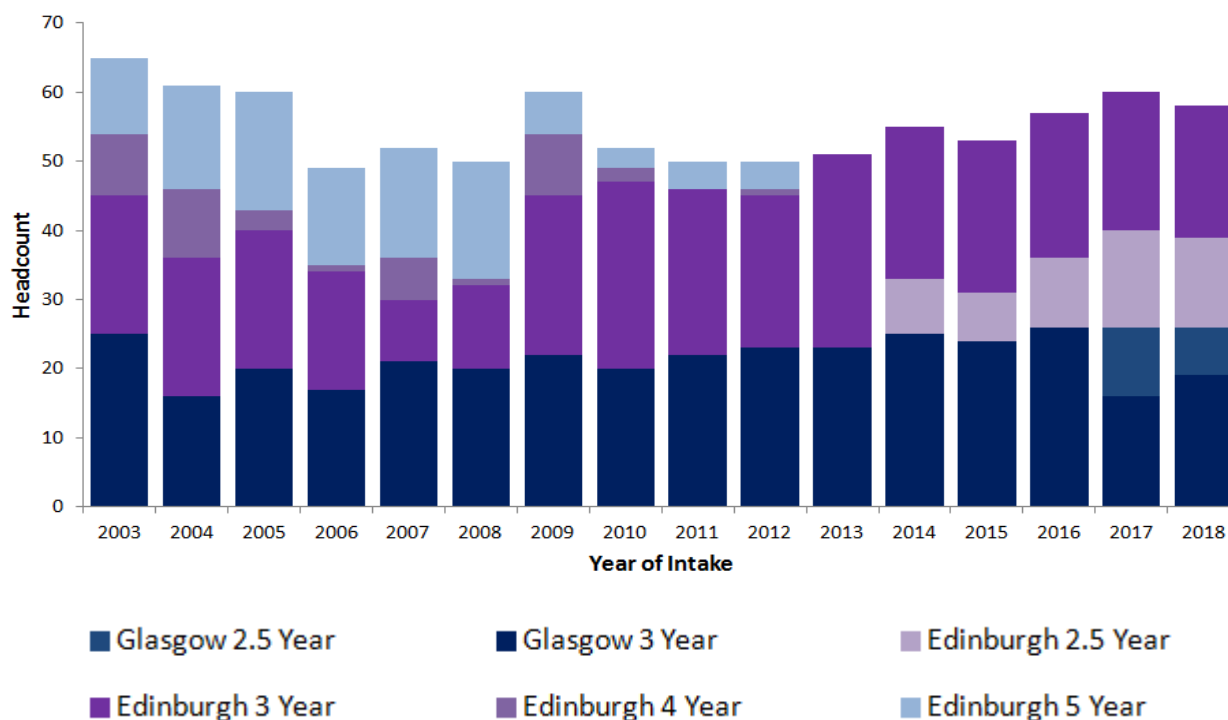
## 5.2 Course intakes and outputs

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. The data cover as far back in time as available.

### 5.2.1 Doctorate in Clinical Psychology

Figure 13 displays the intake of trainees on the DClinPsych courses in Scotland from 2003 to 2018. The average intake over this period was 55 trainees per year. There were 58 trainees at the latest intake in September 2018 (26 at the University of Glasgow and 32 at the University of Edinburgh).

**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 2018<sup>1</sup>.**



#### Notes

1. Please note that data are only available from the 2003 intake onwards.

As illustrated, 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 (see Table 3). Specific CAMHS aligned pathways give trainees greater experience working with CAMHS populations in addition to their main trainee workload. Figure 14 displays the trend in the number of students starting (intake) the CAMHS Aligned Doctorate in Clinical Psychology. Since the first intake in 2009, there has been an average intake of 10 trainees on the CAMHS Aligned Doctorate course each year.

