



Research report July 2021

The right track

Participation and progression
in psychology career paths

nuffieldtrust

Commissioned and
supported by

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the british
psychological society

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About this project

The British Psychological Society (BPS) commissioned the Nuffield Trust to map out the psychology profession and, in doing so, identify where psychologists are leaving the profession, including during training. The immediate purpose was to draw out insights around the participation, progression and diversity in career routes that psychology graduates take, as far as can be ascertained based on existing data. More broadly, the BPS wanted the work to contribute to the understanding of how the expansion of psychology professions could potentially reduce workforce shortages and improve societal outcomes.

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List of abbreviations

ASHE	Annual Survey of Hours and Earnings
BA	Bachelor of Arts
BPS	British Psychological Society
BSc	Bachelor of Science
CBT	Cognitive behavioural therapy
CertHE	Certificate of Higher Education
DipHE	Diploma of Higher Education
FOI	Freedom of Information
HCPC	Health and Care Professions Council
HESA	Higher Education Statistics Authority
HMRC	HM Revenue and Customs
MA	Master of Arts
MPhil	Master of Philosophy
MSc	Master of Sciences
NMC	Nursing and Midwifery Council
ONS	Office for National Statistics
PAYE	Pay As You Earn
PGCE	Postgraduate Certificate in Secondary Education
PhD	Doctor of Philosophy
QTS	Qualified teacher status
SES	Socioeconomic status
UCAS	Universities and Colleges Admissions Service

Summary

Now, as much as ever, there is a need to ensure that there is enough capacity to promote psychological wellbeing and treat and prevent mental health conditions. However, staffing such services has, to date, proved challenging. Psychology is one of the most popular subjects to study at degree level; over 24,000 students were accepted onto UK undergraduate courses alone in 2019, accounting for one in 20 students (UCAS, 2019). These students study the mind and how it influences our behaviour and how this understanding can help us address the challenges facing society (The British Psychological Society, no date).

Many psychology students go on to work in health or social work or take on research or teaching jobs related to psychology. Indeed, psychology professionals play vital roles in these sectors, as well as others such as business and the prison service, and there have been some policy ambitions to expand their numbers. But, while demand for their skills is increasing, there appear to be shortcomings in ensuring a sufficiently diverse and adequately supplied workforce (see Figure S.1 for examples of the policy context). This highlights the importance of gaining a better understanding of the career choices of those with a background in psychology, including the role that geography and demographics play.

Figure S.1: Examples of the policy context

Policy ambitions



- By 2023/24, there is an ambition for 2,520 more psychologists and 5,610 more psychotherapists and psychological professionals (NHS England, 2019)
- In 2019, the Department for Education announced an expansion of educational psychologist funding (Department for Education, 2019)

Diversity



- An independent review of the Mental Health Act has suggested that people from communities 'particularly disadvantaged within the present system' need to be recruited to the workforce (Independent Review of the Mental Health Act 1983, 2018)

Demand and supply



- Potentially there will be an increase in demand for psychological therapies following the effects of the Covid-19 pandemic
- There is a risk of people not completing their psychology course given limitations to teaching and social aspects

Source: Nuffield Trust

Many graduates also go into retail, administrative, public relations, marketing, human resources and similar roles. Undoubtedly, the content and skills taught on a psychology degree can be valuable to these latter roles, given the versatile and transferable nature of the knowledge gained during the degree. However, given the potential unmet demand for psychology practitioners and related roles – such as for the management of mental health and educational needs – there is value in exploring how psychology graduates' careers progress and where there might be scope to provide more opportunities for them to practise psychology in one of its many forms.

This report maps out – as far as can be ascertained based on existing data – the size and make-up of the workforce of people with a psychology background across all four nations of the UK. We used a range of data sources – covering higher education, the NHS and other work settings – including those that were available publicly, through Freedom of Information (FOI) requests, and data requests. Inevitably, the depth of the data varies across different roles and, therefore, the report necessarily goes into some professions in more detail than others, although many of the insights gained by looking at these professions at a deeper level are likely to be generalisable to other roles.

Key findings

Psychological workforce numbers

There is no common career path for psychology graduates – they work across a broad array of roles and settings and often follow diverse routes to get there. This makes tracking the career paths of psychology graduates challenging. The complexity of potential career pathways is even greater given the education and experience needed to pursue certain psychological professions. Some roles – such as clinical, counselling and educational psychology – typically require an accredited psychology degree followed by an accredited postgraduate doctoral qualification. However, in other professions, such as social work and teaching, psychology graduates are likely to account for only a small proportion of the workforce. A further challenge for tracking psychology graduates' career paths is that some roles they may take up are ill-defined, such as where the job title does not match candidate requirements, which itself may contribute to problems in filling vacancies.

There has been a growth in the number of people working as psychologists over time. The total number of registered psychologists increased by almost a quarter (24%) in the six years to April 2020, to 24,621, with forensic and counselling psychologists increasing by around a half. While the number of registered occupational psychologists fell over this period, this potentially may be due to increasing use of job titles that do not require registration such as business psychologist and organisational psychologist. In comparison, 20,305 students completed undergraduate psychology courses in 2017–18 alone. The number accepted onto psychology undergraduate courses has increased by

more than a half in the past decade. The long-term growth in the number of psychology professionals working in the NHS specifically has accelerated, with a substantial increase (9%) across major roles in the year to January 2020, but this was particularly notable for trainee and assistant positions.

Career progression

Training programmes for becoming a registered psychologist are often highly competitive. The available data suggest that universities typically make an offer of a place to most people who apply to do a psychology degree. Thereafter, some career routes are difficult to get into – some extremely so. The clinical psychology doctorate, for example, is a very competitive course to get onto, with fewer than one in six applicants (15%) succeeding in gaining a place in 2019. It is not clear whether this level of competition is replicated across all branches of psychology and training routes, which will likely differ to some extent due, for example, to the variable level of funding available to support the student. Only a small minority of psychology graduates are becoming registered psychologists and the number of new joiners is falling for some registered professions. While the exact level is not known, we broadly estimate that fewer than one in 15 psychology graduates (around 6%) are becoming registered professionals.¹

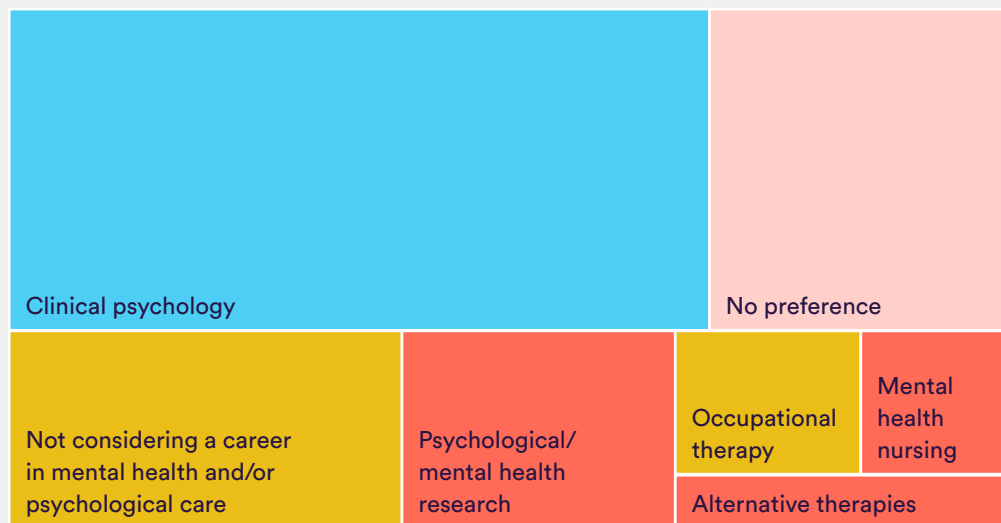
There is a wide disparity between students' career aspirations at the outset of their degree and their eventual career outcomes. Recent research suggests that at the outset, the vast majority of undergraduate psychology students (91%) appear to want a career in mental health; but this figure falls to 79% by their final year. Around half (51%) of those with mental health career goals aspired specifically to do clinical psychology. During undergraduate studies, students' ambitions appear to change, with a more than doubling of the proportion not considering a mental health career (National Collaborating Centre for Mental Health, 2019). In reality, a minority of psychology graduates will likely end up working in health care (see Figure S.2). The difference

1 In 2019–20, there were 1,139 new registrants who had done their undergraduate degree in the UK (source: HCPC). Five years previously, the number of graduates was 17,990 through undergraduate routes (source: HESA). In reality, some of the new registrants will have studied undergraduate courses other than psychology and so the one in 15 figure could well represent an overestimate.

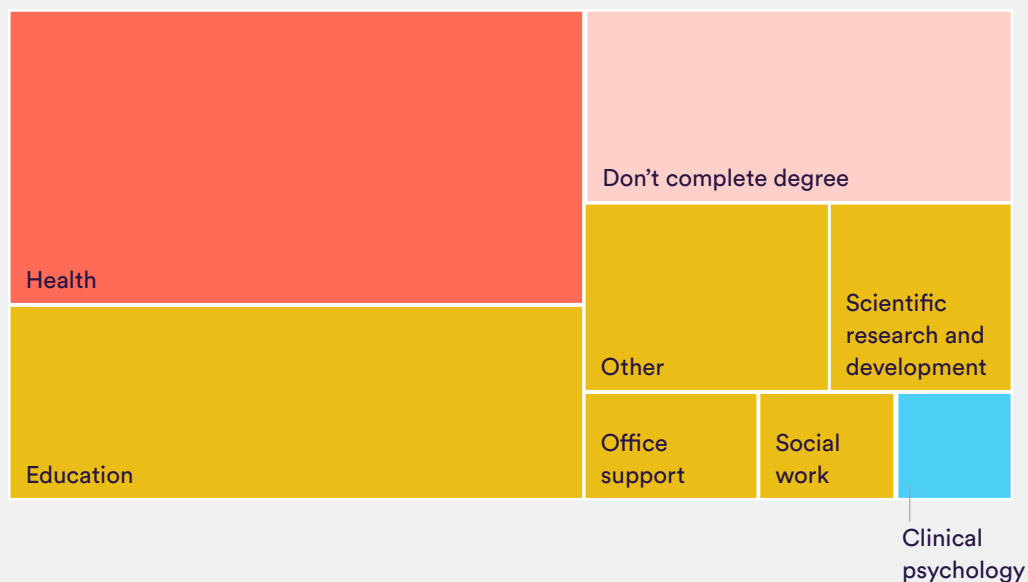
between initial ambitions and career outcomes may, in part, be due to a lack of opportunities and high competition but also a limited awareness of, or confidence to succeed in, roles (National Collaborating Centre for Mental Health, 2019; Think Ahead, 2020).

Figure S.2: Career aspiration at the outset of the psychology degree and career outcome

Career aspiration at outset



Career outcome



Notes: The 'health' category in the 'career outcome' part of the Figure excludes clinical psychology. Figures are based on limited survey data, with career outcomes from one to seven years post-graduation, and should be considered as broad approximations.

Source: BPS, HESA and National Collaborating Centre for Mental Health

For those working in roles relating to psychology, it often takes time for graduates to progress towards and reach their intended career profession.

Psychology graduates in entry-level roles in the health service share broadly similar career aspirations, with the majority intending to use the experience to apply for further training in psychology or mental health care. In particular, those seeking to become a clinical psychologist will, after graduating, often complete a Master's and significant amounts of work experience; four in five (81%) of those enrolling on the doctorate in 2019 had at least three years of experience (National Collaborating Centre for Mental Health, 2019). Across all branches of psychology, very few are aged under 30, ranging from 0.1% of registered occupational psychologists to 3.6% of registered sports and exercise psychologists (Health and Care Professions Council, 2020a).

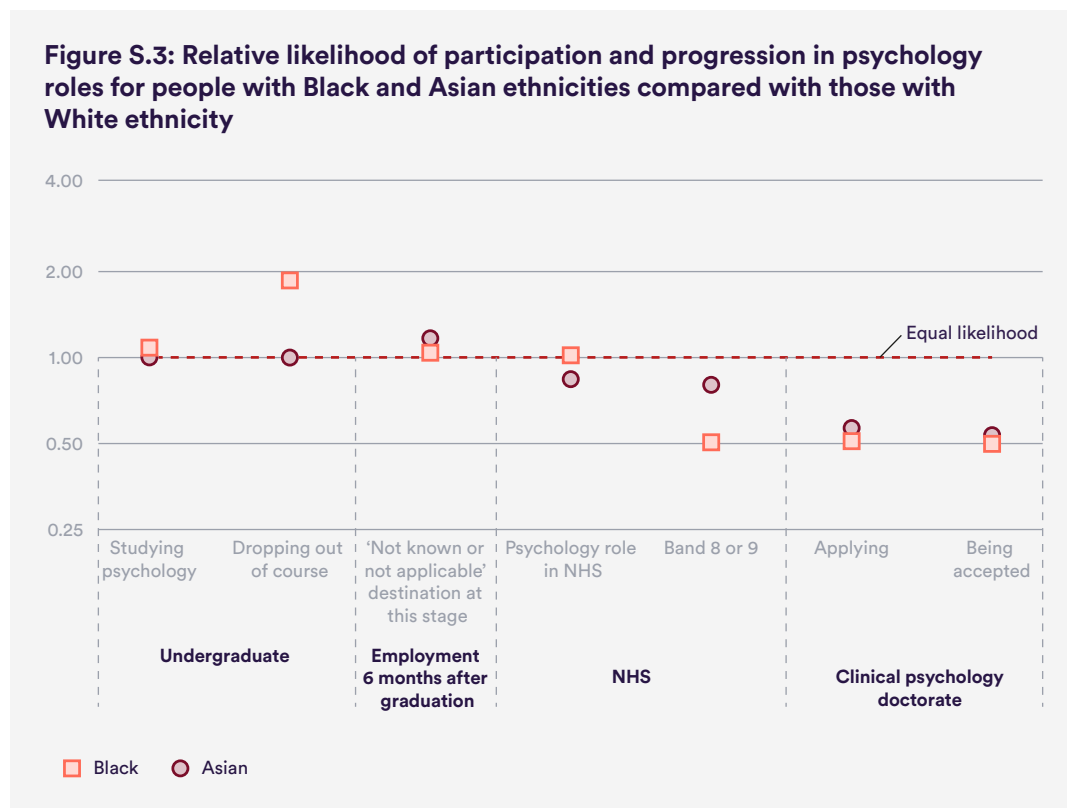
Opportunities for career progression in some settings may be limited. For psychological professionals in the NHS in England, career progression is fairly uncommon later in their careers. For those in Band 8a roles – earning £46,000 to £52,000 a year² – in January 2019, only one in 10 (10%) were promoted in the subsequent 12 months, with a similar proportion either leaving the NHS (8%) or taking a role at a lower pay band. At higher grades (bands), the proportion moving down a grade increases further. In part, this may reflect the Agenda for Change pay framework that they are employed on, which nurses and allied health professionals are also on and is therefore not specific to psychology. However, one study found only low returns – similar to that of philosophy – of studying undergraduate psychology in terms of annual earnings at age 29 (Belfield and others, 2018a). Further work should explore career progression in more detail, including across different settings, and also the extent to which the perceptions of students and psychologists around career progression are realistic and being met.

Demographic differences

Certain minority ethnic groups are less likely to progress in a psychology career than others. Those with Black or Asian ethnicity going to university are similarly as likely as those with White ethnicity to study psychology and work in NHS psychological professions. However, they are far less likely to be

² 2020/21 pay levels, excluding any London weighting.

in more senior NHS roles and be accepted onto a clinical psychology training course (see Figure S.3) – this appears particularly the case for certain religious groups such as Muslims. For instance, 9% of applicants with Black and Asian ethnicities are accepted onto clinical psychology training courses compared with 17% who applied, representing half the likelihood (that is, a relative likelihood of 0.5). More data on ethnicity outside the NHS and across all branches of psychology are needed.



Notes: Those symbols above 1 indicate a greater likelihood than White people (with 2 representing twice the likelihood), and those below 1 indicate a lesser likelihood (with 0.5 representing half the likelihood). A logarithmic scale is used so that double the likelihood is the same distance as half the likelihood from the line representing equal likelihood. 'Studying psychology' compares to studying any degree subject; 'psychology role in NHS' compares to the working adult population in England and Wales; and 'applying' compares to students studying psychology. Data cover various years and is taken from different sources so should be treated with caution.

Source: Clearing House for Postgraduate Courses in Clinical Psychology, HESA, NHS Digital and ONS

Men are less likely than women to pursue a career in psychology, but those who do, tend to get paid more than their female counterparts. Around one in five registered psychologists are male. This is consistent with the proportion studying at university. A slightly lower proportion – around one in six – of the NHS psychological workforce are male, having fallen slightly in recent years; however, they are more likely to be in senior roles, with 46% in Band 8 or 9 compared with 41% for women. The Office for National Statistics (2019) estimates that for those recorded as ‘psychologists’ (across all sectors), the average hourly earnings of men are 11% higher than those of women. However, further work is needed to explore whether this may be due to an increasing proportion of women going into psychology and, therefore, currently on average at earlier stages in their careers.

There are also apparent inequalities relating to socioeconomic status and, separately, to having a disability. Disabled undergraduate students are more likely to drop out of their psychology course. Attrition at university is also associated with socioeconomic status, with 3.4% of undergraduate students from areas with the highest participation in higher education dropping out each year compared with 4.7% of those from areas with the least participation. While levels of attrition among psychology undergraduates in these groups are higher than for medicine undergraduates, they are relatively lower than for nursing, sociology and other undergraduate courses (Higher Education Statistics Agency, 2020b). Those in the NHS psychological workforce with a disability are almost half as likely to be in senior roles as those without a disability.

Such inequalities are particularly apparent in some branches of psychology. Within clinical psychology, where greater available data allow for more detailed analysis, a disproportionately low number of applications for the doctorate are from those with the lowest socioeconomic status or with dependants. And those who do apply from these groups are less likely to be accepted. Around two in five have at some stage held honorary or voluntary assistant psychologist roles. This may partly explain the low level of applications from mature applicants, those with dependants and those from more deprived areas, given they may not be able to undertake unpaid work (National Collaborating Centre for Mental Health, 2019). This phenomenon could be even more pronounced in some other branches of psychology where

the postgraduate training is self-funded. More data are needed to explore these inequalities in other branches of psychology and related professions.

Place of work

There appear to be substantial regional differences in the NHS

psychological workforce. Given differences in population needs, service structures and staffing mix, and the recording of roles in the data, regional comparisons of staffing need to be treated with caution. However, London appears to be a particular outlier, with the level of both qualified and support psychological NHS staff (as a proportion of all qualified and support staff, respectively) significantly higher (broadly around 50% more) than elsewhere in England. While the proportion has decreased in recent years, a quarter of clinical psychology doctorate training places commissioned in England were in London for 2019–20 starters. There are differences in the banding of NHS psychological professions between providers and nations of the UK with, for example, a higher proportion of senior (Bands 8a and 8b) and very senior (Bands 8c to 9) staff in Scotland than in England.

