

Portfolio 1: Major Research Project

**ADMISSION TUTORS' EXPERIENCES OF RECRUITING
RACIALLY DIVERSE TRAINEE CLINICAL PSYCHOLOGISTS**

KATE KAMSON

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Abstract

Background: Clinical Psychology has made many attempts to discuss and increase racial diversity in its profession for more than 30 years. Previous research focused mainly on the factors preventing applicants meeting the selection criteria (e.g., lower A level grades, less NHS experience). Currently, White females make up 88% of the profession, which indicates a level of change is needed for the profession to present more racial inclusivity. The focus of the selection process of Doctorate courses in Clinical Psychology (DClinPsy) has increased in recent years due to an increase in funding of NHS funded places. However, little research exists about what the different selection criteria are across courses and also the experiences of admission tutors recruiting racially diverse trainees.

Aim: This study had two aims: (1) To investigate what are the different selection criteria used at application shortlisting stage by courses across the UK (2) To explore the experiences of admission tutors recruiting racially diverse trainees.

Method: A mixed methods approach was used to address both research aims. An online survey as well as semi-structured interviews were used to gather the data. Survey results were analysed by an online survey software, whereas qualitative data was analysed using Reflexive Thematic Analysis.

Results: Survey results found there was similarity across courses in terms of different aspects of their selection criteria. However, there were differences in academic attainment requirements, the use of a points system to rate applications and number of years required for selectors to shortlist application forms. In terms of main themes developed from reflexive Thematic Analysis, these are: (1) I want to do a good job; (2) Seeing is Believing; (3) It's everybody's business and it's everybody's responsibility.

Conclusion: The study illustrated that various aspects of the selection process impacted underrepresented racial groups applying for training. The impact of the profession's lack of racial diversity, systemic barriers and incidences of overt discrimination all indicated change was required within the selection system.

Implications: The study highlighted that further research into the biases of selectors could help to improve fairer selection experiences and outcomes. The study reported that further support from external systems such as the NHS and professional bodies could aid DClinPsy courses implementing greater change to increase racial diversity into the profession.

Chapter 1: Introduction

Overview

This chapter will outline the research topic and relevant concepts. The position of researcher and relevant terms will also be detailed. The chapter will then explore some of the challenges found in present in literature and the reasons why this research topic was investigated. The chapter will finish with a look at the theoretical underpinnings of the present study.

Present Research Study

For over three decades, the issue of racially diversifying the profession of Clinical Psychology has been discussed and explored (Tong, Peart and Runnells, 2019; Cape et al. 2008). Research into the lack of racial diversity of Clinical Psychology trainees has had a focus on the low rate of 'People of the Global Majority; (PoGM) being accepted on doctorate courses (DClinPsy) across the UK (Ahsan, 2020). According to Tong et al. (2019) they report, the increase in Black applicants applying to training was 4% (CHPCCCP, 2017) against the national population of those who identify as Black as 3% (Office of National Statistics, 2011). Moreover, the recent increase in funded places for Clinical Psychology trainees by Higher Education England (HEE) calls for more diversity to be seen across the mental health workforce (HEE, 2021). This is seen as good step in the right direction; however, the systems currently in place (i.e., selection processes of Clinical Psychology courses) may still need to be reviewed in line with these changes. In their review of the applicants applying to training, Scior et al. (2007) reported that Black applicants were still 1.46 times less likely to gain a place even if they meet the same selection criteria as white applicants. Similar figures were reported more recently by Tong et al. (2019) who highlighted White applicants were twice more likely than their Black counterparts to gain a place on training between the years 2016-2018. This research therefore aims to add to the literature in this area by exploring what are the experiences of admission tutors recruiting PoGM applicants; and how the selection criteria differ across courses to gain an insight into the how selection processes impact the success of PoGM applicants getting a place on training.

My Position

It is of ethical importance in research for the researcher to reflect on their position and their influence (Haverkamp, 2005). To describe my position in relation to this research study, I turn to second-order family therapy theorists, who highlighted the importance of recognising, that a system cannot be something we observe, but what we are part of (Fredman, 2007; Reder & Fredman, 1996; Selvini et al., 1980). I identify as a Black female, of African descent who is a third year Clinical Psychologist in training. I approach this research with the lens (Hoffman, 1990) of lived experience of the selection processes in Clinical Psychology as I applied 7 times to gain a place on training. I have a

background of working in the NHS and research settings for 11 years before becoming a trainee Clinical Psychologist. I have worked mainly in Clinical and research teams where I was usually the only person who identifies as black, and mostly the only person who identifies with PoGM. I have seen many ways Clinical Psychology has supported as well as harmed individuals and communities. I have experience of being supervised by Clinical Psychologists who are PoGM, however, these have totalled to only **three** supervisors in the last 14 years. The inspiration of this study has been drawn from many years in which questions about the profession, clinical practice, research, and the training community have developed. My experience of society (e.g., the marginalisation of black individuals; and treatment in mental health services) and my own family story (e.g., immigration to the UK) will contribute to how I view the research. Considering my position as a Trainee Clinical Psychologist, I also adopt the position of an 'insider researcher.' This refers to a researcher who conducts research of populations or members in which they are part of (Dwyer & Buckle, 2009). As a trainee who identifies with PoGM, I have membership in the profession of Clinical Psychology. However, considering the group I will be focusing on are admission tutors, I believe I will hold a slight 'outsider researcher' position also as I am not part of this subgroup being studied (Dwyer & Buckle, 2009; Kanuha, 2000). My position as an insider and outsider researcher will impact how participants will interact with me (e.g., white admission tutor in a place of authority discussing disadvantages of PoGM applicants with a black trainee) and the level of detail given about their experiences, considering I have an increased understanding of some of the challenges. I see my position as one of privilege but also one of bias, therefore attempts have been made to reflect on these, which will be discussed in the methods and discussion chapters.

Epistemological Stance

Ontology refers to our understanding of the nature of reality (Guba Yvonn As, 1994). This in turn influences our understanding about how we gain knowledge (Epistemology). In terms of my epistemological position, I believe that there is an inherent subjectivity in the production of knowledge and that truth exists outside human consciousness (Oliver, 2012). However, we make sense of different realities through socially constructed factors (e.g., language). The idea of critical realism is therefore adopted as an epistemological stance for this reason. Critical realism moves from being concrete realities and assumes everyone's reality is informed by their social constructions (Madill & Barkham, 1997). As a researcher, I endeavour to present the data within the contexts they exist. I aim to keep a reflexive stance (Braun and Clarke, 2021a) and acknowledge the biases and my personal contexts will shape how I view the knowledge generated from this work.

List of relevant Terms

Race: The idea of 'race' has been given many different connotations over the last 100 years (Patel, 2010). Race is defined as a 'socially constructed entity around skin colour' (Pendry, 2012).

Ethnicity: Described as 'clusters of people' who have common cultural traits, that differ from other groups. These would include shared languages, common sense of history, beliefs, common food habits, similar religious beliefs and traditions and common geographical locations or places of origin (Smedley & Smedley, 2005).

Culture: Often interchangeable with ethnicity. This refers to being a 'fluid enterprise' that exists between individuals and communities. A culture involves shared values, principles, and systems of function through learning (Carriere, 2014).

BAME/BME: This refers to the terms 'Black, Asian and Minority Ethnicities' and 'Black and Minority Ethnic' (Tong et. al .2019). These terms are commonly known in research (Ragaven, 2018) and refers to groups of individuals who do not identify as White (e.g., Black groups, Asian groups).

PoGM: refers to People of the Global Majority. This term will be used rather than terms such as BME or BAME as such terms centre 'whiteness' as a default (Ahsan, 2020; Atayero & Dodzro, 2020). I will be using this term throughout this research paper, unless direct quotes from research papers are referenced.

DClinPsy: Refers to the Doctorate in Clinical Psychology. This is a 3-year doctoral course in the UK that leads to a qualification in Clinical Psychology.

Background

The roots of Clinical Psychology

Clinical Psychology prides itself as a discipline that 'respects' the individual (Daiches & Smith, 2012) and states in its core philosophy that it is based on the fundamental principle that all people have the 'same human value.' (BPS, 2010, P.2). Although this may be the case now, Clinical Psychology has not always subscribed to such views. Clinical Psychology as a profession historically has been linked to the 'Eugenics Movement'; in which certain groups were seen as more superior than others (Newns, 2021). The profession has also been explicitly linked to the complicity of slavery and colonialism (Desai, 2018; Pulraj, 2016). Newns (2021) highlighted psychologists such as, Burt and Spearman were part of the gathering of the '*Eugenics Movement*' held at the University College London in the early 1900s. Considering some of its foundational ideologies, the task to racially diversify the profession has been of importance for many in the field (Kinouani et al., 2016; Meredith & Baker, 2007; Turpin & Coleman, 2010 Daiches &Golding, 2005) in order to show the profession is inclusive and has the ability to work with different communities (Methley et al., 2016).

Lack of Racial Diversity and the NHS

Within the National Health Service (NHS), issues of racial diversity have been on the agenda heavily over the last decade. Kline (2014) reported on the state of racial diversity across senior leadership roles in the NHS. He reported that 40% of London NHS Trust boards had no PoGM managers on their boards. He highlighted that the impact of the lack of racial diversity in the NHS at senior levels would 'adversely' impact provision of services. The NHS has also made calls for racial diversity through past papers such as the 'Race and Equality Action Plan' developed by the Department of Health (DoH, 2004). This plan stated that the NHS must have a bigger focus on 'race equality' as part of their plans to improve health outcomes for various groups. This report sounded promising and showed the need to cater to individuals from unrepresented groups, however little progress on such plans were seen 10 years later (Kline, 2014). The need for more cultural diversity in leadership within the NHS is important for such reasons as potential risks of adverse decision-making, where there is a lack of racial representation. In their book chapter of '*Leading in Culturally Diverse Health Services*' Swanwick and McKimm (2017) report that the 'BME workforce' in the NHS is 16.7%, however those in leadership is less than 7.4%. Such statistics can display a potential lack of commitment from senior leaders to confront issues regarding equality and shows a possible bias to the dominant culture (Kline, 2014; Youseff, 1998).

Equal opportunities can also be impacted by the cultural background of leaders being similar and a higher chance of failing to meet the needs of deprived communities (Swanwick & McKimm, 2017). The impact of racial diversity in different aspects of the NHS has been monitored over time. For example, according to the 'Workforce Race Equality Standard' (WRES) report, white applicants are still 1.61 times more likely to be appointed to jobs than BME applicants. The report further highlighted that there has not been an 'overall improvement' in at least 6 years of monitoring this data (WRES, 2021). Many Clinical Psychologists work for the NHS post qualifying. Figures from 'Clearing House' (the application system for trainee clinical psychologists in the UK) reported that in 2021, 98% who completed training started work in the NHS (Clearing House, 2022). This has increased in the last seven years. With healthcare being a 'huge and complex business', there has been a growing need and call for diversity in the NHS (Swanwick & McKimm, 2017). Diversity within this context is associated with the recognition of individual and group differences and finding value in the various contributions within our society (Swanwick & McKimm, 2017).

In their 2015 report, 'The Division of Clinical Psychology' (DCP), which forms part of the 'British Psychological Society' (BPS) investigated the racial profile of qualified clinical psychologists across the UK. They reported that 88.2% of the clinical psychology workforce were of white origin and 1.4% identified as black. This is quite low considering the national average of those identifying as Black in the last census was 3.3% (www.gov.uk). With trainee Clinical Psychologists completing their training mainly within the NHS, the differences in groups appear quite vast, despite the continuous calls that a diverse NHS is a beneficial and accessible one (Jones, 1985; Meredith & Baker, 2007; Turpin & Coleman, 2010; Wood & Patel, 2017).

Impact on Service users

The impact of the lack of racial diversity has inevitably adversely affected mental health services and continues to do so. Ethnic inequalities in mental health have been rising in the last few decades (Prajapati & Liebling, 2022). Institutional racism has been argued as being a factor in failures to meet the needs of 'BAME groups' (Prajapati & Liebling, 2022). Fernando (2017) explores the overrepresentation of black men being diagnosed with 'Schizophrenia'. Fernando questioned the role of '*what*' was being offered to this group and '*who*' is providing the therapy. Further, black men were often detained in mental health institutions, without adequate reasons for their detainments (Fernando, 2017). Questionable treatment for PoGM, was also queried by Bawa et al. (2019a) who emphasised that developments of treatments by a workforce which does not reflect the community it serves, will be in danger of not fully understanding the needs of those who access services. Support for such concerns is further highlighted by the Care Quality Commission (CQC) who monitor

the use of the Mental Health Act. In their recent report, CQC reported there were significant inequalities in the use of the Mental Health Act. Those identified as Black or Black British were more likely to be detained under the Mental Health Act and have longer stays in hospitals as well as repeated hospital admissions (CQC, 2021). Further, the CQC report showed that Black patients were 10 times more likely to be on a community treatment order than white groups. Such statistics are impacted by wider socio-economic factors that contribute to the increased likelihood of mental health difficulties for PoGM (Morris, 2012).

Further, studies have also found that there is a large under-utilisation of mental health services by British Asians (Prajapati & Liebling, 2022). Reasons for this include mistrust of services and professionals such as those who identify as White and Asian professionals as well as limited experiences of collaboration and negotiation of their cultural identities (Prajapati & Liebling, 2022). There have been similar experiences in the US, where mental health services have also report under-utilisation of Asian Americans; thus, illustrating this problem is found in different parts of western society (Kim & Zane, 2016). The lack of racially diverse clinicians may potentially be contributing to such health disparities, as previous research highlights this as a factor in the experience of care service users receive (Gajwani et al., 2016; Chang and Yoon, 2011).

In their review of why the lack of racial diversity in Clinical Psychology was still a prevalent issue, Williams, Turpin and Hardy (2006) highlighted a number of issues. They reported that there was 'enough evidence' that showed PoGM were often excluded and marginalised from Clinical Psychology services (Williams et al., 2006a). Often, Eurocentric views shape services in terms of the mode therapy is conducted in and the framework used. Psychological theories disproportionately represent the experiences of 'Western, Educated, Industrialized, Rich, Democratic (WEIRD)' populations (Prajapati & Liebling, 2022). This leads to PoGM with racial trauma, for example to be put in spaces catered more for white individuals (Ahsan, 2020). Morris (2012) described some of the difficulties PoGM may have in services. Her paper highlighted that PoGM service users were more likely to receive treatment for mental difficulties whilst being detained and less likely to engage with services voluntarily. There has also been evidence that mental health services and engagement with therapy specifically can be 'unappealing' to PoGM (Morris, 2012) due to cultural factors not being considered in the work (Morris, 2012; Chang & Yoon, 2011).

In their study looking at the perceptions PoGM service users had about their white therapists, Chang and Yoon (2011) found that most service users interviewed felt their white therapists could not understand 'key aspects of their experience.' Their study further found that service users felt their white therapists avoided discussions around racial and cultural issues. Ethnic similarity in the patient-therapist dyad was found to be a 'strong predictor' for satisfaction with mental health

support received (Knipscheer & Kleber, 2004b). Research by Knipscheer and Kleber found that Surinamese outpatients were more satisfied with ethnically similar therapists within a Dutch mental health service (Knipscheer & Kleber, 2004a). This is in fact of no surprise considering how Clinical Psychologists are still trained in the UK.

Cognitive Behavioural Therapy is still a main component of training; which takes on a very 'individualistic' outlook on the world (Morris, 2012). This is often very incongruent with PoGM who may come from 'collectivists' societies, in which mental health distress may be located in the family or community rather than the individual. Therefore, continuous focus on 'what is being offered' should be addressed (Fernando, 2017); as the narrative of 'white psychology for white folks' will consequently continue to be perpetuated (Wood & Patel, 2017). Thus, widening the inequalities in health outcomes for PoGM. 'Whiteness' in Clinical Psychology has been highlighted by qualified and trainee clinical psychologists as being prevalent in the profession (Ahsan, 2020). Whiteness is described by Ahsan (2020) as 'Systemic rules, norms and discourses that produce (and reproduce) the dominance of those socially racialized as 'white.' Considering the profession is highly un-diverse, a question about what influences clinicians in practice (Totsuka, 2014; Burnham, 2012) and a closer look at the training community in Clinical Psychology are important avenues to explore.

Potential Biases within Clinical Psychology

In modelling exposures of uncomfortable experiences in Clinical Psychology training, the candid account of experiences of training was illustrated by Adetimole, Afuape and Vara (2005). In their highly cited 2005 paper, the authors reported the challenges of training in a white-dominated profession, and the impact this had on them as individuals and as practitioners. They expressed their experience of narratives often reiterated whilst training of black people being associated with 'difference, damage and deficit.' This was further perpetuated in the white Eurocentric curriculum of the profession that has also been heavily criticised by Wood and Patel (2017). Such experiences of training were echoed in other reports by trainees. In her doctoral thesis, Shah (2010) reported on the experiences of Black and Asian trainee Clinical Psychologists' experience on training included many forms of racism and the 'struggle' to progress through training. Within training the responsibility to highlight racism is often left to those directly affected by it (Berg et al. 2019); creating more trauma and difficulties for Clinical Psychologists from unrepresented backgrounds. Attempts have been made to an extent at combating this long-standing issue such as initiatives to increase work experience of PoGM undergraduate students to increase their interest in the profession (Cape et al. 2008; Meredith & Baker, 2007). However, collective responsibility (i.e., the

role of the admission tutors and the training community) need further exploring to best understand structures that support problems of injustice (Reynolds, 2008).

Implicit and explicit racial biases have been researched within psychology, education, and general medical fields for the last few decades (Bell et al., 2008; Hall et al., 2015; Siegel & Carter, 2014). It is strongly suggested that health disparities are experienced by different racial groups due to prevalent cultural stereotypes of physicians that impact clinical decision making (Chapman et al., 2013). The idea of “implicit bias” was developed by the work of Devine (1989) who conducted a series of experiments to show common cultural experiences create awareness of stereotypes which can automatically be activated in ways that bypass thought and judgements in unintended ways. The idea of ‘explicit biases’ is when thoughts about racial stereotypes are controlled and are ‘conscious’ for an individual.

‘Implicit Association Test’ (IAT) is a computerised timed categorisation task that aims to measure implicit preferences, bypassing conscious processing (Chapman et al., 2013). It is commonly used to test racial biases. Green et al. (2007) report that using the IAT on medical students found a significant ‘pro-white’ bias despite no explicit reported preference. Implicit bias testing is not without its critiques, as reported by Blanton and Jaccard (2006) who refer to implicit bias tests as arbitrary and may not be observable but a ‘hypothetical concept.’ They do suggest however that implicit racial biases tests may be a tool to ‘jumpstart’ our thinking about hidden biases, as opposed to show hard evidence that they exist (Blanton & Jaccard, 2006). In their review of the use of Implicit bias tests and training, Atewologun, Cornish and Tresh (2018) found there was mixed effectiveness of implicit bias training but stated changes in structures and policies as well as individual discussions about biases will lead to overall change in workplaces.

Despite critics of the use of implicit bias tests, Clinical Psychology has started to look at the biases as a factor in the services that are delivered. A research study conducted by Blencowe (2017) reported that Clinical Psychologists showed negative biased implicit attitudes towards non-dominant groups, which were of a similar degree to the general population. Such negative biased attitudes included prejudice against darker skin tone, weight, and age. This is concerning considering Clinical Psychologists claim training is ‘inclusive and flexible’ (Williams et al., 2006a) but such implicit attitudes towards certain groups, impact the services offered, and may lead to more harm. Blencowe (2017) also pointed out that there was a lack of research that examined how implicit biases affect Clinical Psychology recruitment and selection. In relation to this, the ‘Race in workplace’ paper (McGregor-Smith, 2017) states that there were structural and historical biases that are present which affect ethnic minorities, women and disabled people from progressing in their

careers. An investigation into this prevalence in Clinical Psychology in regard to PoGM applicants is needed to explore such claims.

Selection criteria and wider systems

To train in the UK as a Clinical Psychologist, completion of a three-year doctoral course is required (Pulraj, 2016). To apply for training, 30 of the 32 courses available, manage applications through the 'Clearing House for Postgraduate Courses in Clinical Psychology'. This online system encompasses all the information for applying to individual courses and gives applicants four options to apply to courses across the UK. In 2021, there was an increase of places for training from 770 funded places to 979 funded places. This was a 4% increase. In the terms of the statistics for the most recent intake, those who identified as 'white' (including White European; White Other) had a 76% success rate; those who identified as Asian (including Asian other, Indian, Bangladeshi and Pakistani) had a 7.6% success rate; those who identified as Black (including Black Caribbean; Black African, Black other) had a 5.8% success rate, furthermore those who identified as mixed other had a 5.6% success rate. The lowest rate was seen for those who identified in the 'other' group (including Chinese, Middle Eastern/North African) who had 2.6%. It is worth pointing that success rates for different racial groups are in relation to those applying (i.e., white groups had a total of 3420 applicants, compared to 276 applicants from those who identified as black).

Selection processes of recruiting Trainee Clinical Psychologists have been reported as being one of the factors leading to such stark racial differences in who is recruited on to training (Bawa et al. 2019b). Research highlights that there are a lot of biases and challenges for PoGM applicants to enter Clinical Psychology (Williams et al., 2006b; Kinouani et al. 2016; Ragaven, 2018). Research has often kept their focus on the applicants and what they may not have in place (e.g., lower A level grades, lower undergraduate grades). The impact of academic attainment presents a particular challenge for the profession considering many PoGM applicants are more likely to be disadvantaged in this regard. For example, those who identify as black, are disadvantaged by being more likely to have lower Maths and English GCSEs. Figures from a report by Roberts and Bolton (2020) state that only 59% of Black students achieve a GCSE in Maths and English. The 'Ecological Systems Theory' by Bronfenbrenner (1979), provides an explanation of why focusing on academic attainment is problematic. In this theory, the impact of the environment on an individual will lead to varied experiences based on the setting they find themselves in.

The four levels originally outlined in the theory include the microsystem (direct environment such as family, school); the mesosystem (the interactions between the different microsystems; exosystem (local services, formal networks) and the macrosystem (society, cultural values) (Ashabi & O'Neal, 2015). For PoGM applicants, statistically, they are less likely to gain a 1st class degree in the UK (Roberts and Bolton, 2020). This is often due to the systemic barriers and discriminations that PoGM applicants may experience before applying to training therefore academic attainment might be a representation of the experience of their mesosystem (i.e., experience of school) rather than ability to work at doctoral level.

Narratives about who can enter the profession often plays a role in what trainees look like (Kinouani et al. 2016). For example, in an unpublished report of why Black applicants were less likely to get on to training, Wright reports that black applicants showed 'less reflectiveness', less knowledge of Clinical Psychology and less relevant experience in their application forms (Wright, 2008). Content analysis was used to analyse qualitative aspects of the doctorate form; however, no reflection on who the selectors were as a factor influencing rating of forms. Although this report commissioned by 'Clearing House' is not recent, its narratives have been perpetuated in spaces (e.g., clinical services) that are supposed to encourage more diversity in the profession (Murphy, 2019). The idea of social learning theory is related to the narrative and experiences of PoGM in gaining a place on training. The presence of professional role models may impact social identities and can promote self-efficacy (Greenhalgh, 2011; Kinouani et al., 2016).

It is also important to note that there may be different factors impacting different PoGM groups (Meredith & Baker, 2007). For example, the number of those applying to training courses, who identify as 'Asian' applied in some cases almost double those who identify as black (Atayero & Dodzro, 2020). This however did not translate into significantly higher acceptance rates into training by Asian applicants (Clearing House, 2021). From their research looking into the experience of PoGM trainees, Snehal et al. (2012) reported that participants shared their experiences of being an Indian trainee. In this study, it was reported that a participant's perception of the "formality" of the Clinical Psychology profession did not align with their way of talking from their Indian language which was described as being 'kind of free' (Shah et al., 2012). The study highlighted that the trainees felt they had to restrain their natural way of talking to adapt to the profession and the language used. Such experiences by some PoGM applicants are not reflected in previous research that have investigated whether selection was considered a 'fair' process (Wiley et al., 2013).

Further, research by Thakker (2009) reported on the lack of research conducted specifically on the experiences of South Asian aspiring psychologists and qualified Clinical psychologists (Thakker, 2009). In this study, it was reported that barriers for entry into the Clinical psychology profession

include the need for individuals to be 'persistent' and 'defiant' and being seen as "different" by family members and the community who may not necessarily see the profession for Clinical Psychology as a traditional career route (i.e., dentistry, law, medicine). From interviewing nine individuals who identify as being South Asian (i.e., those from India, Gujarat and Punjab areas) factors such as lack of awareness of the profession as well as the potentially longer career route presented as problematic in comparison to the more traditional careers that were valued in their communities. This further support earlier research that suggests that more traditional careers are strongly preferred by those who identify as Asian (Shiner & Modood, 2002). Such factors need to be considered more when exploring the reasons for the low acceptance rates of various PoGM applicants.

The report on '*Racial and Social Equalities in Action: What can possibly go right?*' compiled by members of the BPS, reported that they want to go 'beyond blaming the individuals' and look at the structural issues (BPS, 2021). Thus, the current issue of more racial diversity in the Clinical Psychology profession is a continual narrative that may need persistence in reviewing its system (Adetimole et al., 2005); rather than individuals (i.e., PoGM, underrepresented groups) constantly looked at as the source of the issue. Daiches (2010) explains the idea that 'difference is a deficit' is continuously perpetuated in the profession. She argues that looking at the recruitment processes in detail will be uncomfortable. In order to bring real change in the system, a further exploration of the systemic biases is necessary (Adetimole et al. 2005) to gain a clearer idea of what is happening in a system that has looked at the same issue for over 30 years (Davenhill et al., 1989). This present study will aim to explore what is happening 'within' the selection processes in DClinPsy courses.

Theoretical Underpinnings of this research

The use of second-order family therapy aimed to help the therapist align themselves to the systems they were part of (i.e., the therapeutic relationships with families/individuals). The focus of the therapist being aware of their own position, the context and the experiences they come with, helped them to understand their influence within a system (Fredman, 2007). Similar to this idea, this research study adopts the approach of the perceived power in a system (i.e., admission tutors, selection criteria) need to reflect on their impact on applicants. Admission tutors take a prominent position in who gains a place on training (Kinouani et al. 2016). Therefore, a deeper exploration into the structures that have been upheld and contributed to the lack of racial diversity in Clinical Psychology need investigating. The views of admission tutors have not been elicited before in such detail. This is important to know because they are a major part of how selection is experienced by applicants (Ragaven, 2018) and can give insights into what else is not known about the selection

processes. Otherwise, how can a clear idea of what needs to change and what is helpful for PoGM applicants, and the profession as a whole be determined?

Systematic Literature Review

Overview of Systematic Literature Review

The present study aimed to explore how specific DClinPsy selection processes impact PoGM applicants. Currently, research that looks at selection processes highlight challenges PoGM applicants face when applying for training, such as not feeling like they 'fit' into the profession (Kinouani et al. 2016) or disadvantages in gaining relevant clinical experience (Bawa et al. 2019). As previously stated, Clinical Psychology is key in NHS mental services and the majority of individuals (i.e., 98%) work in such settings post qualifying (Clearing House, 2021). This is relevant to the overall challenges the profession has regarding increasing diversity of the workforce (HEE, 2021); and thus, the therapeutic outcomes of marginalised groups accessing psychological services (Morris, 2012). A further look into selection processes for DClinPsy courses is key to determine what is known about the challenges in achieving a more racially diverse workforce. Therefore, the systematic review conducted attempted to answer the following question:

How do selection procedures reinforce or address barriers facing PoGM applicants?

Search Strategy.

A pilot search was conducted using a range of terms (e.g., Doctorate courses selection processes, racial diversity, trainees) to explore articles published in this area. The use of 'diversity' produced many types of diversities that have been studied (e.g., gender, disability). Therefore, a more specific focus was adopted. A SPIDER tool (Boland et al., 2017) detailed the focus of the review. This is detailed in the table below:

Table 1 SPIDER TOOL

SPIDER TOOL

<i>Sample:</i>	Trainee Clinical Psychologists; Aspiring Clinical Psychologists; Qualified Psychologists; Admission Tutors; Course staff on Doctorate courses (especially clinical psychologists)
<i>Phenomenon of interest:</i>	Selection processes for trainee clinical psychologist on to doctoral programmes and recruitment of racially diverse trainee clinical psychologists
<i>Design:</i>	Interviews, Questionnaires, survey, Observational, case studies, cohort studies
<i>Evaluation:</i>	Predicted statistics, correlations, Associated Relationships, Thematic Analysis, IPA, Grounded Theory, Descriptive statistics
<i>Research Type:</i>	Quantitative, Qualitative, Mixed methods

Sources

Five bibliographic databases were accessed via the University of Hertfordshire online library system.

These databases are as follows:

- Pubmed
- EBSCOHost
- Scopus
- PsyArticles
- UH Dissertation archives

If the papers were not available via the databases mentioned above the authors were contacted directly with a request for a copy. Two authors were contacted to gain access to articles. Searches were conducted December 2021- April 2022. The last search took place on 19th April 2022. A list of search terms used is reported below:

Search Terms.

Table 2 SEARCH TERMS

<i>Concept 1:</i>		<i>Concept 2:</i>		<i>Concept 3:</i>
<i>Doctorate in Clinical Psychology</i>	AND	Racially diverse applicants	AND	<i>Selection process for DClInPsy</i>
<i>Clinical Psychology Doctorate</i>		BAME/BME applicants AND Trainees		<i>Training OR/ AND Clinical Psychology</i>
OR		OR		OR
<i>Doctorate in Clinical Psychology</i>		Black or Asian applicants AND Trainees		<i>Selection AND Clinical Psychology</i>
OR		<i>Ethnically minoritized AND Aspiring Psychologists OR Racially minoritized applicants</i>		OR
<i>Clinical Psychology Training</i>				<i>Shortlisting OR/AND Clinical Psychology</i>

Inclusion and exclusion criteria.

Inclusion

The types of studies included were qualitative and quantitative research. From the pilot search, doctoral theses and unpublished reports were found. These were reports that were conducted internally by DClInPsy courses about their selection processes. Such ‘grey literature’ may give more detail about selection processes, as they do not adhere to publication criteria (Siddaway et al., 2019).

Exclusion

There were a number of reflective pieces, which although provide meaningful information about the experiences of the selection processes for PoGM applicants, they did not explore selection processes or interventions used by DClInPsy courses or practicing Clinical Psychologists. These therefore were excluded. Papers that were related to Clinical Psychology courses across the world (e.g., Nicholson Perry et al., 2017; Traub & Swartz, 2013) were initially found but considering the specific ways trainees are trained in the UK, this review narrowed in on the UK context to allow comparisons across the data to be clear.