**Figure 14: The intake of trainees to a CAMHS Aligned Doctorate in Clinical Psychology course from 2009 to 2018.**

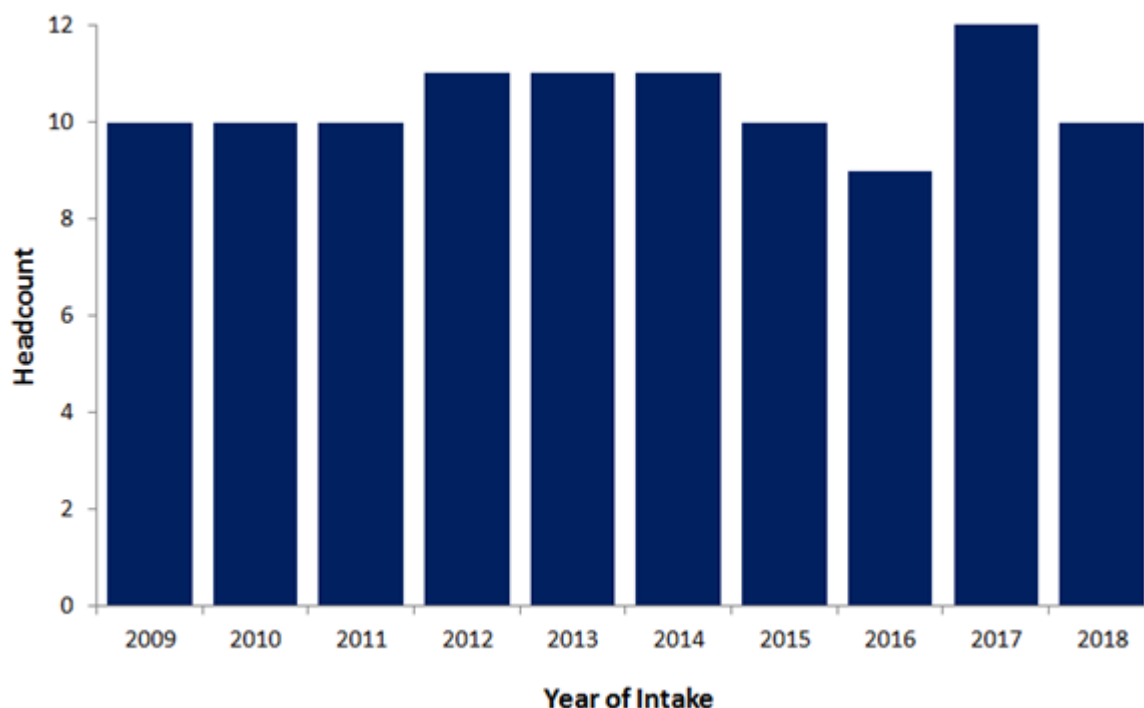
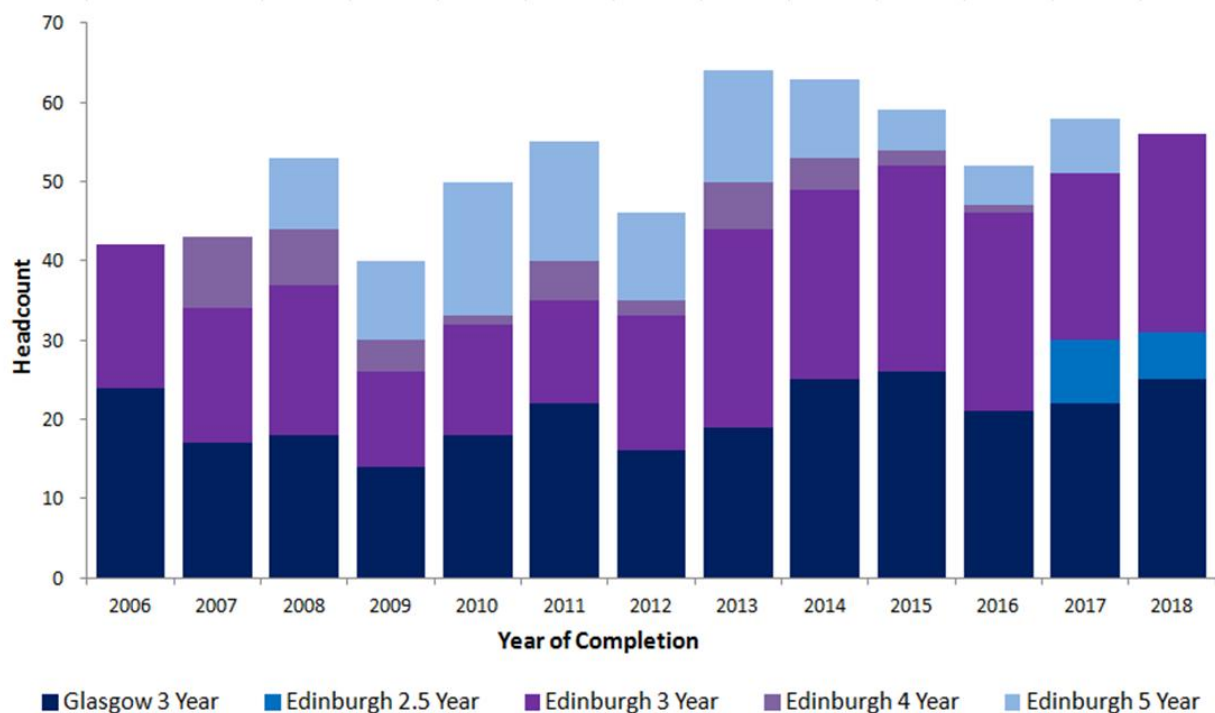