There are notable variations in workforce levels across the UK in other settings and branches of psychology. A lack of comparable data makes comparisons between the four nations of the UK difficult. That said, the level of competition to secure a place on a psychology course varies from four applications per acceptance in Wales to eight in Scotland. In terms of qualified professionals, for example, people living in the East of England appear to have much lower access to educational psychologists, while those in Scotland and Northern Ireland have much higher access. In fact, the number of educational psychologists employed by individual local authorities in England ranged from under five to more than 30 full-time equivalent staff (Lyonette and others, 2019).

A significant proportion of registered psychologists work in the private sector. While there is no readily available information on the proportion of registered psychologists who work across both the public and the private sector, there does appear to be substantial levels of work in the latter. In particular, public sector recruitment of educational psychologists fell in the three years to 2018, whereas private sector recruitment doubled between

2017 and 2018. That said, work tracking the career destinations of psychology graduates found that they typically move towards public sector roles over time (Morrison Coulthard, 2017). Meanwhile, a previous estimate suggested that around a quarter (27%) of counsellors worked at least part-time in private practice (British Association for Counselling & Psychotherapy, 2015).³

Participation and lengths of career

There may be scope to increase the participation and retention of registered psychologists in public sector roles. Average levels of part-time working vary between roles in the NHS, with typically lower levels of participation in ‘senior’ grades. In England, across both qualified and support psychology staff, they worked on average 85% of a full-time contract as at January 2020. However, participation was lower for some occupations, including less than the equivalent of a four-day week for counsellors and psychotherapists. Focusing on clinical psychologists in particular, on average they are contracted to work four days a week in the NHS. Data from Scotland suggest that at any one time at least around one in four graduates of the Doctorate in Clinical Psychology were not employed in their NHS psychology services, with participation in NHS services typically decreasing over time (ISD Scotland, 2019a).

While the scale is unclear, a large number of psychologists appear to be working in roles that do not require them to register. The low and falling number of people joining a register after doing their training in the UK, for some professions over the decade, including occupational psychology (from 46 in 2012-13 to 11 in 2019-20), suggests that many of those training are not subsequently undertaking roles requiring registration. One survey – albeit based on those graduating up to a decade ago – suggested that, overall, three in five psychology graduates (59%) considered their current job to be in the field of psychology (Morrison Coulthard, 2017), with this proportion increasing with time after graduation. This would imply that, broadly speaking, there could be around 9,000 people in psychology-related, but not registered, roles in every graduate cohort (although the recent expansion in some psychology-related roles might mean this is an underestimate). This is

3 Note that this is not referring to counselling psychologists but instead to counsellors who were members of their relevant association in 2014.

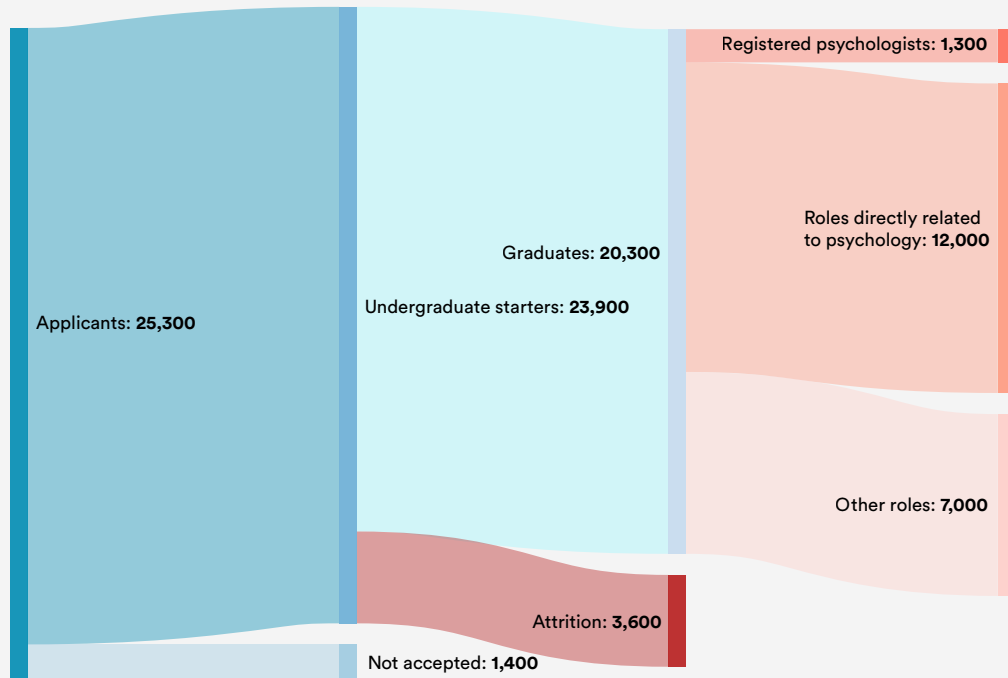
equivalent to around eight people for every registered psychologist, suggesting a pressing need to further explore these wider psychological roles and what, if any, barriers people face in taking up a registered role.

Overall, the proportion of registered psychologists approaching pensionable age is similar to the proportion in some other professions but varies considerably between psychology titles. Some 22% of registered psychologists are aged 55 or above, similar to the level on the nursing and midwifery (23%) and doctor (22%) registers. The rate at which people are leaving the register varies between the psychological professions – from 1.2% for forensic psychology to 4.5% for occupational psychology. This appears to be relatively reflective of the different age structures of these groups. That said, the high leaving rates for health and occupational psychologists – where rates appear to have roughly doubled in 2018–20 compared with 2014–16 – warrant further exploration.

Conclusions and recommendations

There is no common career path for psychology graduates, as they go on to work in a broad array of roles and settings. The most common sector for graduates to take up roles in is health and, in fact, the number of psychology professionals working in the NHS specifically has accelerated recently. However, there is a mismatch between the aspirations of students at the outset of studying psychology and their career outcomes. Also, only a very small proportion are becoming registered psychologists (see Figure S.4, which broadly estimates the pipeline). While this, in itself, may not necessarily indicate a shortcoming, there certainly appears scope for greater awareness of the different roles and professions that those with a psychology background can particularly contribute to.

Figure S.4: Pipeline from applying for an undergraduate psychology course through to employment



Note: The figures are based on a number of estimates and assumptions and are rounded to nearest 100. Sum of inflows into a node may not add to outflows due to this rounding.

It also appears that some may be struggling to find a route into roles with particular public value, such as those in the NHS, due to a lack of opportunities. In particular, we identified areas where demographic differences such as socioeconomic status and ethnicity are associated with differences in the likelihood of proceeding with intended careers. The findings also suggest that potentially there is scope to look at progression opportunities for those already in psychology-related roles with particular public value – including those in certain demographic groups – to ensure they can develop their careers rather than leave the profession.

Given the challenges facing society – not least those exposed and accentuated by the Covid-19 pandemic – there is a real need to use the expertise and positive motivation of psychology graduates in the workplace to the best possible ends. Specifically, in terms of the pandemic, psychology professionals can play an important role across an array of services in influencing healthy

and safe behaviours, providing care and rehabilitation, and supporting staff and those affected by lockdown. But looking at the jobs that have been advertised, there is a risk that these skills are not being brought into key settings. And they need to be given enough employment and training opportunities to contribute positively. That psychology is such a popular subject means that making better use of the skills of graduates has the potential to make a material difference.

However, it is important to recognise that, given the lack of well-defined, comprehensive data, particularly on psychologists working outside the health and care sector, it was not possible to provide an exhaustive mapping of career pathways and some of the figures in this report are necessarily broad estimates. We therefore include in our recommendations below, areas where more data is needed to sufficiently understand career pathways, along with areas of work that could help promote better use of psychology graduates in the workplace.

On attitudes towards psychology degrees

- Further work is needed to understand the perceptions of students and employers around the status and value of psychology degrees. This will involve looking at the vast array of different courses offered.
- There needs to be a better understanding of what might prevent people from pursuing roles directly related to psychology. Further work is needed to explore what, if any, barriers those in wider psychological roles faced that may have prevented them from taking up a registered role.

On exposure to psychology careers

- Students should be exposed to the array of psychology-related careers available. This could start with awareness campaigns at school but carry on through university courses, with ongoing careers advice.
- There is a need to ensure that those who study psychology feel equipped to pursue related careers. This may involve reviewing the competencies being taught and, where appropriate, work experience offered, including at NHS providers.

On access to professional training

- The formal and informal entry requirements and course capacity for key psychology professional qualifications should be reviewed to ensure that there is a sufficient number of places and a representative student intake.
- A fairer distribution of psychologists across the UK should be promoted. A key factor influencing where people work is the location and setting of their training, so funding bodies for training, accreditors of psychology courses and higher education institutions should look at the location of training opportunities for educational and professional psychology courses.

On workforce planning

- There is a need for better data on the degree subjects of those working in psychological roles within the NHS and enrolling on psychology-related professional qualification courses to understand where there is a good supply of, and potentially opportunities to better use, graduates from different subjects.
- Workforce planning needs to be proactive to ensure there are enough funded psychology positions and training places in health, education, social care, prisons and other key sectors to meet current and future demand, including to provide care and rehabilitation, prevent illness and support staff during the Covid-19 pandemic.

On psychological professions

- The Health and Care Professions Council (HCPC), in collaboration with representative bodies for psychologists, should review the purpose of the registration of psychological professions, ensuring that the current provisions are fit for purpose.
- Guidance should be produced for human resources professionals in the NHS and other key sectors around the competencies of different psychology qualifications to help them better define job advertisements, including ensuring that job titles match the candidate requirements and that such recruitment promotes an appropriately wide skill mix.

- There is a need for more data on the progression of people within and between psychology-related roles in the NHS and non-NHS health services. This needs to include information on demographics – such as gender, ethnicity and socioeconomic status – to explore inequalities.

1 Introduction

Context

Psychology professionals play vital roles in a range of sectors, from health to education and prison services. And demand for their skills appears to be increasing. Within health care, increasing access to psychological therapies has been a longstanding government priority (NHS England, 2014). More recently, there have been commitments for significant increases in psychological professionals, with the government noting in July 2020 that ‘growing the psychological professions is a priority ... and is essential to fulfilling the vision set out in the NHS Long Term Plan for mental health services’ (Department of Health and Social Care, 2020).

By 2023/24, there is an ambition for 2,520 more psychologists and 5,610 more psychotherapists and psychological professionals in the NHS (NHS England, 2019). Outside of health care, in 2019, the Department for Education announced that it would provide extra funding to train more educational psychologists to support child mental health in schools and to address the shortages within this profession (Department for Education, 2019).

There is an established need for a better understanding of the use of psychological professions. For example, in England, there was an ambition to improve workforce statistics ‘to support a richer picture of the Improving Access to Psychological Therapies (IAPT) programme workforce and enable better planning’, although the publication of this data was postponed (NHS Digital, 2020a). In Scotland, *The Psychology Workforce Planning Project*, initiated nearly two decades ago, has sought to support psychology workforce planning (Public Health Scotland, no date).

Recently published reports have also reiterated the importance of developing graduate career pathways in psychology (National Workforce Skills Development Unit, 2020). This is not to dismiss the efforts already made to help support people navigating psychology-related careers, including by the

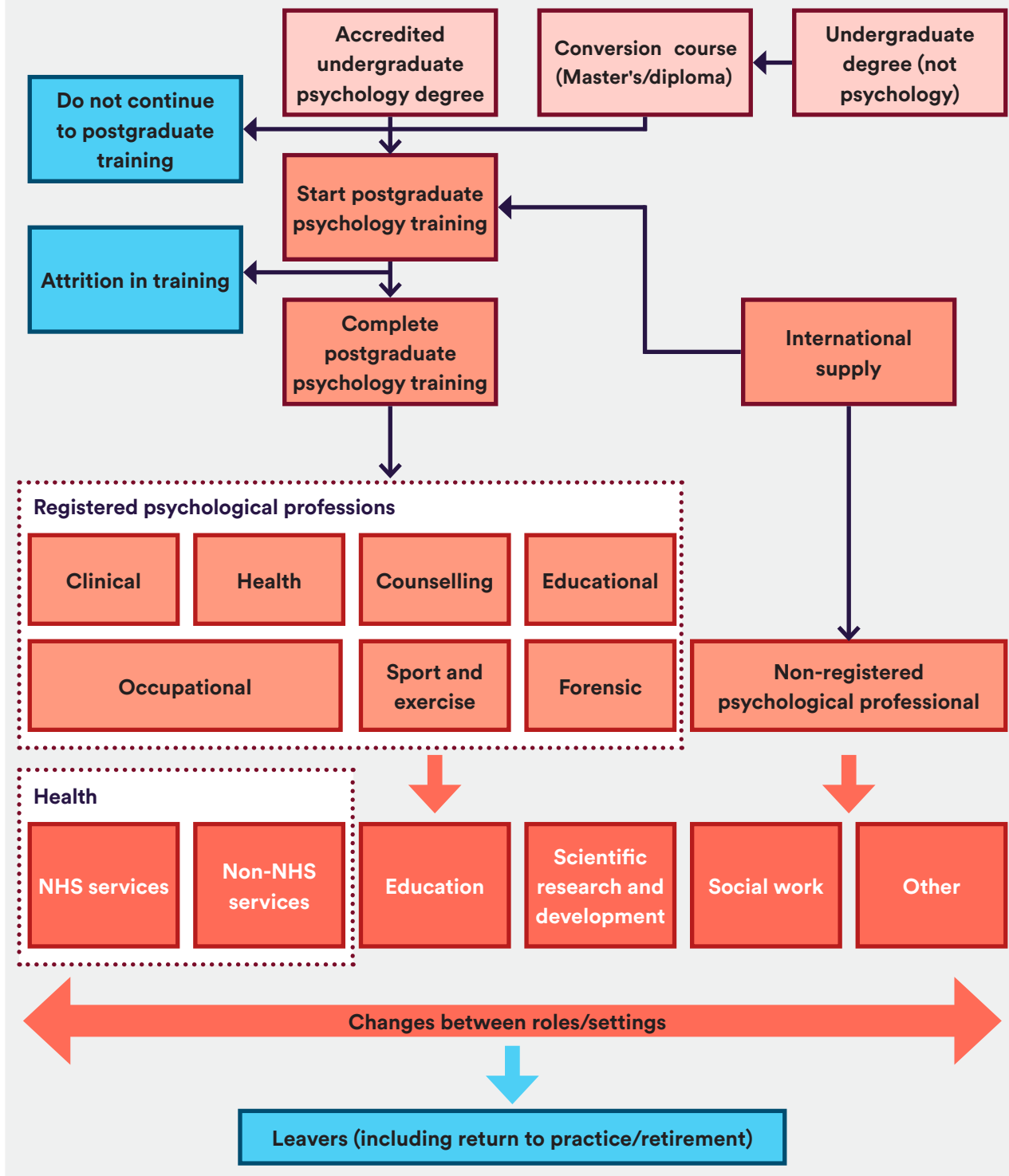
Psychological Professions Network on NHS careers (Psychological Professions Network, 2020).

The Covid-19 pandemic has acted to amplify the demand for psychological professionals. These professionals can, for instance, inform the government, organisations and others on how to influence healthy and safe behaviours, provide care and rehabilitation, and support staff and those affected by lockdown. Such roles exist across a range of settings – including health, education, social care and prisons – and cover all branches of psychology.

Career pathways

There is a broad array of future career pathways for those considering studying psychology. The complexity of potential career pathways is even greater given the education and experience needed to pursue certain psychological professions (see Figure 1.1). Since its introduction as an A-level subject, psychology has become an enduringly popular choice, having the second greatest number of exam entries in England in 2020 (63,490), following mathematics (89,730) (Ofqual, 2020). Given universities typically do not require psychology students to have specifically studied psychology at A-level (or equivalent) to enrol on one of their courses, we start the educational and career path in Figure 1.1 at the higher education level.

Figure 1.1: Career pathway



Note: For ease of interpretation, this flow diagram is a simplification.

Source: Nuffield Trust analysis of the BPS website

Objectives

The aim of this research was to map out the size and make-up of the qualified psychology workforce – from education and training through to retirement – to understand career pathways, including where psychology graduates are not working in a psychology role. It was to cover NHS health, non-NHS health and non-health settings – across all four nations of the UK – as far as could be ascertained based on existing data. In particular, we wanted to seek to draw insights into:

- the size and distribution of the psychology workforce around the UK
- the diversity of the workforce, including how this compares to other clinical professions
- the progression and salary of qualified psychologists, including whether these appear to vary between different demographics or providers (by the differential ‘banding’ of jobs)
- participation (that is, the extent of part-time working), retention within the NHS and, more broadly, lengths of people’s careers as registered and chartered psychologists.

It is worth highlighting from the outset that – given the lack of well-defined, comprehensive data, particularly on psychologists working outside the health and social care sectors – we did not seek to provide an exhaustive mapping of the psychology workforce and some of the figures in this report will necessarily be broad estimates. Furthermore, while some psychological roles are covered in more detail than others, this does not mean that we consider them to be of greater importance than other roles – it purely reflects the availability of data. We have, however, highlighted notable gaps in our understanding, which national bodies should seek to address to help better manage this important source of psychological expertise.

This is not the first study to look at the education and career pathways of psychology graduates. In particular, recent research has looked at the psychology student population in England, their career aspirations, barriers

and facilitators to these, and career pathways in NHS mental health roles (National Collaborating Centre for Mental Health, 2019). Similarly, The British Psychological Society (BPS) has itself published a number of reports on the subject, including a careers destination survey (Morrison Coulthard, 2017) providing information up to seven years post-graduation. This report draws heavily on this existing knowledge, seeking to deliver new insights by looking more comprehensively at the educational and career pathways and also by synthesising a broader range of information.

Methods

Once we had undertaken a detailed mapping of psychology career paths, we sought to estimate the numbers – and the associated demographics – of those in the various career paths. Key datasets are outlined in Table 1.1.

Table 1.1: List of key sources of information

Information	Key source
Job advertisements	indeed.co.uk jobs.ac.uk totaljobs.com
NHS jobs	jobs.hscni.net www.jobs.nhs.uk jobs.scot.nhs.uk NHS Business Services Authority
NHS workforce statistics	Department of Health (Northern Ireland) NHS Digital Public Health Scotland StatsWales
Recruitment	Skills for Care Think Ahead
Registers	British Psychological Society (BPS) membership Health and Care Professions Council (HCPC)
University data	Higher Education Statistics Authority (HESA) Universities and Colleges Admissions Service (UCAS)
Wider workforce	Office for National Statistics

As well as providing descriptive analysis on the size of the educational and career pathways, we compare, where possible:

- demographic groups and years
- the UK nations, to explore the effects of diverging policies
- psychology with other professions
- various registers, to perform a 'gap analysis' to infer the numbers of people working in certain settings.