Therefore, to maintain a focus on recent changes in selection processes and to include papers which reflect data from courses that are relatively new (e.g., University of Nottingham and Lincoln DClInPsy started in 2005), eligible papers were included from 2000 onwards. Regarding courses across the UK, there are also many differences. For example, the University of Hull and Queen Marys in Northern Ireland DClInPsy courses, have different selection pathways and do not use Clearing House forms

(Clearing House, 2022). Papers related to the selection process of these courses were also excluded as the barriers and facilitators are likely to be different because of their different systems of selection. Table 3 provides a summary of the inclusion and exclusion criteria used for this review:

TABLE 3 *Inclusion and Exclusion Criteria*

INCLUSION	EXCLUSION
Studies Exploring the Selection Barriers and Facilitators for Racially Minoritized Applicants of The Doctorate in Clinical Psychology	Experiences of recruiting in general on to doctoral programmes in the UK Studies based on Clinical Psychology courses out of the UK
Research on UK Based Doctoral Programmes In Clinical Psychology	Studies looking at racial diverse cohorts in other psychology or health related doctorates/training courses
Unpublished Reports or Doctoral Theses (Grey Literature)	Reflective pieces about the experiences and ideas around DClInPsy selection processes
Published Between 2000- Present	Studies looking specifically at other inequalities on training including disability, age, religion
Studies about Looking at the biases of the selection procedures towards Racially Minoritized Applicants	Papers related specifically to University of Hull and Queen Mary’s university selection processes
Studies looking at the impact of Interventions to increase diversity among applicants And/OR selected candidates.	Papers related to experience of BAME trainees on training

Procedure

- Searches were performed across all databases, and exported on to an MS excel spreadsheet
- All data was explored to check for duplicates
- Titles of searches were looked at first and excluded if they did not align with inclusion criteria
- Abstracts were then reviewed for the papers left to explore more about their relevance to the inclusion criteria
- The papers remaining were then fully screened (by full article reading) against the inclusion criteria.
- References of full articles were also looked at to double check no relevant papers had been missed (i.e., hand-searching).

Results

A total of 53 papers were retrieved from the initial searches across all databases with the specific search terms outlined above and other sources (i.e., reference lists). Papers were screened via their titles. Papers were excluded at this stage for several reasons including: the focus was on medical students, the focus was about entry into educational psychology, research was based out of the UK and articles focused on issues of diversity on counselling psychology courses.

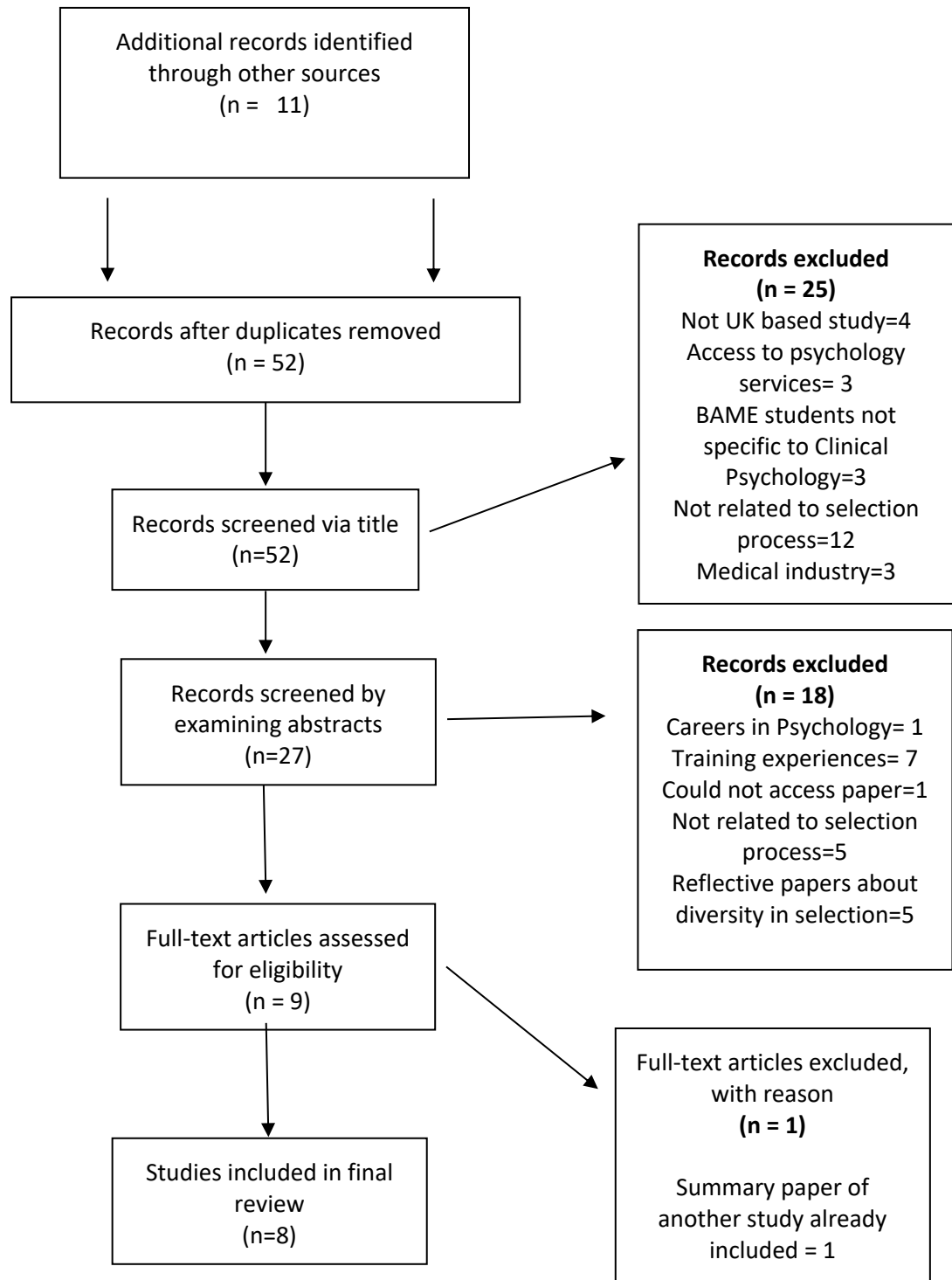
From these papers, 27 papers were screened further via title and abstracts and assessed by the inclusion criteria. Papers were excluded at this stage of the process for reasons including: the focus of the paper was more related to careers in clinical psychology not exploring the application process for training, studies looked at BAME trainee and qualified perceptions of the profession and papers focused more on the experience of BAME trainees whilst on training, not the selection process and papers related to selection were reflective pieces, not empirical data.

Following these nine papers were included for full text reading. One paper was excluded at this stage as it was a summary paper of another paper already included in the review, and therefore it was unnecessary to keep this paper too as it was not an empirical paper. The following eight papers were included in this review. The Prisma flow chart below illustrates the process in which papers were included and excluded:

Figure 1: PRISMA Flow chart



PRISMA 2009 Flow Diagram



Study characteristics

Out of the eight papers, two were qualitative papers; three were quantitative (specifically cohort studies) and two papers were mixed methods. Out of the eight papers three were classified as grey literature (i.e., one thesis and two unpublished reports). Below is a summary all eight papers highlighting the different aims, methodology used, key findings, and strengths and limitations Table 4:

TABLE 4 Study Characteristics of all papers included in Review

Paper no.	Authors	Title	Publication	Aims	Methodology	Participants	Key findings	Strengths	Limitations
1	Ragavan, R. (2018)	Experiences of Black, Asian and minority ethnic clinical psychology doctorate applicants within the UK	UH Thesis Archive	Aims to gain knowledge about deeper insight into how people from BAMS backgrounds experience the route to pursuing a place on clinical psychology; What implications of a being a BAME clinical psychology applicant; what are the issues concerning identity development for BAME applicants; what are the barriers and enablers for BAME applicants; what are the desired support systems from BAME applicants	Qualitative; Semi-structured Interview Methodology; Use of IPA analysis	8 females aspiring clinical psychologist; Sampling strategy- purposive	Three main super-ordinate themes: (1)The challenge of negotiating multiple identities and narratives (2) Grappling with white privilege (3)Finding value in a being a BAME applicant. The study portrayed the experiences of BAME applicants dealing with their own communities' opinion of mental health, the system in which clinical psychology exists in relation to whiteness and who and what supports them.	Exposes a lot of everyday racism and challenges BAME applicants experience when applying for Clinical Psychology training; The paper highlights the complexity of the professional and the personal experiences; The paper highlighted the challenging normative position of Clinical Psychology and how BAME applicants felt they had to adapt to this perceived norm in the profession; Shows the lack of clarity about the importance of race in application forms	All participants recruited were from the same aspiring clinical psychology peer group; Limitation of transferability of results; Only female applicants were recruited; Most applicants were from the same socio-economic background
2	Rigley, L. (2020)	An evaluation of the online selection process for the University of Leeds Doctorate in Clinical Psychology 2020	Unpublished Report	The paper explored the literature on the effects and implications of online interviews for DCLinPsy applicants	Mixed methods design was used; Survey methodology; Semi-structured interviews	31 candidates to Leeds DCLinPsy completed feedback; Online survey for 165 candidates was used; Interviews for Candidates- 9 in total (8 female, 1 male); 5 interviews with interview panelists; Purposive sampling	Four themes described from qual aspect of study which aligned to questions about experience of the interviews; Why was Leeds a choice for candidates; Preference of interview mode. Online interviews were seen as positive experiences, but there was some worry over technology. For interviewing panels, they reported a sense of loss of personal connection through online interviews which could be seen as having a critical effect on the outcome of selecting trainees for DCLinPsy	Evaluation of the experience of online interviews; the studies presented the experiences of applicants and trainees combined, giving a richer report of the experience	The number of candidates interviewed were small; social desirability bias in participants' responses is likely to have occurred; details of the demographics of participants unknown; no reflection of their racial bias
3	Scior, K., Williams, J., & King, J. (2015)	Is access to clinical psychology training in the UK fair? The impact of educational history on application success	Clinical Psychology Forum	To investigate whether access to clinical psychology training is fair with regard to the impact of educational advantage	Correlational study cohort	2179 participants from the 2011 entry for the UCL DCLinPsy course were used for analysis	The study looked at variables such as: university type, degree class, school type and whether or not an applicant were successful in gaining a place on training. The analysis showed that those who attended a non-selective state school were most likely to be rejected without an interview; this was also true for those applicants who's first degree was from a post-1992 university. The study also showed that those with a 2.1 or 2.2 degree class were more likely to be rejected; Those who attended a grammar school were more likely to be offered a place on training	This is the first study to question whether access to DCLinPsy training is fair based on educational background	The study did not take into account the biases of the selectors; This showed a snapshot of one applying year for one university, so it cannot be generalised, and could be evident of the values UCL look at in terms of gaining a place on training; no further exploration about how a higher degree class or university background makes you a better clinical psychologist

	4 Simpson, J & Hemmings, R. (2008)	Investigating the predictive validity of the Lancaster DClinPsy written shortlisting test on subsequent trainee performance	Unpublished Report	(1) To evaluate the use of written tests as oppose as the clearing house application forms (2) To investigate if the written task is predictive of performance at the interview or presentation (3) To explore if the written task affects the number of applicants apply to the Lancaster University (4) To explore how applicants perceive the written task	Mixed methods design; Use of qualitative survey data and correlational study design	Applicants from 2005 entry (69); Applicants from 2006 entry (290); Applicants from 2007 entry (323). The report describes the participants were 81.8% female	The use of bivariate analysis was used. Those who were younger in age had a higher chance of getting on the course, those applying to more courses in North west England increased their chances of success at interview; In the 2007 intake those who had a masters of PhD and higher research competence. They found there is no association between written task and performance on interview; They found the written task performance was largely predictive of future academic performance on the training course; They found a significant reduction in those applying to Lancaster after the introduction to test as part of shortlisting; The data from the 2008 cohort reported that they had a positive response to completing the written task	Extensive data analysis was used to explore various factors on the application form that increases chances of applicants gaining a place on DClinPsy; The report critiqued current ways of selecting trainees and questioned the efficacy of the application in selecting the best candidates and diversifying the profession	The study only looked at the individuals who applied to Lancaster University only; limited data was received from applicants; it was not clear why there had been less applicants to Lancaster University; No use of stakeholder input prior to implementing the written task; No information on the ethnicity of trainees
	5 Cape, J., Roth, A., Scior, K., Thompson, M., Heneage, C., Du Plessis, P. (2008)	Increasing diversity within clinical psychology: the London initiative.	Clinical Psychology forum	The study aimed to practically address the BME gap in the Clinical Psychology profession by focusing efforts to encourage BME applicants to apply to training	Experimental Methodology; Use of intervention to impact increase of racially diverse trainee clinical psychologists; Independent measure: Use of strategies to increase undergraduate psychology students to consider a career in clinical psychology; Dependent measure: Increase into the profession of those from undergraduate psychology courses;	The number of participants that took part in initiatives to increase interest in clinical psychology were not reported in the paper; the initiative were aimed at undergraduate psychology students who are from a BAME background	Use of initiatives such as increased opportunities of work experiences with clinical psychologists; events at the BPS to increase physical presence of clinical psychologists from BAME backgrounds; enhanced supervision competencies for qualified psychologists and a BPS video about applying for training were engaged with by undergraduate psychology courses across London.	Initiatives were developed in conjunction with stakeholders; Details of the different initiative were reported; the paper explicitly reported that their aim were undergraduate psychology students from BAME backgrounds; The study implied some reflection on how the profession may present to applicants who are not from the common group usually seen as clinical psychologists (i.e. white, female, middle class)	No evaluative method was reported in relation to the success or limitations of the different initiatives; number of potential applicants or participating universities were not stated; The initiative was only focused in London even though racial diversity in Clinical Psychology is a nationwide issue

Paper no.	Authors	Title	Publication	Aims	Methodology	Participants	Key findings	Strengths	Limitations
6	Bawa, H., Cudmore, K., Ong, L., Knott, K. (2021)	Barriers and improvements to the clinical psychology doctorate selection process	Clinical Psychology forum	The aim was look at the views of aspiring psychologists to assess the barriers of DClinPsy selection process and to provide suggestions to improve the experience to diversify trainees. The survey looked at 3 main areas: Application, Selection and Interview	Qualitative Survey methodology	384 participants responded to the survey; Respondents aged between 19-55; All respondents identified as being ethnically minoritized	The survey revealed factors impacting different stages of the selection process: (1) Application-Financial implications of paying applications, difficulty obtaining a clinical psychologist reference, lack of feedback from unsuccessful applications were not helpful (2) Shortlisting-Selection tests were not explained to applicants, as to their purpose, lack of published results of tests, financial impact of attending test days. Applicants felt more value based tests should be given and feedback from tests would be useful (3) Interview stage- Main barriers included lack of diverse interviewers, interview questions being past around to peers, courses use a variety of interview techniques which can be challenging to prepare for them all in a short time frame, financial implications of attending interviews across geographical areas. Other key findings include	Survey had a high number of responses that provided insight into the barriers for ethnically minoritized applicants; Data was presented to the Group of Trainers in Clinical Psychology and the HEE were invited into the conversation about widening access to clinical psychology	Method of recruitment was not specified; the numbers of those who identified as BAME were not known; The survey questions were not published
7	Phillips, A., Hatton, C., Gray, I. (2004)	Factors predicting the short-listing and selection of trainee clinical psychologists: A prospective national cohort study		To identify factors predicting shortlisting and selection to clinical psychology training courses	Prospective cohort design; correlational study; multiple regression analysis;	Data of applicants from 2000 entry from clearing house was used. Data from 1538 applicants were used; 1538 references were analysed; A further 396 postal questionnaires were returned for demographics data; Most of the participants were females with a 2.1 undergraduate degreee and 3.5 years clinical experience	Factors that strongly predict shortlisting and selection included: A level education, number of A levels, degree class, having a Masters or PhD, number of assistant psychologist roles; They found courses heavily rely on basic information	This study was the first cohort research study to be conducted for DClinPsy; The use of statistical data to look at relationships between variables illustrated what is privileged during shortlisting; the study further exposed the disadvantages such as previous education has on success rates of applicants	There is an assumption that there are linear relationships between the variables; Only certain aspects of the form were analysed therefore other factors were not considered
8	Scior, K., Gray, J.S., Halsey, R. & Roth, A.D. (2007)	Selection for clinical psychology training: Is there evidence of any bias against applicants from ethnic minorities?	Clinical Psychology Forum, 175,7-11.	To look if the application process for the DClinPsy is inadvertently discriminative against ethnically minoritized applicants	Prospective cohort design; correlational study; multiple regression analysis	Two cohorts of applicants who applied to UCL; 1127 applicants' data were looked at	The study found the difference between successful and unsuccessful applicants were the following: A levels, 1st class degrees, applicants who attended an 'old university', better ratings for their academic/clinical rences. The study also found that white candidates had higher A level grades, had more 1st class degrees; BAME applicants were more likely to be rejected at an earlier stage of selection due to not meeting basic course criteria	The study looks at a range of variables potentially impact the selection of BAME applicants into training; High participant data	Based on only two cohorts of applicants at a single university; A longitudinal study was not completed to see the performance outcome of selected cohort; small number of BME applicants included in the study; the qualitative data from the application forms were not included in analysis and therefore other factors were not looked at; reflection of selectors were not explored or considered

Synthesis of Findings

The present review synthesised the findings of the eight papers using 'Narrative Synthesis.' This type of synthesis is detailed in the paper by Popay et al. (2006) and referred to in detail by Siddaway et al. (2019) and Baumeister and Leary (1997). Narrative synthesis relies on the use of the words in texts to summarise and explore findings (Arai et al., 2007). Popay et al. (2006) report that narrative synthesis can be used for a range of methodologies, including mixed methods studies. The concepts developed were three in total: (1) The power of the DClInPsy selection process; (2) Systemic barriers disguised as applicant factors; (3) Fitting into the profession. Below provides a detail account of each concept.

Concept 1: The power of the DClInPsy selection process

This refers to the control DClInPsy courses have in deciding how selection processes are conducted. Rigley (2020) reported there is limited research on these varying selection processes. Bawa et al (2021) also concluded that different selection processes across DClInPsy were a barrier to PoGM applicants. They reported that candidates face a difficult task of preparing for interviews for DClInPsy courses that all had different requirements for interviews with so little time between shortlisting and interviews (Clearing House, 2022). Disadvantages are often due to little access to Clinical psychologists in preparing for interviews. Hemmings & Simpson (2010) reported that a 'radical change' is needed for all courses to critically review their selection processes as processes were used were based on the value different selectors placed on aspects of the application and interview. For example, some selectors preferred to receive references from Clinical Psychologists. This disregards the views of other professionals. The impact on PoGM is that they are less likely to have access to a clinical psychologist and therefore are disadvantaged in this regard.

Scior et al (2015) found candidates with higher A level grades, a 1st in their undergraduate degree and those attending pre-1992 universities were significantly more likely to be successful. They reported there is 'fair' access to training even though PoGM applicants are less likely to be in that group. Hemmings and Simpson (2008) reported that educational ability was not a predictor of future clinical skills and the reliance on such information leads to the rejection of suitable applicants into training.

Scior et al. (2007) stated that the over reliance on perceived academic ability was evident but concluded that there was 'no immediate evidence of bias.' Considering there was no actual investigation into the biases of selectors or acknowledgement of the power selectors have in

upholding these processes, such conclusions are questionable. Especially as there has been a continued unrepresentative workforce within clinical psychology (Cape et al. 2008; Wood & Patel, 2017).

Concept 2: Systemic barriers disguised as applicant factors

A number of 'applicant factors' were referred to quite commonly across the data. These factors included the applicant's academic background, clinical experience, and references (Phillips et al., 2004). These are the basic criteria to get into training met by the applicant at the point of shortlisting. Although Phillips et al. (2004) explored what leads to success on training using statistical methods, the study diminishes the structural factors that impact PoGM applicants. This limits the view of what is the cause of the challenges.

Bawa et al (2021) reframe 'applicant factors' as 'barriers into training.' For example, Phillips et al. (2004) report that assistant psychologists or research psychologists have a better chance of gaining a place on training. However, Bawa et al. (2021) argue that PoGM aspiring psychologists do not easily access these posts because of systemic barriers. They found PoGM applicants were not able to take up honorary assistant psychologist posts if their socio-economic status prevented this being an option. This led to a reduced likelihood of having access to a clinical psychologist for a reference.

Furthermore, Ragaven (2018) reported PoGM applicants reported on the lack of support they received in preparing to apply for training. Some participants discussed their experience of having to 'work harder' to progress their careers and how this was quite challenging to do. In agreement with this, Scior et al (2015) reported that more PoGM applicants had a master's degree, however found that even with similar academic experiences were still less likely than white students of gaining a place on training. This is a good example of how the quantitative summaries of the DClinPsy selection processes need to include contextual factors to understand the data retrieved.

PoGM applicants interviewed in Ragaven (2018) article compared themselves to their white peers with relation to financial resources. Financial pressures are likely to impact PoGM applicants due to wider societal inequalities in the UK. For example, Bawa et al (2021) reported that the ability to do postgraduate studies required financial support which is often difficult for PoGM applicants. These authors argue that the fact that applicants are still rated higher at shortlisting if there is evidence of postgraduate study, is a clearly unfair advantage for those from better off backgrounds.

Concept 3: Fitting into the profession

This concept refers to norms of clinical psychology are mainly coherent with the cultural values and attributes of white middle class females. The feeling of difference was experienced by PoGM applicants. For example, in Ragaven (2018) participants reported that they compared themselves unfavourably with their white peers. They shared their perception of not feeling they were 'professional and convincing', whereas they felt their white peers had all the right experience for Clinical Psychology training. Such feelings led some participants to work extra hard to 'prove' their worth of being in clinical settings. This suggests that PoGM applicants perceive that they should imitate the clinical experiences of white peers in their work experience.

Attempts to 'fit in' could be at odds with the background and life experiences of some PoGM applicants. For example, one participant reported that English was not their first language and felt that the way they presented on their DClinPsy application form would be different to their white counterparts; describing themselves as less 'eloquent' in their application form. Such accounts in the literature reveal the common and difficult experiences PoGM applicants go through emotionally, to fit into the cultural norms (e.g., use of language) mainly of white females, who represent the majority in the profession.

The lack of racial diversity seen in the profession was highlighted by Cape et al. (2008). They found that undergraduate students attending a session about Clinical Psychology greatly appreciated meeting PoGM Clinical Psychologists. They argued that the experience of seeing 'positive role' models can help to dismiss the perceived narrative that mainly white females are successful in training (Tong et al. 2019). Participants reported that it was 'encouraging to see black women excelling in the profession' (Cape et al. 2008). The invisibility of PoGM Clinical Psychologists on interview panels was also reported by Bawa et al. (2021) who said the lack of diverse interviewing panels was a barrier that needed to be addressed by the DClinPsy courses. This was because the likelihood of all white panels could increase implicit biases towards those who look different from them (Kinouani et al. 2016).

Ragaven (2018) emphasised the impact that the lack of diversity in interviewing panels has on PoGM applicants. One participant reported not feeling the courses wanted to increase racial diversity, as they did not see this evidenced when they were interviewed. Here is an excerpt from one participant:

“I’ve just felt convinced that people don’t want diversity on the programme, so why should I bother doing this? I’m not going to get on because I’m not this White middle-class person”

This highlights that PoGM applicants may internalise their assumptions about courses, if they do not see others who look like them physically (Ragaven, 2018).

Robustness of the synthesis

According to Popay et al. (2006) as part of a narrative synthesis reviewers should explore the robustness of their synthesis by considering three factors (1) Trustworthiness of the synthesis; (2) Methodology of the studies included (3) The amount of information available to judge inclusion of certain studies.

For this review, the trustworthiness of this review showed some strengths. For example, although some of the studies such as Cape et al. (2008) and Bawa et al. (2021) did not explicitly report their methodology in detail, this was assessed through the critical appraisal tools. A further strength in assessment of the quality of the studies was using independent researchers appraising a portion of the studies. The purpose of this was to minimize any biases the main researcher may have towards the evidence found in the studies. It was also noted in the review of the studies that the biases of researchers and other confounding variables were not always explained or explored (e.g., Scior et al. 2007; Phillips et al. 2004). The methodology was reviewed, to increase robustness and to draw out what methodological issues could be impacted data collected (i.e., use of quantitative data limits understanding of challenges).

Another aspect that is considered in the robustness of this synthesis is the detail given to which studies were included. From the process of deducting the studies reviewed against the inclusion criteria, this review gives detail of the number of studies excluded with reasons as to why this was.

Critical Evaluation of Study Quality

To appraise the eight final papers, a total of three critical quality tools were used. The purpose of this was to make sure the quality tool used suited the papers best (Siddaway et al., 2019). Critical appraisal skills are important to make sense of research methodologies and to explore reliability of the data presented (Singh, 2013). Researchers suggest additional researchers should quality check papers included in a review (Boland et al., 2017). Although there were limited resources for an additional independent researcher to support quality checks of all eight papers, a quarter of the papers (n=2) were independently quality checked by two independent reviewers with research

experience and no connection to this current study (i.e., are not part of the research team). This was to increase reliability of the appraisals. The critical appraisal tools used for this review were the following: the 'Mixed Methods Appraisal Tool' (MMAT) (Hong et al., 2018) and the 'Critical Appraisal Skills programme' (CASP), specifically the Cohort checklist and the qualitative checklist were used. The purpose of using the MMAT was due to its ability to appraise mixed methods studies, looking specifically at a range of different quantitative methods (Hong et al., 2018). These include descriptive studies, mixed methods, non-randomised studies, and randomised studies. A copy of the MMAT can be found in appendix L. Three out of the eight papers were critically appraised using the MMAT form.

In terms of the CASP checklists, these were used due to its long history of developing quality appraisal tools and being one of the first critical appraisal tools developed (Singh, 2013). CASP tools are relatively easy to follow and generally consist of 10-12 questions (Critical Appraisal Skills Programme, 2018). They highlight the importance of reliability of scientific articles and unbiasedness (Singh, 2013). For this review, the CASP Cohort Checklist was used. This tool was used to critically appraise three out of the eight papers (appendix M). The CASP Qualitative Checklist was used also to critically appraise the two qualitative papers (appendix M).

From the critical appraisal of all papers, it was evident that the methodologies chosen were appropriate for the research questions that the authors proposed to answer. Phillips, Hatton, and Gray (2004) chose a cohort research design. The use of a cohort design allowed the study to explore all applicants from a specific application year, allowing close detection of what variables led to predicted outcomes for entry year 2000.

In terms of methodology, all three papers that used mixed methods were appropriately conducted. However, in Cape et al. (2008) the lack of explanation around the methodology provides little understanding about what was looked at specifically following their implementation of strategies. This implies that although the paper explains the reason why strategies are important to increase diversity in the Clinical Psychology profession, the methodology was not featured as a point of justification for why the project was designed in that manner. The use of statistical analyses was found in five of the eight studies, specifically the cohort studies and two of the mixed methods studies. The use of regression analyses for parametric data and the use of Spearman Rho tests for non-parametric data was appropriate (Phillips et al., 2004; Scior et al., 2015; Scior, Gray, Roth, et al.,

2007). All papers extensively explained the use of statistical tests and reported findings with statistical significance levels.

Most studies stated clearly how participants were recruited. Moreover, the use of purposive sampling was used as all papers aimed to include specific participants (e.g., aspiring clinical psychologist, DClinPsy applicants, and individuals from PoGM). Two of the papers (Simpson & Hemmings 2008 and Rigley, 2018) reported clear strategies to recruit participants, based on the different research aims they were addressed. This was also true of one of the papers critically reviewed by the CASP qualitative checklist (Ragaven, 2018); however, in the study by Ragaven (2018) the recruitment took place from the same pool of people (i.e. one assistant psychology peer group). This limited the inclusion of participants from different settings and different characteristics (e.g., the inclusion of male participants). The explicit detail of the sampling strategy was also missed from the paper by Bawa et al. (2021). Although they stated their target population within their aims, their paper did not explicitly show how recruitment took place, therefore the sampling method could not be assessed to review the effectiveness of the sampling strategy.

The exploration of ethical considerations varied across the studies, some studies such as Ragaven (2010); Scior et al. (2015) and Rigley (2008) stated the ethical approval for their studies. Further, Bawa et al (2021) and Phillips et al. (2004) also stated the financial and organisational support they received for their studies to take place. These are important factors to look at when considering how the studies varied and what resources were potentially more or less available to complete the research.

Discussion

This review looked at the empirical data available about how the selection processes reinforce or challenge the barriers faced by PoGM applicants. The review found variation in the criteria assessing applications across DClinPsy courses. PoGM therefore were likely to face different barriers, depending on what courses value (e.g., high importance on academic ability). The review highlights that there is a lack of evidence about educational factors predicting better clinical skills in practice. The concept of attempting to fit into the profession (e.g., gaining particular clinical roles, completing postgraduate degrees) was quite strong across some studies. Although the lack of diversity was acknowledged, the impact of the common characteristics of a trainee (i.e., white, middle class, female) was rarely considered as restricting access to training for prospective candidates who did not share these characteristics.

The review further highlighted that what was seen as ‘applicants’ factors’ were in fact underpinned by structural barriers disadvantaging PoGM candidates – this was not consistently acknowledged by some researchers in this review. Barriers relating to socio-economic disparities (e.g., completing a masters, having an honorary contract), the value selectors put on different aspects of applications, the lack of support PoGM applicants had in completing their application forms were all found to be key in explaining the lack of success of PoGM applicants. The review did find some good use of initiatives which increased the visibility of PoGM Clinical Psychologists to applicants. Further, the review also highlighted the amount of control DClinPsy courses have in affecting change. The lack of reflection on the background of selectors and their biases appears to require further investigation in research. This shows there is a gap in the literature regarding this significant aspect of the selection process.

Limitations of the review

From the review, the strengths highlighted show a real need for research to increase in regard to the selection processes, however there were some limitations of the review. The fact that most papers were not peer reviewed is a limitation. This could be due to a number of reasons such as topics were not appropriate for publication (i.e., meeting publication criteria). However, this limitation may also highlight that the review may give more information about research gaps due to the inclusion of non-peer reviewed papers. According to Siddaway et al. (1997) the inclusion of grey literature is beneficial to include aspects of research that is not always found in mainstream publications. This could also indicate a wider issue systemic issue about what research is published and what lens are privileged within certain topics.