Figure 15 shows the number of graduates from the DClinPsych courses that achieved Health and Care Professions Council (HCPC) registration after completing the course. HCPC registration is required in order to undertake a post as a Clinical Psychologist within the UK.

**Figure 15: 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 2018<sup>1</sup>.**

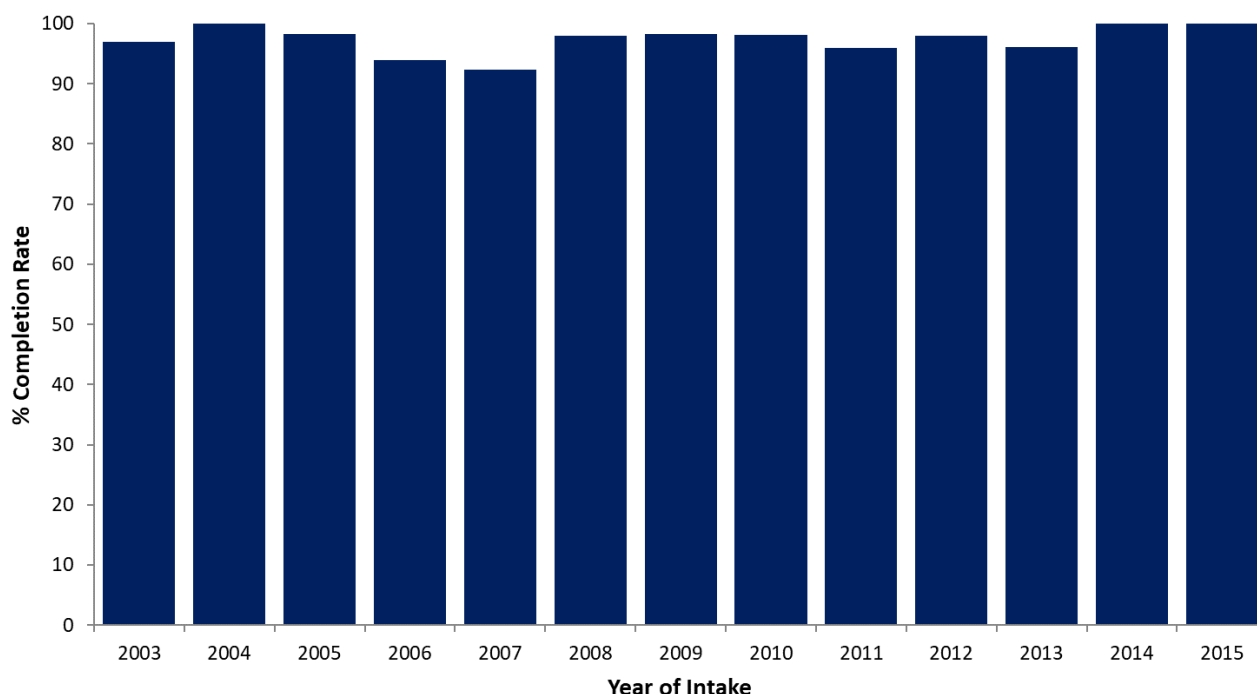


#### Notes

1. Please note these data are only available for 2006 graduates onwards.

Figure 16 displays the completion rates for trainees that started on the DClinPsych course from 2003 to 2015. 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 97.4%. Of the trainees that have left the CAMHS Aligned Doctorate course, 95.9% have successfully achieved Health and Care Professions Council (HCPC) registration. Further information on completion rates for each course is available in tab 12.1 of the [background tables](#).

