2025

Clinical Associate in Applied Psychology (CAAP) Survey Findings 2025

Unite Report

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Executive Summary

Scotland's Mental Health and Wellbeing Strategy (June 2023) commits the nation to a simple but demanding pledge: that every citizen should have timely, equitable access to high quality psychological support, with prevention and early intervention as a key priority. Clinical Associates in Applied Psychology (CAAPs) are uniquely positioned to help deliver that vision. They provide evidence-based Psychological therapies, bridging the gap between universal services and intensive / highly specialist mental health services.

This survey, completed by 130 CAAP graduates, reveals that while CAAPs are delivering critical front-line services, four structural obstacles:

- Regulatory limbo
- Inconsistent banding
- Stalled career progression
- And a widening training–practice gap

...risk undermining their contribution. Unless these barriers are addressed, Scotland will struggle to realise the Strategy's priorities to expand a skilled mental-health workforce, shorten waiting times for psychological therapies, and embed community-based, preventative care.

Background & Context

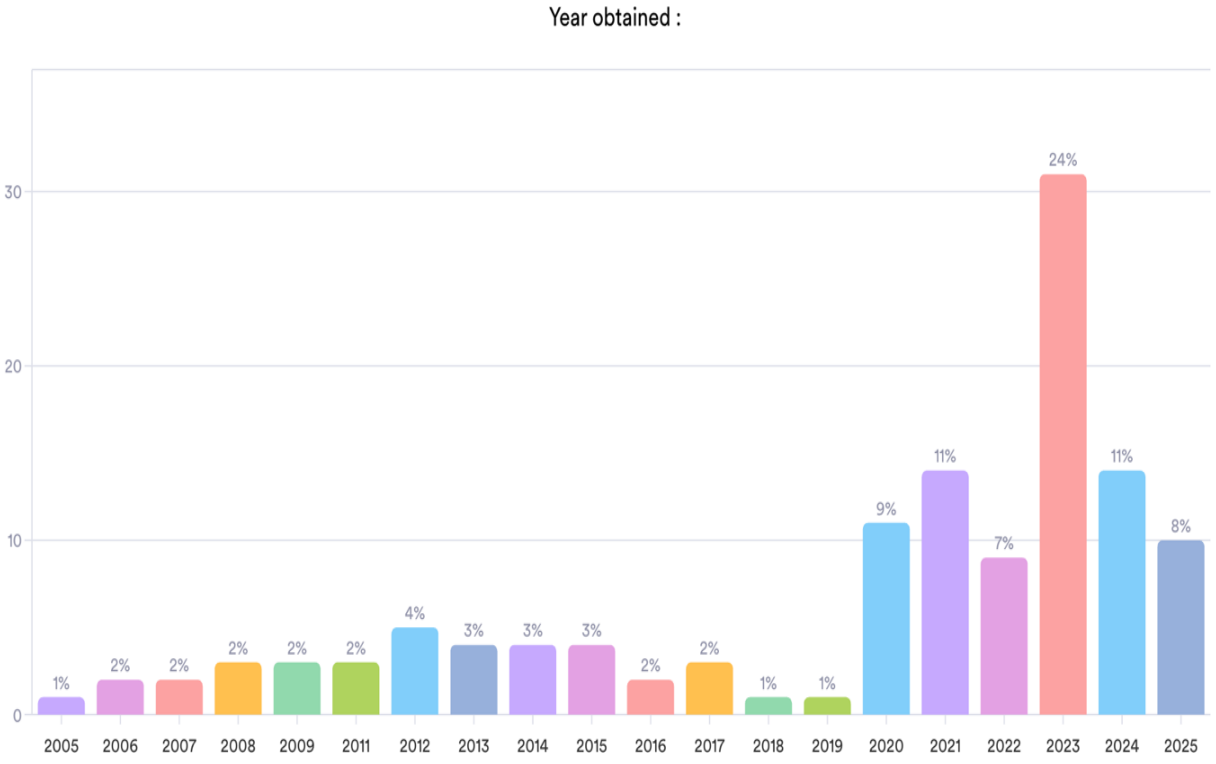
The CAAP role was introduced in 2005 (adult pathway) and 2007 (child pathway) to bolster Scotland's psychological-therapy capacity. According to NHS Scotland Workforce Data, as of June 2025 there were 282.4 WTE CAAPs working in NHS Scotland, with training places increasing over the years to 50 and 37 respectively in 2024, this is an ever growing professional group.