We also reviewed job advertisements to, for example, understand qualification requirements. This, in turn, helped us better interpret the data.

A steering group, as named in our detailed methodology (see the Appendix), reviewed our emerging findings.

2 Studying psychology in higher education

Undergraduate psychology remains one of the most popular courses in higher education. This chapter provides an overview of student courses and numbers, demographics, graduation and attrition rates, career aspirations and immediate destinations upon graduating.

Overview of undergraduate courses

Psychology is a popular choice for those considering an undergraduate degree. Around 24,395 students were accepted onto UK undergraduate courses in 2019, accounting for one in 20 (5%) of all students in the UK (UCAS, 2019). This is comparable to the number accepted for nursing (6%) and far higher than the number accepted for sociology (2%). The number of psychology undergraduates has risen sharply over the past two decades.

There are a huge number of psychology undergraduate courses, although not all of these courses allow for direct access into professional psychology training. As of 16 July 2020, there were 1,242 psychology undergraduate courses listed in the UK, including joint or combined courses (Discover Uni, 2020).⁴ The vast majority of these were at that point in time (666) or were previously (521) accredited by the BPS.⁵ When the BPS accredits a course,

4 These include first degrees – Bachelor of Arts (BA), Bachelor of Science (BSc) and integrated Masters degrees – and combined/joint honours degrees, but exclude other undergraduate courses – Certificates of Higher Education (CertHEs), Diplomas of Higher Education (DipHEs) and foundation degrees.

5 In order for an undergraduate, conversion or integrated Master's programme in psychology to be accredited, the programme must meet the standards set out by the BPS (The British Psychological Society, 2019). For this reason, some courses are deemed 'previously' accredited. It is likely that the remaining 55 courses were at that point in time not BPS-accredited or were pending review.

it grants students eligibility for Graduate Basis for Chartered Membership, which enables them to continue on to postgraduate training and become a fully chartered psychologist.

Courses differ in their nature and this is likely to affect the career opportunities and choices of the students on them. The typical duration of courses in the UK is three years, with the exception of four years in Scotland. However, even across courses, they often vary in other respects. For example:

- **Single or combined courses.** The majority of courses accredited by BPS at the time of our research were single-honours degree (n=469), although there were an array of joint- or combined-honours degrees (n=178) such as, for example, the BSc in Psychology and Criminology, and four-year integrated degrees with a Master's (n=17) (The British Psychological Society, 2020a).
- **Placement opportunities.** Some courses also offer placements, including some with an optional placement year or year in industry (Discover Uni, 2020; The British Psychological Society, 2020a).⁶

Acceptance rates

The available data suggest that universities typically make offers to most people who apply to do a psychology degree. In 2019, the rate of applications per offer (1.2) was comparable to the rate for sociology (1.1) but much lower than the rate for nursing (2.8) and medicine (3.7), where far fewer applications end up with offers (UCAS, 2019).⁷ However, there appears to have been a small decline recently in the proportion of students being accepted onto their preferred first choice of psychology course (from 75% to 71% in 2019).

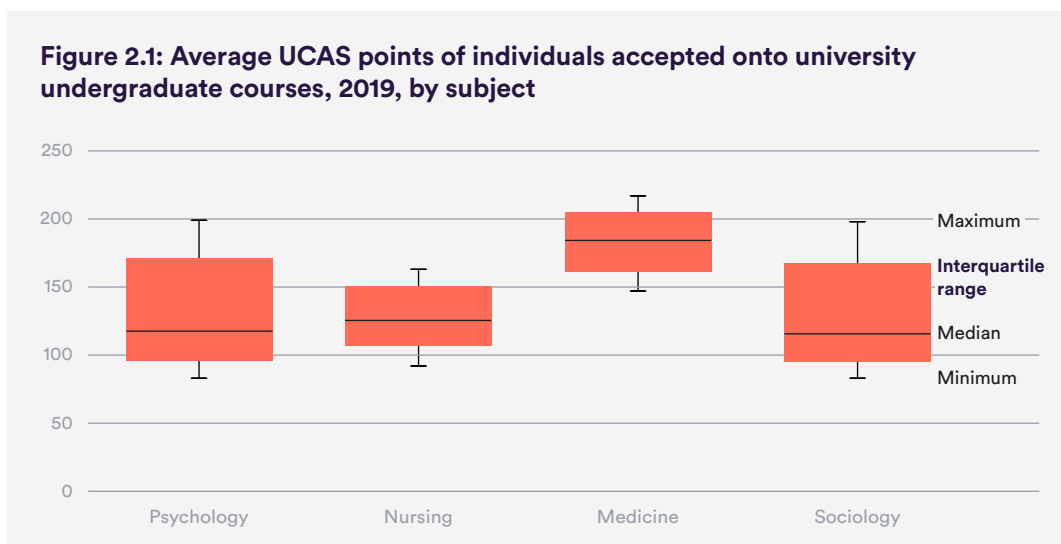
There are no definitive data on the proportion of people who are not accepted onto a psychology course, but it would appear that it is likely to be a low level. It is not clear whether, if at all, this affects the perceptions and

⁶ We gathered placement year information from Discover Uni.

⁷ UK courses; mainstream applicants from all domiciles.

status of psychology degrees. Notably, the level of competition to secure an undergraduate place appears to vary by nation of the UK – there are approximately four applications per acceptance in Wales, five in England and Northern Ireland and eight in Scotland.

The academic achievements of those starting undergraduate psychology degrees vary hugely between courses. For some university courses, the grades of those enrolling are relatively low (83 UCAS points, equivalent to CCD/CDD grades at A-level), but for others they are very high (199 UCAS points, equivalent to AAAA* grades). The grades of individuals accepted onto UK psychology courses therefore suggest that academic requirements are not acting as a significant barrier to people studying psychology, and are in fact comparable to those for sociology (see Figure 2.1). However, there are other known barriers to entering higher education, including financial barriers and socioeconomic background. There is a risk, therefore, that certain demographic groups are less likely to apply, or even consider applying, to study psychology in the first place. More work is needed to understand the degree to which the academic achievements students have on entering a psychology degree are associated with different subsequent career decisions.



Notes: UK courses excluding those in Scotland, due to apparent higher UCAS points attained in Scottish Highers. We excluded some courses due to incomplete UCAS data. Figures should be treated with caution as the source data have not been audited and rely on the correct categorisation of courses.

Source: Complete University Guide, 2020

Demographics

Overview of demographics

The majority of acceptances to undergraduate psychology degrees are for those aged 18 and 19. In 2019, this age group accounted for 78% of acceptances to undergraduate psychology degrees compared with 69% across all courses (UCAS, 2019). Psychology courses remain female-dominated, with women accounting for four in five acceptances onto courses in 2019 (19,685 women compared with 4,705 men). In terms of socioeconomic background, there were twice as many applications in absolute terms from individuals living in the fifth of local areas with the highest youth participation in higher education compared with individuals in the fifth with the lowest participation.

In terms of ethnicity, three-quarters (75%) of the undergraduate psychology student population are White, 11% are Asian, 8% are Black and 4% are of mixed ethnicity. Previous work has highlighted that the proportion of Black, Asian and mixed-heritage psychology students stands higher than that for the UK population as a whole (National Collaborating Centre for Mental Health, 2019). However, those with White ethnicity account for a greater proportion than for undergraduate sociology (69%), nursing (67%) and medicine (53%) (UCAS, 2019).

Acceptance rates by demographics

Certain groups seem particularly likely, relative to others, to be accepted onto an undergraduate psychology course. However, it is difficult to draw concrete conclusions without additional data on individual applicants.⁸ Data limitations also mean we do not know whether the place secured was the applicant's first choice of course by demographic. However, from the data available on mainstream applications and acceptances to UK courses (UCAS,

8 Note that each individual who applies to study through UCAS can make up to five applications to different psychology courses. For the UK as a whole in 2019, around 74% of all individual applicants submitted five applications; however, some individuals only submitted one application. This analysis should therefore be interpreted with caution. We may broadly assume that for every five applications made, one place is secured on a psychology course (the acceptance rate for psychology is 20%).

2019), there are fewer applications per acceptance for disabled applicants and applicants with Black ethnicity, suggesting that they are more likely to be accepted onto courses than other demographic groups⁹, while there is no obvious influence of gender or socioeconomic status.

Numbers graduating and attrition during training

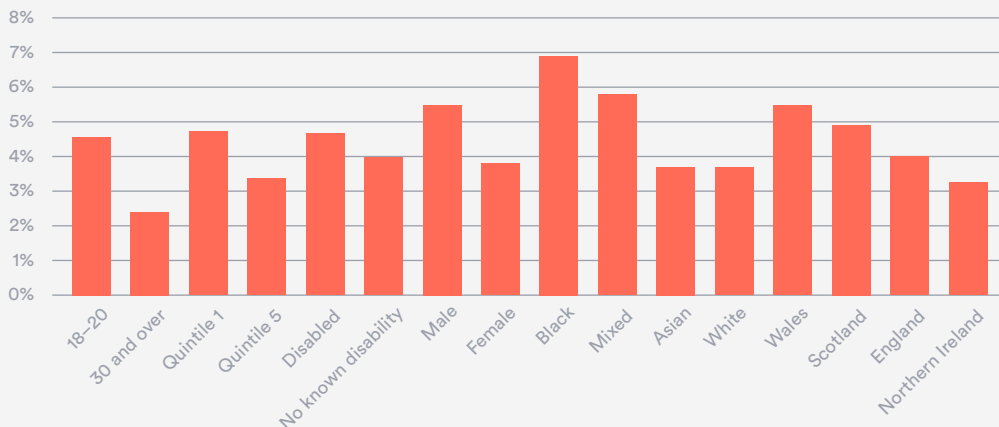
While the majority of people applying to a psychology degree course appear to be accepted onto the course, not all complete it. Data suggest that in the region of one in seven did not complete their course in 2017/18. The likelihood of leaving a course roughly halves for each year of study, from 9% in the first year of a course to 2% in the third year. This rate of attrition is comparable to that for nursing and sociology, but remains far higher than the rate for pre-registration medicine (with, for example, 2% attrition in the first year) (Higher Education Statistics Agency, 2020b).¹⁰

Levels of attrition vary substantially between demographic groups. In particular, they are highest among younger students, students from lower socioeconomic backgrounds, male students, students with Black or mixed ethnicity and students who are studying in Wales and Scotland (see Figure 2.2). Disabled undergraduate students are more likely to drop out of their psychology course (4.7%) than non-disabled (4.0%), however the rate is still lower than for other undergraduate courses (5.5% and 4.9% respectively). In terms of socio-economic status, 3.4% of psychology undergraduate students from areas with the highest participation in higher education drop out annually compared to 4.7% for the areas with the least participation. This compares to 6.7% and 4.1% for other undergraduate courses (Higher Education Statistics Agency, 2020b).

9 This may not be the case if, say, some demographic groups on average make fewer applications per applicant.

10 Note that calculating attrition is challenging due to differences in the definitions and timeframes used (for example, changed course, deferred year or left altogether). We detail our calculations in the Appendix.

Figure 2.2: Attrition rates in 2017–18 from psychology undergraduate first-degree courses, for selected demographics



Note: Socioeconomic status quintiles refer to POLAR4 (local area participation in higher education); attrition rates represent the average across all those studying in the academic year 2017/18, across all levels of study (first, second and third year). A more granular analysis by student ethnicity was not possible due to the codes in the data provided.

Source: Higher Education Statistics Agency, 2020b. Student continuation data (2017/18)

There are a large number of people completing their undergraduate psychology course each year, some 20,305 in 2018. This has increased over time: for every seven students qualifying in 2015 (17,990), there are now eight (National Collaborating Centre for Mental Health, 2019). Based on a sample of psychology students graduating between 2009 and 2015, a third of undergraduate students achieve a first-class degree, 55% achieve a 2:1 and 10% achieve a 2:2, with less than 1% of students achieving either a third or a pass mark (Morrison Coulthard, 2017). In order to progress onto further postgraduate training and study, students are expected to achieve a 2:1 (The British Psychological Society, 2020b). A previous survey of psychology graduates found that nearly half (44%) thought that their degree grade/classification was a relevant factor in obtaining their current job (Morrison Coulthard, 2017). However, more work is needed to fully understand the influence of class of degree on career choices and outcomes.

Masters courses

There are 450 taught Masters courses and 59 Masters by research in the UK, covering a broad array of specialties, including neuropsychology and business

psychology (UCAS, 2020). Approximately 178 were conversion courses, half of which were accredited by the BPS at the time of our research. Graduates in subjects other than psychology or with a psychology degree that is not accredited by the BPS can become chartered members by taking a BPS-accredited conversion course.

The number of postgraduate qualifiers has increased significantly in recent years. In the five years to 2017/18, it increased by half, to 11,985 (National Collaborating Centre for Mental Health, 2019). The increasing trend may well reflect an increasing requirement to have a postgraduate qualification to progress in a psychological profession. Certainly, postgraduate qualifications are becoming an increasingly important factor in influencing career pathways. A survey of psychology graduates found that nearly half (45%) thought that a postgraduate qualification completed following their degree was a relevant factor in obtaining their current job (Morrison Coulthard, 2017).

Career aspirations during studies

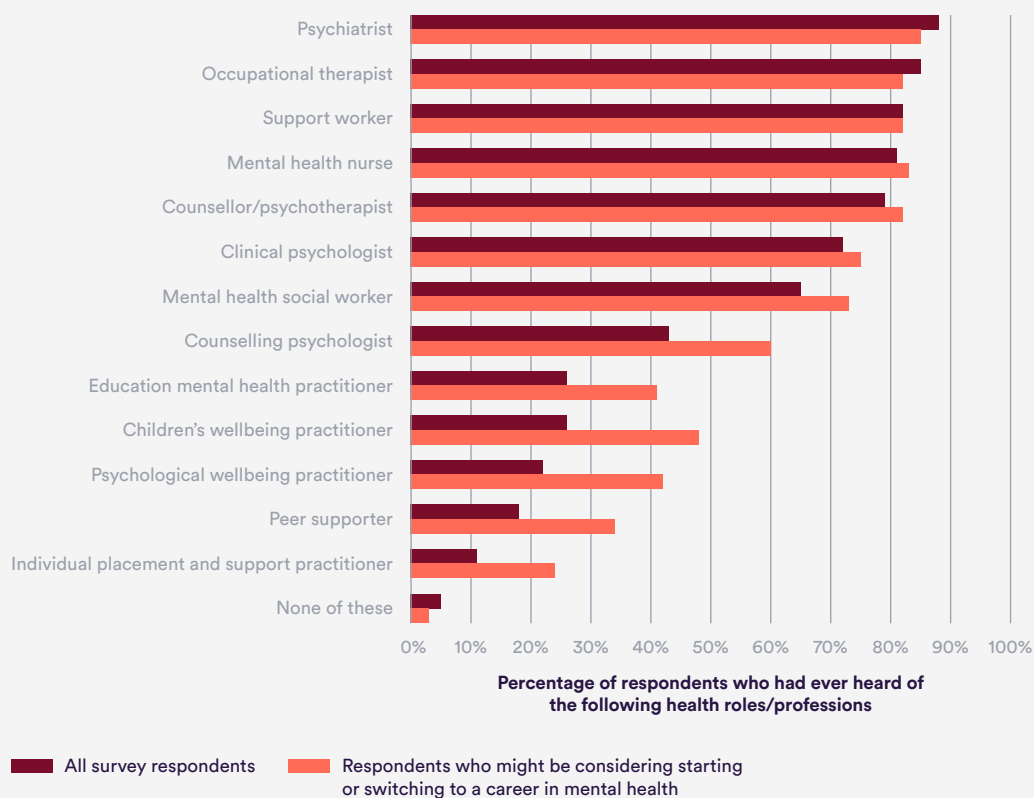
At the outset of their degree, the vast majority of undergraduate psychology students (91%) appear to want a career in mental health, with 51% of these aspiring specifically to clinical psychology, 12% to psychological or mental health research and 5% to mental health nursing. Nearly one in four of those surveyed had no specific preference within the field of mental health (National Collaborating Centre for Mental Health, 2019). As we show later in this report (and noted in the Summary, Figure S.2), these aspirations are not aligned with the reality.

That said, the proportion of students *not* considering a career in psychology or mental health more than doubles by their final year (from 9% to 21%). This might be due to better awareness of a range of career options, being discouraged away from mental health careers, a loss of interest over time, or perhaps recognition of a lack of opportunities for their preferred route – with the same survey noting that only 4% of undergraduate respondents were undertaking a year of work experience during their studies (National Collaborating Centre for Mental Health, 2019).

Awareness of different roles

Students' career aspirations may reflect a relatively limited knowledge of the breadth of roles available in the mental health workforce (see Figure 2.3). A recent survey by Think Ahead indicates that while the majority of people have heard of psychiatrists, fewer than a third have heard of each of the NHS psychological practitioner roles (Think Ahead, 2020). Research conducted among Masters students in particular suggests that it is only at this postgraduate stage that students often gained awareness of different branches of psychology, cognitive behavioural therapy (CBT), academia and research, and mental health social work (National Collaborating Centre for Mental Health, 2019). Of course, this will not be the experience of all students – some will have broad awareness and clear career preference – and, equally, some courses are designed to prepare people for specific roles. However, there does appear to be scope for more work to promote the range of psychological roles.

Figure 2.3: Awareness of health professions



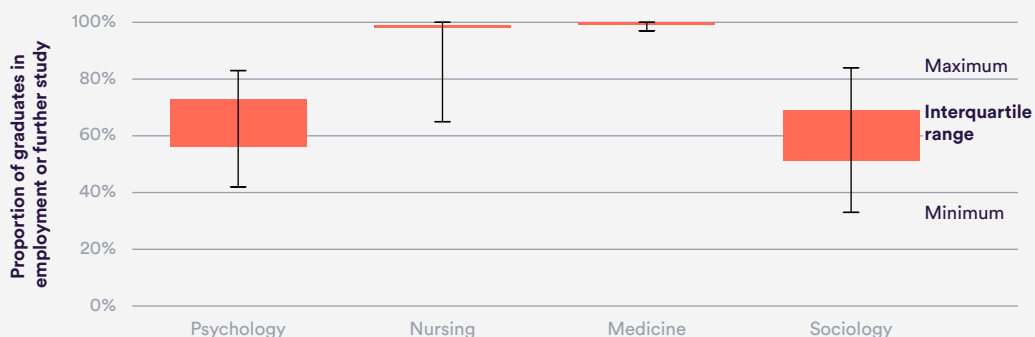
Source: Think Ahead, 2020

Destination on graduating

For some graduates, further study and training at postgraduate degree level is essential, as a requirement to become a chartered psychologist and to register as a practitioner psychologist with the Health and Care Professions Council (HCPC). However, the pathway is not always linear, with many of these courses requiring significant work experience. The BPS notes ‘for psychology graduates that it takes at least 3 years post-graduation to reach their intended career destination’ (Morrison Coulthard, 2017, p. 9).

