

Getting on clinical training courses



Tony Roth explains how to gain entry into clinical psychology.

THE demand for training in clinical psychology has always outstripped supply, with the result that each year a substantial number of good-quality applicants are upset and puzzled by their failure to get on a course.

Some of this puzzlement finds its way into the correspondence columns of *The Psychologist*; much of it condenses into a set of hunches about the magic combination of experiences which will gain entry to training. Sometimes, the hunches are right; sometimes, they are wrong. This can lead to a suspicion that entry criteria are arbitrary or even perversely difficult to achieve.

In a previous article (Roth & Leiper, 1995), Rob Leiper and I attempted to remove at least some of the opacity surrounding selection systems. We surveyed courses, enquired about their selection methods, and concluded that a lot of thought and care went into the selection process. We had hoped that this article would clear up some of the mythology, and help aspiring candidates to think more clearly about entry requirements. However, over the past year or so, more letters and comment have appeared in *The Psychologist*, again reflecting frustration and misconceptions about both selection and the reasons for the bottleneck into training.

The purpose of this article is to try to remove some of the misconceptions around selection. Inevitably, there is a limit to how far this can be done — I do not speak for all courses (though I have incorporated the comments of a number of course directors in this article), and there is some variation in what each course looks for. Nonetheless, what

follows should be useful information for candidates and those who advise them.

How hard is it to get on a course?

Though it is hard to gain a place on a training course, the process is less competitive than is sometimes imagined. In 1997, 1642 people applied for the 315 places on offer — a ratio of 5.2:1. This overall figure disguises considerable variation in the likelihood of a successful application to a particular course. Across the 23 courses in the clearing house for 1997, the ratio of places to applications varied from 1:7 to 1:29 (figures that need to be interpreted in the context of the fact that each applicant usually applies to four courses).

If there is so much demand for clinical psychologists, why do courses remain so small?

The increasing demand for the services of clinical psychologists is not being met by the numbers being trained. Over the years, a number of reports recommended significant increases in training numbers. But these were not acted on, and only slow and incremental growth followed.

More recently, the picture has changed. The Department of Health has clearly indicated a wish to see the profession expanded, and purchasers of training have responded — the current growth rate for clinical training is extraordinary (see Table 1), especially when contrasted with other professions in the NHS.

In spite of this (rather belated) growth, it is the case that there are fewer training places than applicants, though it has to be said that this situation is hardly unusual and is shared by almost every other profession.

Why can't courses expand faster?

There are limits to the rate of expansion. There would be little problem if courses only offered academic teaching; in reality, clinical training involves a mix of academic input and experience gained on placement. Finding the appropriate number of placements is a challenge for most courses: there is no

year	number of courses in clearing house	number of places	year-on-year increase in places	number of applicants	ratio applicants: places
1994	23	221		1224	1 : 5.5
1995	23	260	17.6%	1398	1 : 5.3
1996	23	285	28.9%	1645	1 : 5.7
1997	23	327 ^a	14.7%	1642	1 : 5.2

^a12 places at Royal Holloway were advertised outside the clearing house

Table 1: Increase in number of places on UK training schemes 1994–1997

automatic requirement that practitioners offer supervision; not all placements have the resources to offer training; and there is increasing specialisation.

All of this can make it hard to locate enough supervisors whose work maps onto the 'core' clinical experience (at present, all trainees must gain experience of work with children, adults and older people, and with people with learning disabilities). Because we are still a small profession, this can place a lot of pressure on supervisors of some core placements, and this limits the number of trainees that can be taken on.

In fact, the current rates of expansion already pose some problems. Training lasts for three years, and psychologists only become eligible to supervise two years after training. This means that it is five years before any increase in training numbers impacts on the number of placements that can be offered.

As a result, the training load on current supervisors increases rapidly as courses expand, and this is managed only by supervisors placing training at the head of a long list of other professional demands — for which courses and their trainees are very grateful.