**Figure 16: Chart to display the total completion rate so far for trainees on all of the DClinPsych courses by year of intake from 2003 to 2015<sup>1</sup>.**



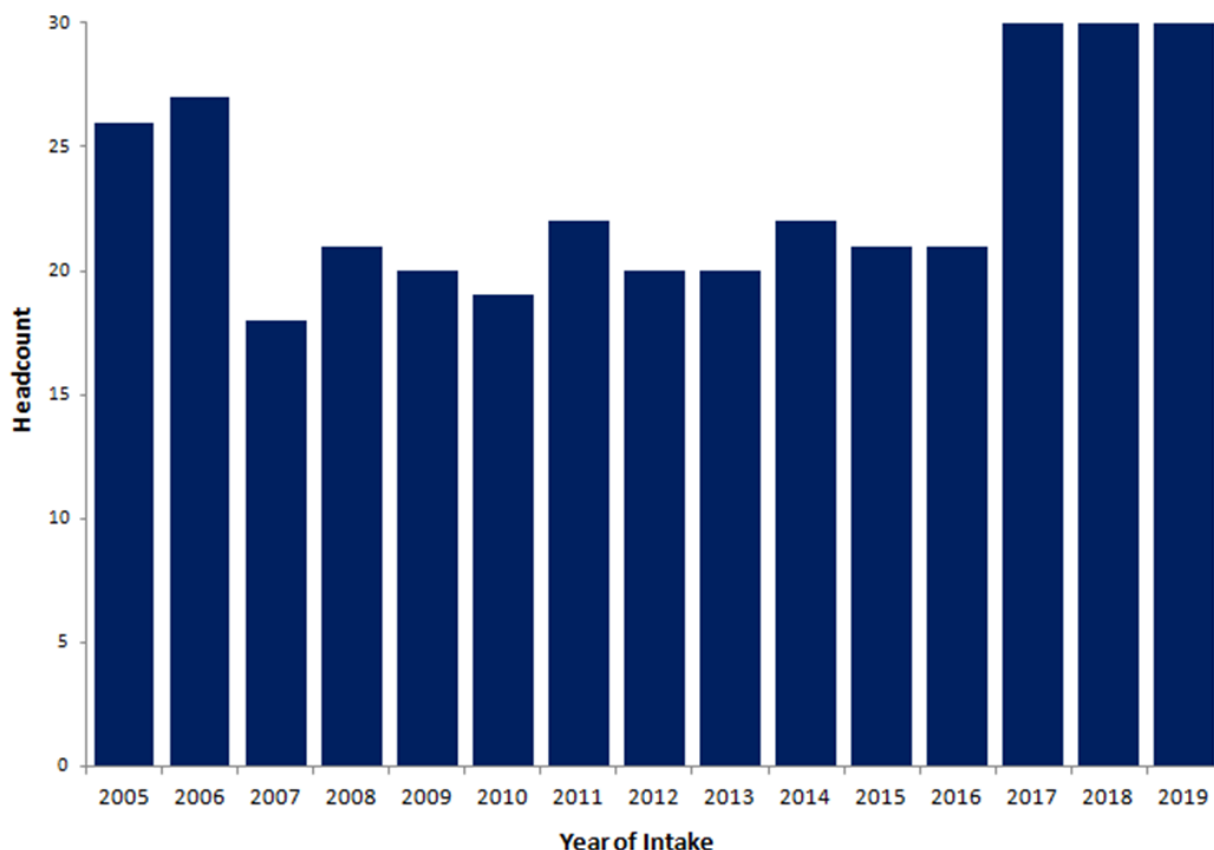
#### Notes

1. Please note that 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

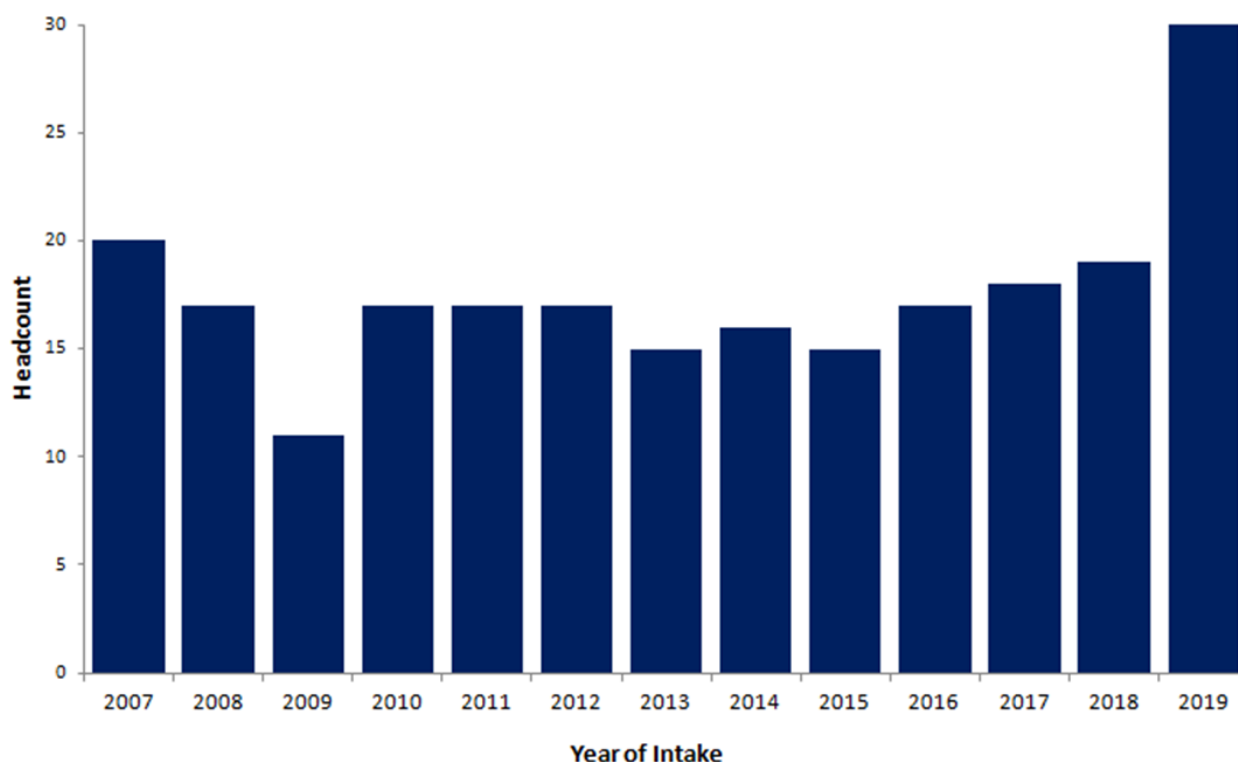
Figure 17 displays the intake of trainees on the MSc Psychological Therapy in Primary Care course. Since 2005 there has been an intake of 347 trainees in total, with an average intake of 23 trainees each year. Excluding the trainees from the 2019 intake who are due to complete in 2020, there have been 302 graduates from the course. This indicates a completion rate of 95.3%.

**Figure 17: The intake of trainees on the MSc PTPC course, from 2005 to 2019.**



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

Figure 18 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 18: The intake of trainees on the MSc APCYP course, from 2007 to 2019.<sup>1</sup>**

## Notes

1. The BPS Stage 2 Health Psychology course has had a total intake of 38 trainees since 2008, with an average intake of 3 or 4 trainees each year. The course has a completion rate of 90.0%.