Rationale for the present study

The present review aimed to look at what empirical literature exists about the different selection procedures for Clinical psychology courses in the UK and what barriers impact PoGM applicants. From the review a number of gaps in the literature were revealed. Firstly, research shows that at times the criteria set out by different courses to screen applicants for interview can appear ambiguous to applicants (Phillips, Hatton, & Gray, 2004; Hemmings and Simpson 2010). This leads to confusion and challenges for PoGM applicants (Bawa et. 2021). Therefore, there is a need to gather this information to see if there are any factors in the criteria set out by courses which may be a

barrier for PoGM to be selected for interviews. This is important to know as many PoGM are usually screened out of the selection process prior to interviews (Scior et al., 2007).

Secondly, literature in this area mainly focuses on applicant factors and there are no reports about the perspectives of admission tutors and their role in selection (Hemmings & Simpson, 2008; Rigley, 2020). As course staff undoubtedly hold power and likely a lot of the responsibility for those being selected (Tong et al. 2019; Bawa et al. 2019), their perspective is an important part of research in this area. Further, the fact that Clinical Psychology continues to lack diversity within trainee cohorts (Daiches, 2010) even when PoGM applicants do meet the criteria (Scior, Gray, Halsey, et al., 2007); suggests that more literature around the internal system of DClInPsy selection requires further investigation. In addition, the review showed there was a lack of qualitative research, highlighting the need to increase rich data to accompany statistical analyses of the selection processes which lack the exploration of 'why' a result is present (Gutmann, 2014; Siddaway et al., 2019).

Thirdly, the existing literature fails to consider personal biases and values DClInPsy course staff hold and how this might impact on selection choices. This requires further investigation to understand more of the persistent lack of racial diversity among DClInPsy trainees (Wood & Patel, 2017). The selection process can be quite a 'hopeless' experience for PoGM applicants who are often very disadvantaged in several ways (Ragaven, 2018; Scior et al. 2015).

Aims and research questions

The current this study has two main aims: Firstly, to explore in greater detail the different selection criteria used for shortlisting by DClInPsy courses across the UK who use the 'The Clearing House' application system to recruit trainees. Secondly, this study aims to explore the experiences of admission tutors recruiting or rejecting PoGM applicants. The study hopes to contribute to an understanding of the influence of potential racial biases within courses and provide a more rounded view of what influences the selection process.

The specific research questions are:

- (1) What are the specific selection criteria of DClInPsy courses who use the 'Clearing House' form for shortlisting applicants?**

- (2) What are the experiences of admission tutors recruiting racially diverse trainees and what are the potential biases that influence the selection process?**

Chapter 2: Method

Overview

This chapter will outline the methodological processes of how the research was undertaken. A review of the design approach chosen will be explored, as well as the epistemological position taken in the research. The procedures used to collect data as well as the analysis of data will be outlined. Further consideration of ethical factors and the quality of qualitative research are also reflected upon.

Design

This study used a concurrent independent mixed methods approach to meet the two research aims. A mixed method approach can produce a more 'complete picture' of the aim of a study, due to its combination of qualitative and quantitative research methods (Greenhalgh, 2011). This is relevant to the present study as it required a pragmatic approach to address the two related, though quite different research aims (Johnson & Onwuegbuzie, 2004). The epistemology of 'pragmatism' that mixed methods tend to adopt, illustrates that methods used in research should be those that best suit a research question and allows the combination of methods and ideas to best frame and address tentative answers to one's research question (John, Onwuegbuzie, Turner, 2007).

For the first aim, looking at the variability of shortlisting criteria across courses, a quantitative approach was adopted. The use of a survey method to gather data allowed for respondents to answer quite specifically, and for comparisons of responses to be made across the courses. As the second research aimed to explore the experiences of admission tutors recruiting racially diverse trainees, a qualitative method using semi-structured interviews was chosen. It has been highlighted by researchers that a mixed method approach draws on the strengths of both qualitative and quantitative research methods and has become a common approach in research within health services (Fetters et al. 2010; John, Onwuegbuzie, Turner, 2007). As acknowledged by researchers, (Harper, 2011; Hiller & Diluzio, 2004) the use of qualitative methodology is better at developing 'rich descriptions' of a phenomena or processes. Considering the research aims to explore an area which has not been researched before in depth, semi-structured interviews will allow the participant's stories to be shared, in line with the researcher's objectives (DeJonckheere & Vaughn, 2019).

Epistemological Position:

A mixed methods approach was adopted for this study due to its consistency with the epistemological approach of critical realism. As explained in the introduction chapter, 'Critical Realism', joins the ideas of positivist searches for reality that is external to human consciousness, with the view that all meaning of that reality is socially constructed (Harper, 2011). This position allows the main researcher to view reality through the social realms and contexts participants may present. I take the assumption that data collected could tell me about the reality (i.e., low success rates of PoGM applicants) and how participants feel they are experiencing this reality. However, my interpretations will not derive from the assumption that the reality reported is a 'direct mirroring' of what actually is occurring and that their realities are socially constructed (Oliver, 2012). As a critical realist researcher in this instance, the idea of 'pragmatism' (i.e., using the most appropriate methods to answers research questions) is suitable. This is because critical realism lends well to a pragmatic approach to research (Madill & Barkham, 1997). This confirms that the use of survey methodology and reflective thematic analysis are appropriate in regard to a pragmatic approach (John, Onwuegbuzie, Turner, 2007). Reflexive Thematic Analysis requires the researcher to use critical reflection as part of analysis and to acknowledge the subjectivity they carry (Braun & Clarke, 2021). I acknowledge my subjectivity as a researcher and that my personal context will influence how the research is conducted (Braun and Clarke, 2021).

Participants

Inclusion Criteria

This study aimed to recruit individuals who were currently employed as admission tutors across DClInPsy courses in the UK to take part in an online survey as well as volunteer to be an interviewee. This was to make sure the most accurate information was collected about shortlisting criteria, which is generally within the job description of anyone within this role who has oversight of the recruitment of trainee clinical psychologists. The courses that were eligible for inclusion into the study were those who used the 'The Clearing House' website to recruit trainees. As the majority of courses (i.e., 30 out of the 32 courses) in the UK use this system to recruit trainees, an exploration of the various selection criteria is important to investigate. Especially, as previous research has highlighted there are major racial differences in those invited to interviews following the shortlisting stage (Murphy, 2019). No length of time in the role as admission tutor was specified, therefore, a total of 30 courses across the UK were eligible to take part in the study.

Exclusion Criteria

In terms of the exclusion criteria for the study, individuals who were admission tutors for DCLinPsy courses outside of the UK did not qualify. Further, DCLinPsy courses within the UK who use a different recruitment route, which is separate from the 'The Clearing House' system was deemed ineligible. This is due to survey and interview questions only being applicable for trainees that are recruited by the most common route into clinical psychology training (Simpson et al., 2010).

In line with a mixed methods approach, both research aims were conducted concurrently, and did not depend on each other for data to be gathered or analysed. This was to allow maximum time for data to be collected for the survey, as the aim was to receive as many respondents from all courses as possible.

Study Sample

Demographics of survey data

Clinical Psychology courses in the UK were invited to take part in this survey which aimed to look at how the courses differ in terms of their selection criteria prior to selection for interviews. In total 19 out of 30 courses took part in the survey, thus a 63% response rate. No further demographic information was collected as to the location or names of the courses. This was to keep confidentiality of respondents.

Demographics of qualitative interviews

A total of 12 participants were recruited for the qualitative part of the research study. The sample represented 12 DCLinPsy courses across the UK. The sample represents 40% of all courses who recruit trainees via the Clearing House system.

All participants identified as White British or White European and were employed on DCLinPsy courses as an admissions tutor or co-admissions tutor. Due to the confidentiality required for this study, there is limited demographic information detailed. This is in order to keep the anonymity of participants, as per ethical guidelines. Below is a table illustrating some demographic information:

Table x Demographic information of study participants

Total sample: 12

Sex

Male 3

Female 9

Years in role

0-5 6

6-10 4

11 + 2

Aim 1: Recruitment & Procedure

Purposive sampling was used as a sampling strategy (Robson & McCartan, 2016). This was due to the need for a specific subgroup within the DClInPsy training community (i.e., admission tutors) to be recruited. In order to contact admission tutors, email invitations were sent out to all 30 DClInPsy courses who recruit trainees via the 'Clearing House' application system. Contact details of all 30 DClInPsy courses were obtained via the 'Clearing House' website and were double checked via all the individual websites of the 30 DClInPsy courses for accuracy. The email inviting participation to the survey were sent either directly to admission tutors or to course administrators, specifically for the attention of admission tutors. Administrators were contacted if there was no contact information available specifically for the admission tutor. Email contacts were recorded on an MS excel spreadsheet. The email invitations requested for admission tutors to take part in a five-minute survey which asked questions around their course's' specific shortlisting criteria. The email explained that the participation was voluntary and anonymous and ethical approval had been obtained. The email further specified the research team details and the university that was conducting the research (i.e., university of Hertfordshire).

A survey link was attached to the email for potential participants to have direct access to the survey. No details were required for the participants to fill out the survey and no information regarding their personal demographics or location in the UK was obtained. This email invitation was sent to courses three times over a six-month period in order to encourage as many responses as possible. This is due

to the idea that for survey data, the larger the sample, the less likely there can be error in generalisations (Robson and McCartan, 2016). Further to this, two emails were sent to the 'Group of Trainers in Clinical Psychology (GTiCP)' specifically the selection committee mailing list. This is a mailing list that includes the emails of all admission tutors on DClinPsy courses in the UK. This was to further prompt responses from admission tutors. No set target of participants was made, but the study ideally aimed to receive 30 responses maximum to represent all 30 DClinPsy courses. For full details of the email invitation, please refer to Appendix F.

Aim 1: Measures

For the first research aim, an online survey was conducted. The survey software used for this part of the study was 'Qualtrics.' This survey software allows for responses to be collected anonymously and for responses to be produced in an MS excel format with analysis produced in graph formats. The survey included questions that asked courses to state their application shortlisting criteria in relation to such factors as their criteria for the applicant's academic ability; their criteria around references, who conducts the shortlisting process (i.e., what professionals are involved with this process) and how many years post qualified do psychologists need to take part in the application shortlisting process of a course. This was developed with the supervisory team and was influenced by previous literature which reports aspects of the application (i.e., academic attainment) lead to more PoGM applicants not being invited to the interview stage of selection. The full detail of the survey questions can be found in Appendix G. As this research topic has not been previously investigated by other researchers within this field, a pre-determined validated survey measure could not be used.

Aim 1: Data Analysis

As the survey data was collected via 'Qualtrics' survey system, an automatic analysis of data was completed. This produced descriptive statistics that compared the responses across the courses. As the research aim was to highlight differences in admission criteria across courses and not the impact of these differences, no statistical analysis of the data was required. Therefore, the results were gathered and presented in a descriptive format for differences across to be highlighted and interpreted within the results and discussion sections.

Aim 2: Recruitment & Procedure

In order to investigate the second research aim, which takes a qualitative stance; a purposive sampling method was also used (Robson & McCartan, 2016). As the study specifically looked to investigate the experiences of admission tutors, potential participants for the study, could only be those who were

currently working in this role. This was so clear, accurate and contemporary understanding could be gained of the experiences of recruitment for those who hold the same position across courses (i.e., employed admission tutors on DClinPsy courses). Admission tutors were essentially recruited in two ways: via the survey and via email responses. As part of the survey, admission tutors were asked to leave their contact details if they were interested in taking part in a semi-structured interview about their experiences of recruiting racially diverse Clinical Psychology trainees. The second way in which admission tutors were recruited was via a follow-up email directly to admission tutors or via course administrator's emails that were addressed for the attention of admission tutors to participate in a semi-structured interview. As well as this, an email was sent to the GTiCP selection committee mailing list. These convenience recruitment strategies (Robson & McCartan, 2016) were adopted in order to increase likelihood of responses from admission tutors, and to keep recruitment time to a minimum.

If a potential participant left their contact information on the survey data (which was checked every few days), then they would be contacted with further information about what their participation would involve. Participants were sent a copy of the information sheet and consent form and were also informed in the email that they would be asked to take part in a racial implicit test. The email further included links to the introductory video about implicit bias tests and details to log into the test and complete the activities (Appendix I). Details around confidentiality about the racial implicit bias test were outlined in the information form and participants were explicitly informed that their results would not be known by the main researcher but the experience of taking the test would be discussed in the interview. Participants were also informed as part of the initial information email, that they would be video recorded as well as audio. Participants were also informed that semi-structured interviews would last between 45-60 minutes, in order to help them decide on their availability.

In terms of the emails that were sent to the course directors and course administrators, the same information was given as highlighted above and study materials (i.e., consent form and information sheet) was also attached. Please see Appendices B and C for further information about the consent form and information sheet). Once participants agreed to take part in the study and the consent form was returned, an interview date was agreed. Participants took part in a 45–60-minute semi-structured interview that was conducted online via MS TEAMS. Each interview was audio and video recorded for analysis. A reflective diary about the experience from the point of view of interviewer (Ortlipp, 2008) was kept and notes and thoughts about the interviews were written and reflected on in research supervision and with an external consultant.

Transcription

Interviews were automatically transcribed by the MS TEAMS system. However, due to often inaccuracies in the transcripts, the audio files were transferred to the Vivo software (version 12 for MAC) for transcription. Bailey (2008) describes the process of transcription as a series of judgements about what detail is included in the data. An electronic service was deemed an appropriate and quick form of transcribing data from an audio file. Data was checked by the main researcher for mistakes around what was said and any spelling errors.

Sample Size:

As is customary in research projects, an estimate of the sample size is often given (Varpio et al., 2017). Considering a lot of researchers are moving away from the term 'data saturation' which refers to the point at which no new information, codes or themes are yielded from data (Braun & Clarke, 2021c). The term 'Information Power' has been reported to illustrate that the more information that the sample holds about the specificity of the phenomenon being investigated, the fewer participants a study may need (Braun & Clarke, 2021c; Malterud et al., 2016; Varpio et al., 2017). As this study is a relatively new area being investigated, the experiences of admission tutors on DClInPsy courses in the UK hold characteristics that are 'highly specific' to this study. Further, the maximum number of participants that could have been recruited was approximately 30 participants (considering some courses may have admission tutors sharing this post). As the scope to interview 30 participants was beyond what could be achieved with the resources of this study, an estimate of 12-15 participants was agreed by the research team (Braun & Clarke, 2021c). This allowed for the data gathered to represent between 40-50% of admission tutors experiences across DClInPsy courses in the UK.

Aim 2: Measures

Implicit Racial Bias Test

As previous research has suggested, the use of bias tests may aid conversations to help individuals consider their own biases (Blanton & Jaccard, 2006a; Chapman et al., 2013). Therefore, as part of qualitative interviews, discussions about racial biases was looked at as a way to address what else may be occurring in the selection process (Kinouani et al. 2016; Adetimole et al. 2005). All participants were asked to complete an implicit racial bias test prior to a semi-structured interview in order to support these discussions. The implicit bias tests assess strengths of associations between concepts by observing response latencies in computer-administered categorisation tasks (Greenwald et al. 2009). For example, contrasted concepts (e.g., images of black or white faces) are placed on a screen and respondents must classify concepts at speed using two keys (Greenwald & Nosek, 2012). Contrasting

words (e.g., good and bad) are combined with the faces and participants have to categorise them. Any errors made must be corrected, and the average difference in latency between two combined tasks provide the IAT score. A racial implicit bias test was specifically used with participants. The focus of the test was to categorize faces from different racial groups. Prior to participants taking part in the study, an introductory video developed by Dr Pete Jones (creator of the tests) was sent, to provide information about what the test was, what implicit associations mean and why they were important for us as individuals to be aware of them.

All results from the bias test were not received by the main researcher but was gathered separately by an external party (Dr Pete Jones, Chartered Psychologists and Chartered Scientist, specialising in implicit bias). Participants received a personal copy of their results with via email if they consented to this. The racial implicit bias test was used in the study was an adapted version of the 'Implicit Association Test (IAT) (Chapman et al., 2013) was developed by Dr Pete Jones (<https://www.unconsciousbias.co.uk/>) and has been assessed for reliability and validity across education, health and police settings. Permission to use this version of the IAT was granted by Dr Pete Jones, and regular contact with him was made throughout the study. Please see appendix J for examples of the stimuli participants engaged with.

Interview Schedule

An interview schedule (Appendix H) was used to aid conversations with participants about their experiences. The interview schedule was developed by the main researcher and the research team and encompassed questions influenced by the literature around the gaps in success of individuals from different racial groups; an exploration about what admission tutors feel the impact is on those receiving mental health services; their experience of completing the racial implicit bias test; potential barriers in their current selection processes; and who they feel is accountable for the slow change in diversity of trainee clinical psychologists across the UK.

In terms of the development of the final interviewing schedule, this occurred in stages. Firstly, the interview schedule was written as a draft guide by the main researcher. This was then discussed with the research team to refine questions and ensure that they were in line with the research aim. This was further piloted (Hiller & Diluzio, 2004) by an ex-admission tutor who was previously employed within a DClinPsy course in the UK. The pilot participant was emailed by the main researcher and was given information about the study and were invited to be a pilot interviewee. The pilot participant agreed to take part and confirmed a date and time when the interview could take place online via MS TEAMS. The pilot interview was audio and visually recorded and comments about how the questions

made the participant feel; suggestions about editing the interview schedule and their experience of the length of the interview were all discussed following the interview. Following this, the changes that were made included: (1) Giving a clear statement at the start of the interview that the racial bias test results will not be discussed (2) Asking participants about their understanding of the potential impact the lack of diversity in training has on trainees and service users (3) To explore examples of good practices observed in other courses of recruiting PoGM applicants.

Aim 2: Data Analysis

For a data analysis of semi-structured interviews, Braun and Clarke's newly named '*Reflexive Thematic Analysis*' (Braun & Clarke, 2021a) was chosen to explore the data. This type of analysis involves the researcher's subjective skills as a part of the process and does not require a researcher team (Braun & Clarke, 2020). This was suitable for this current study, as analysis was carried out by the main researcher. The use of Vivo qualitative software (version 12 for MAC) was used to organise the data through analysis. Reflexive Thematic Analysis offers an acceptable and robust method and looks at 'patterns of meaning through the process of coding data' (Braun and Clarke 2021). Essentially, the 'outcome' from this data analysis is themes that have been developed from all of the data being reviewed constantly in order to extrapolate meaning and patterns. A key feature of this analysis type is the use of 'reflexivity.' Braun and Clarke (2021) explain their understanding of reflexivity as encouraging a researcher to be 'critically interrogating of what they have done and why and what impact this would have the on research'. The idea is that the researcher will hold a reflexive stance throughout data analysis that is shaped by the researcher's values, assumptions, and practices. As the data was analysed inductively, no coding framework was used as part of this process (Braun & Clarke, 2021a). Assumptions made from the data were from the main researcher's experience of training, their experience of going through the DClinPsy recruitment process and previous research (Kinouani et al. 2016; Ragaven, 2018, Atayero & Dodzro, 2020).

Limitations of Reflexive Thematic Analysis

Reflexive Thematic Analysis has many strengths. These include its ability to produce actionable outcomes from the data, allows for social interpretations of data and has the ability to produce 'similarities and differences across data (Braun & Clarke, 2021b). Reflexive thematic analysis is further strengthened by the researcher being a resource in the analysis through considerations of the researcher's context and personal experiences.

There are some limitations of the approach that were considered in deciding the best qualitative analysis. Firstly, a criticism of this approach is that Reflexive Thematic Analysis does not allow the researcher to make claims about the language used (Nowell et al., 2017). This can be an important aspect of analysis in terms of making sense of how the language used identifies the understanding participants have about concepts they are exploring in conversation (Nowell et al., 2017). Language is very central to the critical realism ideology, as it can indicate the show knowledge is socially constructed by individuals based on their contexts and histories (Madill & Barkham, 1997). An exploration of this can be missed out in Reflexive Thematic Analysis.

An alternative qualitative analysis that was considered was 'Discourse Analysis.' This type of analysis is concerned with the way language is used in social context and explores who uses language as well as the ways in which individuals use language to communicate ideas (Aydin-Düzgit & Rumelili, 2019). Discourses shape the way a particular issue is understood and this understanding shapes the way we act (Johnson & Mclean, 2020). An example of this is related to the present research study. For example, as previous studies have focused on 'applicant factors' and directed the understanding of the lack of racial diversity in training to effectively deficiencies that PoGM applicants appeared to have, suggests that the understanding around the issue is limited to this factor impacting the system (Scior, Gray, Roth, et al., 2007). If the analysis explored more the language used by participants, more focus could be towards how participants understand the current challenges in selection, based on the language they chose to use (Oliver, 2012). In comparison to other analyses, reflexive Thematic Analysis also fails to focus on non-verbal cues that may illustrate more about the interaction between the interviewer and the researcher. This could reveal a lot about the experience of the data collection and give insight into how power dynamics play out, considering a fixed position of 'trainee and course staff' is inevitable a factor in how the conversations may be conducted (Aydin-Düzgit & Rumelili, 2019).

Stages of Qualitative Analysis

In Braun and Clarke's latest textbook outlining the processes of Reflexive Thematic Analysis, six phases of the analysis were explained (Braun & Clarke 2021). These are outlined below with detail about how the interviews for this study were analysed.

Data Familiarisation

In this first stage, Braun and Clarke (2021) describe this as the 'immersing' of data in which reading and re-reading of the transcripts take place. This was conducted as part of the analysis of the qualitative data. Transcripts were read several times. The use of the audio-visual recording of the interview was also reviewed once for each participant. This helped to make accurate notes about the

interviews in relation to facial expression, nuances and tones expressed. Although linguistic features were not analysed as part for the data, they aided the main researcher's memory of reflections after the interviews. Initial ideas about the data set a whole were noted down during this first stage. A reflective diary (Ortlipp, 2008) also used to note feelings as thoughts of the main researcher.

Systematic Data Coding

A closer look at the data occurs at this stage in which any aspects of the data that looks interesting is highlighted (Braun & Clarke, 2021). Development of meaningful descriptions (code labels) take place at this stage and concepts are captured throughout the data set. A combination of 'surface meaning' (for example, noticing what participants shared about why they became admission tutors) as well 'implicit meanings' (e.g., feelings of hopelessness in a challenge system) were looked at in stage. The different code labels were then gathered together in order to group the relevant segments of data for each code. Code labels are displayed in Appendix N.

Generation Initial Themes

The shared patterns of meanings across the data are looked at during this stage (Braun & Clarke, 2021). Reference to the research question and reflections were used here in order to start to group clusters of codes that developed meaningful core ideas. Ideas around personal contexts and experiences, as well as systemic factors impacting PoGM applicants started to take form at this stage. Braun & Clarke (2021) refer to this stage as being an 'active process' that is based on the research question, the researcher's knowledge and insights. Coding of the data occurred here according to the initial themes generated. At this stage, six initial themes were generated. Appendix N gives an illustration these themes.

Developing and reviewing themes

At this stage a further review of the initial themes is explored. This involved going back though the data and exploring if the themes provide clear distinct concepts (Braun & Clarke, 2021). The researcher is encouraged at this stage to review if the themes capture the most important findings from the data in relation to the research question. At this stage, the themes collapsed from six main themes to three, as a further revision led to three distinct main themes to be clarified. This was due to three organising concepts that were found across the data: personal contexts of admissions tutors; systemic factors; external professional bodies and their influence in recruiting racially diverse trainees.

Refining, Defining and Naming themes

Within this stage, 'fine tuning' of analysis occurs which includes reviewing themes further to check the key concepts are clear, and the 'story' of data is illustrated well (Braun & Clarke, 2021). Refining of theme names occurred at this stage also. For this analysis, this led to changing the main theme names to quotes used by participants (e.g., 'Seeing is Believing'). This allowed the data to richly reflect the interactions found between the researcher and the participants. A brief description for each major theme was written up at this stage in order to keep refining any aspects of themes that may not fit with the overall display of findings.

Writing the report

At this stage, the final report of findings is written up. Braun & Clarke (2021) report that this stage is integral to the reflexive thematic analysis process. The use of annotations, reflections and general notes about the data were all used to help with my write up of each theme. This stage also included a lot of editing of the findings, which was also encouraged by Braun & Clarke, as they reported it was a key and important aspect of the analytic process. A thematic map of the findings was also developed at this stage. Below is a summary of the step-by-step guide of how the analysis that took place:

Table 5: Thematic Analysis application

Reflexive Thematic Analysis Stages	Application
Data Familiarisation	The transcripts were checked with the video recording for accuracy. The transcripts were read and re-read for familiarisation. The notes taken after the interview were also reviewed in this stage.
Systematic Data Coding	Initial notes were made on all transcripts and reflections from re-reading the data. Notes were then coded based on commonality. Code labels were developed at this stage and were assigned to different parts of the transcripts (e.g., feelings of hopelessness in a challenging system).
Generation Initial Themes	The code labels were reviewed and developed further by seeing which labels were similar and different. Reference to the interview questions were looked at this point as well as reflections of personal context as a researcher. Six main themes were developed at this point. Ideas about how the data should be organised with the research team was discussed. Ideas around 'layers in system' were starting to take form the more data was looked at.
Developing and reviewing themes	Themes were looked at again, to see if there were any similarities that could lead to a collapse of some subthemes and if subtle, distinct subthemes could be pulled out more of the data. The themes were discussed with the research team and further reflections were made from the data. At this point the main themes collapsed from six to three. This was represented different layers within the system

	contributing to the experience of admission tutors (i.e., personal level, course level and nationally level). Two additional subthemes were added. This was changed to add an additional subtheme in theme 1 (<i>“There is no magic formula, but we could only try”</i>) and theme 2 (<i>“The Norm of the Profession”</i>).
Refining, Defining and Naming themes	The themes were looked at again and reviewed to see if the names of the main themes can be quotes from the data. In line with Braun and Clarke’s model, “catchy” phrases were sought after from the data. The purpose of this was to make sure the themes capture more accurately the distinction between them. The final main themes were labelled as: (1) <i>I want to do a good job</i> ; (2) <i>Seeing is believing</i> ; (3) <i>It's everybody's business and it's everybody's responsibility</i> .
Writing Report	In this final step, the write up of the data was conducted. A description of each theme was finalised. Quotes used were to illustrate different aspects of the data, in relation to themes described. Quotes were contextualised in order for the meaning of quotes to be clarified. Reflections of the data write up were kept in the reflective diary by the researcher, in order to keep connected to the data and awareness of how the write up impacted the interpretations. The idea of ‘establishing a gap’ was used to present the data to show what was missing from previous literature in the area of selection processes in DCLinPsy courses.

Reflection process through analysis:

To address this, the main researcher kept a reflective diary (Hiller & Diluzio, 2004) which allowed for reflections about the interactions with participants (i.e., white admissions tutor; black trainee clinical psychologist researcher). Ideas around the meaning of the responses were discussed in meetings with the external consultant who shared similar protective characteristics as the main researcher. The main researcher also took part in a bracketing interview (Smith, 2008) before piloting the interview questions to explore their lens, assumptions, and historical influences on the research; highlighting potential biases they may have towards participants. The impact of differences in racial backgrounds were discussed in supervision as to what influence this would have been had on the data if two white individuals were speaking for example, or two black individuals.

Research Ethics

Ethical Approval:

The study received ethical approval from the University of Hertfordshire by Health, Science, and Engineering & Technology Ethics Committee with Delegated Authority. The protocol number for the study is *LMS/PGR/UH/04590*. Ethical approval for the study was given on 18th June 2021.

Ethical Considerations

Due to the nature of this research study taking place within the context of Clinical Psychology training, ethical considerations were explored in line with the British Psychological Society's (BPS) Code of Human Research Ethics (BPS, 2021). In their recently updated guidelines, the BPS report stipulates guidance as to how psychology researchers should consider different ethical dilemmas and what their recommended suggestions are to manage these dilemmas. They report ethical guidelines, are necessary to outline how psychological research can take place safely (BPS, 2017). Below are several considerations that were made for this present study and considered throughout the process or research design, data collection and study write.

Confidentiality:

As the nature of topic is in relation to recruiting trainees into NHS posts, the research study considered the need to have confidentiality protocols in place. As the study aimed to gather general information about the selection criteria of individual courses, no publishing of individual course details has been made, to protect the anonymity of the participants and the courses they represent. Any information that is considered identifiable information such as specific demographics of participants such as any specific mentions or geographical location that could identify courses were anonymised in interview transcripts. Participants were also informed that the wider research team (i.e., supervisory team) would receive a sample of the anonymised transcripts. This was made clear to participants via the first email invitation for their participation in the research, and any subsequent contact they made to organise interview dates and it was also verbally repeated before the start of any interview. Participants were required to confirm they understood this via their signed consent form. Further, in line with the Data Protection Act (2018) all information collected from the data has been treated with confidentiality and participants were asked if they wanted to have any further amendments made to their interviews.

Data protection:

In terms of storage of data, an encrypted and password protected laptop stored all interview and survey data as well demographic information of all participants. Transcripts were also stored within Vivo software system for analysis and transcription purposes only. Original visual and audio files of the interviews were deleted from Vivo once transcriptions were completed. In line with the updated GDPR rules, all audio files were kept only until the end of the study, as it was not necessary to keep data any longer than this point. Participants were also made aware of this via the study information sheet. In terms of the survey data, this was downloaded on to the encrypted laptop from the 'Qualtrics' system and the original survey that was completed online was deleted from the system once the data has been analysed and written up.

Consent:

The BPS recommends that all participants are given 'sufficient information' about the research to allow for an informed choice to be made. All information about the study was presented to participants first in the form of an information sheet for potential participants to consider their participation in the present study. The information sheet (Appendix C) describes the research aims, the background of the study, the use of measures such as the 'implicit racial bias test', who the research team consist of and how data is stored and how confidentiality will be upheld in the study. Further information about the ethical approval of the study, and the details of the ethics body was also identified in the information sheet. Participants were also asked if they had any further questions about the study prior to the interview commencing to ensure all opportunities were given to ask the researcher any questions they may have had. In terms of withdrawal from the study, participants were informed (verbally and in written format) that they were free to withdraw their participation from the study at any point before the interview takes place and up to 14 days after the interview. Participants were informed that once transcription of data took place, withdrawal was not possible as analysis had begun. In terms of the survey data, participants were informed that analysis of the survey was automatic through the 'Qualtrics survey system' and different courses could not be determined in analysis.