Some do not go directly into employment or further education. Previous analyses suggest that in the immediate 12 months following completion of their undergraduate degree, an average of 87% are in full-time formal employment or postgraduate study (Morrison Coulthard, 2017). Our own analysis – based on data for six months following completion for 2016/17 graduates (Higher Education Statistics Agency, 2020a) – suggests that, on average, nearly one in three (29%) have a ‘not known or not applicable’ destination at this stage, comparable to sociology (30%) but, unsurprisingly, far higher than medicine and nursing (both 5%), which link to very clear careers that have long been established (see Figure 2.4 based on previously published data). It also varies by demographic with, for example, slightly higher rates for graduates aged less than 25 (32%), for male graduates (32%), for graduates with a disability (33%) and for Asian graduates (35%).

Figure 2.4: Graduate prospects six months after graduation across different universities, by subject

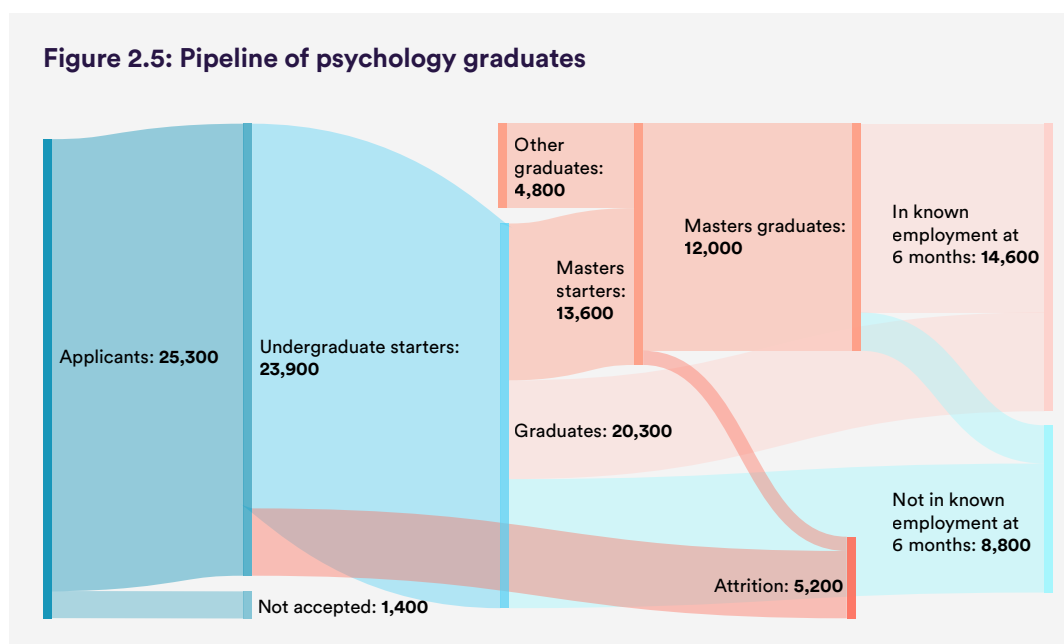


Notes: All UK courses. Figures should be treated with caution as source data has not been audited and relies on correct categorisation of courses.

Source: Complete University Guide, 2020

Summary

Most applicants are able to secure a place on an undergraduate psychology course although fewer than three-quarters are accepted onto their preferred course. Around one in seven do not complete their psychology course. A large number of psychology graduates do not go straight into employment or further education but, of those who do, health is a key sector. Rates of acceptances to, attrition from and immediate employment following university psychology courses vary substantially by student demographics. However, there remain some key unknowns, including a detailed understanding of students' motivations towards, and perceptions of, psychological careers before and during their course. A pipeline of psychology graduates up to six months after graduation, as far as it can be determined given data limitations, is summarised in Figure 2.5.



Note: Due to limitations in the underlying data, these figures should be treated with caution and are presented for indicative purposes only. The figure is also not strictly chronological, given only some flows include time taken for postgraduate studies. The figures are based on a number of estimates and assumptions and are rounded to nearest 100. Sum of inflows into a node may not add to outflows due to this rounding.

Sources: HESA and UCAS

The following chapters set out in greater detail the career pathways of graduates in the health service (Chapter 3), and postgraduate training and employment in other sectors (Chapter 4).

3 The NHS psychological workforce

Overview

Around one in four adults are thought to experience at least one diagnosable mental health problem in any given year (Mental Health Taskforce, 2016). Many of these adults seek treatment in the NHS. Those with a background in psychology can play an important part in providing and managing such care. Psychologists play important clinical roles outside of mental health services too, such as helping people deal with the emotional aspects of illness and supporting people who are chronically ill (NHS, 2015). But we have dedicated a chapter to the psychological workforce within the NHS both because it represents an important sector but also equally because the relatively large amounts of data on NHS staff mean it is possible to explore issues around career opportunities in more detail (albeit the data are far from perfect¹¹).

NHS workforce

In England in January 2020, there were some 22,695 people working in psychology occupations in the NHS. Broadly speaking, among every 10 such people, around seven were professionally qualified clinical staff (16,335 headcount) and around three were in a supporting role to clinical staff (6,579).¹² Figures for Scotland, albeit six months before this, suggest there were a total of 1,431 clinical staff in posts within psychology services (ISD Scotland,

11 For example, in a job audit that the BPS carried out in 2018, in almost a third of jobs (32%), the essential education/qualification requirements did not match the title of the job advert, such as where the title of clinical psychologist is used but the essential criteria allow a different therapy qualification (The British Psychological Society, 2018).

12 Headcount totals do not equal the sum of components due to some staff working in more than one role.

2019b). Without consistent definitions for, and recording of, psychological occupations, any comparisons between and aggregation of data from the NHS in the four nations of the UK should be treated with caution.

Make-up of the psychological professions – occupations and roles

Psychologists fulfil a huge number of roles in the NHS. Within NHS staff records, even after excluding support staff within these occupational codes, there were 62 different job roles listed, with some of the most common being: clinical psychologist, high-intensity therapist, psychological wellbeing practitioner, counsellor and some trainee roles for these professions (see Table 3.1). In addition to these, the NHS employs forensic, health and counselling psychologists, children's wellbeing practitioners and education mental health practitioners among an array of other psychological professions.

Many in NHS psychology roles will have a psychology degree, but it is not a requirement for all jobs. Clinical psychologists – the largest single group¹³ – require a psychology degree as typically do assistant psychologists, who also make up one of the largest groups of psychology professionals. Health and counselling psychologists are two of the other roles that also require a BPS-accredited degree and postgraduate training. However, for other psychology professions this is not required. Yet even those with a psychology degree will often seek (even if it is not required) further experience or training before working in the NHS; indeed, one report noted that 'students did not feel that the completion of a psychology degree ... adequately prepared them for entry into many mental health care roles following graduation' (National Collaborating Centre for Mental Health, 2019, p. 16).

Analysis of data from six months after graduation shows that nearly one-in-ten (9%) of those completing their first undergraduate psychology degree and in employment were working in the NHS. However, it was far higher – around a third – for those completing taught (31%) and research (36%) postgraduate courses. There was also variation across courses with, for example, the data suggesting that four-fifths of those finishing undergraduate psychology at

13 The precise number of clinical psychologists is unclear as it appears that some psychologists from other branches are mistakenly recorded as clinical psychologists in the staffing data.

King's College London were in known employment working in the NHS (Higher Education Statistics Agency, 2020a).

While the requirements around degree subject may differ, there are many shared competencies and skills between the professions in the NHS and, indeed, they will often work together in multidisciplinary teams. Better data on the degrees of those working in the NHS would help to understand where there is a good supply of, and potentially opportunities to better use, graduates from different subjects.

Some of the roles within the NHS are intended to be a stepping-stone for some towards, for example, full qualification as a chartered psychologist. In England, there were nearly 1,400 trainee high-intensity therapists and trainee psychological wellbeing practitioners in January 2020. These programmes typically require accredited training courses. The assistant psychologist role also often acts as a bridge to a registered psychological profession or related career. Unfortunately, little is known about people's movement between roles both within the NHS and between the NHS and other employers.

Table 3.1: Overview of some key psychology roles in the NHS^a

Examples of NHS psychology roles	Number (England, headcount, January 2020)	Registered profession	Description of role	Psychology graduate only ^b	Likelihood of being a psychology graduate
Clinical psychologist	9,597 ^c	✓	Clinical psychologists are trained to work with individuals of different ages with behavioural, emotional and/or psychological distress that disrupts their everyday functioning and wellbeing.	✓	A degree in psychology (or conversion course) is required to become a graduate member of the BPS, which allows the graduate to apply for a postgraduate BPS-accredited Doctorate in Clinical Psychology.
Health psychologist	Not known	✓	Health psychologists apply psychological theory and methods to helping people prevent ill health through behaviour change, and to helping people cope with and self-manage physical health problems such as chronic pain, cardiac conditions or diabetes.	✓	The role requires a BPS-accredited degree (or conversion course), a BPS-accredited Master's in Health Psychology and a BPS-accredited Doctorate in Health Psychology (or a BPS Qualification in Health Psychology Stage 2).
Counselling psychologist	Not known	✓	Counselling psychologists consider how people relate to others, how they think and behave, their experiences of the world and how they function in their everyday life. This will include exploring people's social, economic, cultural, spiritual and physical health experiences.	✓	The role requires a BPS-accredited degree (or conversion course) and a BPS-accredited Doctorate in Counselling Psychology (or a BPS Qualification in Counselling Psychology).

^a This is not intended to be an exhaustive list of professions.

^b Includes those who do conversion courses.

^c The precise number of clinical psychologists is unclear as it appears that some psychologists from other branches of psychology are mistakenly recorded as clinical psychologists in the staffing data.

Examples of NHS psychology roles	Number (England, headcount, January 2020)	Registered profession	Description of role	Psychology graduate only ^b	Likelihood of being a psychology graduate
High-intensity therapist	2,606 (+ 670 trainees)	✓	High-intensity therapists offer a range of high-intensity psychological interventions, cognitive behavioural therapy (CBT) being the most common. They will be trained in the therapy or therapies they offer and will have a professional accreditation from the relevant professional body. The role is specific to Improving Access to Psychological Therapies (IAPT) services in England, although the specific therapies offered exist in the other nations of the UK as well.	✗	A postgraduate diploma in CBT is usually required, aimed at experienced health care professionals, including clinical or counselling psychologists, mental health nurses and social workers.
Psychotherapist	2,549	✗	Psychotherapists help people to overcome stress, emotional and relationship problems or troublesome habits. Training usually takes four years, combining study with clinical training under supervision and provided by a number of organisations.	✗	The role usually requires a degree in a relevant subject and/or the psychotherapist to be a qualified and experienced health care practitioner, such as a psychologist, a mental health nurse or a social worker.
Assistant psychologist	2,271	✗	The precise duties of an assistant psychologist can vary but in general involve tasks such as administering psychological tests, observing and recording behavioural observations, implementing specific treatment programmes and conducting research. The role is often a stepping-stone to becoming a registered psychologist or a psychological wellbeing practitioner.	✓	The role usually requires a degree in psychology, ideally one recognised by the BPS.

^b Includes those who do conversion courses.

Examples of NHS psychology roles	Number (England, headcount, January 2020)	Registered profession	Description of role	Psychology graduate only ^b	Likelihood of being a psychology graduate
Counsellor	1,327	✗	Counsellors help people to talk about their feelings. This could be because of relationship difficulties, grief or problems with dealing with everyday life, for example.	✗	Employers may require counsellors to be on an accredited register for counselling such as the register of the Association of Child Psychotherapists or the British Association for Counselling and Psychotherapy.
Psychological wellbeing practitioner	1,094 (+ 724 trainees)	✓	Psychological wellbeing practitioners assess and support people who are experiencing common mental health problems in the self-management of their recovery, via a range of low-intensity interventions. The role was originally developed for IAPT services in England.	✗	A degree in psychology is not required to get onto a psychological wellbeing practitioner training programme but many of those on the programme usually do have one.
Clinical associate in applied psychology	123 full-time equivalents (Scotland)		Duties of the clinical associate in applied psychology include assessing and treating clients within specified ranges of conditions and age. They are only able to operate within certain specialised areas, and are required to work under the supervision of a fully qualified practitioner psychologist. They are primarily in Scotland although a course recently launched in England.	✓	The role requires a BPS-accredited undergraduate degree (or conversion course) in psychology, followed by a specific MSc.

^b Includes those who do conversion courses.

Source: Adapted from information on www.healthcareers.nhs.uk, with staffing data from NHS Digital and Public Health Scotland

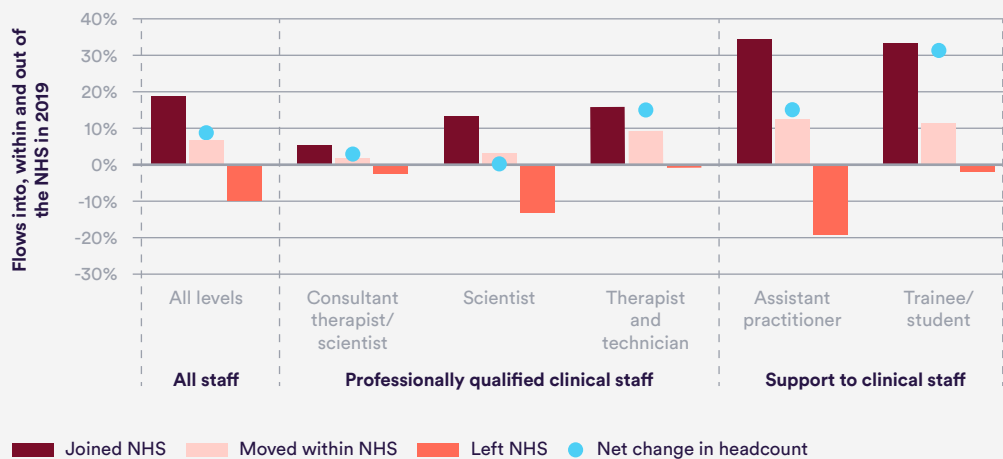
Recent trends

There has been a long-term growth in the number of psychology professionals working in the NHS. For example, in England, in the eight years to 2017, the number of full-time equivalent ‘clinical psychology staff’ increased by 9%, compared with a 3% decrease in psychiatrists and a 16% decrease in mental health nurses (NHS Digital, 2017).¹⁴ More recently, in the year to January 2020, there was a substantial increase (+1,385; equivalent to 9%) in all major psychology roles but this was particularly notable for the roles that do not require registration with the HCPC, such as Psychological Wellbeing Practitioners (+253; 34%), trainee High Intensity Therapists (+119; 23%) and assistant psychologists (+335; 19%) (NHS Digital, 2020b). In the NHS in Scotland, while there has also been a steady increase since 2002, the growth in the year to June 2019 was more modest (0.6%) (ISD Scotland, 2019b).

Using novel data supplied for this research, we were able to explore the numbers joining and leaving the psychological professions in the NHS in England as a whole, as opposed to just moving between employers (see Figure 3.1). While high turnover in training grades might be expected, the data also highlight high levels – around one in seven – leaving, and joining, the NHS in the largest of these groups (scientists). Retention of staff is clearly critical to keep experience within the NHS and grow numbers. This should be looked at further.

14 Due to limitations in the available data, the trend is from September 2009 and May 2017 (i.e. different months within those years) and so the data may be affected by seasonal trends.

Figure 3.1: Joiners and leavers from the psychological professions in the NHS in 2019



Note: More details on NHS occupational categories are available at: www.digital.nhs.uk/data-and-information/areas-of-interest/workforce/nhs-occupation-codes

Source: Nuffield Trust analysis of NHS Digital data

Vacancies

The data on vacancies suggest an increasing demand for psychological professions in the NHS. In England and Wales, the number of vacancies posted rose from 2,375 in 2018 to 2,560 in 2019, and only half way through 2020 the number of vacancies was already at 2,115.¹⁵ Few of these recent vacancies (just 22) were recorded as being a 'Covid-19' vacancy, but further investigation is required to understand whether any of the increase is because of or despite the pandemic.

Overall, there appears to be a sufficient number of applications for posts, with the average number of applications per posting (where this information was available) being five for 'consultant', 'scientist' and 'manager' psychology roles and eight for 'therapist' roles, although this appears to vary significantly

¹⁵ Some job posting will be seeking to recruit more than one person (source: NHS Jobs).

by region.¹⁶ Application levels are significantly higher for student/trainee and assistant practitioner roles, although for these roles in particular the job posting may be seeking more than one recruit.

An advertised vacancy may be due to either staff leaving or the creation of a new post. Data from Scotland suggest that two in five advertised vacancies (41%) relate to newly created posts.

There appears to be variation in the extent to which the UK nations are recruiting to senior roles in the psychological professions. By searching the NHS Jobs website in the summer of 2020, we found that more job postings for 'psychologist' were at the higher pay grades (Band 8b and above) in Scotland than in the other nations (see Table 3.2). This is consistent with the findings of a previous audit of advertisements for 'psychologist' posts in the NHS (The British Psychological Society, 2018). However, it is important to note that the numbers involved are relatively small, with the exception of England, and so some variation might be due to random chance. On average, around one in eight 'psychologist' vacancies at Band 7 and above were at these higher grades (Band 8b and above).

16 We categorised data by occupational name relating to scientist, manager, assistant practitioner, therapist, consultant therapist/scientist and student/trainee in either psychological therapy or applied psychology, with a further occupation of technician in clinical psychology. We aggregated numbers for psychological therapy and applied psychology. More details on occupational categories are available at: <https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/nhs-occupation-codes>

Table 3.2: Vacancies for ‘psychologist’ roles based on samples taken in the summer 2020

Nation	Number of job advertisements (% of UK)	Number at Band 8b and above (% of nation’s total)
England	724 (91%)	87 (12%)
Scotland	39 (5%)	12 (31%)
Wales	32 (4%)	2 (6%)
Northern Ireland	4 (1%)	0 (0%)

Notes: Percentages in the first column do not sum to 100% due to rounding. See the Appendix for more details on our methodology in terms of vacancies.