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

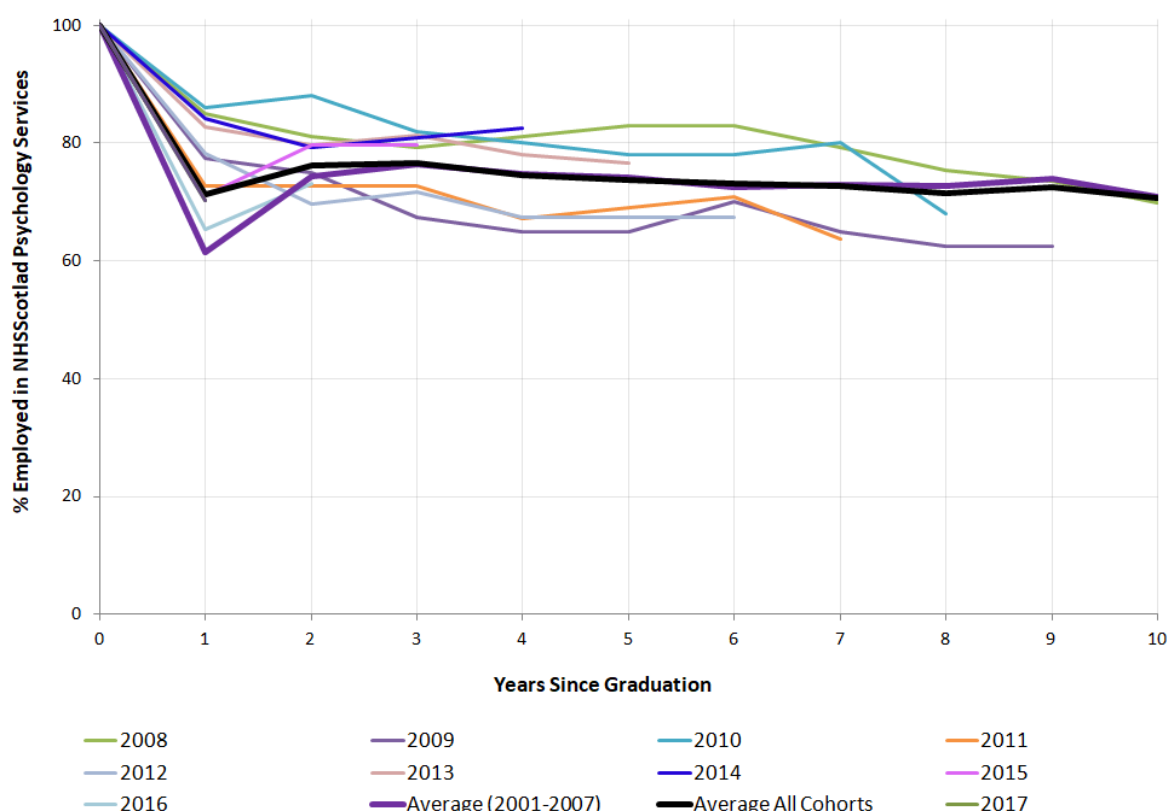
ISD/NES has tracked whether graduates of the Doctorate in Clinical Psychology enter the NHSScotland Psychology Workforce. From 2001 to 2017 there were 782 successful graduates of this course. At 30 September 2018, 545 of these graduates (69.7%) were employed within NHSScotland Psychology Services.

Figure 19 illustrates the retention rate, showing the percentage of graduates employed in Psychology Services in NHSScotland on average and from each cohort up to 16 years after graduation. On average, five years after graduating 73.7% of the 2001 – 2013 graduates were employed in NHSScotland Psychology Services. On average ten years after graduating, 70.8% of the 2001-2008 graduates were 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 2002 – 2007 graduate cohorts retention was 61.5% on average the year after graduating. More recently, the 2008 – 2017 graduate

cohorts have an average retention of 77.3% 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 19: Retention of DClinPsych Graduates employed in NHSScotland Psychology Services by cohort since 2001<sup>1,2,3</sup>.**



#### Notes

1. Please note that the 2018 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 are unavailable for 1 year after their graduation.
3. Please note that retention is calculated for September census dates only, approximately 1 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 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 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 registers 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>

