

3.2 Vacant Posts

Table 2 gives the figures by grade for the total number of posts vacant at the end of each year.

Table 2 Posts Vacant by Year

Grade	2002*	2003	2004
Director		0	0
Principal		1.0	5.0
Senior		79.8	82.6
Basic		72.1	73.3
Assistant		3.0	3.0
Total	207.7	155.9	163.9

* The 2002 survey did not ask for a breakdown of vacancies by grade.

National vacancies dropped from 207.7 in 2002 to 163.9 in 2004, a fall of 21.1%. This improvement is most likely due to the many newly qualified psychologists who qualified in that period as a result of one off funding from the DoHC. Despite this general downward trend from 2002 to 2004, it is a cause of concern to note that the actual number of vacancies increased from 155.9 to 163.9 between 2003 and 2004.

3.3 Grading

Table 3 gives the numbers and percentages in each professional grade for both voluntary and statutory sectors for 2003 and 2004. No such data was looked for in 2002.

Voluntary agencies in 2003 have 52.1% of all posts and statutory agencies have 47.9%. In 2004, the respective percentages have exactly reversed. However, there is a marked discrepancy in relation to the % of psychologists at Director and Principal grade as between the statutory and voluntary sectors where psychologists in the latter are far more likely to be in these higher grades (88.7% and 61.6% respectively in 2004 compared to 11.3% and 38.4%). However, the imbalance with regard to the Principal grade will be significantly addressed in 2005 by the creation of Principal posts in each community care area of the Health Services Executive resulting in the relative percentages for that grade as between statutory and voluntary being close to 50:50.

At end of 2004, of all psychologists

1.8 % were at Director grade,
11.7 % at Principal grade
44.5 % at Senior grade
40% at Basic grade.

This indicates on the one hand that senior grade is fast becoming the career grade but that the opportunities for seniors to gain further promotion are limited, for while at the end of 2004 there were 82 vacancies at senior level, there were only 5 at principal level.

3.4 Age and Grade Profile

Table 4 gives a breakdown by age and grade of Psychologists in 2003 and 2004. On a purely age basis, the spread is fairly even in the cohorts from 26-30 up to 46-50 range with the exception of the 31-35 cohort which has double the number of psychologists of any other age group. This probably reflects the increase in the number of training places (mostly PSI) in the period '01-'04, further boosted by the number of foreign-trained psychologists entering the Irish services.

Looking at natural wastage based on age, there are 66 psychologists over 50, which is just 12.6% of the total. The numbers reaching retirement age in the next ten years will be somewhere between 27 and 67, depending on when between ages 60 and 65 each person will choose to retire.

As regards the gender profile, 74 % of psychologists are female and 26 % are male. However, the age profile of the genders is quite different with 63 % of females under 40 while 56 % of males are over 40. As with other professions the preponderance of males in senior positions is stark but is also related to the age profile. If you are male you are likely to be older and therefore have a greater chance of having been promoted through the career path.

The progressive feminisation of the psychology profession is very evident from the survey when you compare the males and females in each age cohort. For those over 50, the gender balance is quite even, but even five years earlier (46-50 age group) there are twice as many females as males (49:21) as there is in the next age cohort. This ratio drops back somewhat in the next five-year group, but then increases to almost five times the number of females to males in the 31-35 age group (115:24), and nine times more females in the 26-30 age group (67:7). Given that the gender balance on professional training courses is highly tipped in the direction of females, there is

Table 3 Voluntary and Statutory Agencies by Grade 2003-2004*

Grade	Posts				Percentages			
	Voluntary		Statutory		Voluntary		Statutory	
	03	04	03	04	03	04	03	04
Director	7.8	7.8	1.0	1.0	88.7	88.7	11.3	11.3
Principal	31.5	34.8	16.0	21.7	66.3	61.6	33.6	38.4
Senior	117.7	110.7	106.8	103.4	52.5	51.8	47.5	48.2
Basic	76.4	67.2	100.85	125.1	43.0	35.0	57.0	65.0
Assistant	12.6	10.3	2.0	0.0	86.3	100.0	13.7	0.0
Total	246.0	230.8	226.65	251.2				

*By Post

Table 4 Distribution of Psychologists by Age and Grade in 2004 and (2003)

Age	Grade*				
	Director	Principal	Senior	Basic	Assistant
20/25				2(6)	3(0)
26/30			5(8)	64(51)	7(8)
31/35		4(2)	67(68)	70(72)	0(4)
36/40		8(8)	57(34)	26(29)	1(1)
41/45		12(10)	49(52)	18(14)	0(1)
46/50	3(2)	15(13)	44(42)	7(8)	
51/55	1(2)	12(9)	18 (23)	9(7)	
56/60	5(5)	3(3)	10(12)	2(4)	
61/65		4(4)	2(4)	1(0)	
Total	9(9)	58(49)	252(243)	199(191)	11(14)

* By people

little doubt but that the feminisation of the profession will continue to grow in the coming years.

Implications of the gender profile: It is reasonable to expect on the basis of current trends that a significant number of female psychologists in the 31-45 age groups would be likely to go part-time for some years in order to raise a family. Also, given men’s reluctance to access services in general will the likelihood of having to see a female psychologist heighten this further? In the past, there was the concern that male psychologists may have over pathologized female clients. Could the reverse now occur?

3.6 Care Groups

Table 6 gives the number of psychologists working in the different care groups. As different regions have different numbers of care groups and define them differently for standardization purposes the most accurate depiction was to group by disabilities, adult mental health and child mental health.