Is the system fair?

In some ways the system is unfair, because some of those failing to gain places are appropriately qualified. In the final stages of selection, courses are attempting to distinguish between candidates of very similar abilities. The reliability of any selection procedure decreases under such conditions — indeed, all course staff suffer the frustration of rejecting people they know would make good psychologists.

However, at earlier stages of selection, the system is probably more robust. Some applicants are weak, and some are probably under a misconception in their attempts to gain entry. A particular subgroup to whom this judgement applies are those who hold a 2:2 degree class.

Why do courses have a minimum entry requirement of a 2:1?

Few candidates holding a 2:2 degree gain a training place. Ninety-five people (6 per cent of all applicants) applied with a 2:2 in 1997; only eight gained a place. This is an acceptance rate of just 8 per cent for this group, contrasted with the overall acceptance rate of 24.5 per cent. Usually, such individuals will have studied for a further degree, and will have references which account for their failure to gain a 2:1.

Though this issue impacts on relatively few applicants, the 2:1 entry requirement has been the subject of a number of letters and comments in *The Psychologist*, and is seen by some as excluding otherwise worthy candidates. Because of this concern, I think it is worth explaining and defending the

insistence on minimum academic standards.

All courses now award doctoral degrees, and the work expected of trainees (in both academic and clinical settings) is demanding. The criterion of a 2:1 was set at a time when only a third of students could expect such a degree; currently about half of graduates are awarded a 2:1, and about one third a 2:2 (Newstead, 1996; Myron-Wilson & Smith, 1998).

There is also a debate among academics about the equivalence of degrees across universities — the proportion of 2:1 degrees awarded is broadly similar in every university, regardless of their entry standards. This suggests that there has been a move away from national standards for degree classes (National Committee of Inquiry into Higher Education, 1997). Though courses should not discriminate between awarding institutions (unless they publicly indicate that this is a part of their procedure), there is no doubt that it is becoming harder to make reliable judgements of academic ability.

All this makes the minimum standard of a 2:1 degree class more generous than it used to be. Some might argue that, in spite of this, it is unfair to reject individuals purely because they have a 2:2. However, there is little sense in taking on individuals who are unlikely to meet the academic requirements of courses, and there is no evidence that individuals with poorer academic qualifications make better psychologists.

It is important that courses do not take on individuals who are very clever, but bad at interacting with others. But there is little risk of this as long as academic achievement is not privileged over interpersonal capacities — a principle to which all courses seem to adhere (Roth & Leiper, 1995).

Where does this leave individuals with a 2:2? They should think about *why* they got a 2:2. For some, this is the degree they merited. Others may have underperformed because of circumstances beyond their control — for example, a family bereavement immediately prior to finals. Such individuals should make sure that their academic referee confirms that the degree class is unrepresentative of their ability. It is always an error to imagine that course administrators will not notice the degree class, or will take at face value an unsupported assertion that the candidate should have been awarded a higher degree class.

Another possibility is to obtain a further degree, such as a Masters, and to use this as a marker of academic ability. Again, the academic reference must confirm that performance in this further degree meets a 2:1 standard. Candidates should bear in mind that gaining a Masters degree does not automatically

demonstrate a capacity to complete a doctoral course, because of the increasing trend towards conferring this degree for courses which would previously have been considered relatively non-academic.

In the final analysis, candidates who have had difficulty in academic settings should think very carefully about their career paths — quite pragmatically (and as any trainee will tell them), the academic demands of clinical training courses are considerable. In the longer run, it may be best to make a realistic appraisal of their chances of getting on a course. Those with a weak academic track-record do themselves no favours by continuing to orient themselves to clinical psychology, when they would be better off considering avenues which lead to work in a similar area, but with different entry requirements.

Do courses require additional postgraduate qualifications?