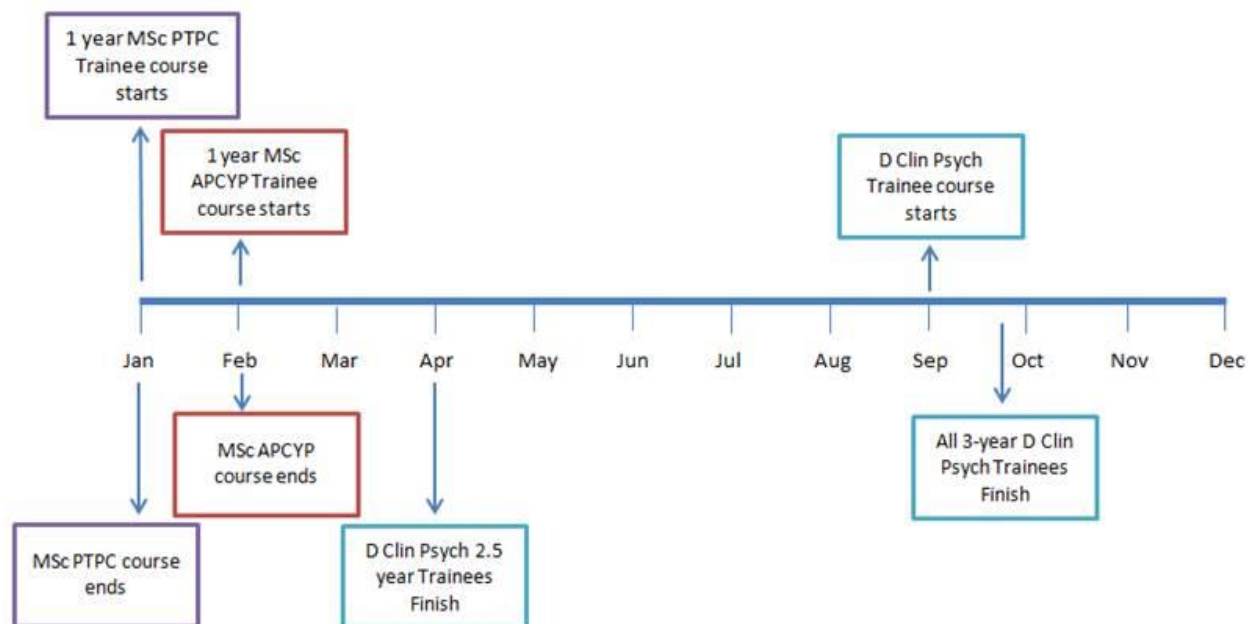
### **BPS Stage 2 Qualification in Health Psychology**

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 20: 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="#">2019-09-03-Psychology-Workforce-Tables</a>	2001-2019	Excel 750 Kb
1.1	<a href="#">All Clinical Staff (WTE) employed in Psychology Services by NHS Board</a>	2010-Jun 2019	“
1.2	<a href="#">All Clinical Staff (Headcount) employed in Psychology Services by NHS Board</a>	“	“
1.3	<a href="#">All Clinical Staff (WTE per 100,000 population) employed in Psychology Services by NHS Board</a>	“	“
2.1	<a href="#">All Clinical Staff (WTE) employed in Psychology Services by Age Group</a>	“	“
2.2	<a href="#">All Clinical Staff (Headcount) employed in Psychology Services by Age Group</a>	“	“
3.1	<a href="#">All Clinical Staff (WTE) employed in Psychology Services by Area of Work</a>	2011-Jun 2019	“
3.2	<a href="#">All Clinical Staff (WTE) employed in Psychology Services by detailed Area of Work and Target Age</a>	“	“
4.1	<a href="#">All Clinical Staff (WTE) employed in Psychology Services by Target Age</a>	“	“
4.2	<a href="#">All Clinical Staff (WTE or Headcount) employed in Psychology Services by Target Age, Area of Work and Professional group</a>	“	“
5.1	<a href="#">All Clinical Staff (Headcount and WTE) employed in Psychology Services by Gender</a>	“	“
6.1	<a href="#">All Clinical Staff (Headcount and WTE) employed in Psychology Services by Contract Type and Gender</a>	“	“
7.1	<a href="#">All Clinical Staff (WTE) employed in Psychology Services by Band</a>	“	“
7.2	<a href="#">All Clinical Staff (Headcount) employed in Psychology Services by Band</a>	“	“
8.1	<a href="#">All Clinical Staff (Headcount) employed in Psychology Services by Contract Length</a>	“	“
8.2	<a href="#">All Clinical Staff (WTE) employed in Psychology Services by Contract Length</a>	“	“