Debrief:

Following interviews, participants were offered a few minutes to discuss how they thought the interview went and if they had any post interview reflections. This was an unstructured part of the interviews that was designed for participants who wanted to talk further and had the time to. All participants were sent a study debriefing form (Appendix D) which outlined again the purpose of the

study and thanked them for their participation. Contact details for the supervision team were also outlined in the debrief form, in case of further questions they would like to contact the research team about.

Potential Risks:

As the qualitative aspect of the research study required participants to explore their personal feelings and experiences in relation to the recruitment of racially diverse trainee clinical psychologists in the current global context, there was a potential risk of distress for participants and the main researcher. Within the wider professional context, clinical psychology has been highlighted as a profession that needs to increase their racial diversity, which has led to an increase of funded places by Health Education England (HEE, 2021). Participants were encouraged to speak to colleagues (as suggested in the debrief form) if they felt they needed to discuss about the study.

The fact that the main researcher is also a trainee clinical psychologist and identifies as PoGM; the interviews could have tended to reveal a more emotional nature. The representation of being a Black British (African) researcher, considering those who identify as 'Black' have some of the lowest success rates of gaining a place on training; may have led to potential feelings of distress or intimidation. Such feelings have been described by PoGM applicants in previous research (Ragaven, 2018). The potential feelings of distress for the researcher were managed via research supervisory meetings that included debriefing of the interviews as they were taking place; the use of reflective diary that the main researcher used throughout data collection and in the interview piloting stages.

Further, the main researcher had regular meetings with an external research consultant who identified as a Black British woman, who had been trained within a UK DClinPsy course. Meetings with the external research consultant provided safe spaces to explore the main researcher's closeness to this topic and how their experience of training and the selection process may have shaped the way questions were asked or how interactions developed with participants.

As interviews involved qualified Clinical Psychologists, who work in line with BPS code of Ethics in regard to their practice (BPS, 2017); any disclosures of practice not in line with the BPS, may have led to an instance of confidentiality being broken. If such instances were to occur, guidance from the supervisory team would be sought out.

Quality in Qualitative Research

In addition to the main ethical considerations, an exploration of the validity of the qualitative research element of the mixed methods approach was considered. Yardley (2008) reported that an evaluation of the validity of qualitative research is about making ‘judgements’ of how well research is conducted and whether the findings should be considered trustworthy and useful. Yardley (2008) outlines ‘core principles’ to be considered in evaluating the validity of qualitative research. These core principles are *Sensitivity to Context*; *Commitment and Rigour*; *Coherence and Transparency* and *Impact and Importance*. Table 5 outlines, how these core principles were considered in regard to the validity of the qualitative aspect of this study:

Table 6: Evaluation of Qualitative research

Core Principles for evaluating validity of qualitative research (Yardley 2000; 2008)	
Sensitivity to Context	To consider the sensitivity of the context, awareness of the participants’ perspectives and setting, the sociocultural and linguistic context of the research should be considered (Yardley, 2008). The use of semi structured interviews allowed for participants to speak freely, without restrictions. Part of the researcher’s role was pay attention to what may or may not have been discussed in the interview (e.g., incidences of distress experienced by PoGM applicants); as well as being aware of inconsistencies in how participants spoke (e.g., hope and ambivalence about role). Attention to previous literature was considered in the development of the study and research aim of qualitative data (i.e., exploring group who have not previously shared their experiences in terms of selection of PoGM applicants).
Comparing Researcher’s coding	The aim here is to check the analysis completed is not restrained by one perspective (i.e., that of the main researcher) and that the analysis makes sense to others (Yardley, 2008). This was achieved within the current study by comparison of main researcher’s coding with others in the researcher team, a member of the ‘Minorities’ in Clinical Psychology’ (who represent PoGM applicants and trainees) and the external consultant. Although Reflexive TA does not require a group of researchers to code, the focus here was for the main researcher to discuss coding frame developed from the analysis to explore other potential themes that may have been missed or existing

	themes which may have needed modification for clarity (Yardley, 2008).
Coherence and Transparency	This relates to the extent to which the data is consistent as a whole. The methods to conducting this piece of research included clear outlines of theoretical underpinnings (i.e., critical realist and pragmatic approach). This influenced the use of semi structured interviews to elicit experiences of admission tutors. The use of Reflexive Thematic Analysis aligns to a critical realist approach. This was conducted in line with the view that realities are socially constructed and are inferred by language. Findings were produced to show clear levels of challenges admission tutors faced. Transparency about the influence the main researcher had is evidenced by reflective diary and the different stages of theme development outlined in the appendices.
Commitment and rigour	This involves showing the breadth and depth of what the data illustrates past the surface level basic data presentation. This was addressed by making sure the themes were related strongly to the research aim about the experiences of admission tutors. This was highlighted and prompted often in interviews so that the data stayed relevant to the research aim. Another way this was addressed was by the decision to use specific participants. The fact that many professionals may be involved in selection of trainees, could have given different insights into why there is still such a lack of racial diversity in trainees. However, it was felt that to explore in the first instance what the experience was of those who are specifically employed by a DClinPsy course to consider and reflect on such challenges in the profession, and with the increased funding available, there is more emphasis to demonstrate what is being done to address these issues. Thus, recruiting only admission tutors was deemed appropriate for this narrow focus. In terms of rigour, the research study has illustrated how the themes have been developed with explicit details of how themes were changed and evolved. The explanation of how the data was selected from the transcripts were considered and Appendix N give a fuller step by step guide of how the analysis was conducted.
Impact and Importance:	As outlined in the introduction chapter, the purpose of this research aim was to illustrate

	<p>what systemic factors are involved in the selection of trainees on to DCLinPsy courses. The lack of research into what occurs on training courses, currently leaves a gap in the understanding as to how the profession can become more representative. The research aim for the qualitative element of the study will have the potential to make a difference in the profession by highlighting what barriers and facilitators aid or delay the increase of racially diverse trainees being selected.</p>
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Chapter 3: Findings

Overview

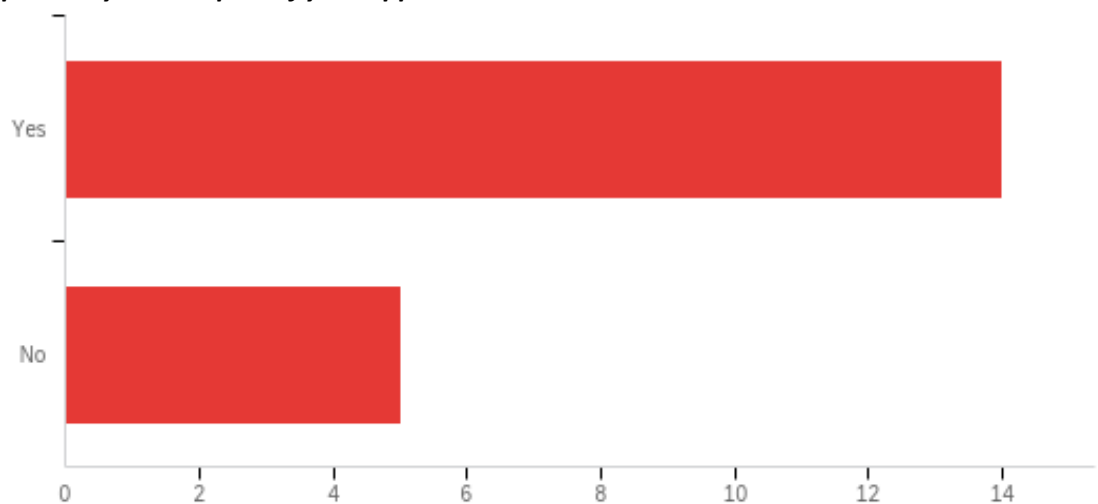
This section of the results will outline the feedback from respondents to the survey conducted as part of the quantitative aspect of the research study. Results and implications will be outlined with relevance to previous studies. The use of graphs will support illustration of findings to show differences across courses.

Survey Results

The results aim to illustrate the variability across courses in terms of selection criteria for applications, prior to applicants being selected for interviews. The results are reported in a descriptive manner, rather than the use of inferential statistics. Graphs illustrating the main findings were developed from the 'Qualtrics' survey used to collect responses from courses.

Finding 1: Selection Criteria Guide

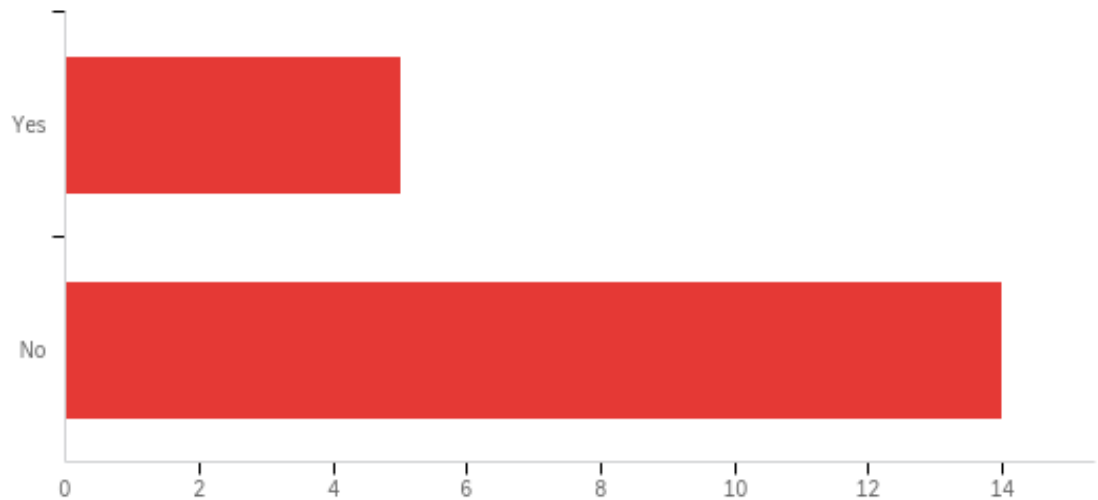
Do you use a 'points' system as part of your application reviews?



The survey data revealed that some courses used a 'points system' as part of their procedure to rate application forms (N=14; SD=0.44). This refers to giving applicants a number rated against their criteria. In total 73% of courses said they do use a 'points system' to shortlist applicants.

Finding 2: Requirement of those who shortlist applications

Do you require application reviewers to have a minimum number of years post qualification?

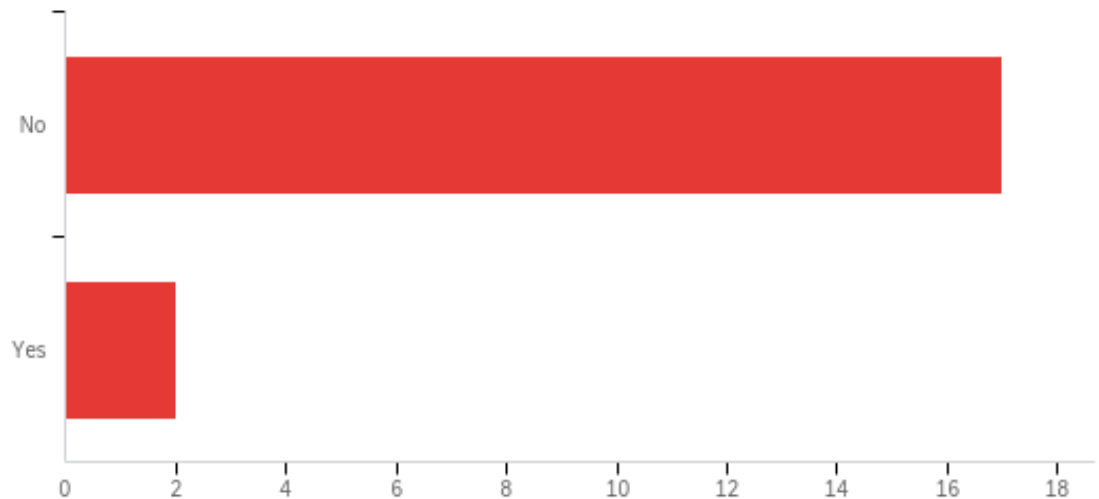


Courses showed some differences in terms of the number of years' experience required to review the applications forms they received. The total number of courses who have a minimum requirement were 26% (N=5, SD=0.44). The courses who indicated they have a minimum requirement for experience specified between 2-4 years' experience was needed. However, the majority of courses did not require a number of minimum years' experience before being part of the shortlisting process. This indicates two possible ways courses shortlist applications. One way is that DClInPsy courses are likely to have a lot of choice in terms of volunteers to shortlist the applications they receive; or they are less likely to ask external Clinical Psychologists as they do not require minimum years' experience.

Courses reported on who were involved in their application shortlisting stage. Answers varied across courses, however the majority of courses (63%) reported that only Clinical Psychologists reviewed applications. There were some courses that reported having staff members involved in shortlisting application forms. Other professionals/groups involved in reviewing DClInPsy applications included: (1) Experts by Experience (2) Epidemiologists (3) Health Psychologists (4) Course Administrators.

Finding 3: Assessing applicant's understanding of the Clinical Psychology Profession

Do you look for Clinical Psychology 'buzz words' in personal statements? (E.g., formulation, reflective practice, assessment, evaluation)



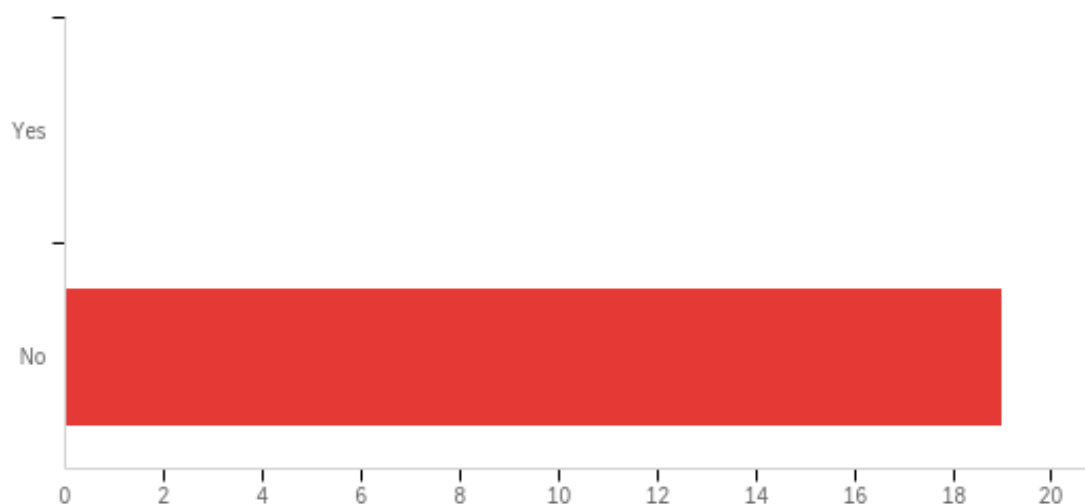
In terms of assessing the applicant's understanding of Clinical Psychology a small number of courses reported that they looked for specific words, related to Clinical Psychology (N= 2, SD= 0.31). This suggests that some courses may have a stricter guidelines around qualitative aspects of the application form. Previous research suggests lack of understanding about the Clinical Psychology profession acts as a barrier for PoGM applicants. Examples of words that courses reported they look for include *Reflective Practice, Evidence-Base, Assessment, and Formulation*.

Finding 4: Academic Requirements

In terms of academic requirements, all respondents showed the most similarity in this aspect of the selection criteria. The survey showed that 18 out of the 19 courses reported that an upper second-class degree (2.1.) was a requirement. In addition, if a 2.1 was not obtained then evidence of academic ability from a masters or PhD was required. Only one course reported that a psychology degree or psychology conversion course was required, but no specific degree classification was a requirement.

Moreover, the survey asked if extenuating circumstances were considered to explain academic attainment of applicants. A small number of courses (N=2) reported that they did consider extenuating circumstances when academic requirements were not fully met. Reasons considered as extenuating circumstances were outlined by the two respondents. These were disabilities and contextual factors impacting academic attainment.

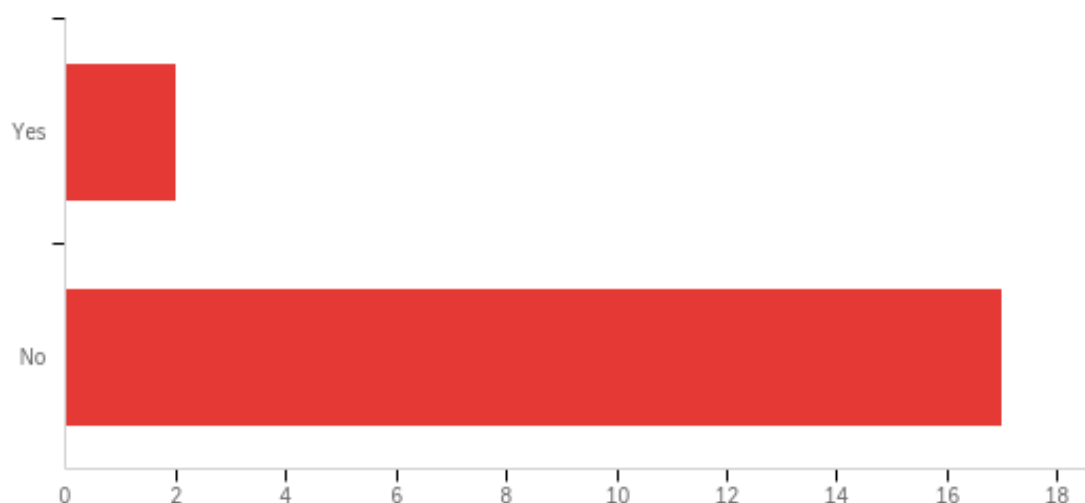
Do applicants get extra points for attending a ‘Russell group’ university (i.e., UCL, Cambridge, Oxford) for their undergraduate degree and/or postgraduate degrees?



The survey further asked if courses rated applications higher if candidates attended a ‘Russell Group’ university¹ for their undergraduate studies (e.g., UCL, Oxford). All respondents answered no for this question, indicating this was not a factor in the shortlisting process of these DCLinPsy courses.

Finding 5: References

Does a reference from a Clinical Psychologist increase chances of an applicant being invited for an interview?



Finally, the survey explored the use of references and asked courses if an applicant had a higher chance of being invited to an interview if their reference was from a Clinical Psychologist. The majority of courses (89%) responded 'no' to this question; however a small number said it increased chances of applicants being selected for an interview. Courses reported that it slightly increased chances of being invited to an interview because Clinical Psychologists have a better understanding of what the course requires and also can be more 'informative' and 'comprehensive' in their references about an applicant's suitability to train.

Summary of survey findings:

In summary, this brief survey which was sent out to all 30 DClinPsy courses who use the same recruitment route (i.e., Clearing House). The purpose of the survey was to see if there were vast differences between courses in terms of their selection criteria at the point of application.

Considering there is a big gap in PoGM applicants getting through to interviews (Murphy, 2019) and the different selection criteria can sometimes present as a barrier for PoGM applicants, a survey to explore some of the differences was developed.

The main findings of this survey reported that the main differences between the respondents were in two areas: (1) Years experienced required to shortlist application forms; (2) Use of a 'points system' to shortlist application forms. This indicates that courses may vary who can shortlists forms as some courses specify a minimum requirement of post qualification experience. The impact of what this has on the amount of PoGM applicants being invited into interviews is beyond the scope of

this survey, therefore the impact cannot be clearly determined. In terms of the use of a 'point systems', courses who use these are likely to have significant weightings on different parts of the form (e.g., academic attainments, years of clinical experience). The impact for PoGM applicants being invited to interviews could be down to how courses weigh up forms.

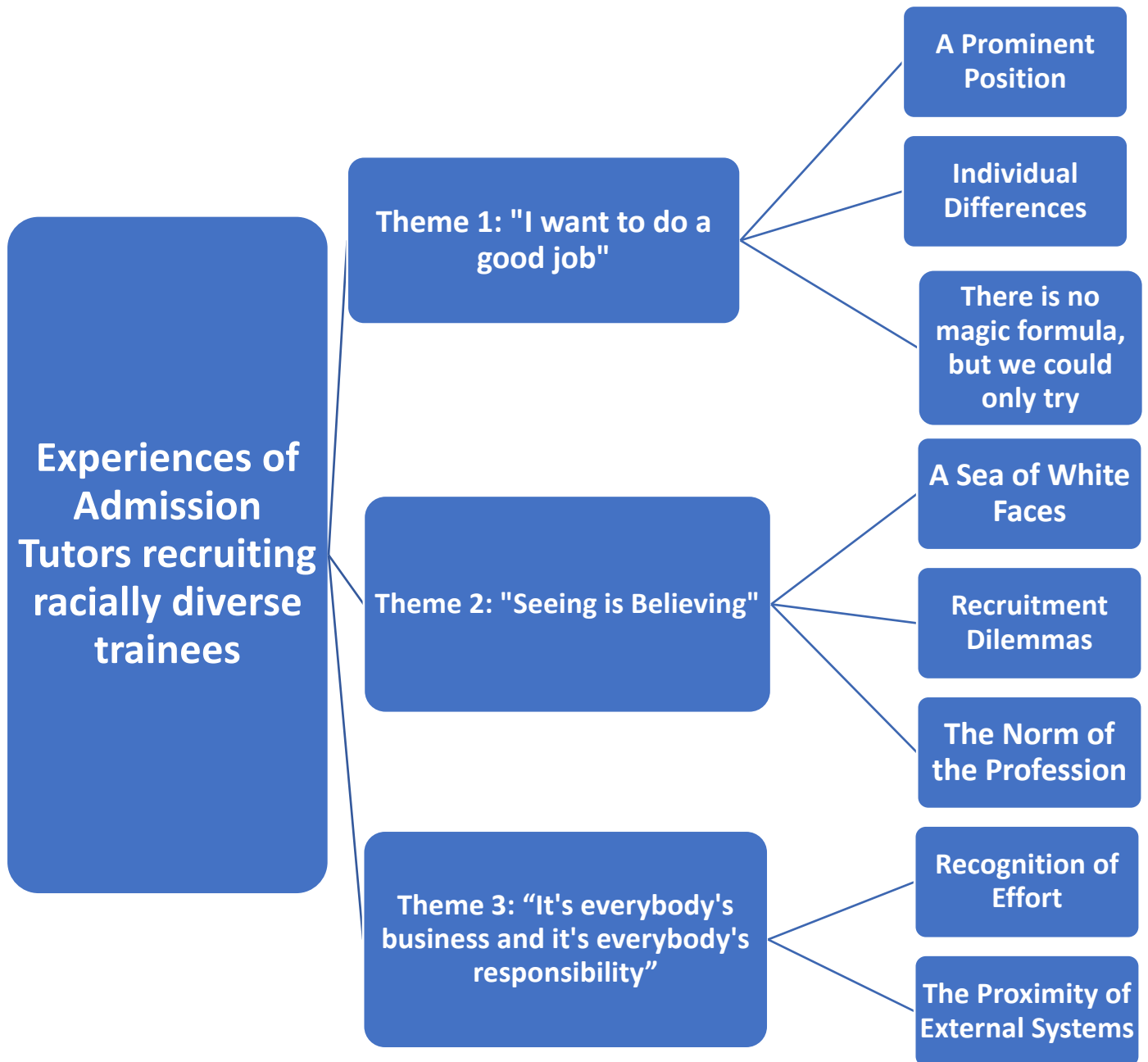
Qualitative Results

Overview

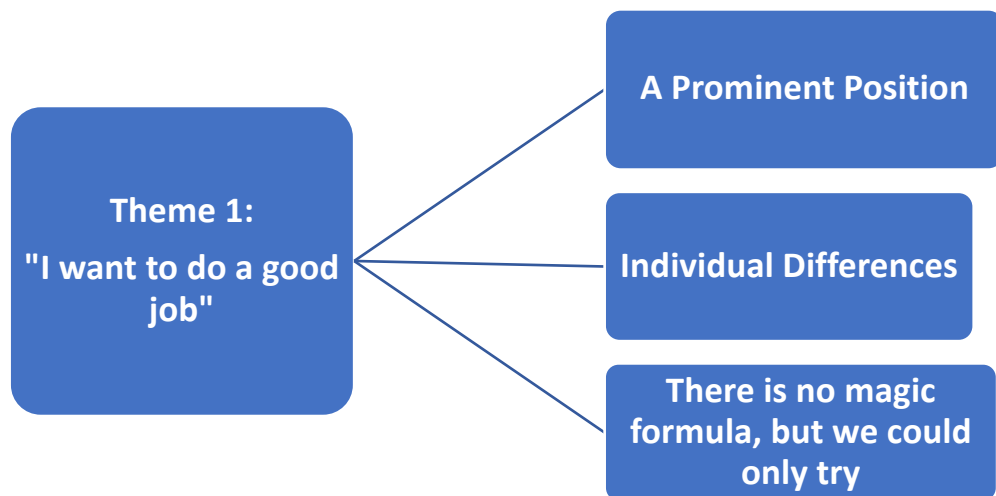
This section outlines the results from the qualitative data collection. The themes developed following the process of Reflective Thematic Analysis are described. Illustration of findings in this section are accompanied with excerpts taken from the interview transcriptions with the study sample.

Three main themes were developed. These are: (1) I want to do a good job; (2) Seeing is believing; (3) It's everybody's business and it's everybody's responsibility. The figure below illustrates the main themes and the subthemes:

Figure 2: Main themes and Subthemes



Theme 1: "I want to do a good job"



Within this main theme, participants reflected on their influence as admission tutors, their understanding of the role, the challenges as well as the privileges of holding such a role in the profession. Essentially, many of the participants recognised their role as ‘gatekeepers’ of the profession and how their contexts, experiences, and identities impact how trainees are recruited. The three subthemes within this main theme are: (1) A Prominent Position; (2) Individual Differences; (3) There is no magic formula, but we could only try. Below is a detailed account of each subtheme with supported excerpts from across the data.

Subtheme 1: A Prominent position

In this subtheme, all participants reported on why they chose to take on the role of being an admission tutor. Participants spoke about the rewarding aspects of the role (n=8) and shared a reality of the day-to-day tasks this position involves (n=3). Below is an excerpt of one participant sharing why they enjoy being an admission tutor:

“It's quite nice to be able to have a lot of opportunities as an admissions tutor to get people thinking about, the values they've got [and] how they would they could use them and I guess put themselves out there and take risks, I suppose, encourage people, there are nice bits to the job,”
(P1)

This participant reflected on how they have the opportunity to be involved in the development of trainees.

Another participant reported that they felt working as an admissions tutor gave them the influence to have an impact who was recruited more specifically. Below is an excerpt from a participant who referred to recruitment of white trainees:

“I find it sort of the exciting part of the role because you're actually there trying to make sure that you're not just having 20 me's selected” (P10)

This participant referred specifically to their identity as a White British Clinical Psychologist, and felt they wanted a role in changing the common identity of Clinical Psychologists. Within this interview participant 10, shared that they felt being in this position as an admission tutor could support this change. This was similarly echoed by another participant who spoke about the emphasis on who was ‘coming into the profession.’

“But I felt that one of the main things I guess that I enjoy about working on the course is the opportunity to come in and have an influence on all who is coming into the profession, how they're supported, and I guess what the profession might look like in the future. So, I was anxious and stressed about it, but also excited because it felt like a kind of a potentially rewarding thing where we could make some really good changes” (P4)

The participant was referring to lack of racial diversity in the profession and described their aim to bring some ‘change’ to this. They highlighted the key importance an admission tutor has in facilitating change. This excerpt also shows the appreciation participants have for the role by describing the ‘excitement.’ Another commonality that came from the data was the idea of wanting to do ‘good’ in the job. Some participants spoke about the importance and pride they took in the role and the seriousness they approached the role in relation to making changes.

“I want to do a good job. It's all motivated but doing a good job. I mean, it's not a good profession if you just excluded people's experiences, you know, knocked down a narrow tube. It's about doing a good job and including all the rich variety and being willing to change yourself” (P5)

In the above excerpt, the participant highlights their motivation in the role to 'do a good job' by bringing diversity into the profession and considering different experiences applicants may have. Participant 5 also mentioned there is a need to reflect personally on what needs change to support the increase of diversity. On one hand, five participants described the role with idealism in terms of what they hope to achieve; however, three other participants described the daily challenges the role brings and least enjoyable parts. Here is an example of this below:

“Do I enjoy it? It's mainly a bureaucratic task. The selection process we have at our course was very comprehensive, but we've had, you know, with a full day of interview, five days of interviews, a full day of interviews, three interviews, a group task and a written task.” (P2)

From the excerpt above, the participant describes the role as a 'bureaucratic task' which indicates there are aspects of the role that are quite laborious. This participant described the process of selection days prior to COVID-19 restrictions such as long interview days encompassing different elements. Another participant described what they felt individuals outside the role of an admissions tutor think it is:

“People think it's really simple that you just get a load of applications, choose a few and then invite some people to interview. But the role takes all year, you know, and I now work full time on the course and you know, I'm spending a lot of time just on selection stuff, and it isn't that simple” (P10)

This excerpt indicates that the role of being an admissions tutor is a lot more complicated than may be perceived by others who do not have this experience. The participant above described the time needed for the role and challenge of getting it 'right' in terms of applicant recruited. This shows further the role of an admission tutor may be enjoyable and exciting but also a lot to contend with. In addition to this, other participants reported their awareness of what the role entailed before taking on the post, and that awareness of the system earlier in the career helped shaped their decision to take on the role:

“But that is the reason why I applied is that I wanted to do that role even though I knew how difficult it was because I'd been a trainee on the selection outcome committee” (P3)

Subtheme 2: Individual Differences

Within this subtheme, participants explored their personal contexts and what values impacted their understanding of the tasks involved in leading selection on their courses. Participants further reflected on their own potential internal biases (n=8), and what this means for their roles as admission tutors. One participant illustrated how values were central to what led some participants into their role. Here is one example below:

“I guess, issues related to inclusivity, fairness, equality, equity. And so, I was recruited in my post, partly as far as I'm aware, on the basis of having those values and that determination to make those changes. I feel like it's just something that's kind of always been really important to me. And that has driven a lot of the choices I've made in terms of how I operate as a clinical psychologist, which sometimes has made life a lot more difficult when you kind of end up being the person who whistle blows or points things out” (P4)

Participant 4 described their values such as inclusivity, equality, and fairness. They highlighted how such values have been a driver towards change in the profession by being a disruptor in other roles they had in the NHS. Such statements indicate that some participants (n=3) have a strong sense of wanting to point out wrongdoings and being in this role as an admission tutors can help facilitate this. This was similar to another participant who reported on that their previous experience impacted the decision to be in this role:

“I think that kind of sense of justice comes into it a lot. I think my experience to get on to training was difficult. I didn't have, assistant roles for a long time. I didn't know any of the right people” (P12).