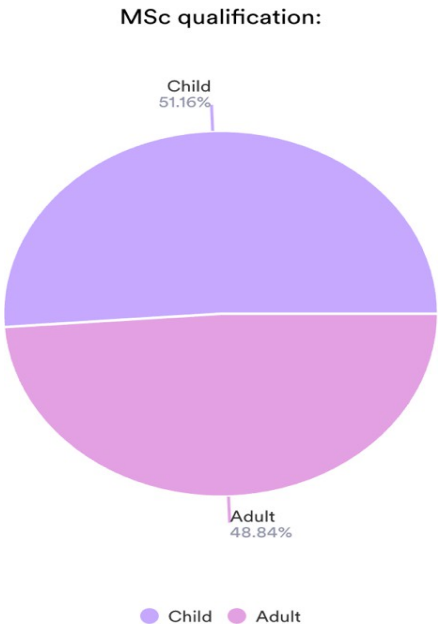
Although early discussions envisaged statutory regulation, no bespoke register was created. A voluntary register maintained by the Professional Standards Authority (PSA) does exist, but the stipulation that practitioners are unable to utilise this registration to work outwith the NHS, in addition to the requirement for fortnightly supervision is misaligned with day-to-day practice realities and consequently attracts only limited uptake.

Subsequently, two decades on, CAAPs find themselves delivering increasingly complex care without the professional recognition enjoyed by equivalent Allied Health Professions.

Survey Method & Demographics

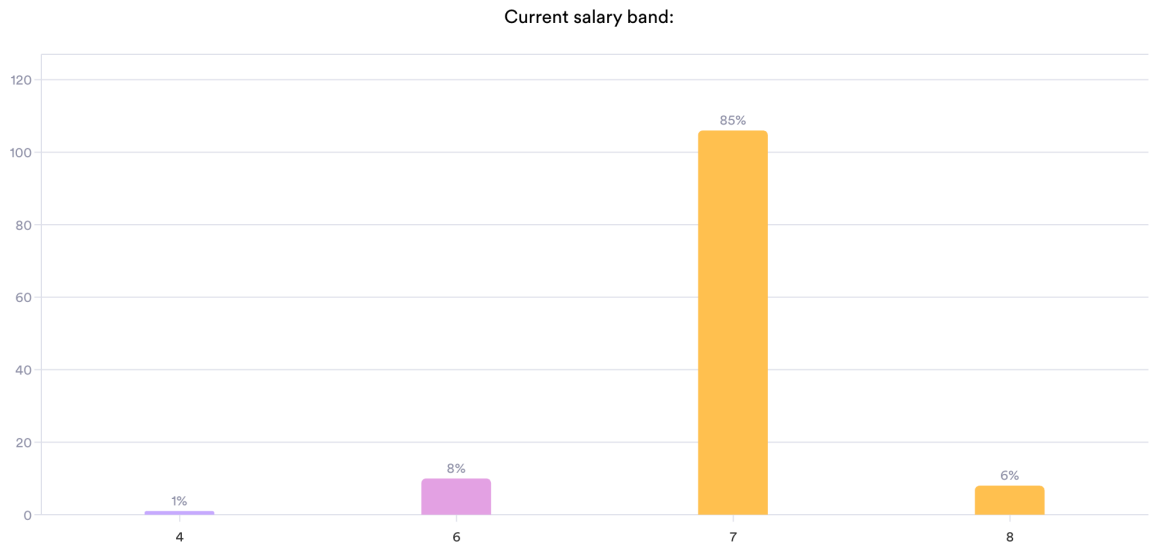
An online questionnaire circulated between January - June 2025 captured the views of graduates from 2005 to 2025 (median - 2017).