Candidates must have a degree which makes them eligible for the Society's Graduate Basis for Registration. From this perspective, further degrees are not a requirement for entry, and applicants should not feel obliged to undertake them. Relevant postgraduate degrees or qualifications may enhance an application, but equally may be redundant if they duplicate prior experience, or are of little relevance to clinical work.

Candidates should only undertake further courses if they have a clear rationale for doing so. For example, are they really interested in the course? Will it be useful to them individually and professionally? Will it genuinely compensate for weaknesses in their CV?

What about research experience?

All courses are looking for individuals who can carry out research and use and understand the research literature. But for some, this is demonstrated through the basic research requirements of undergraduate degrees; while for others, postgraduate research experience is seen as important. The variation between courses makes a definitive statement inappropriate, but it is worth noting that postgraduate research experience can be acquired alongside clinical work — for example, carrying out an audit as part of an assistant post.

It is also the case that not all research contributes equally to an applicant's CV. The clinical relevance of the research is an important issue — whether it exposes candidates to clinical populations, tackles clinical issues, or introduces candidates to clinical skills such as interviewing.

Why do courses insist on applicants having clinical experience?

All courses require that candidates have some relevant clinically-related experi-

ence prior to starting training. This is to establish that they know what they are applying for: what clinical psychologists do; what settings they work in; and what kind of people they work with. This pre-training experience is usually useful, and probably contributes to the very low dropout rates from courses. It guards against trainees becoming disillusioned as a result of basic misconceptions about the profession.

This requirement is not intended to force candidates into an apprenticeship. But there is no doubt that some applicants have worked for inappropriately long periods on low pay, sometimes with little supervision and little job structure, in order to 'prove' their motivation. This is a situation which benefits no-one, leading only to resentment and a sense of exploitation. However, while the bottleneck to training persists, there is little that can be done other than to make clear to candidates what sorts of experiences are most useful.

How much experience, and what sort of experience?

These can be vexed issues; although selectors would probably agree about broad criteria, they may well disagree about specifics.

The question as to how much experience is crucial. Many people (candidates and those advising them) have the impression that applicants need to gain extraordinary amounts of experience before coming into training. This probably results from the fact that many people do not get on courses at their first application. In 1997, 30 per cent of University College London (UCL) trainees were successful first-time applicants; for 40 per cent this was their second application, and for 30 per cent their third application.

Because such a high proportion enter training at the second or third attempt, this can generate the impression that a lengthy period of experience is a course requirement, rather than a by-product of selection pressures. As a rule of thumb, at UCL we look for at least one year's relevant experience. Though more than this is common, quantity is not the crucial issue (as discussed below).

What sort of experience is best? It is difficult to be specific, but in broad terms:

- A period of full-time employment which gives experience of the sort of clients clinical psychologists usually see. This could be adults with mental health problems, older adults, people with learning disabilities, or children with psychological difficulties, and so on.
- Work in settings which are similar to those encountered by psychologists — for example, hospitals, day-care units, multi-professional teams.
- Work which ensures some contact

with clinical psychologists, even if the contact is indirect (for example, working in a unit where psychologists have an input). Not everyone will be able to work alongside psychologists, and it may be necessary to generate the contact either through visits to psychologists, or to units where they have input. Arranging such visits is not always easy, but will enhance the quality of an application.

Often, experiences are too specific to help candidates achieve a realistic appraisal of the role of the psychologist, or to offer an opportunity to test their motivation. Although very useful in the context of broader experience, by itself some work is only partially relevant. For example:

- Work in student counselling settings (such as Niteline) — the sorts of problems presented by students using these services are not representative of work in statutory settings.
- Intensive work with one individual — which, by its nature, will not represent the usual pattern of work.
- Work with normal individuals in ordinary settings, such as schools or holiday camps.