In addition to personal values, four participants described how their personal backgrounds impact their focus in selection. One participant described their lower socio-economic background leads them to look for 'different qualities' in applicants:

What I think we should be privileging, it's not necessarily academic stuff, even though, in terms of me getting on the training, it was probably because I was academic and followed a traditional path and did well academically. But, you know, because I come from a poor background, I'm not representative of everyone's experiences of people who get through... and fit that traditional mould” (P3)

The excerpt above highlights the experience admission tutors have of gaining a place themselves on training and how their background influences what aspects of an applicant they see as important. The participant shared their view that academic attainments should not necessarily be seen as the most important aspect.

In terms of potential biases impacting their experience of doing a good job, all participants discussed their experiences of reflecting internally on their own perceived biases and the impact on their role. As the implicit bias test were taken by participants prior to the interview was related to racial biases, this is the context in which experiences are described. Participants also described their experience of undergoing a racial implicit bias test as part of this study:

No. I felt absolutely comfortable doing it because [as] I was doing it, there was a part of me thinking, I wonder what's going to come out of this. But there was no kind of concern or anxiety about that, because I thought, well, even if what comes out isn't what I like then in my role, I need to know this. I'm trying to continuously kind of reflect on educate myself around, you know, develop kind of relationships with the trainees and staff that I work with, who belong to kind of minoritized groups and think about my privilege (P4)

This excerpt describes one of the participant's experience in taking an implicit bias test for themselves. They shared their feeling of needing 'to know' the outcome and what this will mean regarding how they conduct their job. This indicates that some participants reflected on their positions and thoughts on how to improve. The participant further explained their intentions in educating themselves to understand more from those around them in the system such as other staff members and minoritized group's trainees. This indicates reflection of aspects of self are taking place as part of the selection process of recruiting PoGM trainees. Another participant reported of their anxiety of taking a racial implicit bias test and what this may mean. The tests that were administered prior to interviews were only seen by the participants and therefore a level of privacy was granted.

"And I was like what does it mean if I if I didn't score in the low one? And it's like I was rationalising with myself in the sense that I know I'm racist, we're all racist, you can't not be racist. Growing up in a society with the messages that we get about whether you believe the link

between certain terms and people, or not... your brain makes certain associations because of what you picked up on (P3)

This excerpt illustrates some of the thinking participants shared in exploring their own biases. The excerpt illustrates that associations made in society will impact an individual and it is not something that can necessarily be controlled. This further indicates that there is an active role admission tutors have in addressing any biases, as well as manage any feelings of anxiety associated with this.

Subtheme 3: There is no magic formula, but we could only try

Within this subtheme, participants expressed their hope to change things in the system and the difficulties they have in combating aspects of the system they cannot control or change. The theme explores what is in the realm of control for participants (n=5) and what structures exist beyond the reach of influence to bring change to systems impacting PoGM applicants (n=6). One participant shared the slight resignation to the current circumstances around training:

“So yeah, there is no magic formula, but we could only try” (P10)

This excerpt suggests that some participants (n=5) attempt to support change but may not have a specific ‘right answer’ to solutions such as increasing potential PoGM applicants gaining places on training. Other participants (n=6) shared hope for change, despite difficult circumstances, such as increased reports of racism in NHS settings:

“I mean, in our region, we just keep saying to each other we just got to keep chipping away. Just because the system isn't changing doesn't mean that we shouldn't try and change it” (P4)

The above excerpt refers to the participant is aware of systems around trainees such as the NHS that can be harmful for PoGM applicants, but they have the desire that small changes will add up over time. This also highlights that participants are in a difficult situation when working around systems that may not be upholding the same values that they do. In terms of feelings of hopelessness and of feeling slightly defeatist, some participants described not being able to control systems outside of the selection process which may adversely impact PoGM applicants. An example of this is below:

“I think what happens at the selection level is one thing, and then it's what happens before that so you know, it's not only who chooses to go into the various stages of the profession, but also who's

keeping them out. So what are careers advisors saying about the pathway? Are they putting potential people off? (P3)

The above excerpt suggests that prior to embarking on the application to training, PoGM applicants may have found difficulties at different stages, and for example when they are given career advice. This could adversely impact on PoGM applicants if they are not informed about the profession or advised not to pursue it. Further, other participants referred to issues related to education attainment which adversely affects PoGM more than white applicants.

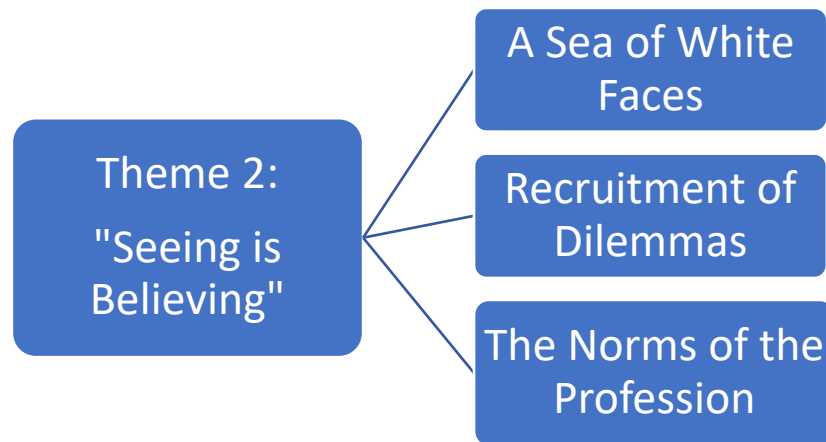
“So for example, we were talking about the 2.1. Versus 2.2. I cannot change if secondary schools are racist. And I can't change that. When people come to me, it's too late. I can't go back and change that. So that's a different level of change. That's a change where you go to secondary schools and teach those teachers not to be racist. So that's not the change I can implement as head of selection” (P5)

The above excerpt shows the participant expressed some apprehension about the system and feeling that ‘it’s too late’ to change aspects of a person’s application once they get to see it. It illustrates what participants feel limited to do in their role as admission tutors. However, it may also indicate the need for different recruitment models if it is known the disadvantages certain groups will have in school due to things such as institutionalised racism.

Summary of Theme 1:

Theme 1 explored the admission tutors’ role on a personal level by looking at their personal contexts in regard to racial biases they may hold and their background. The theme indicates personal contexts shape perceptions of how selection for trainee clinical psychologists takes place. The theme also found that admission tutors had varying experiences of the day-to-day tasks in their role and what led them to take up the role. Although participants had similar responses about the job being enjoyable, there was an element of the role which was time-consuming, indicating that the different aspects of the role will contribute to how participants engage with the task of recruiting more PoGM Clinical Psychologists. The theme also elicited the experience participants had about their hopes for change as well as their feelings of defeat in a system outside of their sphere of influence. The theme suggests that admission tutor have a unique role in bringing change and supporting structures around them to accept changes.

Theme 2: Seeing is believing



Within this main theme, participants explored some of the main structural barriers facing PoGM applicants. There are three main subthemes within this main theme: (1) Sea of White Faces; (2) Dilemmas in recruiting PoGM applicants (3) Norms of the Profession

Subtheme 1: A Sea of White Faces

This subtheme explores the impact of the Clinical Psychology workforce being predominantly White. Participants spoke about the make-up of the courses impacting selection of PoGM applicants and what influence selectors have in the process. This subtheme illustrates the lack of visibility of difference on courses and the participants' convictions about the need for change (n=11). A common thread in the data is the participant's experience of colleagues:

"You know, the problem is also in our team is very white right? It's a very white team. We have people who are not British, not white British, and we now have a few people from black and other minorities, but it was very white" (P5)

The participant expressed their slight frustration with the makeup of the course team and their helplessness to change that fact. This indicates that the issue of there being a lack of racial diversity was naturally prominent in courses, illustrating the issue is internal; not just at the point of selection. Such experiences of little racial diversity in the course teams were mirrored by other participants:

“And but yet our course team, with the exception of one member of staff, are all white. There's very little visible difference in our course team and that troubles me a little bit for the region of the country we are in” (P9)

“The programme team is all white. And like I say, we've got at the moment two trainees in the current first intake who have a different ethnic background, right, so it's small” (P8)

A further two participants illustrated that the issue of the lack of racial diversity was evident in their training courses and indicated that the presence of mainly white individuals even in places where the wider community was more diverse is challenging. Such examples highlight a key issue raised by participants. They reported that their teams are quite 'white' in terms of racial make-up which is part of the system they are trying to change. Another participant further emphasised the importance of keeping this in mind. One participant shared how it was important for continuously reflection about the lack of racial diversity in the course team was important.

“Our course team is not particularly diverse, and it might be that, yes, we all talk about diversity a lot and equality, but we on the face of it are not. [Our EDI lead said] let's be honest, when we look at this screen, you are all white and it's very true. And yet we were like, Yeah. I think we need to remember that as a “Hey, come, come on to our course.” But yes, we've got we've one ethnically diverse member and one male but actually we are a sea of white faces” (P10)

Their description of 'a sea of white faces' depicted a visual representation of what PoGM applicants may experience when interviewing for prospective courses. They reflected on needing to remind themselves of the “white faces” advertised by courses. This suggests that the reality of what is seen by applicants considering applying for training; and what the course may be portraying, even if behind the scenes they might be trying to change the narrative. In relation to the course staff being majority white, participants also spoke about how this was also the case of selectors for shortlisting and interviews. Some participants (n=4) reported it was a struggle to organise for their interviewing panels to always be racially diverse. Two excerpts below illustrate some of the reasons why participants reported this was the case in their courses:

“We've got some really interesting challenges in our course because we've been trying to get people from different ethnic backgrounds onto the interview panel, and we're really struggling

because we live in a very non-diverse culture, and we have at the moment, nobody from another cultural background. (P8)

Such examples as stated above illustrate that the location of courses is deemed to be a reason for lack of racially diversity on interview panels. Considering there is awareness that interview panels which just represent white individuals only may feel unsafe, the rationalisation of location of the course, may not be a strong argument; especially in the last two years when interviews were most likely taking place online due to COVID-19 restrictions. Two participants who discussed their location as an issue did not appear to have any creative ways of addressing this; which then could keep the underlying message in place that Clinical Psychology is not welcoming to those who do not identify as white. Another participant also reported that the selectors were giving messages to PoGM applicants in relation to location of the course, which seemed quite concerning:

“...In an EDI meeting and this was from a white psychologist who said that she didn't, perhaps in the past, hadn't always necessarily recommended our course calls to trainees from different ethnic minorities. Because there's almost a sense of, well, I don't know if you would fit in. I don't know if this is the kind, of course, for you. I guess it can have an impact as well. You know what, if we don't change, do we then not recruit people from different backgrounds?” (P6)

Such attitudes that are still present in the profession and more specifically in the selection processes are clear examples of what may potentially lead to less PoGM applicants applying for training or for specific courses. Another participant also discussed their experience of interview panels and resorted to focus on the profession as a whole. As the issue with recruiting a racially diverse interviewing panel:

“Psychology is always and has often been white middle class people recruiting white, middle-class people. And, you know, but isn't representative of the populations that we serve” (P6)

Once again, such rationalisations about why there is not racially diversity on interview panels in this particular course, stems by looking at the profession as a whole. Whilst this is true that Clinical Psychology is predominantly white, it's not a strong argument, considering that many PoGM clinical psychologists have qualified over many years and could be recruited to interview; especially in times of social distancing and remote interviews. Such attitudes could also indicate that the networks of the admissions tutors and perhaps the courses need to widen to ensure interview panels are

representative and thus portraying the message of inclusivity for all. Consequently, the remaining of predominantly white selectors can lead to quite direct discrimination of PoGM applicants. Another participant gave quite a candid account of the influence white selectors had in affecting the success of PoGM applicants:

“But I think there's probably views that are much more explicit because I can certainly recall people doing interviews where certain people were not selected, where certainly their ethnicity played a role in the debate” (P8)

This illustrates that the lack of racial diversity in selectors could potentially lead to discrimination against PoGM applicants, which is in the control of courses to address. The excerpt also indicates that change needs to occur to prevent more unfair selection processes taking place. Further, this participant reported specifically on comments made by selectors for potential PoGM applicants:

“There was one woman from the Caribbean who was deemed to be too forceful and two forthright in approach. There was one woman who was first generation from the middle of Africa. She was deemed too submissive...there was one person from a sort of person from a sort of Asian culture who was deemed to be too medical....But that's what I say, explicit bias around race into our decision making” (P8)

Such comments expose the reality of discrimination that is present within the selection process. This is an explicit example of how perceptions of different cultures can play role in decision-making. This also highlights that there is evidence which contradicts previous research that suggest DClinPsy selection systems are ‘fair’ for PoGM applicants.

Within this subtheme participants also discussed what the lack of racial diversity in selectors meant for PoGM applicants and their experience of selection:

“So yeah, I think there's a major imbalance between who's selecting and who the applicants are. I'm not I'm not being defeatist over it, but I'm trying to be realistic in the sense that for a while, we're not going to get representative panels because the profession it's not representative.” (P3)

As stated above, the participant shared their view on the imbalance between who was selecting and who the applicants are. They highlight this is a fundamental reason for why there is a lack of

diversity in selection. Interestingly, the participants then share they do not feel 'defeatist' however, it appears their statement may indicate there could be some feeling of hopelessness about the lack of racial diversity, as they claim the profession would need to wait a 'while' for change to occur. This perception is closely linked to the previous statement about the profession not having much diversity; however, it can be argued that there is a level of racial diversity in the profession to support selection processes at the very least. Other participants (n=6) however showed a difference in attitude towards the lack of racial diversity seen among selectors. An excerpt below illustrates some courses take on feedback and attempt to bring change:

“And the data showed that in the past, we might be biased towards whites, so we made sure to make the panels more diverse. And also, because the feedback of people who would interview with us, they were saying there wasn't anybody looking like them. - fair comment” (P5)

The above excerpt illustrates that PoGM applicants are vocal about what they experience during selection and that feedback to courses can lead to change. Some participants (n=8) who felt change was needed, were also quite weary about the danger of the process feeling quite 'tokenistic' in their quest to racially diversify their selection committee:

“And I think one of the things that came up was that things need to not feel tokenistic. We need to be not just asking somebody to come in at the last minute and be an assessor to be kind of a token representative of a community on a panel. One way of trying to address that is we've got our assessor group and we've actually asked them to be involved in the development of the tasks right from the start, and then I think there's a sense of ownership and agency of that. And I think it can that can be one way of it being less tokenistic, maybe” (P9)

The participant above was referring to their 'assessor group' being their selection committee and those involved in interviews of participants. Their increased inclusivity into the development of selection processes appear to be a modest attempt in making PoGM members feel more part of their change. Participants also reflected on the burden placed on qualified Clinical Psychologists of different racial backgrounds being asked to do a lot for courses, in the name of 'representation.'

“But if you're in a smaller course with very little ethnic diversity it might be quite difficult. And of course, what you want to avoid is, you know, the let's say there is one person from a black ethnic background in the team that they end up doing everything like the black champion” (P5)

A clear statement above by the participant, explains what it may feel like for PoGM who are asked to support changes in selection. This indicates that participants need to feel more included in the process, thus a collaborative approach towards change is developed. Such thoughts about burdening certain underrepresented groups were a common thread. The excerpt below further expands on this further:

“But the thing is that one of the biggest challenges of being this sort that seeing is believing idea we’ve got a very circular problem that that we’ve got, we haven’t got loads of people, but we’ve got some. And like I said before, I could feel on a limit how much to kind of put on them [minoritized groups] to. So yeah, and they often don’t think it’s a burden. But it’s the idea to keep requesting things like always, you know, I think I’m very conscious of that sometimes and that we’ve got lots of students who aren’t from minority groups, but they want to be encouraging” (P1)

This participant portrayed the idea that seeing difference, will increase belief for applicants that change is occurring from the perspective of the courses. They highlight the importance being aware as admission tutors not to repeatedly ask a lot from certain individuals representing marginalized groups. The idea of expanding networks is also relevant here because although there are statistically fewer PoGM qualified psychologists, there are many working in the wider psychology sphere which could support the changes courses are trying to make.

Subtheme 2: Recruitment Dilemmas

This subtheme illustrates the understanding participants had about the barriers PoGM applicants may experience in trying to gain a place on training. Participants reflected on what systemic barriers were specially impacting PoGM applicant gaining places (n=7). Difference in selection processes were also explored, with participants sharing their views about preferences for different selection procedures, for example the use of pre-selection tests (n=5). A common systemic barrier that was raised by participants was the academic attainment requirement needed to gain a place on training. Participants shared their views about using degree class, a level grades and postgraduate qualifications in their selection procedures (n=10). Participants shared some the problems they felt were present with this requirement being in place:

“Now our research shows that having a 2:2 does not predict the academic struggle any more than a first predicts an academic success. And we know that MSc doesn't predict academic success,

either. But what we do know is that an MSc correlates with having 7000 grand to spend and having rich parents who can afford to sub you on a fourth year of education” (P2)

This excerpt shows the view of some of the participants and the value they placed on academic requirements. It illustrates an issue in the profession about how much emphasis should be placed on academic attainment. Considering wider disadvantages are present when reviewing academic attainments, some participants felt the discrepancies found mainly in underrepresented groups present a challenge in recruiting suitable candidates:

“So, we know there's the discrepancies at undergraduate level, whether that's to do with bias, whether that's to do with kind of more students from particular ethnic minority groups are more likely to be socially disadvantaged, have carer responsibilities. Work at the same time. Those things that would impact on studies, potentially. Yeah. We know those things and it seems like the most obvious barrier. And yet no one really wants to change it” (P3)

This participant expressed some strains in the system as there is acknowledgement of disadvantages to PoGM applicants, but this is not necessarily considered in the process of selection. In terms of other aspects of the selection processes impacting PoGM applicants, participants spoke about factors such as interviewing questions that are centred on particular groups, which exclude others. One participant gave the example of how their interview questions presented a challenge for PoGM applicants:

“But this year, one of the panels asked a particular question and one of the candidates now trainee from a non-white background and answered the question, clearly got offered the training place but contacted me saying and explaining and setting out their view about one particular question that was clearly coloured from a white perspective. And that was great, and I'm really hoping that we can work with that person further because she was clearly articulate and confident enough to come back and say that question made all sorts of assumptions about non-white non-Western people that is completely inappropriate.” (P8)

This excerpt illustrates how the lack of racial diversity and lack of awareness about how interview questions can impact PoGM applicants is still required to undergo constant review. The fact the PoGM applicant was able to share their experience of the interview after the interview highlights

PoGM trainees are placed in positions to point out aspects of whiteness, by interview questions that operate to maintain white norms and assumptions.

There were also perspectives raised about the use of online tests which participants had varying opinions on. On one hand, three participants felt that online tests helped remove biases on the application forms and focused more on competencies, to assess if applicants could do the role of a trainee clinical psychologist.

“We have confidence in the competency-based approach, which is if we use...general things like resilience, communication, maturity, the nine competencies, contextual awareness which we use to mean an awareness of inequalities, how that affects mental health. We want people from diverse backgrounds. The reason why we don't rate people's educational attainment time. It is because that's related to privilege” (P7)

This was a clear statement by one participant sharing their views on the benefit of moving away from the traditional selection criteria which consider academic attainment of great importance. However, other participants (n=4) felt a bit different about the use of selection tests and reported on their experience of implementing selection tests and what occurred in regard to recruiting more PoGM trainees:

“So, as I say, we've just abolished the online test because that was initially introduced as a way of increasing diversity. But when we actually looked at the results, it didn't seem to. Not just it didn't have any bearing, but actually seemed to make recruiting people diverse backgrounds it was worse in essence, because, yeah, we had fewer applicants applying and the proportions were working down. So, what we do now is we because we've abolished tests” (P6)

This excerpt shows that use of selection tests appears to not have the expected effect of increasing PoGM applicants. Other participants (n=3) reported that they were against the use of selection tests due to the nature of their development. Two excerpt below details some views raised by participants:

“I don't think [they] do anything to protect against bias, because I think actually if we think about what we know around ability tests and neuropsych tests and how they were developed and who

that were developed on and who the privilege and who they advantage, that's not the underrepresented groups that we're trying to get in the profession. So, I'm so against them" (P4)

"But I think the written test that we were doing weren't tapping into things that necessarily meant somebody was successful on training or ended up to be a competent clinical psychologist" (P12)

Participants raised their thoughts about how biases are not removed due to selection tests such as competency-based ability tests and their opposition to using them. In terms of implicit bias testing within selection processes, participants shared their views on if they thought implicit racial bias tests would be beneficial in addressing recruitment issues:

"We could ask our processes and selection assessors to do some unconscious bias training because it's part of the mandatory training that we all have to do at the university. And but it's so the university asks all staff to do unconscious bias training. But I did that, but we don't do that for our assessors" (P9)

This excerpt above illustrates that the potential of using implicit racial bias tests may be something of interest for some participants, considering it is often a wider university requirement for selectors employed by universities. Other participants (n=3) reported already using implicit bias tests as part of their process in preparing selectors to recruit new trainees. The excerpt below highlights this:

"But we do it in a way that I don't know if it's going to make a huge difference. So, this is the evidence that it doesn't work unless you do it on the day sort of thing. So, everybody who's a selector and absolutely everybody comes in contact with applicants. They have to do selection training every year, which is the day of training. And part of that does involve unconscious bias" (P7)

Some participants reflected on their uncertainty about the meaningfulness of the results and what this may imply for selectors:

"I mean the problem with the test is either you're labelled as not having a bias and then you think Oh well, I'm off the hook... or you get labelled as you do, and then you might feel so paralyzed or whatever where it's actually having a broader discussion of we know this exists. We know it's an issue that some of the facts and figures would be really important for you to be aware of. These

reasons why we think it's really important to consider these and have a diverse cohort. This is what it's bringing" (P11)

This excerpt also highlights the importance of a conversation taking place following the use of tests, and less about the results itself. This is in line with research which reports on the test being a point of reference to jump start conversations.

Subtheme 3: Norms of the profession

This subtheme describes the image of the role of the wider field such as the image of the profession, narratives about training that are often circulated and what the wider Clinical Psychology training community, specifically the 'Group of Trainers in Clinical Psychology' (GTiCP) do to support change (n=12). In terms of the impact of the wider profession, participants discussed what the perceived experience of Clinical Psychology in services and to potential trainees:

"From my point of view, if you're going to serve a population, you need to mould the profession. So, this fits the population's needs rather than sort of almost making someone fit like a round peg in a square hole...we offer clinical psychology isn't necessarily really reaching people. I mean, that it's a sort of root and branch problem. It's not just the selection problem, is it?" (P7)

This excerpt illustrates a common image of Clinical Psychology not reaching underrepresented groups, which in turn may impact recruitment of racially diverse trainees. Participants commonly discussed how Clinical Psychology as a profession did not seem very inclusive of needs of different populations and this narrative potentially impacts recruitment numbers of PoGM applicants. Participants reflected on the benefits of more racial diversity in the profession and what this would mean for future trainees:

"If we have had more people from a black ethnic minority, we might have noticed it earlier... [Not] to mention the lack of role models. You might inspire more people to come through [to training]. If there are more people who identify [with racial difference], the teaching material you might offer might be different. The research you do might be different" (P5)

In terms of the GTiCP selection community, participants reported mixed opinions on how supported they felt in their efforts to increase racial diversity on their courses. Participants described their

experience of attending the meetings in which they have an opportunity to connect with other courses.

“Yeah, it does. For me, yeah, it feels really useful to connect with people that are also doing similar things because I think there’s so much kind of variety in what people are doing. There’s always something new and interesting to hear about what’s going on another course” (P9)

“...There’s sharing ideas. Programs do share what it good practice and so on. Personally, I think that’s a helpful space” (P11)

These excerpts reports that there is a space for support participants have to share ideas about good practice. Participants expressed their feeling of how the meetings had changed over time and there was more of an acceptance to focus on increasing racial diversity:

“There’s a lot more will than there was, a lot more recognition of the jeopardy involved in being a person of colour through the education system and things like that and how we discriminate at the point of selection if we’re not careful. So that’s a refreshing change in the last few years” (P7)

This excerpt suggests changes may have occurred within the training community in terms of attitudes and recognition of difficulties of certain groups. Changes may have occurred due to the increased pressure of mental health reports around the lack of diversity in mental health services, the increased wider societal movements such ‘Black lives Matter’ may have also contributed to a change in the training community. However, other participants (n=4) reported experiencing the training community to be distant in terms of support. Here is an example below:

“I would say there is a small group that attends all of these meetings and small groups of universities that are always there that I know by name. And then there’s clearly a whole bunch of universities that don’t even attend these meetings. No idea where they are or who does it, or whether they got a selection tutor or whether that’s the programme director or I don’t know” (P8)

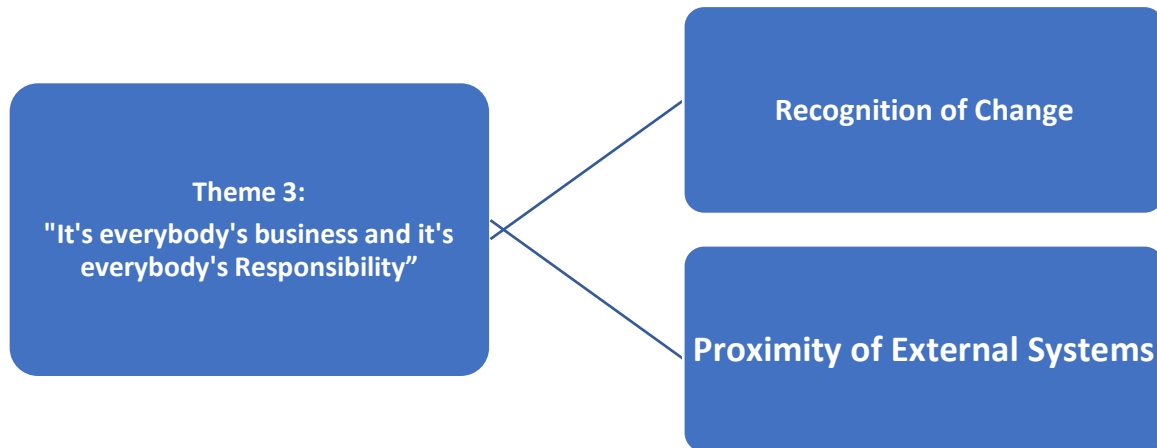
This indicates the support and influence of other admission tutors only goes so far, and it could also indicate the process to change is quite isolating. The fact that some groups may not attend meetings, also shows the selection processes are very individual to courses and there is no specific

accountability to each other as admission tutors. It is likely that more cohesiveness among the GTiCP selection committee could benefit change nationally.

Summary of theme 2

This theme explored the issues regarding recruiting PoGM applicants on the systemic level, in terms of processes within the courses (e.g., impact of selectors); the specific recruitment protocols adopted by different courses (e.g., selection tests, implicit bias tests) and the impact the wider profession has on the increase of PoGM applicants. This theme highlighted the specific issues around selection which are not attributed to applicant's factors such as academic attainment or lack of clinical experience. The theme shows that there are real concerns in the system of selection with participants sharing candid accounts of overt discrimination, and the lack of awareness of how whiteness has impacted experiences of selection for PoGM applicants. The fact that the GTiCP was reported to play a role in support for participants on one side but is not as influential in another way, demonstrates there is no consensus on how admission tutors should approach the issue of increasing racially diversity in the profession

Theme 3: "It's everybody's business and it's everybody's responsibility"



This theme explores the practical efforts made by participants to bring real change to recruiting more racially diverse trainees. The theme further highlights some of the challenges participants have faced in terms of input from professional bodies and how support from various sources have been valued. The two subthemes highlighted here are: (1) Recognition of Efforts; (2) The Proximity of External Systems

Subtheme 1: Recognition of Effort

In this subtheme, the data highlighted the various ways in which participants have attempted to increase racial diversity on their courses. Participants discussed how they made internal changes with course staff (n=7), and how they attempted to support potential PoGM applicants (n=12). As stated by the HEE (2021) who provided extra funding to support courses to diversify trainees, most courses set up mentoring schemes to support those from underrepresented backgrounds. Participants commented on their use of mentoring schemes (n=8). The excerpt below illustrates this:

"The mentoring really helped and talking to trainees and actually some of them really valued being mentored by people from minority groups themselves. But also, again we have a circular problem is we don't have enough people who can be mentors that are from minority groups and support the people who are who are applying" (P1)

The 'circular' problem mentioned above relates to the fact that there is a lack of potentially interested Clinical Psychologists from underrepresented groups. There may be a number of reasons for why this is the case. For example, more advertising is needed for such roles, admission tutors

need to widen their networks, more involvement of trainees could also be an option in increasing support for applicants. Two participants shared some concerns they had about ways to bring change to the profession such as mentoring schemes. Here is an excerpt below detailing some thoughts around this:

I mean, HEE have released the additional money for kind of mentoring which we applied for that is kind of getting going. I'm a bit sceptical about what message that gives about who the responsibility lies with. Again, it's a bit like with the social class kind of dimension about needing to adapt to the profession rather than the profession actually adapting and it potentially reinforces the idea that certain groups aren't doing something right and they need to be more flexible (P3)

This excerpt above states the concern some participants have about what messages clinical psychologist are sending to PoGM applicants who would ideally be the recipients of the mentoring schemes. This brings a valid point about the profession trying to change their image, but also not inviting applicants to perceive themselves are 'deficit' in their efforts to gain a place without support from courses directly. One participant reported on different ways they have reached out to support PoGM applicants. An example of this is stated below:

"I've tried to put our money directly into young people rather than into lecturing my colleagues on how prejudiced they are. We've got a scheme to give grants to people who can't afford to do voluntary work, you know, well, our undergraduates. So, we've tried to put it directly into the shop floor, so to speak. Yeah, but how on earth we evaluate this" (P2)

This excerpt illustrates a creative way in which funding granted by the HEE could encourage change. As previous research reports that applicants from PoGM have less clinical experience than their white peers, this way of using funds made available to courses who applied, to support racial diversity in the profession. Other participants (n=4) discussed how they were making changes internally. They reflected on the need of more joint work among different people involved in selection and the training experience of trainees. Here is an example below:

"One of the things we have done this year is we've done a training with everybody, all the supervisors is open to they don't have to comply, supervisors, the members of the team, facilitated by somebody who is a clinical psychologist to reflect on all these issues. I think that will

be very useful for all the training to do something like that, not just us; because, we haven't spoken about supervisors or the racism or microaggressions that people experience in the work. And people need to be aware at all levels that's happening" (P5)

Such examples of internal changes reveal that participants were currently making efforts to bring change to the thinking of colleagues as well as themselves in an attempt to bring overall change to their internal systems. In the processes of conducting changes internally, some participants mentioned this was sometimes challenging if there was opposition or disagreement from other members of the system. Below is an example of one participant speaking about their experience of stakeholders when they introduced change on their course:

"That is a painful process, sometimes for stakeholders to write glowing references and really recommend somebody, but they don't get on. So I think there was an exit of all our stakeholder group at that time, there's quite a lot. I mean, that's happened to all of the courses where they've implemented changes that have moved towards diversity is it's not been welcomed necessarily by all the stakeholders in the process" (P7)

This excerpt reveals the ripple effects of participants trying to make changes to be more inclusive in their selection processes. What was described in the excerpt above was that the change to be more inclusive meant traditional systems (i.e., use of references) were no longer going to have a heavier weight on increasing chances to gain places. Such changes are not always warmly welcomed by stakeholders such as qualified clinical psychologists who often wrote references for their assistant psychologists. This implies changes in attitudes is needed from all stakeholders (i.e., qualified clinical psychologists in services) not just internally staff on training courses.