Respondents were almost evenly divided between the adult MSc Psychological Therapy in Primary Care and the child MSc Applied Psychology for Children and Young People.

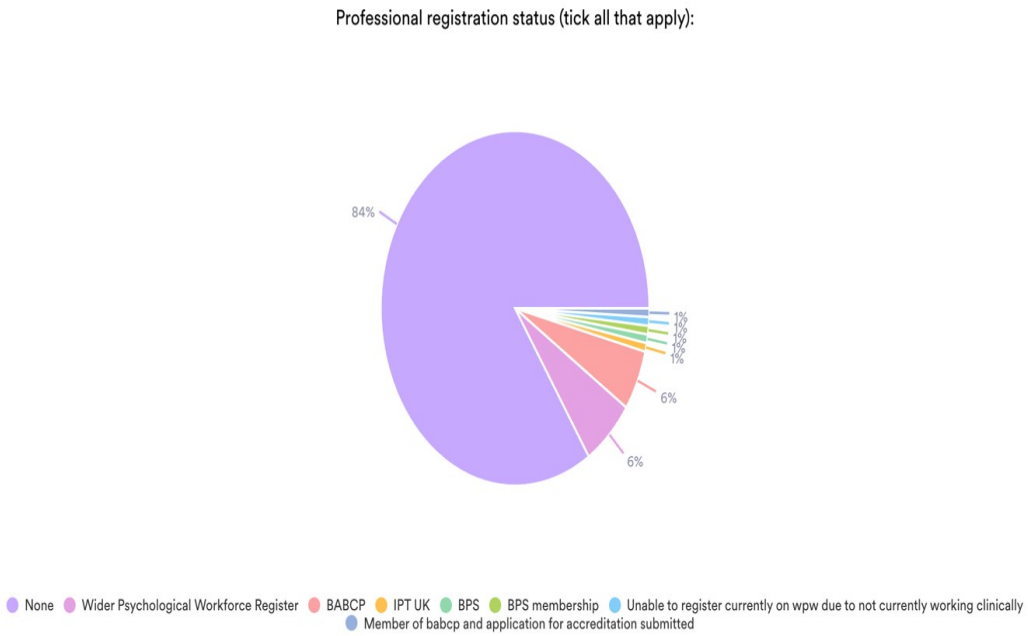
Seventy-two per cent currently work in a role formally titled “CAAP”, though reported pay bands range from 4 to 8a, with almost nine per cent employed below the intended Band 7 entry level.



Key Themes & Findings

Professional Registration

More than four-fifths of respondents hold no formal registration. They report being locked out of specialist training, due to having “no core profession” and lacking a regulatory body. Additionally, senior NHS posts, Third Sector Roles and private practice are out of reach as each requires Health and Care Professions Council (HCPC), British Association for Behavioural and Cognitive Psychotherapies (BABCP) or equivalent credentials.

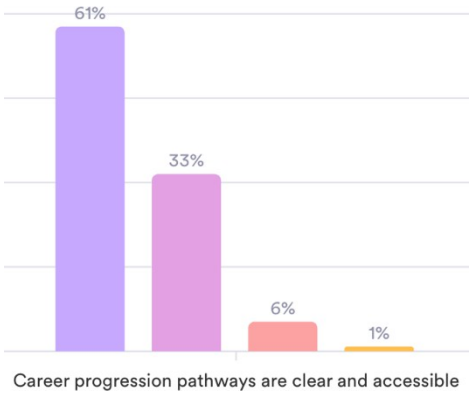


“Meeting the requirements of the wider psychological workforce register is challenging due to job role. Within my service … we are not offered supervision within our profession of psychology...”

“There are certain training courses I would like to do which require a professional registration. For example, it would be really beneficial in my role to be trained in EMDR but as I don't have a registration, I am not eligible to do this training.”

“I feel unable to secure a post in England due to the lack of registration and recognition of my qualification. It seems like the only options are to take a job that is below my level of qualification and experience, or to apply to the doctorate programme.”

Career Progression Barriers



Sixty-one per cent state that career pathways are never clear or accessible.