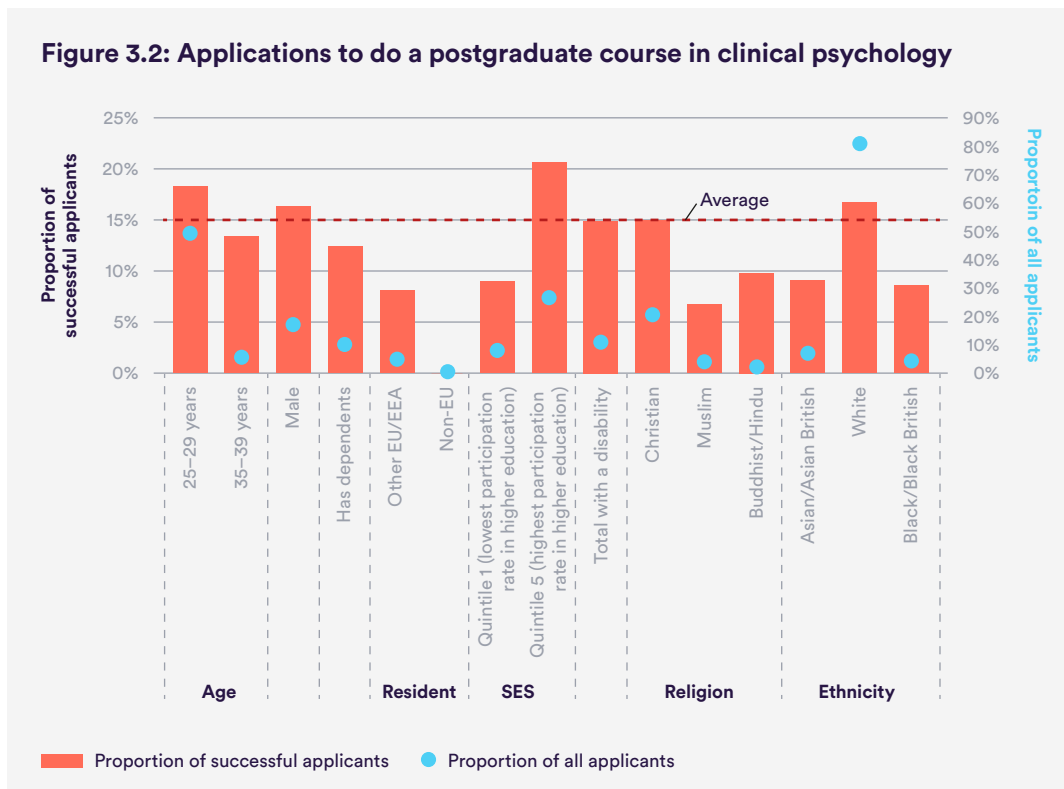
Sources: England and Wales: www.jobs.nhs.uk; Northern Ireland: jobs.hscni.net; Scotland: <https://jobs.scot.nhs.uk>

Case example: clinical psychologists

Clinical psychology is the largest single psychological profession within the NHS. Due to this, and given more readily available data on the profession, we briefly reflect on it here in greater detail.

Applications and competition

Half of applicants to the doctorate for clinical psychology are aged 25 to 29 years old, rarely with dependants and fewer than a fifth are male (see Figure 3.2). Around four-fifths (81%) have White ethnicity, which is similar to the level seen in the general working population. However, a disproportionately low number of applicants are from more deprived areas. While the proportion has decreased in recent years, a quarter of clinical psychology training places commissioned in England were in London for 2019–20 starters. Across the nations of the UK, training places per 100,000 population vary, from 0.86 in Wales to 1.29 in Scotland (Lavender, 2020). Some level of variation might be reasonable, but in light of efforts in other professions to redistribute training posts across the UK more fairly, this warrants review.



Notes: EEA = European Economic Area, EU = European Union and SES = socioeconomic status. The Figure is based on applications for 2018 entry. While 2019 data have been published, not all the same detail is available and so we have reported the previous year. Nearly two-thirds were recorded as ‘no religion’.

Source: Clearing House for Postgraduate Courses in Clinical Psychology

The clinical psychology doctorate is a very competitive course to get onto and success rates vary by demographic. Fewer than one in five applicants (18%) succeeded in gaining an NHS clinical psychology training place in 2020 (Clearing House for Postgraduate Courses in Clinical Psychology, 2020). The acceptance rate is typically lower than for pre-registration medical training (BBC News, 2019; Rimmer, 2020). Those from more deprived areas are far less likely to be accepted onto the doctorate (9% success rate in 2018), with some other groups – including Muslims and those of Asian/Asian British or Black/Black British ethnicity – also having less success (Clearing House for Postgraduate Courses in Clinical Psychology, no date).

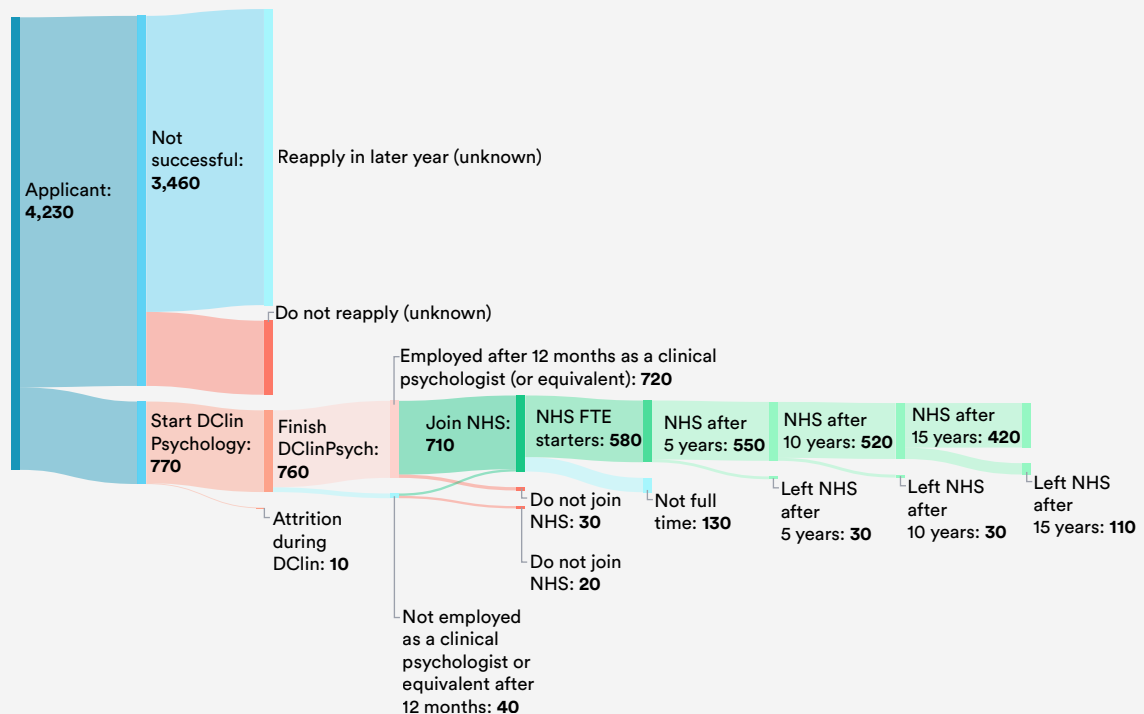
Requirements

In a survey of clinical psychology doctorate trainees conducted by the National Collaborating Centre for Mental Health (2019), when asked about the number of years of relevant work experience they had before the clinical training, almost 81% reported having at least three years' experience. Across the students, this covered a wide range of different roles, although overall, two-thirds (68%) of trainees previously held (paid) assistant psychologist roles in the NHS. Around two in five had at some stage held honorary or voluntary (that is, typically unpaid) assistant psychologist roles, which may partly explain the low level of applications from mature applicants, those with dependants and those from more deprived areas, given that they may not be able to undertake unpaid work (National Collaborating Centre for Mental Health, 2019).

Destination of clinical psychology graduates

The data suggest that, while it is competitive to get onto clinical psychology training, once on the course the proportion completing it and taking up a job in the NHS or in other public sector-funded posts is high (see Figure 3.3). In the NHS clinical psychologists are typically contracted to work four days a week. Later in careers, there appears to be a decline in those working in the NHS. Nearly a third (31%) of graduates in 2018 took up a role in child and adolescent services, the largest of any specialty.

Figure 3.3: Career pathway for clinical psychologists



Notes: 'Join NHS' includes those in other public sector-funded posts. The figures are based on a number of estimates and assumptions and are rounded to nearest 10. Sum of inflows into a node may not add to outflows due to this rounding.

Sources: Clearing House for Postgraduate Courses in Clinical Psychology and Public Health Scotland

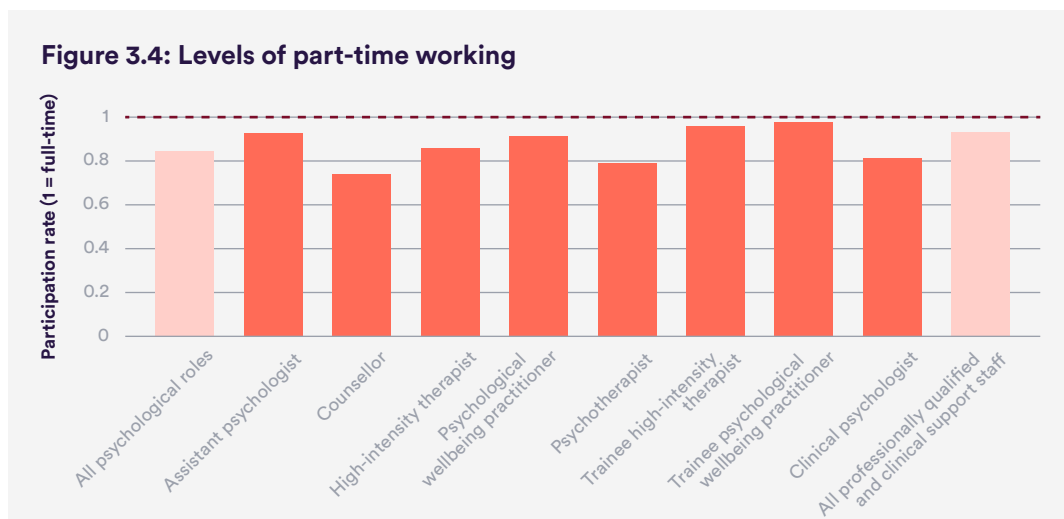
Participation

Average levels of part-time working vary between roles in the NHS, with typically lower levels of participation in 'senior' grades. In England, across both qualified and support psychology staff, they are contracted to work on average 85% of a full-time contract, which is similar to the percentage in Scotland.¹⁷ The 85% average compares to 76% for qualified permanent general practitioners (GPs) (excluding registrars and locums), 89% for nurses and 94%

17 In Scotland, across all clinical psychology staff, the average participation rate is 82% of the full-time equivalent contract.

for hospital doctors (NHS Digital, 2020c, 2020d).¹⁸ However, participation is lower for some psychology occupations, including less than the equivalent of four days a week for counsellors and psychotherapists (see Figure 3.4).

More detailed data available in Scotland suggest that the rise in part-time working (from 37% of posts in 2011 to 53% in 2019) is largely attributable to an increase in the number of female part-time staff (ISD Scotland, 2019b).



Note: Relates to contracted hours as opposed to hours worked. Clinical psychologist includes 'applied psychologist – clinical'

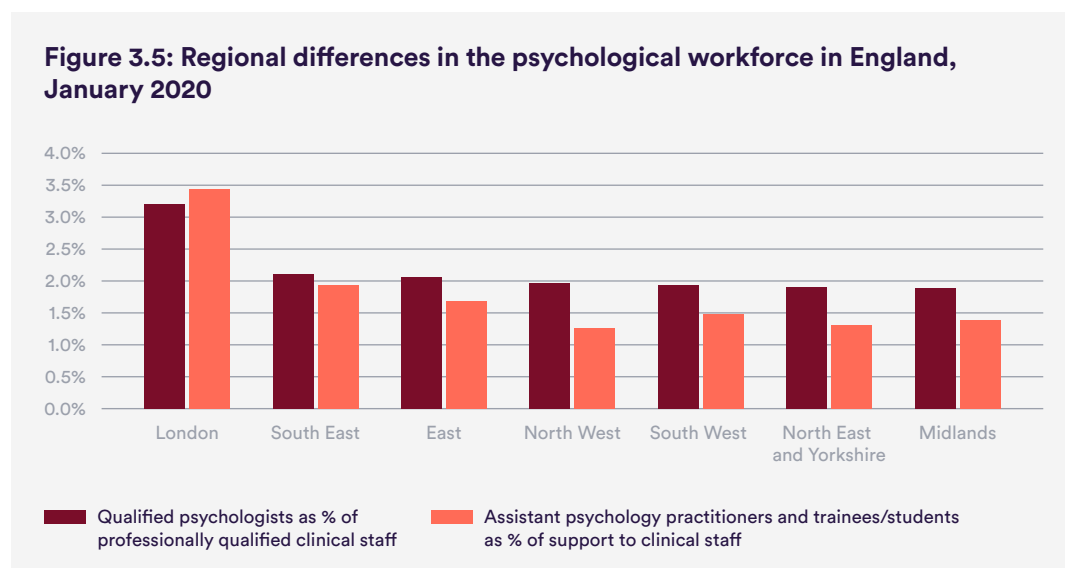
Source: NHS Digital

Regional differences

Given differences in population needs, service structures and staffing mix, and the recording of roles in the data, regional comparisons on staffing need to be treated with caution. That said, the apparent variation warrants further investigation. In Scotland, the number of applied psychologists in mainland NHS boards per 100,000 population varied from 10 (in the Highlands) to 18 (in Greater Glasgow and Clyde) in June 2019 (ISD Scotland, 2019b).

¹⁸ These comparisons do not account for unpaid overtime worked which may vary by profession.

Elsewhere, one particular outlier is London, where the level of both qualified and support psychological staff (as a proportion of all qualified and support staff, respectively) is significantly higher (broadly around 50% more) than elsewhere in England. In fact, four of the five NHS trusts with the most psychology staff are in London, although this may be at least partly expected given the number of large teaching and specialist hospitals in the capital.¹⁹ Across the other English regions, the South East of England appears to have relatively high staffing levels (see Figure 3.5).



Source: NHS Digital

London, however, does not appear to necessarily have the largest pool of people applying for jobs. The number of applications per posting for ‘assistant practitioners’ in psychological occupations is highest in Yorkshire and the Humber while the North East has the highest level for ‘scientists’ and ‘therapists’.²⁰

19 Located within the South London and Maudsley NHS Foundation Trust, the East London NHS Foundation Trust, the Central and North West London NHS Foundation Trust, the North East London NHS Foundation Trust and the Oxford Health NHS Foundation Trust.

20 We categorised data by occupational name relating to scientist, manager, assistant practitioner, therapist, consultant therapist/scientist and student/trainee in either psychological therapy or applied psychology, with a further occupation of technician in clinical psychology. We aggregated numbers for psychological therapy and applied psychology. More details on occupational categories are available at: <https://digital.nhs.uk/data-and-information/areas-of-interest/workforce/nhs-occupation-codes>

Location of training

The number of students and trainees for psychological roles varies substantially between regions. In England, in the South East, North East and Yorkshire, there is one student or trainee for every five professionally qualified clinical staff in psychological occupations, compared with just one in eight in the Midlands. These include those training to be psychological wellbeing practitioners and high-intensity therapists. Given the influence of the geographical location of training on where people tend to take up subsequent roles, ensuring a fair and sustainable distribution of training is important. As mentioned earlier (p50), a high proportion of clinical psychology doctorate places have been in London.

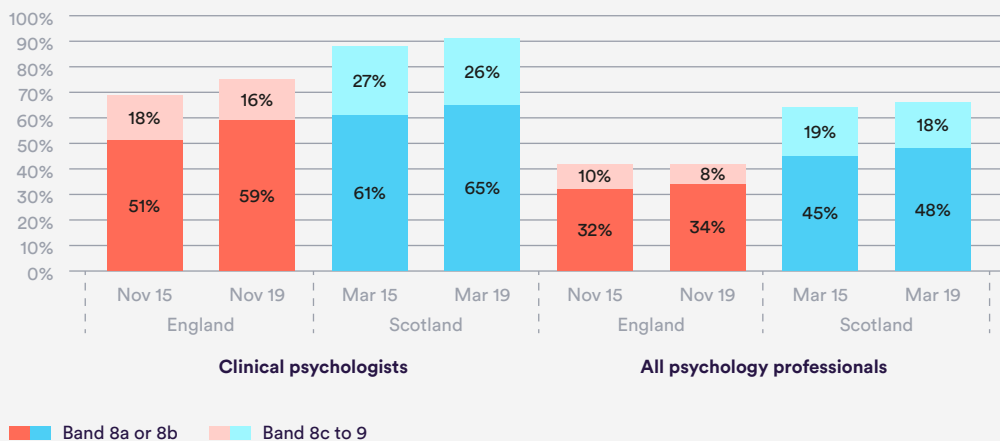
Career progression

Those working in psychology-related roles in the NHS will typically be employed on the NHS Agenda for Change employment framework, which also covers the majority of other NHS staff other than doctors. Within the framework there are nine numbered pay bands, with 'Band 9' having the highest pay level.

Chance of progression

There appear to be differences in the banding of psychological professions between the nations of the UK. Differences in skill mix, the experience of employers and the recording of roles make comparisons difficult, but even when looking at a specific profession there appear to be notable variations. For example, despite the proportion of clinical psychologists at Band 8 or 9 increasing across England (to 75% in 2019), it still falls below the level in Scotland (91%) (see Figure 3.6). The difference between England and Scotland is particularly apparent in more senior roles (Bands 8c to 9) – equivalent to consultant psychologist roles or higher. However, in both nations, the proportion in these more senior roles fell marginally between 2015 and 2019.