Subtheme 2: The Proximity of External Systems

This subtheme explored the experience that external structures and professional bodies have had on participants' attempts to bring change, and how these external structures impact recruitment for racially diverse trainees. Professional bodies such as the HEE, the NHS and the BPS were discussed. Participants explored the impact external structures had on recruitment (N=11). Some participants reported very positive experiences of the external professional bodies (n=3). An example of an excerpt below illustrates the support the BPS offers:

“I definitely feel very supported by the BPS. Yeah, I feel that they're hugely supportive, actually, if you engage with them. Yeah, I think a lot of us maybe step back and haven't been engaging with them as much, but I guess I always have, especially from an intellectual disability standpoint. I've been involved with the faculty over there, so I think I saw the benefit of the things that they do”
(P10)

This participant reported feeling supported by the BPS and stipulated that effort was needed from admission tutors also to receive support. The impact of the NHS was also a feature in discussions around the relationship courses had with external bodies. Participants spoke about the impact the NHS has on trainees as well as those aiming to enter the profession.

“I think it's absolutely horrendous because, you know, there's so much data about the experience of, say, black people in services, which tends to be terrible. And the fact that, services come from, and the therapy provider comes from like Eurocentric perspective. And so, people might feel that that option doesn't apply to them or it's not relevant or it's not helpful. And the fact that, you know, there's overrepresentation in secure services like what the hell is all that about? If you're coming in as a black trainee, it's then your job to take on the burden all of this and do all the work”
(P4)

The above excerpt explains some of the layers of change within the NHS that need to occur to support underrepresented groups in the profession and potential PoGM trainees in the future. It illustrates the negative impact the NHS could potentially be having on PoGM applicants who may already be aware of challenges in services. In terms of other professional bodies, the presence of the HEE in terms of increasing racial diversity in training were experienced differently by participants. Some participants (n=9) expressed their dissatisfaction with the timing of when money was released for courses in terms of selection. Here is an example below:

“The subtext around increasing people from disadvantaged backgrounds or black and ethnic minority whatever, I think was a subtext to the increase in places and the money came so late. What could we do? We had to take who was on the reserve list. That was the only fair thing we could do” (P2)

The above excerpt described the experience of selecting trainees when the HEE released more places for training. Although the intention was clear, the practicalities for admission tutors meant

money for more racially diverse trainees were given to anyone who was on the reserve lists. Considering the ratios of applicants of Black and White peers, the likelihood of all racially diverse trainees gaining a place on the reserve list was slim. This in turn shows the money HEE gave to courses may have failed to be given fully to PoGM applicants. Participants explored their understanding of responsibility and accountability for the lack of racial diversity across training courses. One excerpt below illustrates some of the thoughts around increased funding:

“Well, we're all responsible for our part in it. But I think it's really interesting to see what's happened since we attach money to the situation. Yeah, I think the buck stops with NHS England, to be honest. And where the funding is. I mean, people agree. It's all a great idea. We're all busy. Do we do it unless there's a consequence to it? So, I'm a believer in consequences” (P7)

This excerpt shows that the change in funding for NHS training places and more guidance for courses is likely to see real change occur. The participant above discussed some of the main reasons there has been little change over the years, such as all courses are ‘busy’ but they agreed with the system in place that involves consequences for changes not being made. This may also indicate that courses would benefit from a unified approach of making changes, which more funding may help with; especially for courses who struggle to implement new protocols to their section processes. This further supported by participants who felt the responsibility lie with different systems, such as the NHS and unless they all engage in implementing changes, the profession could stay the current state. This excerpt below describes this:

“People are saying the same stuff and nothing actually changes. So I want that to happen. And if that does change, then that will make a difference because if there's more people in leadership positions who aren't white... And it's everybody's business and it's everybody's responsibility” (P4)

Summary of Theme 3

This theme explored attempts made by courses to bring changes that involved internal initiatives as well as external initiatives, such as mentoring schemes. Participants explored the benefits of the support they have received from HEE and the BPS, but also reported some of the challenges that face them. Challenges included stakeholders not agreeing with the plans for more inclusivity, which included those working in NHS settings. For admission tutors to continue to strive towards better selection processes for PoGM applicants and greater reach to support them, information from the HEE, BPS and NHS need to be made clear and support offered when needed.

Chapter 4: Discussion:

Overview

This section outlines what the implications of the quantitative and qualitative findings of the research study are. Recommendations of what future research should focus on will also be highlighted in this section. Further, the limitations of the study will be explored. The reflections of the researcher will be reviewed, highlighting changes in thoughts and feelings throughout different stages of the research project. Lastly, the conclusions of the study will be explained.

Quantitative findings

A survey was conducted to explore the differences between DClinPsy courses regarding their selection process at the point of shortlisting applications. Previous research has suggested that the biggest gap successful PoGM applicants is at the point of shortlisting (Murphy, 2019; Scior et al. 2007). A total of 19 DClinPsy courses across the UK responded to the survey. The response rate was 65% representing over half of the DClinPsy courses who recruit trainees via the Clearing House system and provided data about their selection process at the point of application shortlisting.

The survey found that most of the courses shared similar selection processes in regard to if they assess applicant's knowledge of the profession using key words (e.g. formulation, assessment) in the qualitative parts of the application form; if their selection processes favour Russell group universities and whether references from Clinical Psychologists increase chances of applicants being invited to interview. From the survey, the biggest differences across the courses were between the requirements courses have regarding how many years post qualifying experience short listers must have and the use of a points system to rate if applicants are invited to interviews. The results show that the DClinPsy courses who responded have a level of agreement in terms of how they are recruiting trainees. However, selection criterion such as academic ability was not particularly flexible. This shows that despite research that shows contextual factors may influences an individual's education (Ashiabi & O'Neal, 2015) and specifically for PoGM applicants, the selection criteria around academic attainment was only flexible in two courses. Such systemic barriers are a challenge for PoGM applicants and further consideration at the level of inflexibility should be looked at for fairer access (Williams et al. 2010).

Further, the fact that there was variability around how any years' experience is required before being able to shortlist candidates, suggests that courses may feel clinical experience is needed

before shortlisting applications forms. However, this contrasts with other courses who do not have such requirements and have the input of service users, other applied psychologists and administrative staff. Such differences may impact who is invited to interview, but this could not fully be explored within the scope of the study. The consensus from the survey reveals there is a lot of similarities between courses, however the differences should be looked at more closely. For example, it may be worth researching the different point systems that are used, to determine what aspects of the application form is more valuable to selectors. Previous research indicates academic attainment is highly valued in selection, however, to increase more PoGM trainees exploring other ways to measure potential on training is imperative (Murphy, 2019; Kinouani et al. 2016; Ragaven, 2018).

Qualitative findings

A total of 12 admission tutors were interviewed as part of the qualitative element of this present study. Participants represented 12 DClinPsy courses from across the UK. A total of three major themes were developed from reflective thematic qualitative data analysis (Braun & Clarke, 2021). The three major themes are: (1) "I want to do a good job"; (2) "Seeing is believing"; (3) "It's everybody's business and it's everybody's responsibility." Within these themes, the experiences of admission tutors recruiting PoGM applicants into training were captured. The findings gave insight into their personal contexts, the systems they worked within and the wider external influences they interacted with that impacted their ability to make changes to increase the number of PoGM applicants gaining places on training.

In theme 1, participants explored their personal contexts, their values and general experiences of being the admission tutors on their courses. Similarities in terms of values around fairness and equality were described by participants; and how they were motivated to make the selection process fairer for those in the system who experience a lot of disadvantages. The feeling of wanting to do a 'good job', resonates with previous research that highlights attempts to make selection fairer require a change in the selection system (Simpson et al. 2010). Although participants acknowledged that there is a level of bias that we as individuals all carry, very few participants explored how they were actively addressing their biases. In their accounts of taking an implicit racial bias test, participants commonly reported feeling 'anxious' to take the test and some had a concern about what this may mean for them as admission tutors. As previous research suggests, taking implicit bias tests can act as 'jump start' into conversations (Blanton & Jaccard, 2006a) about biases we may hold;

this was observed in the interviews, as participants showed a willingness to engage in these conversations further.

The data showed that some participants had been in regular discussions with their colleagues about biases; whereas others did not explicitly say this was routinely looked at in their courses. As the work by Fredman (2007) shows, acknowledgment of our personal contexts is important in the work we do with others. This has been echoed by other clinicians that state our 'social graces' will impact the way we engage with others (Totsuka, 2014). Considering all the participants identified as white, there was very little conversation about how 'whiteness' (Ahsan, 2020) plays a role in how they feel in their position; and if they may be continuing the cycle or recruiting those who are similar to them in terms of values and experiences (Kinouani et al., 2016).

Within this theme, participants also shared their feelings of hopelessness and motivation towards being part of the effort to promote changes in diversifying the profession. The willingness to educate themselves and learn about their biases was found among the interviewees. One participant shared that they had to keep 'chipping away' even if the systems around them were not supporting progress. This was true for other participants also who reported they could not do anything to change institutions that have adversely impacted PoGM applicants before they apply for training. The opening up of their reflections about what they understand of the system and their own personal contexts does highlight that their lived experiences are likely to be at times very different from PoGM applicants (Ragaven, 2018). Considering all participants are white does not take away any adverse experiences they may have had but their experience of society (Kinouani et al., 2016; Ragaven, 2018) is likely to have shaped what they privilege in the selection processes. Ceechin et al. (1994) highlighted that the prejudices we hold and how they impact out ways of working.

Within theme 2, participants explored more of the issues they faced in terms of recruiting more PoGM applicants on a systemic level (i.e., course teams, wider selection community). They reported the fact that course teams were white, caused a real issue in terms of the messages they wanted to promote about inclusivity. Such challenges are mirroring wider NHS systems who also have struggled to meet targets of increasing racial diversity at different level (WRES, 2021). The BPS report looking at racial and social equalities highlighted that the lack of inclusivity in clinical psychology has contributed to structural racism (BPS, 2021) and this has been evidenced in the findings. This also exemplifies the need for the selection process to be viewed from the perspective that is beyond 'blaming individuals' (BPS, 2021) but the focus of change, should be on structural issues. Thus issues

of course team members lacking racial diversity, as well as the wider selection community, should be addressed as a factor contributing to lower success of PoGM applicants. The fact that all participants identified as white and represent 40% of the courses in the UK, is also evidence that reflections about lived experiences of PoGM applicants may be small and therefore introspection is further needed in teams about racial differences (Awelogun et al. 2017). This is important in the light of recent reports that state individuals of different racial diversities, face barriers in progressing in their careers (McGregor-Smith, 2017).

The academic requirement to train as a clinical psychologist was also a major issue for admission tutors, due to the systemic barriers they present. There was a feeling of helplessness about the experiences PoGM applicants may experience prior to applying for training (e.g., institutional racism in education). This is true for many PoGM applicants attempting to enter the profession, as studies show they are less likely to gain a first class in their undergraduate degrees and are more likely to have a postgraduate degree (Roberts and Bolton 2020; Scior et al. 2007). As illustrated by the Bronfenbrenner, the mesosystem (i.e., school) has a major influence in the chances individuals have in terms of gaining place on training. (Bronfenbrenner, 1979). In response to such awareness, some admission tutors reported that they have made strides in changing the academic requirement for applicants (e.g. removing 2.1-degree classification as a requirement) as there is a belief that academic requirements do not necessarily translate into someone becoming a good clinician (Simpson et al. 2010).

Participants highlighted the influence of other selectors had in recruiting PoGM applicants. The amount of control admission tutors had in how applicants are selected was questionable, especially as some courses had experienced selectors making decisions about applicants that involved the applicant's ethnicity. These instances of direct discrimination highlight that selectors should not be selecting if biases are not addressed. The BPS reported similar instances in their report which highlighted overt racism was present and people have been told they do not "fit in" into Clinical Psychology (BPS, 2021). If such messages are still being raised today, then clear signs of change are needed. Blencowe (2017) reported that very few studies looked at implicit attitudes in Clinical Psychology. Blencowe (2017) pointed out that there was a lack of research that examined how implicit biases affect Clinical Psychology recruitment and selection. Therefore, for real changes to occur concerning who is selecting in courses, and attitudes towards PoGM would need to be addressed (Kinouani, 2016). Furthermore, Awelogun et al. (2017) reported that implicit bias training and tests are very beneficial for organisations which lacks diversity. This could be a consideration for

courses who may require more input in this area. The understanding of change from second-order family therapy highlights that the 'therapists themselves must change' (Hoffman, 1980). From the results highlighted in theme 2, this idea is relevant here also. Diversity on panels was also considered a huge problem in the participant's attempts to increase racially diversity on courses. Such dilemmas in recruitment highlight there may not be enough resources for participants to bring in physical change, but also that their methods of recruiting panellists need reviewing. The profession's image was reported by some participants as not being very 'welcoming' was considered a potential factor in the experience and the number of PoGM applicants to courses across the UK (Kinouani et al., 2016; Ragavan, 2018). The experience of the profession by PoGM clinical psychologists have been published in recent years (Bawa et al. 2019; Tong et al. 2019) illustrating this is a real issue that is not in the control of admission tutors but should be acknowledged as one participant suggested.

In terms of theme 3, participants displayed a range of creative ways in which funding given by the HEE was used. This indicates there were real initiatives put in place, but there were also some participants who reported some ambivalence to these initiatives. Some participants reported that mentoring schemes may not be enough to elicit racial diversity into the profession. Arguments such as these have been explored over the years by clinical psychologists such as Nimisha Patel who reported that the very presence of more clinical psychologists who are PoGM would not negate the challenges seen in services (Patel, 2010). The challenges participants faced in terms of external systems was a major point that explained some of their experiences of recruiting more racially diverse trainees. Participants shared their common frustrations with organisations such as the HEE and BPS, as they highlighted that external professional bodies at times may have created more stress in the system, rather than solutions. Participants reflected on the impact sudden changes to funding, and lack of monitoring of progress had on their role to bring change to an already pressured system.

Awelogun et al (2017) concur with such findings, as they reported structural changes and policies need to also be changed to support the increase of diversity in the profession. This highlights the need for more transparency and support from external systems so that it is agreed across courses what and potentially how changes can take place. Bawa et al. (2019) call for more 'substantial' change to occur in the profession to meaningfully address these issues; thus higher systemic influences need to be part of what changes need to take place. In relation to this, participant's experiences of stakeholders also bring a poignant point. If there is a lack of support from the systems around admission tutors and DClInPsy courses (e.g. Clinical Psychologists working in NHS services) then changes may struggle to take effect. Such outcomes of the interviews do mirror wider NHS

struggles to diversify services, as highlighted previously by Kline (2014) and the recent WRES report (2021) report.

Recommendations

The findings from the quantitative and qualitative data, showed there are several implications from the study in relation to recruiting PoGM applicants into DClInPsy courses in the UK. From the quantitative data, there are some recommendations that can be drawn out. Firstly, the survey found that most courses do not consider extenuating circumstances for academic attainment. A recommendation from this could be that DClInPsy courses may benefit from exploring further what academic attainment predicts in terms of future success of trainees post training. Although this has been looked at on a small scale (Scior et al., 2014) the barrier of academic attainment is yet to be fully addressed. It is well known that PoGM applicants experience many disadvantages in education (Bolton and Roberts, 2020), then keeping the selection criteria the same does not acknowledge the impact of mesosystems (Bronfenbrenner, 1979) and will only keep the problem continuing. The fact that those from the PoGM are more likely to apply to clinical training, against the population (Murphy, 2019) suggests academic attainment criteria needs reviewing and more support in training needs to be put in place (Shah, 2010). A further study looking at what qualified psychologists have accomplished with lower academic grades at the start of training could alleviate any concerns courses may have about the level of academic ability needed prior to training. Further, more recent academic achievements could be looked at with higher weighting than exams such as A Levels, which for many may have been taken years before an individual applies to training and may not be representative of current academic attainment.

Further, from the survey, courses reported that there was a slight difference in how many years post-qualifying experience a selector needs to have to be part of the shortlisting system. This could lead to some of the same individuals shortlisting for years to come. To address this, all courses could consider taking away this requirement and allowing newly qualified individuals to shortlist considering they have just completed training. Moreover, the use of trainees in the shortlisting process as well as in interviews could be a consideration. The use of trainees on interview panel is a way that racially diversifying panels can occur. Some participants shared during the interviews that they have used this method for a long time; however, confidentiality issues may impact the use of trainees, considering the dual relationships (Deng et al., 2016; Pepper, 2004) they may have with applicants (i.e., peer and interviewer). A benefit of using trainees on interview panels and in the shortlisting processes will mean they are receiving experience to support courses in future, and the likelihood of positive and diverse role models will support change (Kinouani et al., 2016).

The survey also found that some courses favoured Clinical Psychologists as referees. This is likely to bring in unfair advantages some individuals have in applying for training. In relation to this, more guidance for referees could be beneficial. Although there are benefits from working in the profession prior to training (Cape et al. 2008); the challenges of having direct experiences with Clinical Psychologists continue to persist (Bawa et al. 2019). Therefore, better guidelines about what specifically courses would like referees to comment on, may reduce the barriers present in relation to who completes references. Guidance could include specific comments on key skills needed in the profession (i.e., formulation, reflection, assessment work, their ability to work with individuals and groups in distress).

From the qualitative data, there are also a range of recommendations that could be considered. From the findings, exploration of biases should be considered for all selectors who take part in the selection processes (Blencowe, 2017). The reason for this is to reduce incidences of overt and covert discriminations PoGM applicants may face during the shortlisting stage and at the interview stage. Participants reporting incidences of this highlight a big issue in the current selection processes. The fact that research suggests that the experiences for PoGM applicants are quite distressing (Ragaven, 2018); more work into how selectors explore their own biases and their attitudes to those who present racial differences to them is needed for fairer selection processes (Kinouani et al., 2016).

The use of bias tests could be one way in which biases can be explored more (Awelogan et al. 2017). Considering some participants welcomed the idea of including bias tests as part of their training for selectors, showed this could be a viable approach at starting to have such conversations (Blanton & Jaccard, 2006b). There is a lot of evidence that the introduction of discussing biases do lead to changes in the attitudes of employees (Chapman et al., 2013) and thus can be beneficial for recruiting more PoGM applicants.

Another recommendation of the present study is for selection course to address continuously the need for racially diverse interview panels. The fact that this is still a challenge across some courses is concerning, especially as there has been an increase in PoGM applicants entering training from 2017-2022 (Clearing House, 2022). A potential suggestion of addressing this issue could be a database of available interviewers that can be accessed by courses nationally. From the data, participants rely on good relationships they already have and contact with local NHS services to request support. Although this has yielded some success for some courses it has not helped

everyone. The time aspect of interviewing applicants was raised; and therefore, a consideration to pay clinical psychologists for their time might help to motivate change (Fansworth et al. 2012). In terms of addressing the wider issues that disadvantage PoGM applicants, admission tutors and DClinPsy courses more widely could invest funding into creating more jobs to allow PoGM applicants to gain relevant experience (Cape et al. 2008). As one participant highlighted, they have tried to use funding to do this; not all courses adopted this way of thinking.

The role of professional bodies who oversee the recruitment of trainee clinical psychologists and the development of the profession needs to be made clearer in terms of what support they are giving to DClinPsy courses. For structural change to occur (Awelogun et al. 2017) clear protocols should be put in place that courses can follow and for monitoring to be transparent. As many participants commented on the lack of presence the HEE has had in requiring actual evidence of change in selection processes, this may mean some courses may choose to prioritise other aspects of selection, and goals related to increasing racial diversity may be lost (Kline, 2014). Considering this has been a pattern in the BPS to set goals that have not been met (Williams et al., 2006); clear input from the BPS and the HEE is required.

Monitoring selection processes every year of each DClinPsy courses is one way in which the presence of BPS and HEE could be more visible. Monitoring of racial diversity on panels should be associated with individualised actions that are agreed with stakeholders (i.e., local NHS services) who also have their goals regarding racial diversity (WRES, 2021). Regular attendance by the HEE and BPS representatives at GTiCP (Group of Trainers in Clinical Psychology) meetings for selectors, and moreover mandatory attendance of all courses can ensure more oversight of how funding is used; thus, clarifying collective responsibility for change to occur (Reynolds, 2008).

Wider Implications

The findings and subsequent recommendations of this study provide relevance to different factors within mental health services and that could lead to greater change. In terms of the impact on service users, an increase in racial diversity in the profession could lead to changes in experience of therapy. For example, as mentioned by (Chang & Yoon, 2011) service users have found issues such as race absent from their experience of therapy. Further, as previously mentioned therapeutic modalities tend to over represent 'WEIRD populations' (Prajapati & Liebling, 2022) which is likely due to the profession being over-represented by those who identify as White (Ahsan, 2020); therefore, a focus on addressing the selection processes in regard to racial diversity could lead to more cultural inclusion in treatment (Chang & Yoon, 2011) and a potentially an increase in

engagement due to increased choice of clinicians (Prajapati & Liebling, 2022). A closer look at biases held by interview panels could lead to a potential increase to better cultural understanding of applicants; thus supporting change in how the profession is represented (NHS Mental Health Act Reform, 2021).

The implications of increasing racial diversity from the recommendations discussed above are also related to areas outside the Clinical Psychology profession. A focus on racially diversifying Clinical Psychology will support the changes that are proposed in the NHS long term plan (NHS England, 2019). For example, the plan states that improvements are to be made to crisis services and supporting those with 'severe mental health' (NHS England, 2019). This is relevant as the plan makes references to a report conducted by Sir Simon Wesslesley who found there were concerns in detention rates and racial disparities in those detained. Increasing racial diversity can allow for greater understanding to the psychological and social issues faced by many PoGM individuals and for increased cultural inclusivity in effective treatment plans.

The NHS long term plan also aims to increase the access to IAPT services for an additional 38,000 adults by 2023/4. This indicates, more adults are likely to have contact with Clinical Psychologists and therefore increasing the racial diversity of the workforce in this regard will also support more engagement in services, as there is still a large disparity racially in this regard, in terms of who is referred for talking therapies (de Haan et al., 2018; Prajapati & Liebling, 2022). In addition, the white paper known as 'Reforming the Mental Health Act' (DHSC, 2021) specifically stated Clinical Psychology as one of the professions which do not represent the community it serves and encourages the HEE to address this. In their report they state 'poor cultural understanding' led to worse outcomes for PoGM who accessed mental health services. Therefore, highlighting the urgency and need for a 'diverse and representative workforce' in order to confront the current disparities. Such recent papers give focus to the make-up of the Clinical Psychology workforce and its contributions to the failings found in mental health services (DHSC, 2021). This therefore illustrates the need for admission tutors and the wider DClinPsy course staff to take into account the wider issues that have resulted in continuous lack of racial diversity in the profession (Turpin & Coleman, 2010; Wood & Patel, 2017).

Future Research

In terms of future research, the present study shows there are many avenues that could be explored in relation to the experience of admission tutors recruiting more PoGM applicants on to DClinPsy courses. Firstly, the present study only interviewed 12 of the 30 courses who use the Clearing House

system to recruit trainees. A further study which explores the experiences of other admission tutors, may give a richer picture of what challenges are being experienced. Although the present study highlighted a range of issues admission tutors contend with (e.g., lack of racial diversity on panels, variable support from stakeholders, wider profession image) there may be more internal systemic issues that were not picked up in this research study. More data about the experiences across all courses, will allow for wider national changes to be relevant to all DClinPsy courses, and perpetuate changes that PoGM applicants can see and be encouraged by (Bawa et al. 2019).

A future study could consider exploring the experiences of selectors undergoing bias tests. The purpose of such a study could add to the literature around biases (Blencowe, 2017) which cannot be ignored (Fredman, 2007) considering the variable experiences of PoGM applicants (Ragaven, 2018). The idea behind such a study could also explore where some biases come from and if certain harmful narratives about PoGM applicants (Wright, 2008) are still present. This is worth exploring considering there is a lot of evidence that becoming aware of biases, can lead to reduced implicit attitude being perpetuated (Chapman et al., 2013).

Another future study could involve exploring more in-depth differences between courses about the selection criteria and interview criteria used in selection. Although this present study highlighted some differences between 19 out of the 30 courses, there is likely to be more variability seen if all courses were included in a study. More detailed questions around clinical experience required by all DClinPsy courses would be beneficial in directing applicants who are looking to gain experience prior to training (Bawa et al. 2019; Murphy, 2019). Such a study could also highlight what different courses agree on in regard to what is needed for an applicant to be appropriate for training (Simpson et al. 2010). The use of pre-tests could also be looked at in more detail to see what is increasing racial diversity (Murphy, 2019). The selection criteria of courses with alternative selection routes (i.e., University of Hull) could also be included in such a study to review how selection criteria is increasing or hindering the success of PoGM applicants.

Limitations

The present study has several limitations that need to be considered. Firstly, the survey questions used was developed by the research team based on their research interests and previous literature. However, the survey used was not a survey that was standardised (Pallant, 2016). As the purpose of the survey was specific, the use of a standardised survey was not appropriate, which therefore leads to the reliability and validity of the survey not determined, as is good practice on standardized

surveys and measures (McKay et al., 2007). The survey did not ask about clinical experience requirements from courses. This may have been important information to retrieve considering, there is such variability in experience accumulated prior to training for applicants (Murphy, 2019). Further, not all courses responded to the survey, which means the survey only produced a partial view of the differences in selection criteria across the UK. A previous article highlighted their challenge to gain responses from DClinPsy courses. Atayero and Dodzro (2021) stated that some courses did not respond to their 'freedom of information' request about the number of applicants from PoGM recruited in 2020. This suggests that 100% response may not be likely, but the fact that the potential respondents are only 32, a future study could consider developing the survey and having better recruitment strategies to increase participation.

In terms of the qualitative method used, a few limitations are found in the present study. Firstly, not all admission tutors across the UK were interviewed. This means that data is not generalizable (Robson & McCartan, 2016) to all courses and could show a skewed view of the experiences of admission tutors across courses. Another limitation is in relation to the impact of COVID-19 on selection (Rigley, 2020). Participants were not asked if the national lockdown restrictions that have been in place in the UK in the last two years have impacted who were recruited on to training and how selection processes were impacted more widely. This is important to explore as remote working has had different effects on individuals (Sharp et al., 2020).

In relation to this, use of online interviews may have impacted how the rapport with participants were developed. Work from Heath et al. (2018) explored the different ways qualitative data can be collected. They found that that the quality across different data collection methods vary. They also reported that online interviews could impact quality of data due to its need to rely on internet connection, and the personal impact of some participants have been less comfortable on screen, and therefore may not have been presenting as they would if it were face-to-face (Heath et al., 2018). This may have been the case for this study in which participants may have presented differently if face to face conversations had taken place.

Reflections

The present study led to different reflections I had over the course of different research stages. As a black trainee clinical psychologist, conducting research with all white participants in which race and the barriers present in recruiting applicants, who look like me, brought various thoughts and feelings. This of course, impacted my interpretation of the data and therefore my conclusions. As an

insider researcher, I was able to relate in many ways to what participants discussed (Dwyer & Buckle, 2009). My experience of applying to training 7 times, and only reaching the interview stage once was very present in exploring with participants the challenges they felt they had in recruiting more PoGM applicants. Challenges raised that I related to was academic attainment, which at times was more in the control of the wider university than the DClinPsy course themselves. As an 'outsider researcher' I felt that my experience of getting on to training was impacted also by systems participants could not alter (e.g., HEE processes).

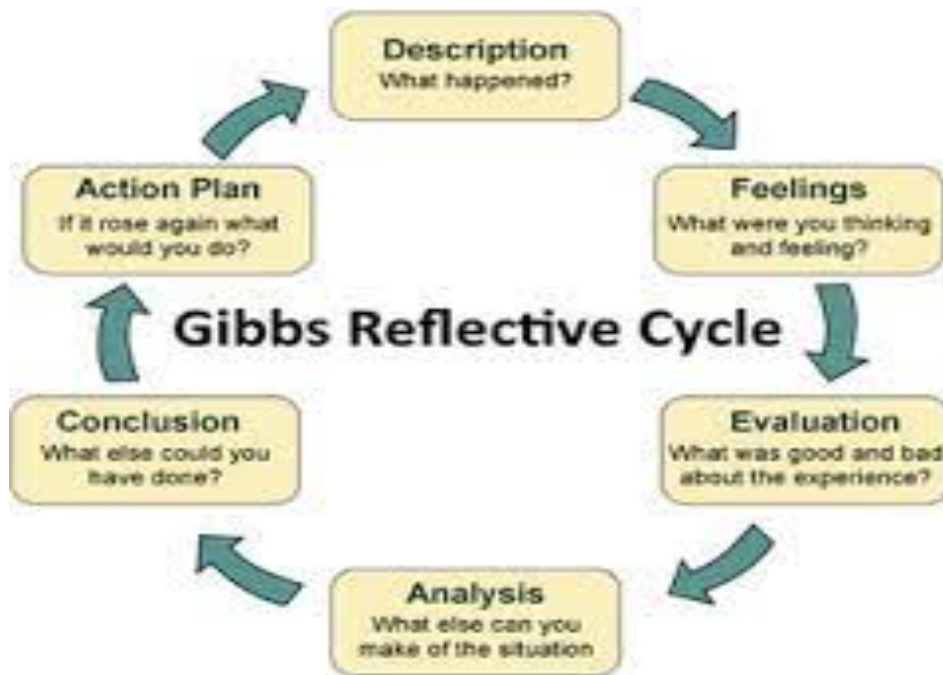
I did feel at times that the interviews were quite intimidating due to the power held by the participants. I did acknowledge my dual role in interviews of being a researcher and trainee (Haverkamp, 2005) however, the interviews at times displayed the power dynamics (Abernethy & Eriksson, 2021) between a trainee and course staff member. This was the case at times when I did not feel I could prompt more in asking certain questions. For example, when discussing an example of overt discrimination that a participant witnessed during their selection process, I felt restrained to ask them why they did not intervene and prevent this discrimination occurring. Part of my feeling around this was feeling like I did not have the ability to bring change considering it was a past situation that was discussed. My feelings of discomfort turned to hopefulness as I proceeded in the research and learnt of changes participants were making, despite their lack of 'lived experience' of being a PoGM applicant going through a challenging selection process. Further, I felt my presence as a black trainee may have impacted how the participants presented themselves. It was likely that they may not have been as open to share some experiences in case harm was caused towards me. I felt my personal value of advocating for others were evident in this research by exploring other contributing factors outside the individual PoGM applicant.