The role has been described as a “career cul-de-sac”, with respondents observing that colleagues with a decade or more of clinical experience have no route to Band 8 leadership or advanced practice positions.

This is at odds with the Fair Work Convention (as stipulated in the CAMHS National Specification, Scot Gov) dimensions of Opportunity, security, fulfilment and respect.

“The MSc CAAP is a great qualification, work experience and course, however, with a lack of professional registration and regulation there is a lack of career progression and feeling of being 'unprotected' once qualified.”

“I think the profession needs a clear pathway to ensure growth, not just a training course followed by stagnation.”

“The lack of registration available to graduates of the CYP MSc is detrimental to the field. It limits the progression of highly trained colleagues and has limited further training opportunities.”

Training–Practice Gap

The child CAAP cohort describes the sharpest divergence between the mild-to-moderate presentations covered in training and the moderate-to-severe caseloads encountered in Child & Adolescent Mental Health Services (CAMHS).

New graduates commonly report steep learning curves, elevated risk profiles and insufficient mentorship during their transition to autonomous practice.

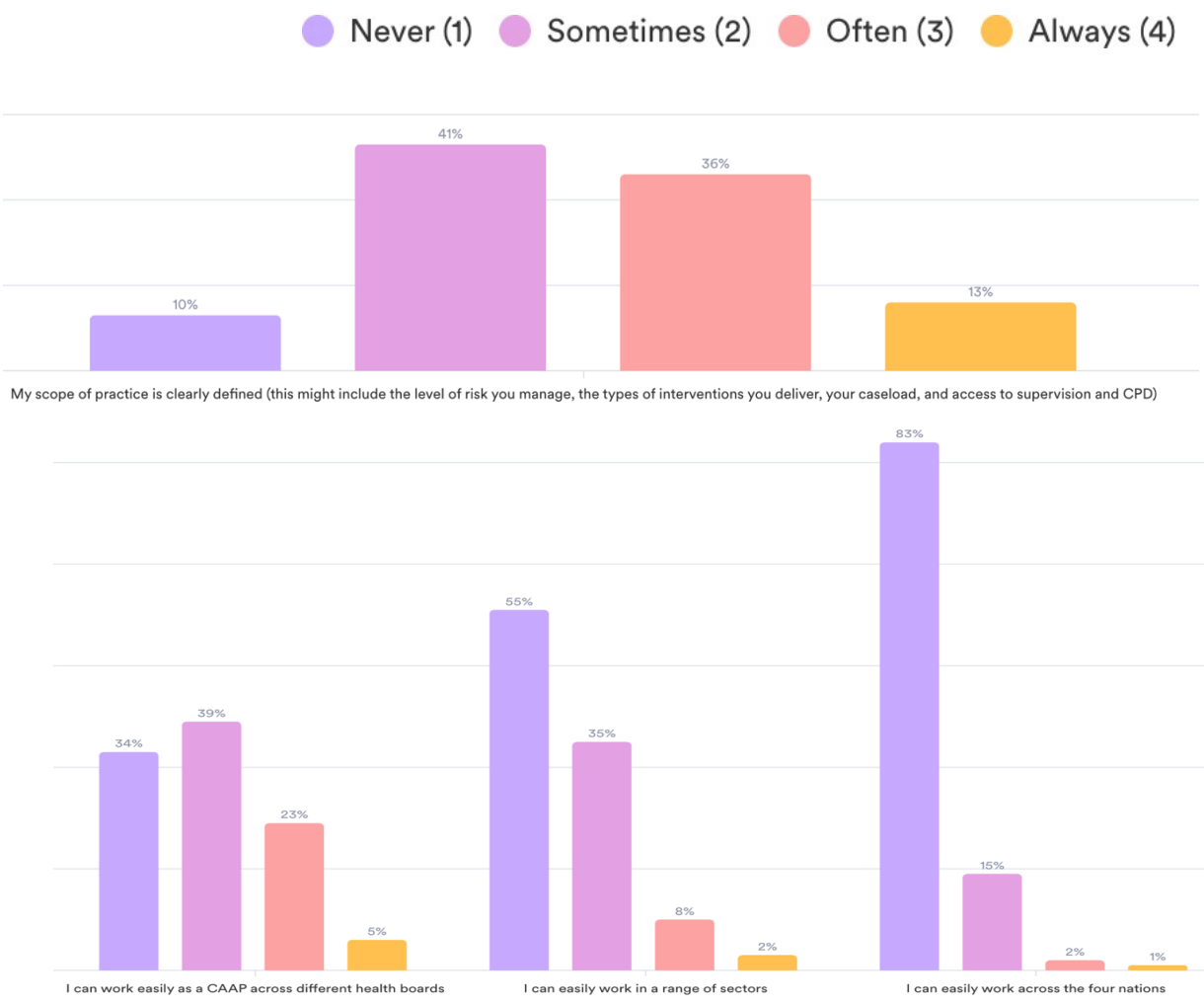
“I felt ill-prepared to deal with the complexity of cases in CAMHS after graduation.”