Figure 3.6: Proportion of staff in senior roles

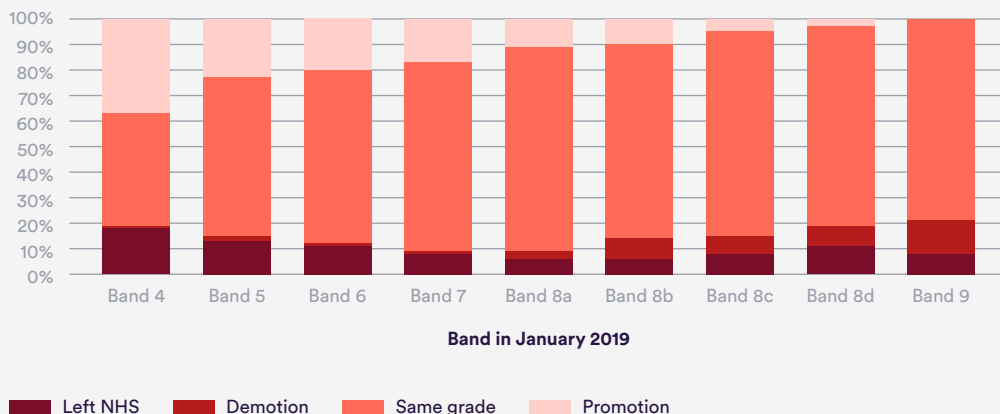


Source: ISD Scotland and NHS Digital

In England, career progression is fairly uncommon among psychological professionals later in their careers. Using novel data that NHS Digital supplied for this research, we are able to show that a small but noteworthy proportion of psychological professionals in senior grades (around 7% at Bands 8c to 9) moved down a grade in the year to January 2020 (see Figure 3.7). For those in Band 8a roles – earning £46,000 to £52,000 a year ²¹ – only one in nine (11%) were promoted in the year to January 2020, with a similar proportion either leaving the NHS or taking a role at a lower pay band (10%). This tallies with data on reasons for leaving, which show that at senior roles, retirement is the most common reason for leaving a role, suggesting few opportunities available for progression.

²¹ At 2020/21 pay levels, excluding any London weighting.

Figure 3.7: Career progression in the year to January 2020 for psychological professionals in the NHS



Note: See the Appendix for a definition of ‘promotion’, ‘demotion’ and other considerations relating to this analysis.

Source: NHS Digital

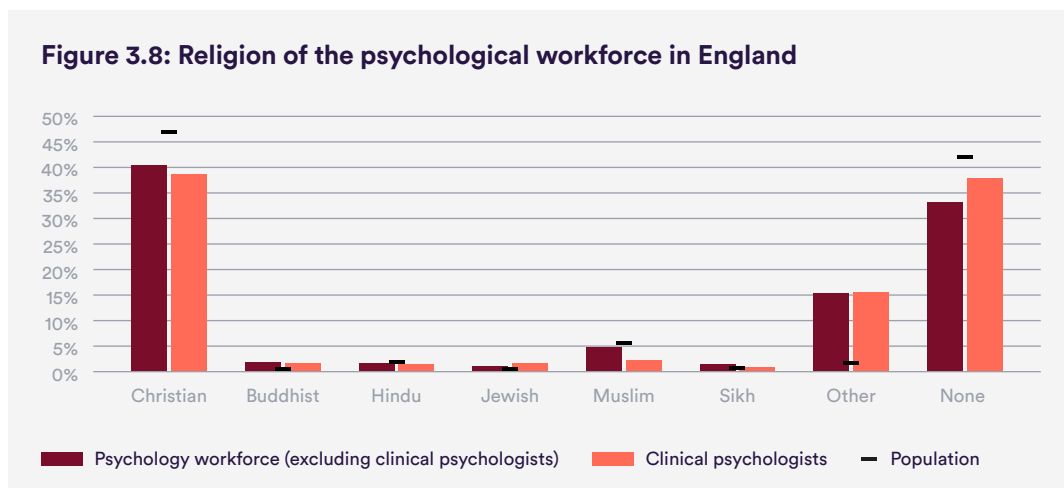
However, it is worth bearing in mind that, by comparison, only 6% of nurses in English NHS hospital and community services are in Band 8 or 9 – far lower than the percentage of psychology professionals in these bands.

The lack of progression for psychology professionals may, in part, reflect the Agenda for Change pay framework that they are employed on, which is also used for nurses and allied health professionals and is therefore not specific to psychology professionals. By way of a comparison, the average yearly basic pay of a full-time consultant – that is, excluding on-call and other non-basic payments – is £95,800, which is typically more than someone who has been at Band 9 for up to 5 years (NHS Digital, 2020e; NHS Employers, 2020).

Inequalities

Recruiting and supporting people from a range of backgrounds is important, but currently there appear to be inequalities. The Independent Review of the Mental Health Act 1983 (2018, p. 24) suggested that it is important to recruit people to the workforce from communities ‘particularly disadvantaged within the present system’.

Currently, the demographics of the psychological workforce do not consistently reflect that of the general population. While, in England, the overall ethnicity of the workforce is similar to that of the general population, it is not clear to what extent this is true in all regions, and minority ethnic groups are, on average, under-represented across the psychological workforce in Scotland. Differences in how national population and NHS workforce data are collected means comparing between these two sources needs to be treated with caution but apparent low relative numbers of the workforce who follow certain religions such as Islam (see Figure 3.8) also warrant further exploration.

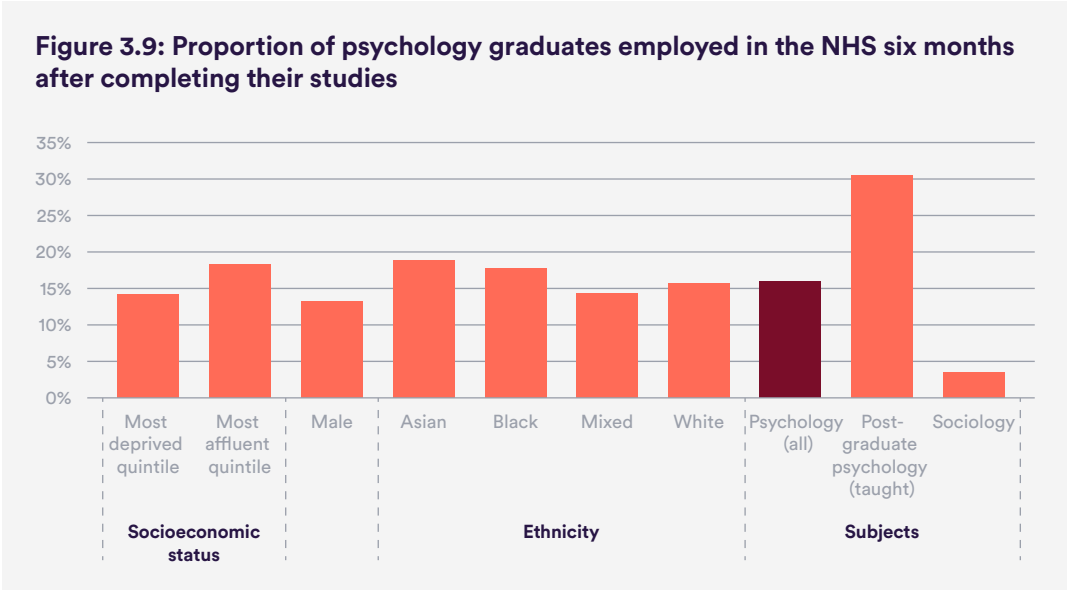


Note: As well as differences in how the data are collected, NHS staff (November 2019) and population data (2018) cover different time periods. Population figures are for people aged 16 to 64 in England and Wales.

Source: NHS Digital and ONS

There are risks that those from lower socioeconomic areas are also not being sufficiently represented in this workforce. Recruitment to entry-level positions appears to be heavily dependent on a person's experience, with nearly two-thirds of vacancies (63%) typically listing previous experience as essential (National Collaborating Centre for Mental Health, 2019), which may prohibit this group. A recent report has highlighted that honorary assistant psychologist posts and the practice of only keeping assistant psychologist vacancies open for less than a day may exclude those without family support and be 'opportunistic for people with time to job-search' (National Collaborating Centre for Mental Health, 2019, p. 28).

We highlighted a lack of applications from lower socioeconomic groups for clinical psychology earlier (Clearing House for Postgraduate Courses in Clinical Psychology, n.d.). It is plausible that this finding might be even more pronounced for other branches of psychology such as counselling or health psychology, where postgraduate qualifications are required and are often self-funded, and therefore less accessible to those from a lower socioeconomic group. Indeed, those from high socioeconomic backgrounds are more likely to work within the NHS after leaving university (see Figure 3.9).



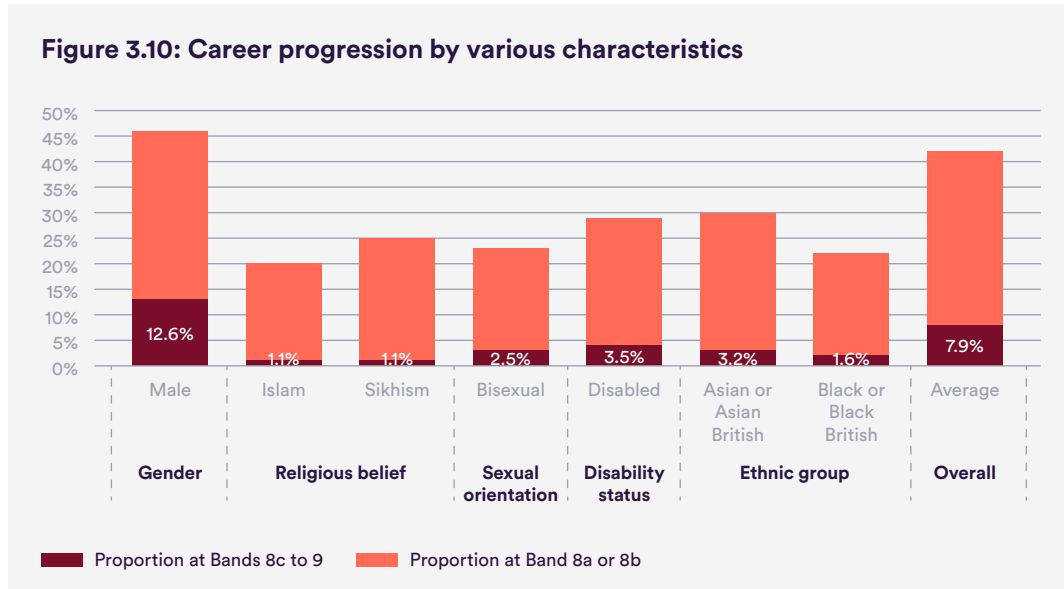
Notes: Excludes those where it is not known whether they are in employment and those where it is not known whether they are working for an NHS employer. Covers those leaving in 2016–17.

Source: HESA

Inequalities in progression

Some groups are also less likely to be in senior roles. For example, Muslims and those with Black or Black British ethnicity are half as likely to be in Band 8 or 9 roles as the average. Conversely, men are more likely than women to be in such roles (see Figure 3.10). These inequalities are even more apparent when looking at the more senior roles (Bands 8c to 9), where those with White ethnicity are more than five times more likely than those with Black or Black British ethnicity to be in these grades (8.8% versus 1.6%), while men are almost twice as likely as women to be in these grades. The available data do not, however, allow us to control for experience, such as by using age as a

proxy. Further work is also needed to compare and contrast this with other professions.



Source: NHS Digital

Summary

In this chapter we have highlighted some of the important contributions that those with a psychology background can play in the NHS across the vast array of psychology-related roles. Nearly one in 10 students graduating from a psychology undergraduate degree and in known employment at six months, works in the NHS. The proportion is far higher for postgraduate psychology graduates.

We have highlighted challenges around the diversity, distribution, participation and progression of the psychology workforce in the NHS. Some of these are specific to psychology, while others are also apparent in other clinical groups, underlying the importance of working with and learning from different professional groups.

While we have some understanding of the flow of psychology staff in the NHS, particularly for clinical psychologists, gaps in our understanding remain, including what subjects the psychology professionals studied before working in the NHS and how careers progress between different roles, including in and out of training programmes.

4 The range of psychology professions

While we dedicated the previous chapter to the NHS psychological workforce, given that the NHS is the single largest employer of psychological professionals and it has relatively good data, that workforce represents a small minority of the total number of people in employment with a psychology background. This chapter covers – in as much as the available data can allow – the breadth of other roles. Given the lengths of people’s careers and the changes of roles within them (particularly early on), it is not possible to map out this workforce precisely, but even based on typically one-off piecemeal data, it is still possible to gain important insights.

Overview of roles

There are a range of different professions that psychology graduates move into within the wider (non-health care) workforce. Some are chartered and require registration with the HCPC, such as educational, forensic and occupational psychology, while other professions do not always require chartered status or HCPC registration, such as social work,²² teaching and roles in academia (see Table 4.1). Some of these roles – notably clinical, health, forensic and counselling psychologists – exist within the NHS (as covered in the previous chapter) but also outside it.

Among these wider workforce professions, the likelihood that these roles are taken on by psychology graduates varies. For those roles or professions that require chartered membership, an accredited psychology degree is usually a prerequisite; however, for the other professions, such as social work and teaching, psychology graduates are likely to only account for a proportion of the workforce. Searching psychology teaching vacancies (at college or

²² Social work is itself a regulated profession and requires registration.

school), and also higher education lecturer roles, showed that most (but not all) require a psychology-related degree. However, social work positions, for example, typically do not require a psychology degree.

Table 4.1: Selected key professions for psychology graduates

Profession	Registered	Example of role	Key employers	Likelihood of being a psychology graduate
Clinical psychologist	✓	Clinical psychologists deal with a wide range of mental and physical health problems, such as addiction, anxiety, depression, learning difficulties and relationship issues.	NHS, private health care providers, local authorities	Requires a BPS-accredited degree (or conversion course) and a BPS-accredited Doctorate in Clinical Psychology
Health psychologist	✓	Health psychologists apply psychological theory and methods to helping people prevent ill health through behaviour change, and to helping people cope with and self-manage physical health problems such as chronic pain, cardiac conditions or diabetes.	NHS, public health departments, private health care providers, local authorities	Requires a BPS-accredited degree (or conversion course), a BPS-accredited Master's in Health Psychology and a BPS-accredited Doctorate in Health Psychology (or a BPS Qualification in Health Psychology Stage 2)
Counselling psychologist	✓	Counselling psychologists deal with a wide range of mental health problems concerning life issues, including bereavement, domestic violence, sexual abuse, traumas and relationship issues. They aim to promote the wellbeing of individuals, groups and families.	NHS, private health care providers, local authorities	Requires a BPS-accredited degree (or conversion course) and a BPS-accredited Doctorate in Counselling Psychology (or a BPS Qualification in Counselling Psychology)
Educational psychologist	✓	Educational psychologists work in educational and/or early years settings with children and young people with learning difficulties, social and emotional problems, disabilities and developmental disorders.	Local authorities (including schools, colleges and nurseries)	Requires a BPS-accredited degree (or conversion course) and a BPS accredited Doctorate in Educational Psychology
Forensic psychologist	✓	Forensic psychologists apply psychological theory to criminal investigations, understanding criminal behaviour and links with psychological problems, assisting in the treatment of offenders and advising on psychological aspects of legal processes in courts and parole boards.	HM Prison and Probation Service, NHS, private health care providers	Requires a BPS-accredited degree (or conversion course) and a BPS accredited Master's in Forensic Psychology and two years of supervised practice

Profession	Registered	Example of role	Key employers	Likelihood of being a psychology graduate
Occupational psychologist	✓	Occupational psychologists aim to increase the effectiveness of the organisation and improve individuals' job satisfaction by understanding how individuals, small groups and organisations behave and operate.	Civil service (departments include the Prison Service, Home Office, Employment Service and Ministry of Defence), private organisations	Requires a BPS-accredited degree (or conversion course) and a BPS accredited Master's in Occupational Psychology and 2 years of supervised practice
Sports and exercise psychologist	✓	Sports and exercise psychologists apply psychological theory to help athletes prepare psychologically for the demands of competition and training, or to increase exercise participation and the motivation levels of individuals.	Professional sports teams or individuals, sports governing bodies	Requires a BPS-accredited degree (or conversion course), BPS accredited Master's in Sports and Exercise Psychology and BPS accredited doctorate-level qualification in sports and exercise psychology
Academic	✗	Academics develop professional practice, conduct research and/or share knowledge (teaching/lecturing).	Universities	Typically requires a BPS-accredited degree (for a psychology-related position) and often a Master's and/or a PhD in a related field
Teacher	✗	Teaching/lecturing. Supporting students to acquire knowledge across a range of subjects.	Schools and colleges	Requires qualified teacher status (QTS), which can be achieved via several routes such as an undergraduate degree, a PGCE or direct school training on the job. A psychology-related degree is usually required for a psychology teaching role
Social worker	✗	Social workers counsel and support clients and carry out assessments, working with communities and health professionals. They can be involved in management roles or mental health-focused social work roles.	Social care providers, NHS	Requires an undergraduate degree or postgraduate qualification in social work, an apprenticeship or a graduate training scheme. A psychology degree is not required

Notes: Includes only a number of selected professions. The list of key employers is not exhaustive, 'Registered' refers to the HCPC register. PGCE = Postgraduate Certificate in Education.

Source: Adapted from information on <https://careers.bps.org.uk/> and www.healthcareers.nhs.uk/explore-roles/psychological-therapies/roles-psychological-therapies

Vacancies

To explore the trends and workforce pressures in wider psychologist roles, we looked at the number of advertised vacancies on two job-search websites. The search, carried out in July 2020, found very few vacancies for health psychologists, occupational psychologists and sports and exercise psychologists – possibly indicating that these roles are being advertised under different titles (see Table 4.2). Roughly two-thirds of advertised vacancies were full-time, and the main employers were private health care providers, social care providers and organisations relating to education and services for people with special educational needs. It is important to note that this was a snapshot in time and conducted during the Covid-19 pandemic, which will have affected recruitment with, for example, a lower number of voluntary leavers (and subsequent jobs advertised) and instability potentially leading to recruitment freezes.

Table 4.2: Vacancies for ‘psychologist’ roles outside the NHS, in the UK, July 2020

Search term	Jobs search-engine 1 Number	Jobs search-engine 2 Number
Social worker	2,817	3,937
Psychologist	567	556
Clinical psychologist	169	87
Educational psychologist	143	94
Forensic psychologist	41	97
Psychology teacher	38	66
Psychology lecturer	59	3
Counselling psychologist	33	10
Sports and exercise psychologist	3	0
Occupational psychologist	1	0
Health psychologist	0	0

Notes: There was considerable overlap between job advertisements for psychologist roles. We excluded the NHS as an employer within the searches; however, we included those recruited through a staffing/recruitment agency.

Source: Job websites www.indeed.co.uk and <https://totaljobs.com>

Across these job advertisements, there was notable overlap between forensic and clinical psychologist roles, and also between clinical and counselling psychologist roles; many forensic psychologist vacancies were open to clinical psychologists, and some health-related roles were open to any practitioner psychologist with HCPC registration (which might explain the lower number of counselling psychologist and health psychologist vacancies). A previous audit of psychologist vacancies within the NHS also found that many counselling and clinical psychologist vacancies overlapped, that many posts were open to any practitioner psychologist and therefore often the education/qualification requirements did not match the job title, and that there were very few vacancies specific to health psychologists (The British Psychological Society, 2018).²³ This reiterates the importance of interpreting staffing numbers with caution as stated job titles may not accurately reflect the skills or profession of the individual in the role.