As I approached the report writing aspect of this research study, which is stage six in reflexive thematic analysis (Braun & Clarke, 2021b) I explored my feelings more extensively at this stage. Looking at all the findings as it was displayed in Vivo (appendix P) I thought back to my original expectations and hopes. Part of my initial thinking of doing such a research study is related to the systemic idea that we all play a part in the system of therapy and those who hold 'power' (i.e., therapists) to facilitate a system change directly impact that system by their presence. This is my view of how selection processes play a role in determining who the future Clinical Psychologists are. I had hoped that the research study would alleviate the blame I felt was placed on applicants a lot of the time, and exposure of how the system works could lead to more solutions. My shock in the findings that illustrated that direct discrimination of applicants based on their ethnicity has occurred

in selection, led me to think that the selection system itself needs to review their 'deficiency' which is deflected on to applicants (Daiches, 2010). I questioned within myself why this had not been exposed earlier and why the current narrative is continuously prioritised. There was also a slight disappointment to find out that all participants involved in this study were White. The disappointment here was that this was rarely acknowledged as this being a potential barrier and there was a lack of reflection on why this was the case. As research shows we are more likely to recruit those similar to ourselves (Kinouani et al. 2016) the action to recruit racial diversity in admission tutors was absent from discussion. I felt by less acknowledgement of *who* the admission tutors are can lead to the blind spots staying present in this system. The use of consultations with different stakeholders gave me hope of a changing system, but those who ultimately hold the power still represent the majority in the profession currently (i.e., white females).

My experience of hearing many negative narratives about PoGM in services and in the training, community influenced my motivation to explore a narrative that was not blaming of individuals in a system they could not control. To explore further my reflections at the different stages of research, I adopted the Gibb's reflection model (Gibbs, 1988). This reflection model illustrates that reflection requires different stages to be explored. These are: (1) Description of what happened; (2) Feelings of the experience; (3) Evaluation (what was good or bad about the experience); (4) Analysis (what else can be made of the experience); (5) Conclusions drawn (what else could you do); (6) Action plan (what could be done if experience occurred again). An illustration of the model is presented below:

Figure3: Gibb's Reflective Cycle (1988).



A further detailed account of my reflections using the Gibbs model is present in appendix O.

Conclusions

The present study investigated the factors that impact the recruitment of PoGM applicants on to DCLinPsy courses in the UK. The lack for racial diversity in Clinical Psychology has been looked at for over thirty years by different researchers and practitioners. The impact on services and service users have led to common narratives that Clinical Psychology does not represent the community it serves. Previous research report that PoGM applicants tended to meet less of the selection criteria required to enter DCLinPsy courses. However, previous research has not explored the impact the selection process has on PoGM applicants, or the role admission tutors have in recruiting trainees. The study had two aims. Firstly, to explore what differences were found across DCLinPsy courses in the UK at the point of application shortlisting. . Secondly, the study aimed to explore the experiences of admission tutors recruiting racially diverse trainees and what their thoughts were about the challenges in the system and the potential changes that could be made.

The findings of the study showed that there were some differences across courses at the point of shortlisting. These included differences in who were able to shortlist applicants. The use of a point system to rate application forms and strict academic criteria were found to be common across some courses. This indicates a systemic barrier was still in place. In terms of the qualitative data, findings

showed that the admission tutors were influenced by their personal values of fairness and equality in their roles. However, they found that challenges in the system, such as lack of racial diversity across colleagues and selectors were barriers for PoGM applicants. Incidences of overt discrimination was highlighted as well as variable support from professional bodies. The study concluded that more agreed ways to increase racial diversity on panels would be helpful to manage some of the biases, and more exploration for implicit attitudes by selectors could aid fairer access. Future research should explore the biases of selectors, as well as more in-depth data should be collected to clarify the specific selection criteria (e.g., points system) used by all.

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Website:

Dr Pete Smith (Implicit Bias Test)

<https://www.implicitly.co.uk/>

List of Appendices

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- Appendix: M: CASP Checklist for Cohort Studies & CASP Qualitative Checklist
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- Appendix: O: Extracts from Reflections at different stages of research
- Appendix P: Vivo Print Screen
- Appendix Q: Extract from Interview with Participant

Appendix A: Letter of Ethical Approval



HEALTH, SCIENCE, ENGINEERING AND TECHNOLOGY ECDA ETHICS APPROVAL NOTIFICATION

TO Kate Kimona
CC Dr Pieter W. Nel
FROM Dr Rosemary Godbold, Health, Science, Engineering & Technology ECDA Vice Chair
DATE 18/06/2021

Protocol number: **LMS/PGR/UH/04590**

Title of study: 'Is there more to the story? Exploring potential biases and experiences of admission tutors in recruiting racially diverse clinical psychology trainees'

Your application for ethics approval has been accepted and approved with the following conditions by the ECDA for your School and includes work undertaken for this study by the named additional workers below:

no additional workers named

General conditions of approval:

Ethics approval has been granted subject to the standard conditions below:

Permissions: Any necessary permissions for the use of premises/location and accessing participants for your study must be obtained in writing prior to any data collection commencing. Failure to obtain adequate permissions may be considered a breach of this protocol.

External communications: Ensure you quote the UH protocol number and the name of the approving Committee on all paperwork, including recruitment advertisements/online requests, for this study.

Invasive procedures: If your research involves invasive procedures you are required to complete and submit an EC7 Protocol Monitoring Form, and copies of your completed consent paperwork to this ECDA once your study is complete.

Submission: Students must include this Approval Notification with their submission.

Validity:

This approval is valid:

From: 18/06/2021

To: 31/12/2021

Appendix B: Consent Form

Consent Form:

'Is there more to the story? Exploring potential biases and experiences of admission tutors in recruiting racially diverse clinical psychology trainees'

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

- I consent to take part in the study entitled 'Exploring potential biases and experiences of admission tutors in recruiting racially diverse clinical psychology trainees'
- I confirm that I have been given a Participant Information Sheet (a copy of which is attached to this form) giving particulars of the study.
- I consent to completing an anonymous implicit bias test. I understand that my results will not be shared or discussed, and the researcher will not use my individual scores for this study.
- I have been told that I can withdraw my consent to participate by informing the main researcher on the day of interview.
- In giving my consent to participate in this study, I understand that voice and video recording will take place and I have been informed of how this recording will be stored.
- I understand that quotes by me, without any identifying information, may be included in any subsequent reports.
- I have been told how information relating to me will be kept secure, confidential, and how it will be used.
- I understand that this consent form will be kept on a secure encrypted laptop.

Signature of participant:

Name:

Signature:

Date.....

Contact email or phone number:

Signature of Principal Investigator:

Name:

Signature:

Date.....

Appendix C: Participant Information Sheet

Participant Information Sheet:

'Is there more to the story? Exploring potential biases and experiences of admission tutors in recruiting racially diverse clinical psychology trainees'

ETHICS COMMITTEE FOR STUDIES INVOLVING THE USE OF HUMAN PARTICIPANTS ('ETHICS COMMITTEE')

Introduction

You are being invited to take part in a research study. Before you decide whether to do so, it is important that you understand the research that is being done and what your involvement will include. Please take the time to read the following information carefully and discuss it with others if you wish. Do not hesitate to ask us anything that is not clear or for any further information you would like to help you make your decision. Please do take your time to decide whether you wish to take part. Thank you for reading this.

What is the purpose of this study?

Previous research indicates there is still a lack of racial diversity within the clinical psychology profession (Bawa et al.2019) despite effort through inclusion initiatives (Tong, Peart and Rennalls, 2019). This study aims to explore the experiences of admission tutors across the UK who oversee the recruitment process of recruiting prospective clinical psychology trainees. The study hopes to gain further insight into the experiences of individuals in this role and their view on why there is a lack of racial diversity. The study also looks to explore admission tutor's understanding of potential biases that may be present through application reviewing stage of selection.

What will happen if I take part?

Survey

The purpose of the survey is to capture the different selection processes that different doctorate programmes adopt to recruit Clinical Psychology Trainees. This study invites **all Clinical Psychology programmes** to take part in the study and submit information anonymously. This is completed via a 'Qualtrics' survey.

Data collected would not be analysed but will be presented as **descriptive data** in the final write up of this study. **No individual course will not be identified** in the write up. Raw survey data will be deleted when the final thesis write up has been submitted (July 2022). The survey takes approximately five minutes to complete. By clicking on the survey link, you are consenting for this information to be part of this study.

Individual Interview

If you decide to take part in this study, you be asked to firstly take part in an Implicit Bias Test. The information of the test is detailed in the **attached information sheet**. Please complete this for the researcher to discuss your experience of this as part of the interview.

Following this, you will be asked to take part in a 45–60-minute semi-structured interview about your experiences of being an admission tutor for a clinical psychology doctorate and your views on the lack of racial diversity across trainees. The principal researcher (Kate Kamson, Trainee Clinical Psychologist) will conduct the interview with you. This interview will take place over video conferencing.

Implicit Bias Test: Further information

The Racial Implicit Bias test was designed by Dr Pete Jones and has been modified for the purpose of this study. **You will not have your personal results discussed, published, or sent to your place of employment.** Your results will only be sent to you, and **the research team will not have access to this.** To look at an example of what this bias test will entail, please look at this short video clip: <https://www.youtube.com/watch?v=F9onlQZuVHA>. For further information about this specific bias test, please contact Dr Pete Jones (pete@shirepro.co.uk).

Do I have to take part?

No. It is completely up to you whether you decide to take part in this study. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a consent form. Agreeing to join the study does not mean that you must complete it. You are free to withdraw without giving a reason, on the day of the interview and up to 7 days after the interview has taken place. Once data has been transcribed and analysed withdrawal from the study will no longer be possible.

How will my taking part in this study be kept confidential?

The interviews will be recorded via the video-conferencing software (Zoom or MS TEAMS) and will be saved as an audio-visual file. We do not intend to keep your data longer than necessary, so we delete the data, once the final study report has been submitted. Your data will be protected according to new GDPR legislation (2018). The anonymised data may at times be seen by any of the research team.

In terms of identifiable information, such as your name, place of work will be removed from all aspects of the study. The data reported will also not disclose the region in which your course is based to increase anonymity. This is to protect your privacy. **Your data will be anonymised and ‘pseudo names’ (e.g. Admission Tutor 1) will be given to each participant when the results are reported as part of the study final report.** All data will be stored on the ‘University of Hertfordshire’ secure cloud network, within the private account of the main researcher. A copy of the anonymised data will be stored on a password protected, encrypted laptop, only accessible by the main researcher.

What will happen to the results of the research study?

From the interviews, they will be transcribed and analysed and summarised into key themes. Individual quotes from participants will be used to present the data, without any identifiable information.

The results will form part of principal researcher’s final major research project which will be submitted as a partial completion of their Doctorate in Clinical Psychology. A summary a of

this study published in a suitable academic journal regarding Psychology, or a related conference.

Who has reviewed this study?

This study has also been reviewed by **Health, Science, Engineering & Technology Ethics Committee with Delegated Authority.**

Who can I contact if I have any questions?

Main Researcher: Kate Kamson (nee Kimona) - k19abz@herts.ac.uk

Principal Supervisor: Pieter W. Nell - p.w.nel@herts.ac.uk

Although we hope it is not the case, if you have any complaints or concerns about any aspect of the way you have been approached or treated during the course of this study, please write to the University Administrator:

Katie Simmans (Administrator): DClinPsy@herts.ac.uk

DClinPsy Administrator, Doctoral College

Doctorate in Clinical Psychology, University of Hertfordshire
Room B104, Main Building, College Lane Campus,
University of Hertfordshire
Hatfield AL10 9AB

Thank you very much for reading this information and for considering taking part in this stud

Appendix D: Debrief Sheet

Debrief Sheet:

'Is there more to the story? Exploring potential biases and experiences of admission tutors in recruiting racially diverse clinical psychology trainees'

Thank you for taking part in this interview today. The aim of study is to explore the experiences of admission tutors who oversee the recruitment process of recruiting prospective clinical psychology trainees. The study hopes to gain further insight into the experiences of individuals in this role and their view on why there is a lack of racial diversity. The study looks to explore admission tutor's understanding of potential biases present in the application process.

The information you have provided will be used by the Principal Researcher (Kate Kamson, Trainee Clinical Psychologist) to develop key themes around the perspectives of admissions tutors in relation to the lack of racial diversity in trainees, and potential biases in the selection process. There were no right or wrong answers, it was your opinion in your words that matters. The information you have given will be anonymized during transcription and treated in confidence.

If you have any questions or wish that your data, be withdrawn (within 7 days of the interview taking place), please do not hesitate to contact us on the details below. If you are interested in the results of this study when they are available, please let me know and I can email you in due course.

Once again, many thanks for your help in this activity.

If you have any questions about this study, please contact:

Principal Investigator: Kate Kamson (nee Kimona) (University of Hertfordshire; Doctorate in Clinical Psychology; kk19abz@herts.ac.uk)
Internal Supervisor: Pieter W. Nell (University of Hertfordshire; Doctorate in Clinical Psychology; p.w.nel@herts.ac.uk)
External Supervisor: Dr. Kat Alcock (Doctorate in Clinical Psychology; Research Department of Clinical, Educational and Health Psychology; University College London; k.alcock@ucl.ac.uk)

Appendix E: Email to Admission Tutors – Interview Participation

Is there more to the story? Exploring potential racial biases and experiences of admission tutors in recruiting racially diverse clinical psychology trainees'

An Invitation to take part in an Individual interview and complete a survey

Dear admissions tutors,

As part of my doctoral research project, I am looking to recruit **10-12 admission tutors or selection leads** to take part in a 45-60 individual interview about your experiences as admission tutors and recruiting trainees from racially diverse backgrounds.

Your participation would include completing a racial bias test in which **you solely** would know the results, and we would use this as a point of discussing bias tests in general, not your personal results. No personal data will be published or results of the bias tests.

Please let me know if you would be interested in participating. Interviews will take place online (**zoom or MS TEAMS**), and I will do my best to be as flexible as possible to work around your schedules.

I also would appreciate your input so I can gather as much accurate data as possible. Please follow the link below that will lead you to questions about your selection criteria. The survey should take 10 minutes to complete:

https://herts.eu.qualtrics.com/jfe/form/SV_5nhqUFLHvJuvpWu

Contact the Principal Investigator: Kate Kamson on kk19abz@herts.ac.uk

Protocol Number: LMS/PGR/UH/04590

Approving Committee: The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority.

Looking forward to hearing back from you,

Kind Regards,
Kate

Kate Kamson (nee Kimona)
3rd Year Doctoral Student
Trainee Clinical Psychologist

Appendix F: Email to Admission Tutors- Survey Participation

Dear Admission Course Tutors,

Re: Is there more to the story? Exploring potential racial biases and experiences of admission tutors in recruiting racially diverse clinical psychology trainees'

An Invitation to take part in online survey and Individual interview

Clinical Psychology courses differ in their selection criteria (Simpson et al. 2010). Research shows that there are inconsistencies in the way clinical psychology doctorate courses portray their criteria for selection. We aim to gather data from all doctorate courses across the UK about their selection criteria. We are requesting to gather information about your course, via an anonymised survey.

Data collected will be part of a study to explore the role of admission tutors' perspectives on the lack of racial diversity across Clinical Psychology trainees.

The results will form part of principal researcher's final major research project which will be submitted as a partial completion of their Doctorate in Clinical Psychology.

Data gathered will be presented according to regions in the UK, not individual courses, **therefore no courses will be identified** in the presentation of the data.

I would appreciate your input so I can gather as much accurate data as possible. Please follow the link below that will lead you to questions about your selection criteria. The survey should take 10 minutes to complete:

https://herts.eu.qualtrics.com/jfe/form/SV_5nhqUFLHvJuvpWu

I am also looking to recruit **10-12 admission tutors or selection leads** to take part in a 45-60 individual interview. Please let me know if you would be interested in participating.

If you would like further information, please contact the Principal Investigator: Kate Kamson (nee Kimona) on kk19abz@herts.ac.uk

Protocol Number: LMS/PGR/UH/04590

Approving Committee: The University of Hertfordshire Health, Science, Engineering and Technology Ethics Committee with Delegated Authority.

Kind Regards,

Kate Kamson (nee Kimona)

3rd Year Doctoral Student

Trainee Clinical Psychologist

**University of Hertfordshire,
College Lane, Hatfield, Hertfordshire, AL10 9AB**

Appendix G: Survey Questions

DClInPsy Selection Criteria Survey Questions

1. Where is your course based in the UK?
2. Do you use a 'points' system as part of your application reviews?
3. Are all application reviewers Clinical Psychologists? If not, what additional professions are involved your application review process?
4. Do you require application reviewers to have a minimum number of years post qualification?
5. If yes, how many years do you require?
6. Do you look for Clinical Psychology 'buzz words' in personal statements? (E.g. formulation, reflective practice, assessment, evaluation)
7. If you responded yes to the previous question, can state a few of the 'buzz words' you look for in reviewing applications?
8. What are the academic requirements to be eligible for shortlisting?
9. If a candidate does not meet the minimum academic requirements, what mitigating factors (if any) are taken into consideration?
10. Do applicants get extra points for attending a 'Russell group' university for their undergraduate degree and/or postgraduate degrees?
11. If you answered 'Yes' to the previous question, please state your reason for this
12. Does a reference from a Clinical Psychologist attract a higher score?
13. If yes, please state your reason:
14. If you would like to take part in an individual interview about your experience as admissions course tutor, please state your name and email to be contacted on:

Appendix H: Interview Schedule

Before beginning interview- Ask demographic questions for spreadsheet (2 minutes)

About the participant

1. How long you've worked as the admissions tutor of your DClIn programme?
 - a. *Can you tell me what led you to becoming the admissions tutor?*
2. In terms of your context, what would you say your values are, and how do they influence your role of being an admissions tutor?
 - a. *How does this impact the way in which trainees are selected?*
3. How was your experience of taking the racial implicit bias test before this interview?
 - a. *Did you feel comfortable taking the test?*
 - b. *What questions (if any) did the test leave you with? (About racial bias tests)*
4. What has been your previous experience (if any) of using Implicit racial bias tests?
 - a. *What are your thoughts and feelings about the idea of using these with application reviewers or interviewers?*
 - b. *What are the advantages and disadvantages of this?*

Selection process

5. What are your selection processes for recruiting trainee clinical psychologists?
 - a. *What are some of the barriers as well as strengths?*
 - b. *What changes would you like to make?*
6. How do you select your panel interviewers for trainee interviews?
 - a. *Are your interview panels racially diverse?*
 - b. *If not, are there any plans to change this?*
7. Research shows that the issue with recruiting diverse trainee populations is due to applicant factors such as lower A levels grades, no evidence of working with clinical psychologists or less NHS experience. What would you say are the **other factors** impacting recruitment, **which are not** down to applicant factors as research suggests?
8. What changes in policies and/or initiatives may influence recruiting of more ethnically minoritized trainees in future?
 - a. *HEE initiatives? NHS values and recruitment targets? Wider university initiatives?*
 - b. *Are there any barriers that may stop or delay changes? (e.g., dilemmas on your programme, conflicts of interest)*
9. In terms of your knowledge of other DClInPsy programmes, have you come across good practices for recruiting more ethnically diverse trainees?
 - a. *Prompts: What advantages/disadvantages do you think these alternative selection processes have?*

b. *Any thoughts of different processes such as Hull recruiting straight from undergraduate?*

Wider Clinical Psychology profession

10. In your opinion what impact (if any) is the lack of racial diversity of trainees having on the wider Clinical Psychology Profession (Specifically, 'Black trainees' as they are one of the lowest recruited trainees)

- a. *Experience of service users- Is the wider narrative positive?*
- b. *Experience of teaching staff- Is there a struggle to recruit staff?*
- c. *Experience of trainees- Is there harm to trainees on placement? In class?*

11. Who do you think are broadly responsible and should be held accountable for the longstanding lack of racial diversity in our profession across the country?

- a. *BPS? DCP? HEE? Individual courses? HCPC?*
- b. *What else is a factor? (Funding, core values of the course, HEE policies, other competing agendas)*

12. Are there any aspiring clinical psychologist groups are you aware of, where initiatives are specifically aimed at increasing racial diversity in the profession?

- a. *Could you name any?*
- b. *Has your university been involved in any initiatives? What sort of involvement has this been?*

13. Is there anything else you would like to say in this interview that has not been covered yet?

Thank you for your time today.

Appendix I: Racial Bias Test Information Sheet

Shire Professional
Chartered Psychologists

innovative research solutions

Cover Email

This invitation is to take implicit (unconscious) Bias tests. The test taps into the neural associations we have developed between particular groups of people and good or bad ideas or stereotypes. Research suggests that these associations can affect the decision we make and how we behave.

This bias test works quite simply. It rapidly presents you with words and pictures. It asks you to sort them according to some simple rules. Each test will give you the specific sorting rules which you should read carefully. The test looks for particular patterns in your responses to tap into the neural pathways and measure your unintentional biases.

Here are the important bits you need to know:

- We want you to take a test around Ethnicity
- The purpose of this testing is your personal development
- Your test results will only be seen by Dr Pete Jones, research psychologist at test publishers Shire Professional Chartered Psychologists
- Nobody at your employer can access your personal test results
- Your identifiable personal test results will be kept for a maximum of 120 days and may be deleted after 90 days
- Your results will usually be sent to you by email shortly after testing with supporting documentation
- A small number of results are held for up to 24 hours for manual validation
- Your personal test data (name and email) will be used only to generate and send you your test results. They will not be used for generating group or sector data or in any form of marketing
- You can ask for your test data to be deleted before 120 days by contacting Pete@shirepro.co.uk

Please be careful not to copy/paste spaces into the Log-in or Password. Once you have chosen an email address to receive your feedback, the email address becomes case sensitive.

Log-in: **Search**

Password: **Testing2021**

<https://www.unconsciousbias.co.uk/welcome.php?lid=1749838759>

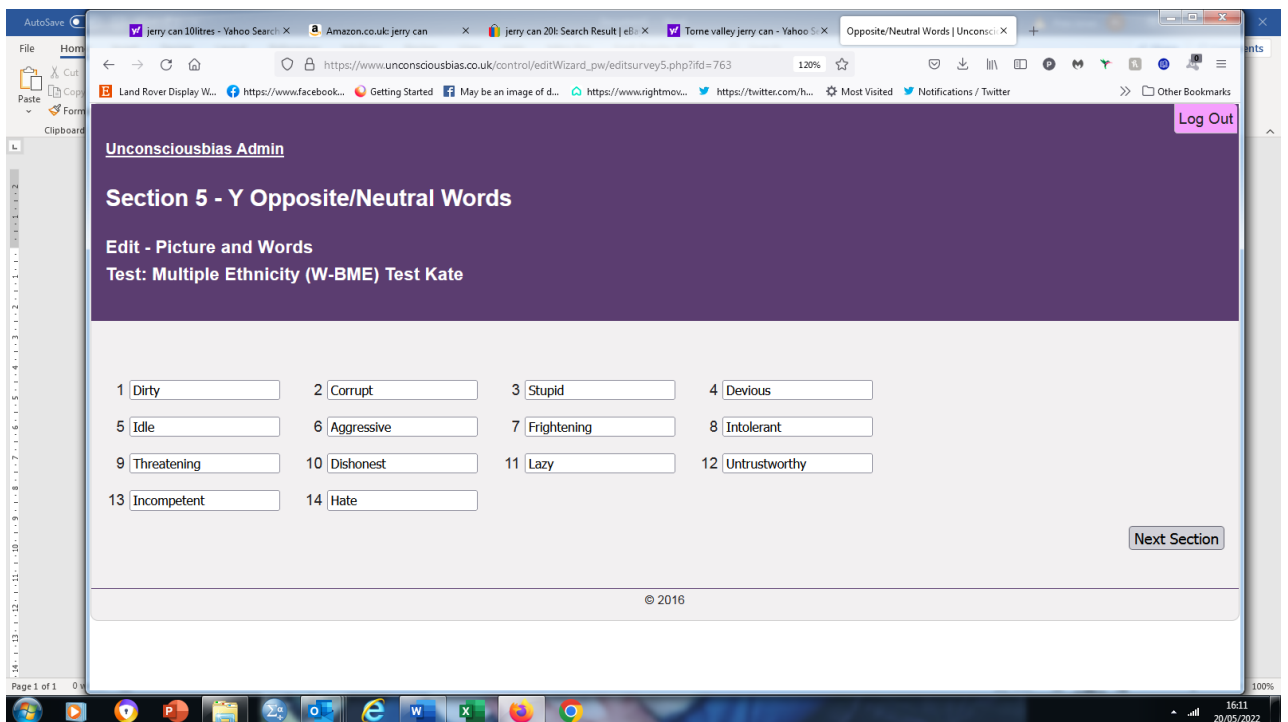
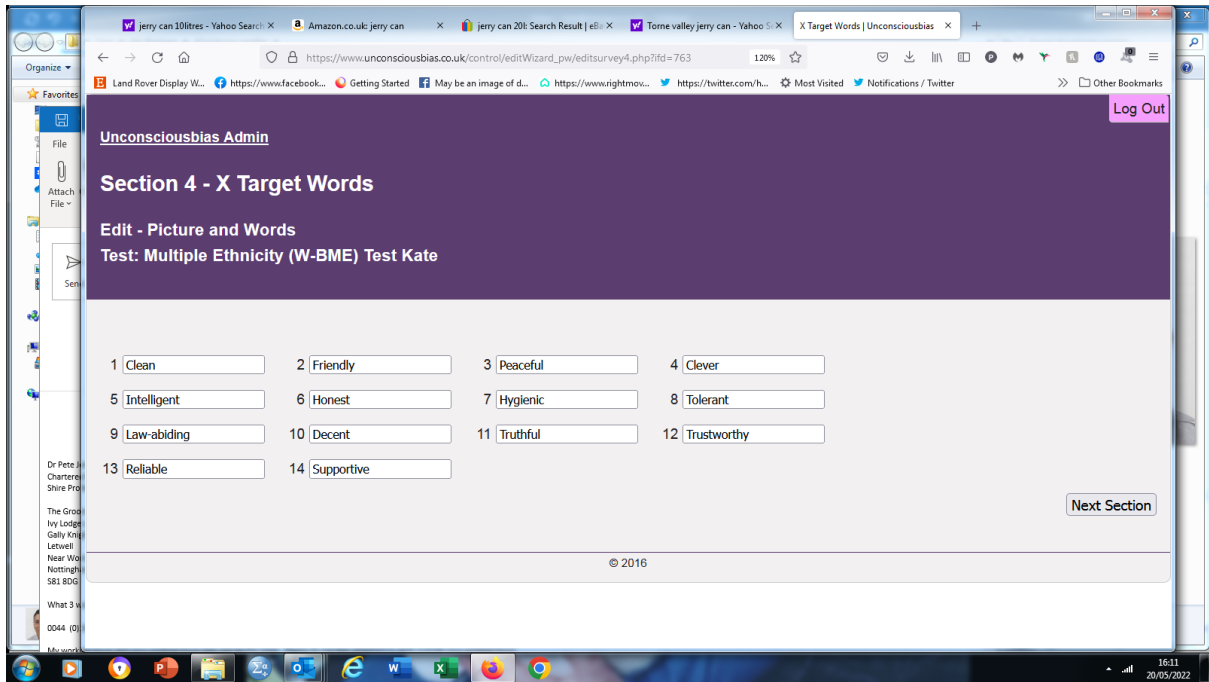
Dr Pete Jones

Research Director

Shire Professional Chartered Psychologists

Pete@shirepro.co.uk

Appendix J: Screen Shots of the Implicit Bias Tests:



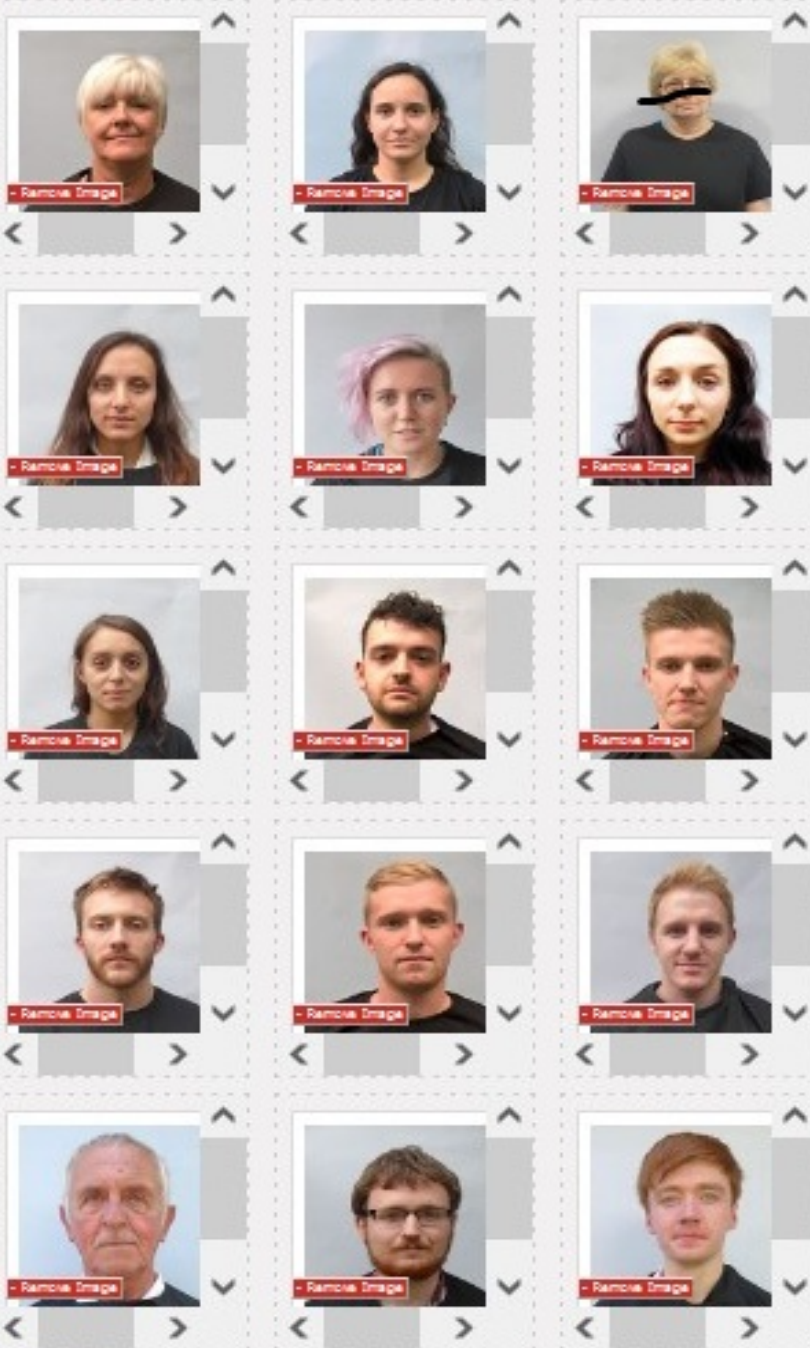
Number of Images: 13

The interface displays a grid of 13 portrait photographs of individuals from various ethnicities and backgrounds. Each photo is contained within a dashed-line frame and includes a red 'Remove Image' button at the bottom. Navigation arrows (up, down, left, right) are positioned around each photo. The grid is organized as follows:

- Row 1: Three photos of a woman with long brown hair, a man with short dark hair, and a woman with dark hair.
- Row 2: Three photos of a man with short dark hair, a woman with long dark hair, and a man with glasses.
- Row 3: Three photos of a man with short dark hair, a woman with long dark hair, and a man with short dark hair.
- Row 4: Three photos of a woman with dark hair, a man with a beard, and a man with a shaved head.
- Row 5: Three photos of a man wearing a white headband, a woman wearing a black hijab, and a woman with long dark hair.