Table 6 Numbers of Psychologists per Care Group

Care Group	Numbers	Percentages
Disabilities*	195	41.4
Adult Mental Health	110	23.3
Child Mental Health **	166	35.3
Total	471	100

*Disabilities includes learning and physical and sensory disability.

**Child Mental Health includes child and adolescent psychiatry and community care.

There is a significant imbalance with respect to the distribution of psychologists among the main care groups with a serious under-representation of psychologists working with the adult population, which numerically far outnumbers the other care groups. This shortage of psychologists working with the adult population is in part responsible for the dissatisfaction frequently expressed by this client group with respect to the lack of access to the talking therapies and a concomitant over use of pharmacological interventions.

3.7 Manpower Projections

Table 7 gives the likely numbers of newly graduating clinical psychologists in the period 2005-2009.

Table 7 New Clinical Graduates

Course	2005	2006	2007	2008	2009	Total
NUIG	0	12	12	12	12	48
TCD	11	0	11	11	0	33
UCD	0	12	12	0	12	36
UL	0	0	0	8	8	16
PSI	7	6	3	3	3	22
Total	18	30	38	34	35	155

As can be seen, it is estimated that 155 clinical psychologists will qualify over the next 5 years, an average of 31 per year. (These numbers are heavily dependent on securing ongoing funding from the Health Services Executive). This is far short of the 50 psychologists per year agreed in the Joint Review Group Report on Psychological Services in the Health Services. Over the same period we estimate that roughly 104 counselling psychologists will qualify. This gives an estimated aggregate total of 259 graduates between 2005-2009. However experience to date is that very few counselling psychologists join the health services while some clinical psychologists are likely to join either the prison or the education service. Therefore, we are in Table 8 below factoring in only 20% of counselling psychologists as likely to join the health services in the period concerned while also estimating that 5% of clinical psychologists will join the prison or education services.

Table 8 gives the estimated numbers of psychologists joining and retiring from the health services in the time periods stated.

Figure 1 Number of psychologists by age and gender

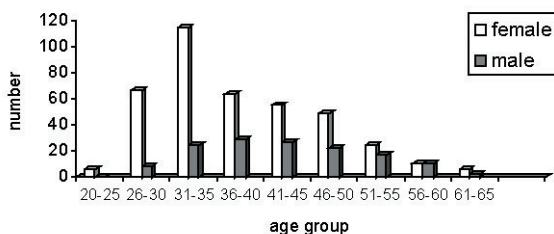


Table 8 Estimated numbers of psychologists joining and retiring from the health services

Years	Joining	Retiring
2005-2009	167	Range 7-27
2005-2014	359	Range 27-67
2005-2019	551	Range 67-138

Therefore, within the next 15 years a quarter of the existing psychologists will retire and the gender profile of the remaining non-retired cohort will be at least 85% female. Over the same period on the basis of 95% of the newly qualified clinical psychologists and 20% of the counselling psychologists joining the workforce there could be an influx of some 551 psychologists (giving a net increase of at least 413) which will give an extra 252 posts (as there are currently 161 vacancies). Thus, on average there will be a net increase of 27 psychologists joining the services each year for the next 15 years which is wholly inadequate given the level of expressed need. On these figures, it will take over 7 years for all the existing vacancies plus those that will be created by retirement to be filled so that there will be no national expansion in existing posts for nearly a decade to come.

3.8 Geographical Distribution

Table 9 compares the percentage of psychologists to the percentage of the population for each region. (This includes the figures for the voluntary agencies in these respective board regions).

As can be seen there is a slightly higher % of psychologists per head of population in the western and midland health board areas with a concomitant under representation in the eastern, southern and north eastern areas.

3.9 Permanent and Temporary Posts

Nationally, 458 psychologists are permanent and 80 are in temporary positions.

4.0 Posts Lost, Jan 1st - December 31st, 2004

11.5 psychology posts were lost in the health services in 2004 (1 principal, 4.5 senior, 6 basic grades).

5.0 Conclusion

In summary, there has been a welcome increase in both the overall number of posts and the number of filled posts in the past 3 years. There has been a corresponding decrease in vacancies. However, the vacancy rate remains high and given that, plus the inevitable loss of psychologists from the workforce through retirement and other factors, it will take at least 8 years before all vacancies will be filled. Even this, at present, looks like an optimistic scenario given the funding crisis in relation to the training of psychologists. There is therefore, important work to be done by the PSI, the HPSI and the IMPACT union in bringing this to the attention of the DoHC and HSE and seeking a new action plan especially at a time when more and more service users are demanding access to psychological therapies in coping with their difficulties.

Other findings point to the need to look at ways of making the profession an attractive career to men and the need to increase the number of principal grade posts to provide promotional opportunities to the many senior grade psychologists.

Finally a very sincere thank you to all those who replied to the survey. Receiving a 100% response two years running was highly gratifying.

Kieran Woods
on behalf of Heads of Psychology Services Ireland
Kieran.Woods@mailb.hse.ie

Table 9 Qualified Psychologists

Health Board	Population	% of nat. Pop.	% of Psychologists		
			2002	2003	2004
ERHA	1,401,441	35.7	36.29	37.36	33.22
MHB	225,563	5.8	7.81	7.82	8.39
MWHB	339,591	8.7	9.46	8.52	8.84
NEHB	344,965	8.8	7.33	7.40	7.43
NWHB	221,574	5.7	5.87	5.02	5.70
SEHB	423,616	10.8	6.13	9.70	10.61
SHB	580,356	14.8	14.69	12.09	13.59
WHB	380,297	9.7	12.42	12.09	12.22
Total	3,917,203	100.00	100.00	100.00	100.00