Pay and conditions

There are no comprehensive data on the pay of all people with a psychology background. However, for those recorded as ‘psychologist’ in the Office for National Statistics’ (ONS) Annual Survey of Hours and Earnings (ASHE) (Office for National Statistics, 2019), the median full-time annual gross pay in 2019 was £42,732 (mean £42,714). This survey does not capture self-employed psychologists – as is often the case for occupational psychologists – and may therefore miss, for example, some psychologists undertaking better-paid private work.

In relation to other professions, this pay level is higher when compared to the median full-time annual gross pay of nurses (£28,262; mean £27,815) but notably lower than that for medical practitioners (£60,838; mean £70,837) (Office for National Statistics, 2019). Previous research has suggested that studying a psychology degree has a relatively poor impact on earnings, at least early on. Earnings five years after graduation were comparable to those of sociology graduates, with further analysis suggesting similar returns at age 29 as for studying philosophy (Belfield and others, 2018a; 2018b). Partly, this is likely due to the fact that it typically takes psychology graduates

23 The BPS audit found that health psychologists were advertised by title in only 2% of vacancies.

time to progress towards and reach their intended career destination, and therefore they are perhaps involved in lower-paid jobs for a number of years after graduating.

Changing careers

As already noted, it often takes time for psychology graduates to progress towards and reach their intended career destination. The majority of psychology graduates do not enter full-time employment in their intended career destination until at least three years after graduating. Reasons for this delay include completing postgraduate training, taking career breaks, gaining the work experience required to reach their intended career and a competitive jobs market (Morrison Coulthard, 2017). Therefore, for psychology graduates, the 'psychological' and 'employability' skills often acquired during a psychology degree become more relevant to their occupation or career as length of time since graduating increases (Morrison Coulthard, 2017).

There also tends to be a shift in employment between sectors: as time since graduating increases, the proportion of graduates working in the private sector (such as in retail and administrative and support services) decreases as they shift towards working in the public sector, including in health and social care, public administration and defence, and education. Indeed, the public sector accounts for almost two-thirds of psychology graduates, according to one survey (Morrison Coulthard, 2017). Previous research found that around three-quarters (78%) of psychology graduates indicated that their current employment was related to their long-term career plan and that this figure increases with time since graduating (Morrison Coulthard, 2017). This suggests that it takes them a number of years post-graduation to reach their intended career destination. It also implies that many hold an ambition to work in the public sector.

Number of registered psychologists

Anyone using a clinical, forensic, counselling, health, educational, occupational or sports and exercise psychologist title has to be registered with

the HCPC (Health and Care Professions Council, 2020b).²⁴ There were 24,622 registered psychologists in early 2020. Clinical psychologists are the largest single group, accounting for more than half (58%; 20 per 100,000 people), followed by educational (19%; seven per 100,000), counselling (11%; four per 100,000), forensic (5%; two per 100,000) and occupational psychologists (5%; two per 100,000).²⁵ Health and sports and exercise psychologists account for only a small proportion of the total (2% and 1% respectively; both less than one per 100,000).

Only a small minority of psychology graduates are becoming registered psychologists and the number of new joiners is falling for some registered professions. While the exact level is not known, we estimate that fewer than one in 15 psychology graduates (around 6%) are becoming registered professionals.²⁶

The majority of joiners to the register have been trained in the UK. In the year to April 2020, there were 1,139 joiners through the UK route and 142 – representing one in nine new registrants – through the international route. While the data on nationality are incomplete, for those where it is known, the most common non-UK nationalities are Australian, Irish and Italian.

Trends in the number of registered psychologists

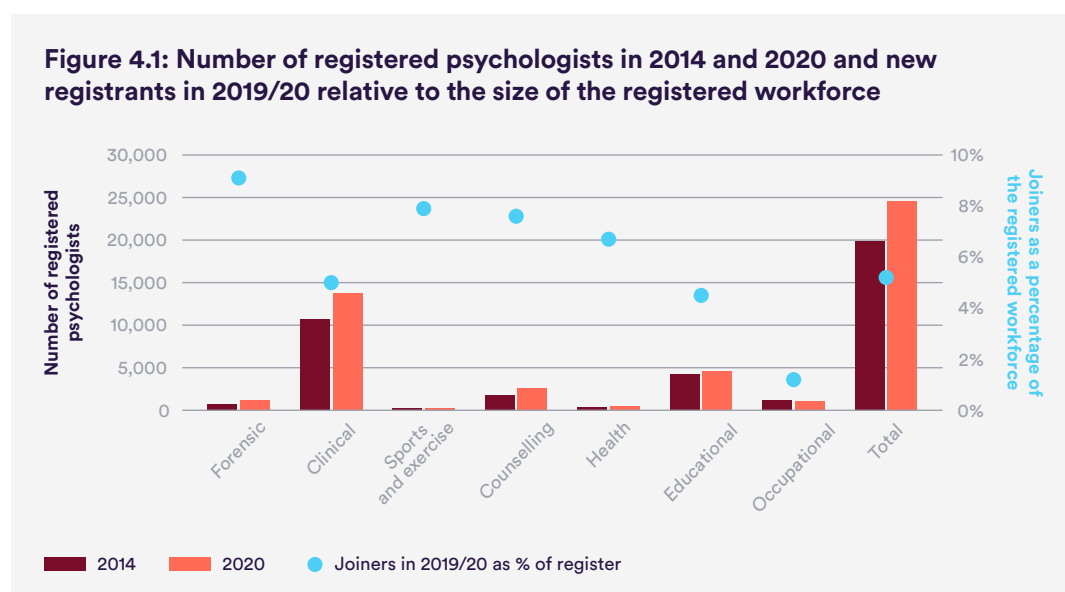
The total number of registered psychologists has increased by a quarter (24%) in the six years to 2020, to 24,621. However, this increase has varied across professions, with the number of registered forensic (57%) and counselling (49%) psychologists increasing by around a half; and the number of registered occupational psychologists – where the proportion of new joiners on the register (1%) is far lower than for the other professions – falling by 9%

24 The less-specific titles of practitioner and registered psychologist are also protected.

25 These figures exclude those with dual registration. This has a particular effect on the figures for health psychology: there are 466 single-registered health psychologists but 662 once those who are also registered in other branches are included.

26 In 2019–20, there were 1,139 new registrants who had trained in the UK (source: HCPC). Five years before this, the number of graduates was 17,990 through undergraduate routes (source: HESA). In reality, some of the new registrants will have studied undergraduate courses other than psychology and so this is likely to represent an overestimates.

(see Figure 4.1). This trend for occupational psychologists is likely to be a reflection of a shift towards using different titles for the role such as business or organisational psychologist, which do not require registration (Farndon, 2016). Despite the increase in numbers of registered psychologists over recent years, some professions have not managed to keep up with the demand – for instance, the demand for educational psychologists has seemed to outweigh those being trained (Lyonette and others, 2019).

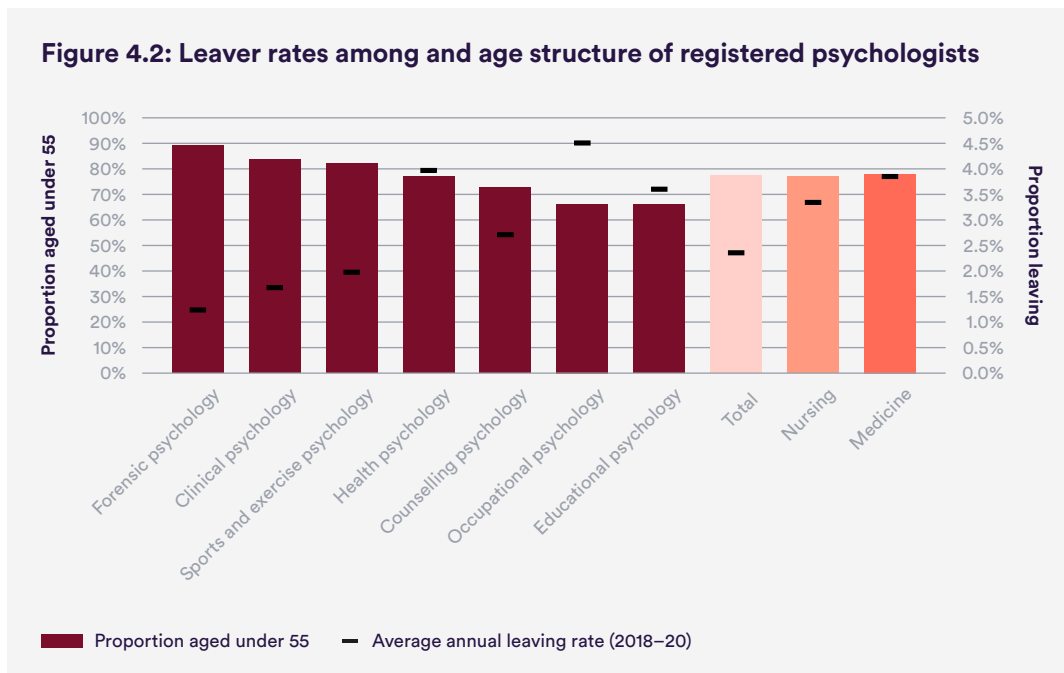


Notes: Registered psychologists exclude those who are registered with more than one profession. New registrants include those who trained outside the UK.

Source: HCPC

Age profile of and leaving rates for registered psychologists

Overall, the proportion of registered psychologists approaching pensionable age is similar to the proportion in some other professions but varies considerably between psychology titles. Some 22% of registered psychologists are aged 55 or above, similar to the level on the nursing and midwifery (23%) and doctor (22%) registers. The age distribution of clinical psychologists, sports and exercise, and health psychologists is relatively consistent. However, forensic psychology has the highest proportion of registrants aged under 55 (around nine in 10), while the occupational and educational professions have a much lower proportion of registrants aged under 55 (around two-thirds) (see Figure 4.2).



Notes: GMC data on leavers are for a different time period (2016–18) and include those who had regained their licence to practise by March 2019.

Source: GMC, HCPC and NMC

Across all branches of psychology, there are very few registered psychologists aged under 30. This ranges from 0.1% of registered occupational psychologists to 3.6% of registered sports and exercise psychologists – perhaps illustrating the time it takes for graduates to reach their intended career destination, which is consistent across the psychology professions (Health and Care Professions Council, 2020a).

The rate at which people are leaving the register varies between the psychological professions – from 1.2% for forensic psychologists to 4.5% for occupational psychologists – and this appears to be relatively reflective of the different age structures of these groups. However, the high leaving rates for health and occupational psychologists – where rates have roughly doubled from 2014–16 to 2018–20 – do appear to particularly warrant further exploration.

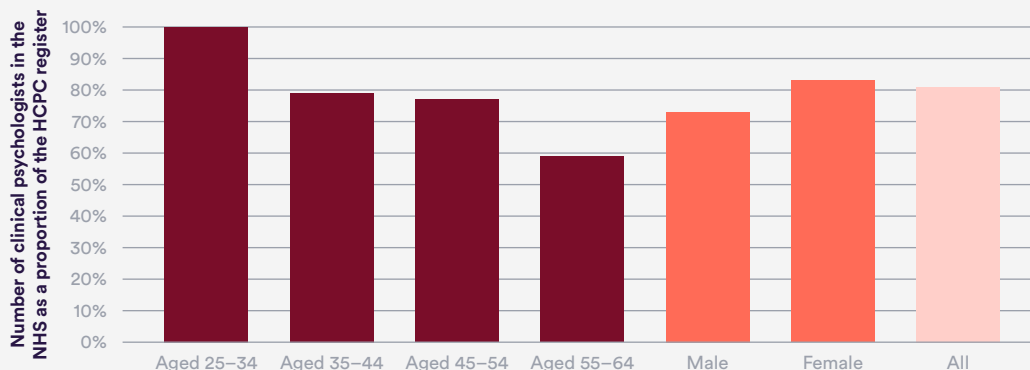
Participation of registered psychologists in the public sector

There is only limited understanding on the proportion of registered psychologists working in the private sector. As noted earlier, the majority of psychology graduates go on to work in the public sector. However, when looking specifically at registered psychologists, many appear not to be. While this is not necessarily a bad thing in itself, it is important to understand the level and reasons for it and, to this end, better information is needed.

From the piecemeal information available, the following appears to be the case:

- Public sector recruitment of educational psychologists fell by 33% between 2015 and 2017, a trend that continued into 2018. Meanwhile, private sector recruitment doubled between 2017 and 2018 (Lyonette et al., 2019). Overall, the majority (85%) of educational psychologists are employed at least part-time by a local authority.
- While there is no current estimate, in 2014, around a quarter (27%) of counsellors who were members of their relevant association worked at least part-time in private practice (British Association for Counselling & Psychotherapy, 2015).
- Similarly, somewhere in the region of one in five registered clinical psychologists are not working in the NHS and, of those who are, some will provide private practice part-time. It appears that the proportion working exclusively outside the NHS increases with age and, on average, is higher for men (see Figure 4.3).

Figure 4.3: Estimated proportion of registered clinical psychologists working in the NHS



Notes: Due to issues with the recording of psychologists in NHS workforce data and clinical psychologists also registered with an additional psychological profession, these proportions should be considered as broad estimates only. The figures also include estimates and assumptions to, for example, account for NHS staffing in Wales and Northern Ireland.

Source: HCPC, NHS Digital and Public Health Scotland

Regional differences in the registered workforce

Overall, across the registered psychologist professions, there is significant variability in access. However, this uneven distribution is not consistent across all of the professions. For example, there are higher numbers of forensic psychologists relative to the size of the population in the Midlands and the East of England than in Northern Ireland (Farndon, 2016). As might be expected (due to the number of organisations and businesses), occupational psychologists seem to be concentrated around South East England, London and parts of the Midlands, while there are fewer in northern England and Scotland. Wales tends to have more sports and exercise psychologists relative to the size of the population. Meanwhile, the East of England has fewer educational psychologists relative to the size of the population than Scotland and Northern Ireland (Farndon, 2016).

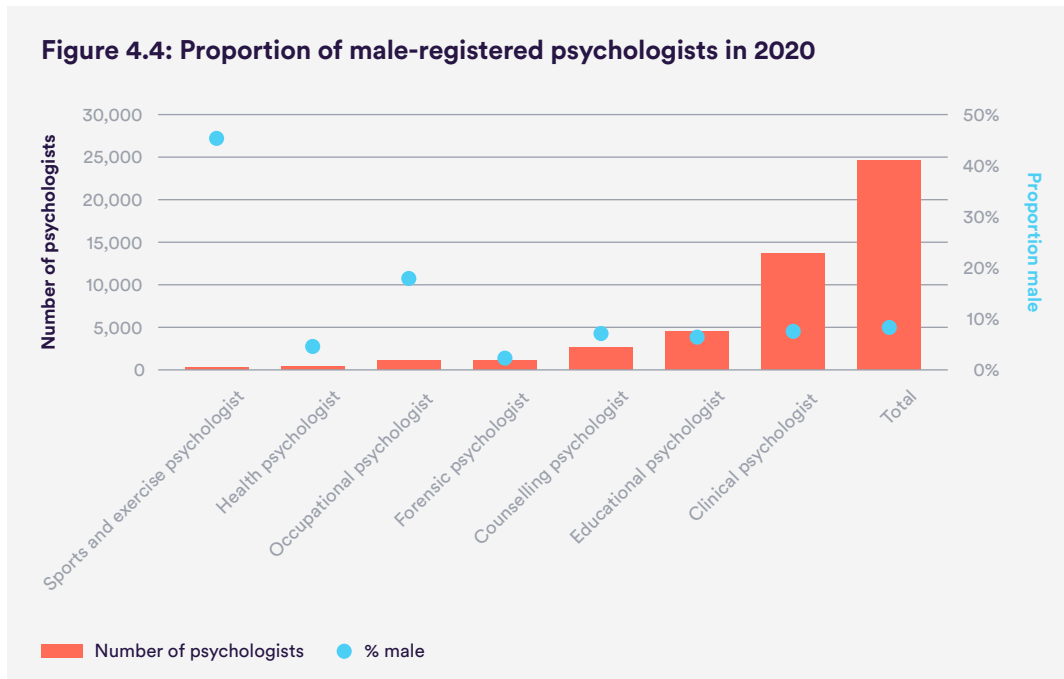
A report on the educational psychologist workforce (Lyonette and others, 2019) found that the number of educational psychologists employed by individual local authorities ranged from under five to more than 30 full-time equivalent staff. Larger local authorities, with a larger number of potential

supervisors, tended to have more capacity to take trainee educational psychologists and were more resilient to recruitment problems. Educational psychologists tend to be concentrated in London and South East England (each of which contains a fifth of all educational psychologists), therefore the number of people served by each educational psychologist is lowest in London and the South East, but also the South West and the North East, and highest in Yorkshire and the Humber and the East of England (Lyonette and others, 2019).

Reasons for the regional differences in the distribution of the registered psychology professions include regional differences in training programmes. For example, the 203 Department for Education-funded doctoral training places for trainee educational psychologists (Association of Educational Psychologists, 2020) are only available across 13 universities in England, therefore affecting the distribution of trainee educational psychologists. This is something that commissioners of training, accreditation bodies and higher education institutions should explore further to ensure a fairer distribution in the future.

Gender

Around one in five registered psychologists is male. This is consistent with the current proportion studying at university. However, the proportion of registered male professionals is notably higher among some professional groups, including three in five sports and exercise psychologists and three in 10 occupational psychologists (see Figure 4.4).



Note: The specific branches of psychology exclude those with more than one registration.

Source: HCPC

Number of other psychology-related workers

A large number of psychologists appear to be working in roles – such as social work, teaching, academia and the voluntary/third sector – that do not require them to register with the HCPC, or other roles that do not involve offering services to the public, or perhaps some psychologists are choosing not to register with the HCPC.

The exact scale of this non-registered psychology-related workforce is unclear and further work should explore their career paths. However, only a quarter of the number of new BPS members to its health, occupational and sports and exercise divisions (who we can assume work in psychology-related roles) join

the HCPC register.²⁷ In reality, the scale might be much larger; one survey suggested that, overall, three in five psychology graduates (59%) considered their current job to be in the field of psychology (Morrison Coulthard, 2017), with this proportion increasing with time after graduation. This would imply that, very broadly, there could be around 9,000 people in psychology-related, but not registered, roles in every graduate cohort.²⁸ This is equivalent to eight people for every one registered psychologist.