9.1	<a href="#"><u>Ethnicity of All Psychology Services Staff</u></a>	Sep 2011-Sep 2018	“
9.2	<a href="#"><u>All Psychology Services Staff by Declared Disability</u></a>	“	“
10.1	<a href="#"><u>All vacancies advertised (WTE) in Psychology Services by NHS Board</u></a>	Dec 2011- Jun 2019	“
10.2	<a href="#"><u>Length of Vacancies for Clinical Staff in Psychology Services in by Professional Group and NHS Board</u></a>	Dec 2017- Jun 2019	“
11.1	<a href="#"><u>All Applied Psychologists (Headcount) in Training in NHSScotland</u></a>	Jun 2019	“
12.1	<a href="#"><u>Course Intakes, Outputs and Completion Rates for trainees on a Doctorate in Clinical Psychology Course in Scotland from the 2003 intake onwards</u></a>	Sep 2003- Jun 2019	“
12.2	<a href="#"><u>Graduates of Doctorate in Clinical Psychology (Headcount) in Workforce in NHSScotland Psychology Services</u></a>	Sep 2003- Sep 2018	“
13.1	<a href="#"><u>Course Intakes and Outputs for the MSc Applied Psychology for Children and Young People and MSc Psychological Therapy in Primary Care</u></a>	Sep 2003- Jun 2019	“

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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 3 December 2019.

### 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.

[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, available at the following link:

<http://www.isdscotland.org/Health-Topics/Mental-Health/Child-and-Adolescent-Mental-Health/>

Data on Psychological Therapies waiting times in NHSScotland are available at:

<http://www.isdscotland.org/Health-Topics/Waiting-Times/Publications/2019-06-04/2019-06-04-WT-PsychTherapies-Report.pdf>

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

Metadata Indicator	Description
Publication title	Psychology Services Workforce in NHSScotland
Description	Describes the characteristics of clinical staff employed in psychology services in NHSScotland as at 30 June 2019.
Theme	Health and Social Care
Topic	Health Care Personnel, Finance and Performance
Format	Excel format
Data source(s)	Clinical Psychology Services Workforce Database and NES Turas Training Programme Management system.
Date that data are acquired	Approximately two weeks after the census date.
Release date	3 September 2019
Frequency	From 2001-2010 publications were produced annually. From March 2011 the publications have been produced quarterly.
Timeframe of data and timeliness	Data up to 30 June 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. ISD and NES work closely with these lead clinicians to ensure a high level of data accuracy.

	Please note that there is an ongoing data quality investigation (as at June 2019) to review and investigate the accuracy of Psychology Workforce data reported by ISD relating to NHS Orkney, NHS Shetland, and NHS Western Isles. This investigation is focusing on the census dates between September 2010 and June 2019.
<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. ISD and 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/CAMHS/">https://www.isdscotland.org/Health-Topics/Workforce/CAMHS/</a></p>
<b>Accessibility</b>	It is the policy of ISD Scotland to make its web sites and products accessible according to <a href="#">published guidelines</a> .
<b>Coherence and clarity</b>	<p>All Psychology tables are accessible via the ISD website in a pdf or Excel format at</p> <p><a href="http://www.isdscotland.org/Health%2DTopics/Workforce/Psychology/">http://www.isdscotland.org/Health%2DTopics/Workforce/Psychology/</a></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>	Headcount and whole time equivalent (WTE). Numbers of new and replacement vacancies. Numbers of trainees. Numeric.
<b>Disclosure</b>	The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.
<b>Official Statistics designation</b>	National Statistics
<b>UK Statistics Authority Assessment</b>	Assessed by UK Statistics Authority <a href="#">assessment-report-39---statistics-on-nhs-scotland-workforce.pdf</a>
<b>Last published</b>	4 June 2019
<b>Next published</b>	3 December 2019
<b>Date of first publication</b>	2001
<b>Help email</b>	<a href="mailto:nss.mentalhealthwf@nhs.net">nss.mentalhealthwf@nhs.net</a>
<b>Date form completed</b>	16 August 2019

### Appendix 3 – Early access details

#### **Pre-Release Access**

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

#### **Standard Pre-Release Access:**

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

#### **Early Access for Management Information**

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

Scottish Government Health Department – Mental Health Division

Health Improvement Scotland – Improvement Advisor.

### 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.