“I work with a larger caseload of patients who have a greater degree of risk in their presentation. This has been out with the scope of my training and has felt overwhelming.”

Role Dilution & Regional Inconsistencies

Job titles such as “Senior Psychological Therapist” or “Mental Health Clinician” obscure psychological expertise and fragment the identity of CAAPs, while divergent local banding creates a

postcode lottery whereby identical roles attract different pay grades. It is not clear how these roles are captured in the NHS Scotland Workforce Data and so it seems unclear how many MSC Primary Care / CYP graduates are working in these roles. Such inconsistency fosters frustration and undermines service planning.



"I'd have to take a pay cut to work closer to home despite doing the same job."

"I am currently on secondment into a CAAP role however will be returning to a band 6 mental health practitioner role in the coming months, although I will be doing the same job and I am more experienced I will be paid a band less. I plan to request a banding review but have not started this."

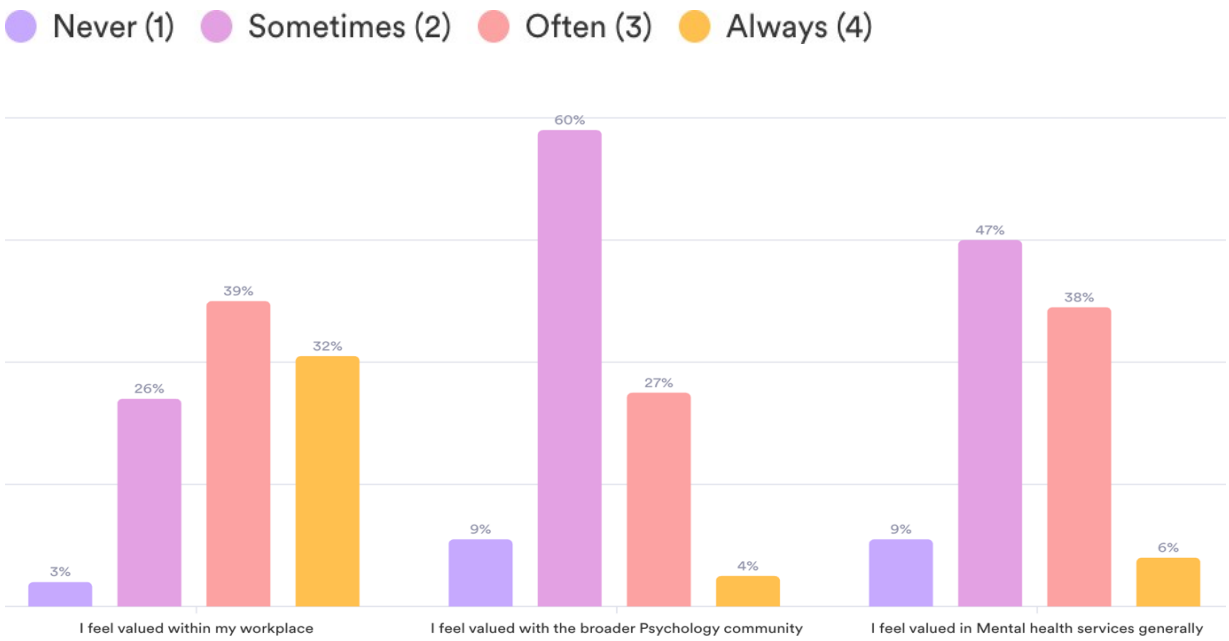
Impact on Services & Workforce

The survey reveals a profession under strain.