The HCPC has been the UK regulator for practitioner psychologists since 2009 and protects seven titles to ensure that the standards of proficiency that are relevant to their scope of practice are met and that they have the knowledge/skills to practise safely: clinical, counselling, educational, forensic, health, occupational and sports and exercise psychologists (Health and Care Professions Council, 2020c). However, many psychologists choose not to gain HCPC registration, often practising with other titles – for instance, occupational psychologists practising as business psychologists or sports and exercise psychologists practising as sports psychologists, exercise psychologists or performance specialists.²⁹ Despite agreement among BPS members completing the 2019 annual BPS survey (Morrison Coulthard, 2019) that statutory regulation protects the public through training requirements, standards and increased public confidence, one in four psychologists (particularly clinical and occupational psychologists) did not consider the HCPC to add value to the profession.

27 In 2019/20, 95, 71 and 43 people joined the BPS divisions of health, occupational and sports and exercise psychology respectively. In comparison, 29, 11 and 17 joined the HCPC register under these titles respectively.

28 Based on the assumption of 17,500 graduates, so approximately 10,500 working in psychology-related roles compared with 1,300 joining the register. This is a broad estimate and should be treated with caution.

29 Cited reasons for this include that the HCPC lacks specialist psychological expertise, that it is not considered a relevant regulator for non-health psychology practitioners, and that the HCPC's standards of equivalence and the assessment of these are considered too low (Morrison Coulthard, 2019).

Numbers in academia, research and teaching

Some psychologists who have qualified in a psychological field might go into academia. Some might enter academia directly from undergraduate or graduate study to complete a PhD, while others go on to teach psychology or to teaching more generally at schools or colleges. Other psychology graduates go on to work in research roles outside of education/university settings such as the private sector, public bodies or the third sector.

The BPS longitudinal survey of careers destinations (Morrison Coulthard, 2017) found that 11% of psychology graduates go on to work in the third sector. While based on very small numbers, a survey of health psychologists who had completed postgraduate specialist training within the previous five years found almost half (46%) were employed in a university setting (Bull and others, 2020).

In 2018–19, the total number of the academic psychology and behavioural science workforce was 7,785, which equates to just under 4% of the total academic workforce in higher education in the UK (217,095) (Higher Education Statistics Agency, 2019a). This is lower than the academic workforce for nursing and allied health professionals (5%) and clinical medicine (12%). However, the data do not specify whether academic psychology and behavioural science staff are psychology graduates or what their role is. For the years 2014–19, the academic psychology and behavioural science workforce increased year on year (from 6,330 in 2014–15 to 7,785 in 2018–19) (Higher Education Statistics Agency, 2019a), which followed the trend of the total academic workforce in higher education in the UK for the same years (Higher Education Statistics Agency, 2019b).

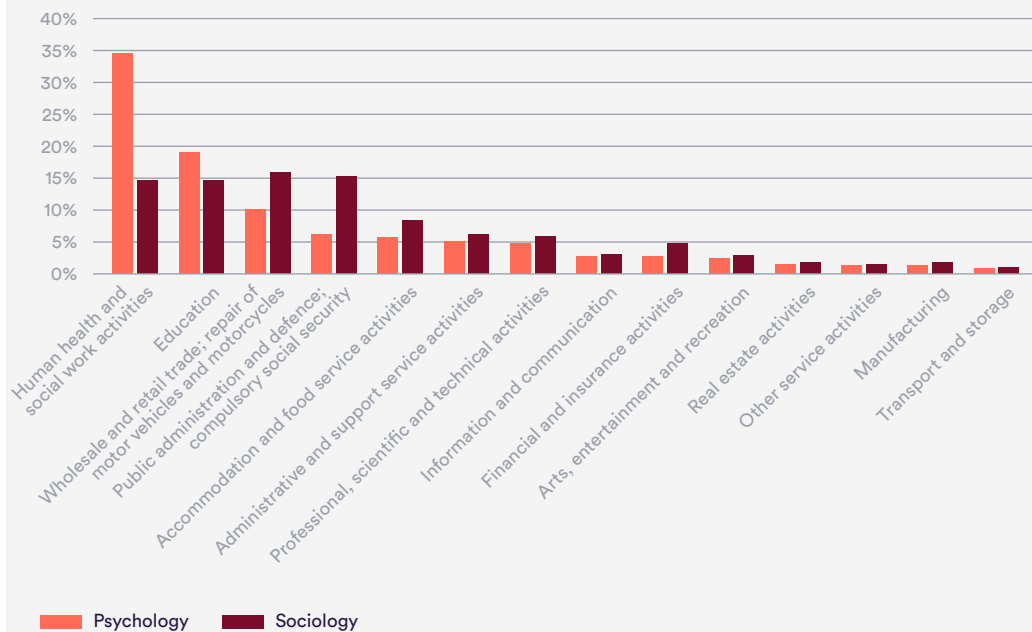
Of the academic psychology and behavioural science workforce in 2018–19, around four in 10 were male (Higher Education Statistics Agency, 2019a). This is far higher than levels in the registered psychology workforce but lower than the total academic workforce across higher education in the UK (54% male). Of the academic psychology and behavioural science workforce in 2018–19, 72% were from the UK, 19% were from other countries of the European Union (EU) and 9% were from non-EU countries (Higher Education Statistics Agency, 2019a).

More broadly, around one in five psychology graduates (19%) in known employment enter the education sector, which is higher than that for sociology (15%), clinical medicine (6%) and nursing (1%) (Higher Education Statistics Agency, 2020a). As of November 2019, the total education sector workforce in England was around 946,000, of whom 48% were teachers and 28% were teaching assistants (GOV.UK, 2020). Psychology graduates are more likely to enter the education sector if they studied postgraduate research psychology (37%) (Higher Education Statistics Agency, 2020a). Approximately 3% of psychology graduates go on to complete a Postgraduate Certificate in Education (PGCE) (Morrison Coulthard, 2017). There are no apparent ethnic or gender differences in the proportion of psychology graduates working in education or by disability; meanwhile, the proportion working in the education sector seems to increase with age at graduation (Higher Education Statistics Agency, 2020a).

Numbers not working in psychology-related roles

A survey of psychology graduates found that three in 10 were in a role where their psychology degree was not considered a factor in obtaining their job (Morrison Coulthard, 2017). The same research found that 4% of graduates went on to office administration work, office support roles and other business support roles; 3% went into social work; and 9% went on to 'other' roles such as banking/finance, marketing and advertising, public administration, wholesale and retail. Data we requested for this study suggest that, while the largest sector for psychology graduates to go into is health and social work activities (accounting for more than a third), a significant minority also go into wholesale and retail trade, public administration and defence, accommodation and food services, and administrative and support services, although at lower rates than sociology graduates (Higher Education Statistics Agency, 2020a) (see Figure 4.5).

Figure 4.5: Destination of psychology graduates, compared with those studying sociology, at six months, 2016–17



Note: Excludes those with unknown employment, and sectors which account for <1% of graduates.

Source: HESA

That said, training and education in psychology may still be valuable to these people as they extend their usefulness both within and beyond careers in psychology. A survey by the BPS of its members (Morrison Coulthard, 2019) suggested that one in three members who were non-psychologists reported that they always use their psychological knowledge and skills.

In an earlier survey by the BPS of career destinations of psychology graduates, those who graduated longer ago were more likely to work in the ‘field of psychology’ than those who had graduated more recently (Morrison Coulthard, 2017), for whom higher numbers were employed in, for example, office administration, residential care and social work roles. This has been suggested as indicative of the lack of employment opportunities in psychology-related positions and the competitive nature of entering

postgraduate psychology training (Morrison Coulthard, 2019).³⁰ For psychology graduates, as length of time since graduation increases, they are more likely to be in a position related to their intended career destination and therefore psychology-related (see the section ‘Changing careers’ earlier in this chapter).

Demographic differences

Data on the destination of graduates (Higher Education Statistics Agency, 2020a) highlight some differences between demographic groups, including the following:

- There is a slight trend towards more men being in information and communication roles (6%) compared with women (2%).
- While there were not really any notable ethnic differences in the proportion of psychology graduates in employment sectors, the wholesale and retail sector had a higher proportion of Asian psychology graduates (17%) compared with other ethnicities, and health and social care had a higher proportion of psychology graduates with Black ethnicity (39%).
- The proportion of psychology graduates working in the wholesale and retail sector decreased with age, from 14% of 21- to 24-year-olds to 2% of those aged 30 and over. A similar trend was evident for accommodation and food service activities, and with administrative and support services. However, the converse was true for psychology graduates working in health and social care, which accounted for 5% of 21- to 24-year-olds and 48% of those aged 30 and over.

³⁰ The BPS members surveyed in 2019 reported difficulties in securing appropriate employment, with a mismatch between the number of applicants and the number of roles (noted by 29% of respondents and especially so in clinical psychology and in the third and public sectors) and a lack of appropriate jobs (23%).

Degree type

When considering the type of psychology degree, graduates from postgraduate psychology courses were less likely to enter 'other' sectors, including wholesale and retail. Rather, they were more likely to go into the education sector (37%) and more than twice as likely to end up in the public administration and defence sector compared with those studying psychology at undergraduate level (12% compared with approximately 5%) (Higher Education Statistics Agency, 2020a).

Social work

The proportion of psychology graduates who move on to roles in the social work sector is around 3%, with roughly 9% going on to study social work (and 3.5% speech and language therapy) (Morrison Coulthard, 2017). As of 2019, the adult social service workforce totalled 113,300 across the 151 local authority services in England (NHS Digital, 2020a). Social work involves many roles and settings such as child and women protection services, government agencies, non-profit organisations, care providers and working with population groups including children, families and people experiencing mental health problems.

The Skills for Care health and social care graduate management programme received just under 1,800 applications in 2019, with a little over 10% of these from psychology graduates. More than a third of the 2019 cohort are psychology graduates, suggesting that psychology graduates are particularly successful in securing a place. Looking at mental health-focused social work, between 2015 and 2020, Think Ahead – a fast-track mental health social work scheme – received 14,000 applications, of which approximately 25% were from psychology graduates or undergraduates nearing the end of their psychology degree, with psychology graduates comprising roughly a third of those recruited.

Inequalities

While some demographic differences have already been discussed in this chapter, there are some general points that cut across registered and non-registered psychologists as well as those working outside the field of psychology.

Gender pay gap

For those recorded as ‘psychologist’ in the Office for National Statistics’ Annual Survey of Hours and Earnings (ASHE) (Office for National Statistics, 2019),³¹ the mean gender pay gap in 2019 – that is, the difference between average hourly earnings as a proportion of hourly earnings – was 11%, in that men’s earnings were higher than women’s. This is reflected in the median yearly salary: for male psychologists it was £42,845, while for female psychologists it was £32,593.

This is notably higher when compared to the gender pay gap for nurses (4%); however, it is much lower than that for medical practitioners (17%) (Office for National Statistics, 2019). It is also consistent with an Institute for Fiscal Studies report, which suggested that the average psychology graduate earnings after five years were £26,000 a year for women and £30,000 a year for men (Belfield and others, 2018a).

The findings regarding a gender pay gap are echoed in the results of the 2019 BPS members survey (Morrison Coulthard, 2019), which showed a significant gender wage gap, averaging around £13,000 a year, and out of respondents to the survey, male psychologists were more likely (9%) to hold a senior leadership/management role than female psychologists. Male psychologists were also more likely to feel that they had good opportunities for pay progression – this might be due to the fact that they are more likely to work in the private sector or that they are more likely (almost 40%) to report experiencing no barriers to securing employment.

31 ASHE is based on a 1% sample of jobs taken from HM Revenue and Customs’ (HMRC’s) Pay As You Earn (PAYE) records.

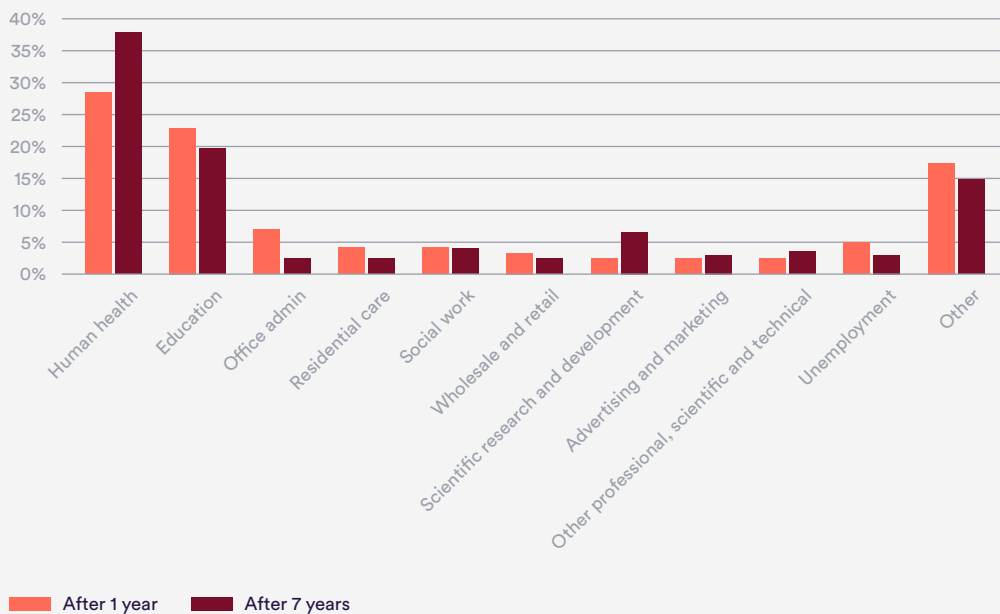
Socioeconomic status

Previous work has suggested that socioeconomic status has little impact on the earnings of psychology graduates (Belfield and others, 2018b). For example, for female psychology graduates with a high socioeconomic status, earnings were 6% lower than the average earnings and for those with a low socioeconomic status, earnings were 7% lower than the average. The impact of socioeconomic status on the earnings of psychology graduates appears to be much lower than the impact in nursing and medicine. For nursing students with a low socioeconomic status, earnings were 23% more than the average compared with 9% for those with a high socioeconomic status. In medicine, for those with a low socioeconomic status, earnings were 35% more than the average and high socioeconomic status graduates earned 30% more than the average.

Summary

Within every cohort of psychology graduates, a small minority (perhaps somewhere in the region of one in 15) will become a registered psychologist. A little over half will work in psychology-related roles that do not require registration, with the remainder (around two in five) of those in employment in a role not directly related to psychology. While little is known about the settings that psychology graduates work in, there is evidence that they increasingly work in roles relevant to their long-term career plans and are increasingly likely to work in the public sector as years pass. There is also some evidence that psychology graduates tend to move towards health and scientific research and development jobs as their careers develop (see Figure 4.6).

Figure 4.6: Career destination of psychology graduates at one and seven years from graduation



Notes: Primarily based on a survey in 2016 of those who graduated in 2009 and of those who graduated in 2015. These are therefore different cohorts of graduates and any comparisons should be treated with caution. Unemployment figures differ from some others quoted earlier which are based on different sources and definitions.

Source: Morrison Coulthard 2017, HESA and ONS

Studying psychology can lead to many different careers. This is positive. However, it means that careful management is needed to ensure that there are enough jobs and training routes, in the right places, for roles that are particularly valuable to society. This is one of the themes of our report, along with the need to further understand and address inequalities. We include some recommendations that can help to this end earlier (p13). Given the challenges facing society today – not least those accentuated and exposed by the Covid-19 pandemic – the skills and knowledge of those who have studied psychology are as needed now as they have ever been, as they can help us address those challenges. That psychology is such a popular subject means that making better use of the skills of graduates has the potential to make a material difference.

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Appendix: Methodology

Data analysis

The key datasets for our analysis are presented in Table A.1.

Table A.1: List of key sources of information

Information	Key source
Job advertisements	indeed.co.uk jobs.ac.uk totaljobs.com
NHS jobs	jobs.hscni.net/www.jobs.nhs.uk jobs.scot.nhs.uk NHS Business Services Authority
NHS workforce statistics	Department of Health (Northern Ireland) NHS Digital Public Health Scotland StatsWales
Recruitment	Skills for Care Think Ahead
Registers	British Psychological Society (BPS) membership Health and Care Professions Council (HCPC) General Medical Council (GMC) Nursing and Midwifery Council (NMC)
University data	Clearing House for Postgraduate Courses in Clinical Psychology Higher Education Statistics Authority (HESA)/Jisc Universities and Colleges Admissions Service (UCAS)
Wider workforce	Office for National Statistics

We are grateful to NHS Digital, which provided some rich data around the pay, progression, demographics and roles of psychologists. NHS Digital publishes these requested datasets on its website (see <https://digital.nhs.uk/data-and-information/supplementary-information>). The NHS Business Services Authority (on NHS job advertisements), The British Psychological Society (BPS), the Clearing House for Postgraduate Courses in Clinical Psychology and the Health and Care Professions Council (HCPC) also provided data. We paid for data from Jisc, which included demographic data on students' continuation status for 2017/18 (HESA 2020b) and data from the Higher Education Statistics Agency's (HESA's) Destinations of Leavers from Higher Education survey for 2016/17 (HESA 2020a).

In analysing the data, we have had to make a number of assumptions and decisions, including the following:

- **Attrition.** Our analysis includes those students who did not progress on to the following year of study, and who either gained a qualification lower than the one intended, or left with no qualification. We have not included those who are dormant ('not actively studying' or 'writing up') within our definition of attrition. For this reason, estimates produced by others are informative but not directly comparable with our analyses.
- **Career progression.** 'Promotion' and 'demotion' are used to describe people moving up or down pay bands. The latter could, of course, be desirable for the employee in some circumstances, such as to reduce management responsibilities or to move employers for a different, less senior role. Some in higher bands may gain promotion to the Very Senior Managers pay framework, which was not included in the data on career progression and so, as such, the levels of promotion may represent an underestimate. Some staff may also work across more than one role and, therefore, pay band; the analysis is therefore based on roles rather than people.

Other methods

A steering group, coordinated by the BPS, reviewed our emerging findings. This was composed of the following members: Professor Tony Lavender, Professor Christina Richards, Hannah Farndon, Rob Hardy, Dr Yetunde Ade Serrano and Eleanor Bull.

We also conducted searches of psychology job vacancies:

- For NHS roles, we searched www.jobs.nhs.uk (for England and Wales), jobs.hscni.net (for Northern Ireland) and jobs.scot.nhs.uk (for Scotland) for the term ‘psychologist’ on 16 July and 25 August 2020 (the latter excluding jobs noted in the previous search). We included all posts at Band 7 or above that had ‘psychologist’ in the title. We excluded vacancies in Scotland where no Agenda for Change pay band was stated.
- For roles outside of the NHS, we explored vacancies on two UK-wide job-search websites using relevant terms (for example, ‘health psychologist’ and ‘forensic psychologist’) in July 2020 and recorded the number advertised. We also reviewed a sample of advertisements for key job requirements.

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