In the end, it is the quality of interpretation of experience, rather than the amount of experience, that determines the likelihood of gaining a place. The way these experiences are written about on the application form, and discussed at interview, is critical. For example, some candidates have gained a wealth of experience as assistant psychologists, but still seem to have little idea of what psychologists do, or show no evidence that they have thought about what they are doing in a way that enables them to generalise beyond their own experience. Equally, some candidates have only limited contact with psychologists, but by dint of their own initiative and thoughtfulness show that they understand the role very well.

Do I have to be an assistant psychologist to get on a course?

Many trainees have previously worked as assistant psychologists — 22 of the 32 trainees joining the UCL course in 1997 gained their pre-training experience this way. However, there has been a worrying shift in perception over the past few years, with assistant posts being seen as the major, perhaps only, route of entry into training.¹

It is also the case that the number of assistants has increased rapidly in recent years, partly because services often use money from unfilled jobs to create assistant posts. These posts attract a large number of applicants, because the assistant post is perceived as the ante-room to training. But the resulting competition for these jobs compounds the sense that the path to training is unduly arduous.

In my view, the profession would be

the poorer if the assistant role were too closely linked to training — a diversity of pre-qualification experience enriches training cohorts and the profession. Furthermore, Boyle *et al.* (1993) found that ethnic minorities were under-represented in assistant posts, suggesting that courses would introduce an undesirable bias into selection if they overvalued the assistant role.

My usual advice to candidates is to obtain a post as an assistant if they can (but I caution them to check that they will receive appropriate supervision for the work they undertake). Alternatively, candidates should consider any position which meets the experience criteria above — for example, work as a nursing assistant, within social services departments, as a care assistant, in residential homes, in a clinically relevant research assistant post, for a clinically relevant PhD, and so on. Realistically, these posts may make it harder to gain an appreciation of the role of the psychologist; and where there is no regular contact with clinical psychologists, I always advise candidates to make links for themselves, even if this only amounts to a brief visit or telephone conversation.

So is it all down to a good CV?

Without a good CV, the chances of a successful application are very limited. However, even the best CV can be undermined by a poorly completed application form. Sensible candidates will have noticed how many forms courses have to process each year, and will have concluded that they need to take great care with their application.

We know that most forms have been carefully reviewed by colleagues and friends, but we still see basic errors of spelling and grammar, poor expression, an inability to distinguish relevant from non-relevant information, an inability to convey a sense that the reasons for the application have been thought through, and unrealistic ideas of the profession or inappropriate or misguided views of the professional context within which psychologists work. With levels of competition very high, forms can be 'marked down' for reasons which may not be immediately obvious to candidates, but which make sense in the context of the pool of forms which are seen.

In fact, there is some evidence that, though rating is experienced as a difficult and demanding task, raters of application forms are able to make reasonably reliable judgements. At UCL, batches of forms are independently rated by three separate judges. Tests of inter-rater reliability yield Kendall's *W* ranging between .47 and .78, with 80 per cent above .55, suggesting acceptable levels of concordance.

Am I too young to apply? (Or too old?)

The average age of entry is about 27. This

does not mean that the average 21-year-old will have to wait six years before applying, but it does emphasise the importance of gaining good quality experience before making an application.

On the other hand, some applicants are transferring from one career to another, and may be concerned about being too old. In fact, it is common for courses to accept people for training in their thirties, though successful applicants in their forties and fifties are rarer.

And in conclusion ...

This article is unlikely to be the final word on selection, but it is intended to inform aspiring clinical psychologists about steps they need to take to gain entry to the profession, as well as helping them understand why previous applications might have been unsuccessful.

Courses do encourage dialogue from

within and without the profession, and feedback on this article will almost certainly be helpful in indicating which areas of selection remain unclear, or appear unfair.

Note

¹ While many employers work hard to ensure that assistant posts offer meaningful and supported experience, applicants need to be aware that some are poorly structured, offer little by way of training or supervision, and make inappropriate demands of the assistant. Guidelines for these posts have been published in *Clinical Psychology Forum*, January 1998, pp.44–46.

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