Respondents cite attrition to doctoral pathways, blurred clinical boundaries, reduced research capacity and burnout - all of which jeopardise Scotland's ambition, set out in the 2023 Strategy, to build a sustainable, multidisciplinary mental health workforce.

In the absence of career progression, many opt for doctorate training, seen as the only route for career advancement. Multidisciplinary teams tend to either over or under use CAAP expertise, with blurred role boundaries leading to de-skilling for some with others working beyond their scope of practice, leading

to burnout.



Opportunities to lead research and service improvement projects are scarce, weakening the evidence base for early intervention models in which CAAPs have historically excelled.

> *"I strongly feel that to retain the CAAP workforce, that career progression pathways need to be made available. Otherwise, we will continue to leave for the doctorate, which is an ongoing plan of mine. Working as a band 7 but being expected to do band 8 level work is completely unreasonable and is encouraging burnout. I see*

the highest level of burn out/sick leave/leaving the profession amongst CAAPs in my service."

"Having clear definitions of what our role is, and strict boundaries of what we can/can't work with is essential as boundaries are being crossed."

"Pushing us to our limits to meet government waiting times but having an employment freeze on CAAP recruitment is extremely unsafe for the CAAPs who are still working and expected to pick up the pieces of a broken system."

"I have never been more unhappy and unfulfilled in a job, and I am actively seeking to leave the profession."

Qualitative Insights

Open text comments, demonstrated above, combine frustration with optimism. CAAPs want a unified professional identity, stronger advocacy and genuine mobility within Scotland and across the four UK nations. Many remain hopeful that, with the right structures, the CAAP model could yet realise its full potential.

Workforce Recommendations

To align the CAAP workforce with the Mental Health and Wellbeing Strategy's commitments to prevention, early intervention and workforce expansion, this report proposes five inter-locking actions:

1. Explore HCPC or equivalent to establish a statutory or chartered regulation pathway, underpinned by standards that allow CAAPs to practise, develop and progress on an equal footing with peers within the psychology profession.
2. Standardise job titles and create national job profiles with pay banding at Band 7 on entry, with defined advanced roles at Band 8a and above.
3. Design clear clinical, leadership and research pathways that reward experience and retain talent within the NHS, including the option for professional "on the job" training routes to allow for career advancement.
4. Update MSc curricula and post qualification support to reflect the complexity and risk profile of contemporary caseloads, with a commitment from NHS Education for Scotland to support this.
5. Protect dedicated time and funding for research and service innovation, enabling CAAPs to contribute to the Strategy's evidence based ambitions.

Conclusion

The Scottish Government's 2023 Mental Health and Wellbeing Strategy sets a ten-year vision centred on prevention, early access and parity of esteem between mental and physical health. CAAPs already embody that ethos: they deliver brief, evidence-based interventions that reduce waiting times and divert patients from crisis pathways. Yet, without swift action to resolve regulation, banding and progression bottlenecks, Scotland risks squandering this strategic asset.

Implementing the recommendations in this report would not only honour the Strategy's commitment to expanding and diversifying the psychological workforce; it would also safeguard the retention of experienced clinicians who are poised to take on advanced practice, research and leadership roles. In short, empowering CAAPs is an essential step towards realising Scotland's vision of a modern, resilient and person-centered mental-health system. Addressing regulatory gaps, ensuring fair and consistent banding, and opening meaningful progression routes are not optional add-ons—they are prerequisites for a resilient, motivated workforce. Without decisive, concerted action, Scotland risks losing a cadre of clinicians whose expertise is critical to meeting current and future mental-health demand.

The call to action is clear: recognise, regulate and retain the CAAP workforce, or face a costly erosion of skills at a time when the nation can least afford it.