At the bottom left of the grid is a green 'Add Image' button. At the bottom right is a 'Next Section' button.

Number of Images: 15



[+ Add Image](#)

[Next Section](#)

Appendix K: Email notification to Ethics board of termination of study

Notification of study ending - Kate Kamson [Student-LMS] - Outlook - Google Chrome

about:blank

Reply | Delete | Junk | Block | ...

Notification of study ending

KK Kate Kamson [Student-LMS]
To: hsetecda, UH
Cc: Deborah Chinn

Tue 07/06/2022 19:30

Abstract.docx
16 KB

Dear UH, Ethics Committee,

This is a courtesy email to inform you that the study titled: "Admission Tutors' Experiences of Recruiting Racially Diverse Trainee Clinical Psychologists" has come to an end. The protocol number for the study is **LMS/PGR/UH/04590**.

Thank you very much for your support.

Please see of abstract of the study attached for your reference.

Kind Regards
Kate

[Kate Kamson \(nee Kimona\)](#)
3rd Year Doctoral Student
Trainee Clinical Psychologist

Appendix L: Part I: Mixed Methods Appraisal Tool (MMAT), version 2018

Rigley, Lucy (2018)

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	X			
	S2. Do the collected data allow to address the research questions?	X			
	<i>Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.</i>				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	X			
	1.2. Are the qualitative data collection methods adequate to address the research question?	X			
	1.3. Are the findings adequately derived from the data?	X			
	1.4. Is the interpretation of results sufficiently substantiated by data?	X			
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	X			
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5. Did the participants adhere to the assigned intervention?				
3. Quantitative non-randomized	3.1. Are the participant's representative of the target population?				
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?				
	3.3. Are there complete outcome data?				
	3.4. Are the confounders accounted for in the design and analysis?				
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?				
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?	X			
	4.2. Is the sample representative of the target population?				<i>Low response rate</i>

	4.3. Are the measurements appropriate?	X			<i>descriptive stats used</i>
	4.4. Is the risk of nonresponse bias low?	X			
	4.5. Is the statistical analysis appropriate to answer the research question?	X			
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	X			
	5.2. Are the different components of the study effectively integrated to answer the research question?	X			
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	X			
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?		X		
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?	X			

Mixed Methods Appraisal Tool (MMAT), version 2018

Jane Simpson; Hemmings, Rachel (2008)

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	X			
	S2. Do the collected data allow to address the research questions?	X			
	<i>Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.</i>				
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?	X			
	1.2. Are the qualitative data collection methods adequate to address the research question?		X		Predetermined statements miss explicit experiences of applicants
	1.3. Are the findings adequately derived from the data?	X			
	1.4. Is the interpretation of results sufficiently substantiated by data?	X			

	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?	X			
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5. Did the participants adhere to the assigned intervention?				
3. Quantitative non-randomized	3.1. Are the participant's representative of the target population?	X			
	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?	X			
	3.3. Are there complete outcome data?	X			
	3.4. Are the confounders accounted for in the design and analysis?			X	<i>There is very little mention of this</i>
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?	X			
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?	X			
	5.2. Are the different components of the study effectively integrated to answer the research question?	X			
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	X			
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	X			
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?			X	<i>No mention of quality</i>

					checks for qual
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Mixed Methods Appraisal Tool (MMAT), version 2018
Cape, J., Roth, A., Scior, K., Thompson, M., Heneage, C., Du Plessis, P. (2008)

Category of study designs	Methodological quality criteria	Responses			
		Yes	No	Can't tell	Comments
Screening questions (for all types)	S1. Are there clear research questions?	X			
	S2. Do the collected data allow to address the research questions?			X	Did not report data
<i>Further appraisal may not be feasible or appropriate when the answer is 'No' or 'Can't tell' to one or both screening questions.</i>					
1. Qualitative	1.1. Is the qualitative approach appropriate to answer the research question?				
	1.2. Are the qualitative data collection methods adequate to address the research question?				
	1.3. Are the findings adequately derived from the data?				
	1.4. Is the interpretation of results sufficiently substantiated by data?				
	1.5. Is there coherence between qualitative data sources, collection, analysis and interpretation?				
2. Quantitative randomized controlled trials	2.1. Is randomization appropriately performed?				
	2.2. Are the groups comparable at baseline?				
	2.3. Are there complete outcome data?				
	2.4. Are outcome assessors blinded to the intervention provided?				
	2.5. Did the participants adhere to the assigned intervention?				
3. Quantitative non-randomized	3.1. Are the participants representative of the target population?			X	Target was undergraduate students but there is no information about the racial

	3.2. Are measurements appropriate regarding both the outcome and intervention (or exposure)?			X	<i>Not reported</i>
	3.3. Are there complete outcome data?			X	<i>Not discussed</i>
	3.4. Are the confounders accounted for in the design and analysis?		X		<i>This was not reported</i>
	3.5. During the study period, is the intervention administered (or exposure occurred) as intended?	X			
4. Quantitative descriptive	4.1. Is the sampling strategy relevant to address the research question?				
	4.2. Is the sample representative of the target population?				
	4.3. Are the measurements appropriate?				
	4.4. Is the risk of nonresponse bias low?				
	4.5. Is the statistical analysis appropriate to answer the research question?				
5. Mixed methods	5.1. Is there an adequate rationale for using a mixed methods design to address the research question?		X		
	5.2. Are the different components of the study effectively integrated to answer the research question?			X	<i>This was not reported</i>
	5.3. Are the outputs of the integration of qualitative and quantitative components adequately interpreted?		X		<i>Data not explicitly reported</i>
	5.4. Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?		X		
	5.5. Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?			X	<i>No information on questions asked of participants</i>

Appendix: M: CASP Checklist for Cohort Studies & CASP Qualitative Checklist

CASP-Cohort-Study- Checklist-2018*			
Author/Authors & Year	Katrina Scior, Janice Williams and John King (2015)	Phillips, A., Hatton, C., Gray, I. (2004)	Scior,K., Gray, J.S., Halsey,R. & Roth,A.D. (2007)
1. Did the study address a clearly focused issue?	Yes	Yes	Yes
2. Was the cohort recruited in an acceptable way?	Yes- data was kept anonymous and collected at the same time point	Yes-data collected through Clearing House	Yes- through data collected at selection of applicants to UCL
<i>Is it worth continuing?</i>	Yes	Yes	Yes
3. Was the exposure accurately measured to minimise bias?	Yes- appropriate categorisation of variables	Yes	Yes, variables were checked and data was re-grouped to stop over-inclusivity of one category against another
4. Was the outcome accurately measured to minimise bias?	Yes- the variables used in the study were a truly reflective of what the authors aimed to achieve.	Yes	Yes

5. (a) Have the authors identified all important confounding factors?	Can't tell- selectors were mentioned; however, their own educational history or potential biases were not part of this study, although highly relevant	Can't tell- this was not addressed in the paper specifically, there could have been confounding factors such as privileges for those applicants (e.g., those with the right references, those who went to public school, the experiences of the selector, the different DClinPsy courses and their ethos)	Can't tell- This could be due to publication bias, but there was little information about selectors or why the data shows that black and ethnic minority applicants had less access to career advice. It did not speak to the structural issues in place.
5. (b) Have they taken account of the confounding factors in the design and/or analysis?	Yes, this was taken into account during analysis when linear models were developed	Yes- the paper discusses some of the factors influencing the data they received including selection being discriminatory prior to data collection, lack of evidence base for selection procedures	Can't tell
6. (a) Was the follow up of subjects complete enough?	Can't tell	No	No
6. (b) Was the follow up of subjects long enough?	Can't tell	No	No
Section B: What are the results			
7. What are the results of this study?	Of the 2719 applicants included in the study, 77.8% had attended non-selective state schools, 9.5%	Factors predictive of being shortlisted	The results showed that successful applicants better A-level results, successful had a first-class degree, attended an 'old' University,

	<p>selective state (grammar) schools, and 12.7% independent schools. For their first degree, 20.7% (n=562) graduated with a 1st, 72.6% (n=1973) with a 2:1, and 6.9% (n=184) with a 2:2 or 3rd. Of the 2698 applicants who completed their first degree in the UK, 64.2% attended a pre-1992 university (n=1731) and 35.8% a post-1992 university (n=967)</p> <p>Applicants who attended a non-selective state school were more likely to be rejected without an interview than someone from a grammar or independent school, as were applicants whose first degree was from a post-1992 university.</p> <p>Results that showed significant effects of school type on application success</p> <p>applicants were more likely to be rejected if they had attended a non-selective state school <i>or</i> went to a post-1992 university <i>or</i> graduated with a 2:1 or 2:2.</p>	<p>included receiving post-16 education at school, degree-level education (degree class, and having completed a recognized psychology degree), postgraduate education (having started or completed a social sciences/health Masters degree or PhD), vocational experience (a greater number and range of psychology assistant posts and authoring more publications), and ratings from referees in academic and clinical psychology posts.</p>	<p>and had better ratings from their academic and clinical referees, and have been employed as an Assistant Psychologist or Research Assistant.</p> <p>BME applicants most likely to rejected from the selection process at shortlisting. There was significant difference between white applicants and BME applicants, with white applicants mostly like to have and significantly higher A level grades, attended an ‘old university’ and most likely to have a 1st class.</p>
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8. How precise are the results?	The regression analyses are reported very precisely	Logistic regressions successfully classified 76.8% of applicants in terms of short-listing and 78.3% of applicants in terms of selection for clinical psychology training	T-tests were calculated at 0.01 significance, indicating the results were quite accurate and had minimal error
9. Do you believe the results?	Yes	Yes- it gives a significance of certain factors increasing likelihood of selection on a training course across the UK	Yes- the method used appeared to collect the correct data in order to arrive at these results
Section C: Will the results help locally?			
10. Can the results be applied to the local population?	Yes; a cohort study design was appropriate for this study	Can't tell- These results may be better applied to some DClInPsy courses than others, depending on the current criteria for selection across course	Can't tell- As the data looked specifically at UCL cohorts, it may not be generalizable to other trainee population groups across the country
11. Do the results of this study fit with other available evidence?	Yes it fits other research about the issue with selection and the Clearing House application to select a range of diverse trainees	Yes	Yes- support other evidence of what is privileged in selection, but it does not show such factors that influence success on training leads to better clinicians.
12. What are the implications of this study for practice?	Education history does impact an applicants' chances of gaining a place on	Very specific factors have led to the success on to training for some groups over others and have contributed to the lack of diversity in training; the study shows that the selection process in DClInPsy needs to be re-examined.	Factors such as A level grades, better references may need to be looked at in terms what leads to individuals being better clinicians

CASP-Qualitative-Study- Checklist-2018		
Authors & Year	Ragavan, Romila Naiken (2018)	Bawa, H., Cudmore, K., Ong, L., Knott, K. (2021)
Section A: Are the results valid?		
1. Was there a clear statement of the aims of the research?	Yes- The paper described the gap in literature after displaying an overview of some of the research already available in this area	Yes- the authors explained the aim of the research and why it was important at this stage to conduct this work
2. Is a qualitative methodology appropriate?	Yes- the paper looked at the experiences of BME applicants, which requires a qualitative methodology to gain richer insight into experiences	Yes- the paper aimed to look at the barriers for BME applicants. A qualitative methodology allowed for this research question to addressed
<i>Is it worth continuing?</i>	Yes	Yes
3. Was the research design appropriate to address the aims of the research?	Yes- the paper shows clear justification for this chosen method, reporting the need for a design that will bring rich data in a topic area which has little literature already existing	Can't tell- the design was not specifically stated in the paper and considerations of other
4. Was the recruitment strategy appropriate to the aims of the research?	Yes- this was appropriate to gain experiences of applicants from BME backgrounds applying to training	Can't tell- the paper did not specifically state a recruitment strategy
5. Was the data collected in a way that addressed the research issue?	Yes- Data collection was explicitly described, and the author justified methods chosen	Yes- The use of survey was seen to generate a lot of responses, however the pros and cons of this approach as not explored in the paper

6. Has the relationship between researcher and participants been adequately considered?	Yes- There was some discussion the paper about their position of being a BME applicant previously and the impact on the relationship with participants	No- This was not looked at in the paper
Section B: What are the results?		
7. Have ethical issues been taken into consideration?	Yes- the paper discusses issues around ethics and how this was addressed. Details of the ethics board were also noted	Can't tell-Ethical considerations were not explored in the study
8. Was the data analysis sufficiently rigorous?	Yes- the steps of analysis was clearly explained which included aspects of personal reflection throughout the results section	No- the authors reported that the analysis was not in depth due to the resources they had available to conduct the work; however an overview of common themes and the implications of this were reported
9. Is there a clear statement of findings?	Yes- the paper shows the findings are discussed in relation to original research questions; the findings stated are explicit	Can't tell-The authors displayed the range of findings, however the paper did not state whether credibility of the findings were considered. This could be due to the publication not requiring such information
Section C: Will the results help locally?		
10. How valuable is the research?	Very valuable. The author describes the implications of the study to the wider clinical psychology profession. The author further describes the importance of this research adding to very little literature that already exists.	Yes- the research is valuable to give an up-to-date view of what applicants see as barriers to accessing DCLinPsy training. The results explore experiences at multiple stages of selection giving a good overview of some of the challenges for DCLinPsy courses to consider.

*Responses to questions are categorised as: **Yes, Can't Tell, No**

Appendix N: Reflexive Thematic Analysis Process

Stages 1-3 of Thematic Analysis (Familiarisation, generating Initial codes and searching themes)

Excerpt	Notes	Codes	Searching themes
<p><i>"I felt absolutely comfortable doing it because I think again. I mean, as I was doing it, there was a part of me mind thinking, I wonder what's going to come out of this? And you know, this will be really interesting to find out. But there was no kind of concern or anxiety about that, because I thought, well, even if what comes out isn't what I like then in my role, I need to know this. So and it's stuff that I try and you know that I'm trying to continuously kind of reflect on educate myself around, you know, develop kind of relationships with the trainees and staff that I work with, who belong to kind of minoritized groups and think about my privilege. (P4)</i></p>	<p>Acknowledgement of privilege</p> <p>Reflective stance</p> <p>Making connections</p> <p>Looking at how to improve</p> <p>Making an effort</p> <p>Recognising differences</p>	<p>Reflection on own context</p> <p>Experience of bias tests</p> <p>Acknowledging own bias</p>	<p>Personal context impacting role?</p> <p>Addressing biases</p>

Stage 4 of Thematic Analysis (Reviewing themes)

Main Themes	Subthemes
Theme 1: Personal context of admission tutors	<i>Values</i>
	<i>What is motivating in the role</i>
	<i>What made you become an admissions tutor</i>
	<i>White course team</i>
Theme 2: Recruitment issues impacting PoGM applicants	<i>Image of the profession</i>
	<i>Systemic Biases</i>
	<i>Role of selectors</i>
Theme 3: External influences	<i>HEE</i>
	<i>Practical efforts to change</i>

Stage 5 of Thematic Analysis (Refining themes)

Main Themes	Subthemes
Theme 1: <i>I just want to do a good job</i>	<i>A prominent Position</i>
	<i>Individual Differences</i>
	<i>There is no magic formula, but we could only try</i>
Theme 2: Seeing is Believing	<i>A sea of white faces</i>
	<i>Recruitment Dilemmas</i>
	<i>The norm of the profession</i>
Theme 3: It's everybody's business and its everybody's responsibility	<i>Recognition of Effort</i>
	<i>Outside the realm of influence</i>
	<i>The Proximity of external systems</i>

Appendix: O: Vivo Print Screen

The screenshot displays a software interface for managing and viewing transcripts. The main window shows a transcript for 'Participant 6' with the following content:

assumptions we can make around **what whites, you know, whiteness.**
 And it just made me kind of make some kind of. Yeah, it just made me notice my own assumptions that I might make in in that respect. So I know you don't want to. I've made a couple of points about, you know, the outcome of a test. **I think if you want me to kind of say anything above OK, because it probably would, end up disclosing where I scored on.**

SPEAKER1 11:00 Yeah, I mean, I would advise you not to say I am because I'm not actually asking.

SPEAKER2 11:05 Yeah, but yeah, that I didn't exactly answers your question. So I'm just ramble on.

SPEAKER1 11:13 No, you probably answered that question the best so far. I would say, Yeah, I think some of your points around, yeah, how uncomfortable it kind of feels. And that anxiety, I think when I did the test particularly I was thinking, gosh, if I fall in that 20 percent, its not going to be great for this research. I wondered about if you've had any of these experiences of doing of implicit bias tests before?

SPEAKER2 11:43 No, I didn't. This was the first time I've done that. But I find it really, really useful because it, well, it was something that it does make you think about the biases we withheld because I think the other thing I find it kind of jumping the gun, some of the other. It's interesting that it was the group of trainers in clinical psychology meeting last week in a conference last week. Yeah. And there's been a lot of focus on equity, diversity and inclusion and I suppose this is one thing I guess I've been struggling with and probably ties in with the unconscious bias has is that there is a lot of talk. **In one of the presentations I went to was...My ears pricked up at one point because they talked about how perhaps that can be racial bias is inherent within selection processes. And I suppose what I think it is, sometimes you don't know what you don't know. And this is one of the bits I'm, you know, I guess I struggle with it, whereas if we don't know what we don't know. You know, I need someone to kind of spell it out to me to say, Well, you know, these are racial biases in the tests. But in terms of unconscious bias, I hadn't done one before, and it was an interesting process.**

SPEAKER1 13:08 OK, that good to hear. Now you've done this particular test, I can tell you a little bit about it; it was designed by a psychologist. I think he is a cognitive psychologist, I believe, but was seconded in the police force actually following the Stephen Lawrence inquiry. So he had to **develop these tests for different police forces across the country to**

A pop-up note is overlaid on the transcript, containing the text: "Whiteness was mentioned but not explained? There was the assumption I knew what he meant? Seems awkward talking about this, and appeared to want to explain himself".

The interface includes a sidebar on the left with a file tree (DATA > Files > Transcripts) and an 'OPEN ITEMS' list at the bottom. The top navigation bar includes 'Home', 'Create', 'Data', 'Analyze', 'Query', 'Explore', 'Layout', and 'View'. A search bar is located in the top right corner.

Appendix: P: Extracts from Reflections at different stages of research

Stage of study	Feelings	Evaluation	Analysis	Conclusion	Action Plan
Planning the study	Excitement about the project; anxiety about what 'truths' I would hear in interviews	In this stage an external consultant and supervisors were confirmed. This led me to have a support network set up and for my earlier feelings to be discussed	I found my feelings of excitement and anxiety were due to my own experience of the DClinPsy selection process and	In the beginning stages, more discussion about what my main values are and what is being privileged about my experience	To explore my experience in detail with the research at the start so my context was considered in planning the research
Developing questions	I felt confident in thinking about the questions and what I felt was important to ask at this stage, knowing there was no research currently out there. Some pressure to get the questions 'right' was present.	This stage was good in terms of reflecting on what the profession has previously explored in this area; what was challenging was thinking about the admission tutors and course generally respond to	I found my feelings here were due to exploring lots of previous research that appeared to 'blame' applicants for their limited success on training. I also felt that my experience in clinical services reminded me that PoGM were not getting a good service and the lack of diversity in the profession was rarely discussed as factors.	I think what may have been useful to have done is have a discussion with some of my previous supervisors about their experience of services and if they feel there was much reflection on the lack of diversity in the profession.	To think more about my previous experience of services and selection processes. To discuss more in depth with previous admission tutors, as I only spoke to two previous admission tutors about what questions would be worth discussing.
Completing interviews/ Retrieving survey data	I felt hopeful, intimidated, uncomfortable	The experience of hearing from admission tutors; and common lean towards discussion other "diversities" at times led me to keep the focus on racial diversity	I felt that I was working in line with my values to bring honest and accurate accounts of a situation. I felt that I was adding to the literature and giving PoGM applicants hope.	I could have kept reviewing my questions as the survey data and interview data was being collected. Making notes of changes to questions could have been useful also	I think the willingness of participants to explore the selection process was also being experienced
Analysis of results	Uncomfortable, exhausted,	I felt these various feelings because of how	The fact that I was able to visually see the	I think exploring the data from a different	To explore different qualitative

	emotional, enjoyable	the data continued to change my opinion about what the real issues are in racially diversifying the profession. Recounting conversation I had with participants were both helpful and concerning.	participants and myself led my analysis to be rich with the remembrance of how I felt and experienced the qualitative interviews.	qualitative analysis may have led to different findings. I considered discourse analysis for a future study to capture a lot of the rich nuances of the interactions that are missed in thematic analysis.	analyses in order to capture what was being said and felt by myself and the participants
Write up of findings/ discussion	A lot of joy was experienced at this stage	This felt like I had a deeper understanding of the experience of participants and also what variability is found across courses. I felt questions were answered	I felt that the exposure of the system revealed more about what challenges the profession has. I also felt hope was very much part of the change to come.	I think member checking of the data prior to write up may have been helpful in making sure the themes align with the accounts.	Use of more member checking techniques

Appendix Q: Extract from Interview with Participant 4

Participant 4.mp3

- KK Should start a moment. OK, lovely. OK. So you have actually kind of answered the first question anyway in terms of what I'm going to be going to ask you. So you ready answered in terms of how long you've been an admissions tutor on your program, which has been a year. I just kind of would like to know been follow up question to that, P4, just in terms of what sort of led you to become an admissions tutor.
- P4 I was just asked to do it [laughs]
- KK Very honest answer!
- P4 That's basically... I can give you a better answer than that. So yeah, basically, I used to work two days. I initially worked two days on the course as a clinical tutor, so that December 2019. And then so I had an NHS role and I worked on the course. And then with.. the increase commissions last year, we managed to get more funding for my post and saw my post went up to full time instead of two days, so I left my NHS post. Now I work full time on the course and basically our program director had some ideas about where I could maybe, um, I guess my skills or interests would fit. And because I co-chaired the EDI committee and obviously, we've got a, you know, a stronger interest than ever in terms of trying to change our selection processes to make sure that they're fair and to make sure that you know, we're trying to give equal access to people who don't fit within the kind of normal, not normal, but typical homogenised kind of white, middle class female make up of psychology. She [course director] thought that my interests in the role combined with the option for more hours, would fit well with me kind of leading on selection as well.
- KK OK. Yeah. And did you feel sort of at the time when you were asked to do it, did you feel you know, this is actually what you want to do?
- P4 Yeah, I felt quite stressed about it because it felt like a lot of responsibility. Yeah, and a lot of work. But I felt that one of the main things I guess that I enjoy about working on the course having been qualified for a while is the opportunity to come in and have an influence on all who is coming into the profession, how they're supported and I guess what the profession might look like in the future. And I think with course staff, that's really where we are... have got the potential would be really influential. So I was anxious and stressed about it, but also excited because I could see how that fits really well. So, so yeah, it felt like a kind of a potentially rewarding thing where we could make some really good changes.

KK Yeah, that's great. And I guess you sort of touched on that as well. And times when you talking about sort of influencing the profession in that sense, what would you say if you can say a bit more about sort of your values that you think sort of help you in this role as an admissions tutor?

P4 Um, yeah. Well, I think. I think very much... and why I was recruited to my role well, as far as I know why I was recruited to the course in the first place is that over the past, say, three to five years, it's gone, it's undergone quite a change with our new, well, she's not new now. She's been in post about four years, I think a program director and very much what she was looking for in the program around more emphasis on kind of social justice, I guess, issues related to inclusivity, fairness, equality, equity. And so I was recruited in my post, partly as far as I'm aware, on the basis of having those values and that determination to make those changes. So I don't I don't feel I feel like it's just something that's kind of always been really important to me. And that is driven a lot of my the choices I've made in terms of how I operate as a clinical psychologist, which sometimes has made life a lot more difficult when you kind of end up being the person who whistle blows or points things out. Yeah. So but often, you know, I have done that anyway. And then before I came to the post, I'm in now in the university, that was kind of the situation I was in at the NHS, and I used that as an example within the interview for a question I was asked. And so they kind of knew what they were getting and they knew that I wasn't going to be a person who didn't, who didn't live by my values around issues of inclusivity and fairness. And so, so yeah, I think that kind of is always underpinned like my work and approach is much easier as much as I've been able to kind of bring that into work and then that's carried on throughout the course. And so it feels very much it feels like a gift, really, because I think the good thing about working on the course and being in a culture where the course director is very much aligned with that. Yeah, probably for the first time, I've been a I feel able to be totally myself. Yeah, work and live by and try it and act change in the system and within the culture that is consistent with my values, which I had never actually been able to achieve in any NHS post.

KK But it's really interesting for our society. What was that like?

P4 It's really liberating, and it's really liberating and very affirming. I'm not saying this not like challenges and resistance within the system because of course, there is but I think it's probably the first time that I've felt that somebody in the ultimate position of power our course director, who ultimately signs off in terms of what things change and how, has given me has trusted me enough to and actually, even if she's like, Oh, I'm not about that P4, it seems a bit..., but is willing to have a discussion and we're going to talk about it. And then often she'll be

like, Yeah, OK, you know, I'll go for it and see what happens, kind of thing. So that's really amazing. And I think that that's very much come about through the relationships and connections I've been able to build within this role. And how I've been inspired by a lot of people who like, you know, who I'm working with, who have shown that vulnerability and who do really put themselves out there to try and make things change for the better, the way they have done so. And also kind of the message that we're trying to give our trainees around speaking up to power. And you know, the changes were made in our curriculum around kind of covering a lot more kind of EDI issues and encouraging people to share, you know, within the limits of what feels safe, you know, what's important to them or share their personal identity or their truth. And another thing if we're asking our trainees to do that and if we're asking our interviewees to do that to some extent and our applicants, then we need to do that ourselves as well.

KK Yeah, really good point. Thank you for sharing

P4 I don't know if I went off the point there. Do just interrupt if I am going off on one [laughs]

KK It's quite interesting actually even doing this research because I am finding the participants maybe have quite a lot to share. And I'm wondering about how often these sorts of these sorts of studies are actually taking place to hear from the admission tutors. I am hypothesising in my mind really about it, but everything you said it's honestly is really relevant. I just wanted to ask as well about sort of having done sort of the racial implicit bias test, that I sent out. What was your experience of doing that? Did you feel comfortable doing that? Did it leave you with some questions?

P4 Yeah, yeah. No. I felt absolutely comfortable doing it because I think again. I mean, as I was doing it, there was a part of me mind thinking, I wonder what's going to come out of this? And you know, this will be really interesting to find out. But there was no kind of concern or anxiety about that, because I thought, well, even if what comes out isn't what I like then in my role, I need to know this. So and it's stuff that I try and you know that I'm trying to continuously kind of reflect on educate myself around, you know, develop kind of relationships with the trainees and staff that I work with, who belong to kind of minoritized groups and think about my privilege. So I try and do it consciously, regularly. But of course, there is going to be unconscious bias to some extent. And so I was just like, there was a bit of us that was kind of curious about it. But then I just thought, Well, whatever comes out, it's good. It's part of my kind of journey in trying to do my job better. This is stuff I need to know.

KK Yeah, no, it's good to know, actually. And have you done an implicit bias test before I have.

P4 Yeah, when I first started at the university, they had, we had to do like mandatory training. And part of the mandatory training involved doing an implicit bias tests. Yeah, I don't know if they do that anymore, because a lot of it was online of like varying in quality, although that was an interesting thing to do. And then they have updated the training and since then they sort of the do face to face sessions around anti-racism and being an ally and white privilege and stuff like that, which is really good and much better. But I had done it before. It was really interesting is I think it was around about the time, you know, when there was that insurrection because of Trump in America. And all those kind of racists stormed the Capitol, and it was just so horrific and I was so... I did the test and I didn't really think much about it, but it was all in American. It was an American program. I don't know if you'll know which one I mean, or if that's like the standard one people use. But anyway, it was an American program. And when the results came back, it showed that I had a preference for the kind of minority ethnic participants. I honestly thought I was like, Oh, that's you know, I thought I was like, I don't know how that's come about me, like being a white person. I'm sure that's not the typical thing that will come back. But I think because it was American and I was so annoyed and disgusted by what was going on at the time, those white faces I just identified probably as white Americans and then linked them to this. I thought, Oh, that's so that's how I make sense of it. I don't know what was going on. But anyway, I didn't like, I didn't have a preference when I did at this time. But yes, so I had done it before, but obviously I wasn't an admissions tutor role then. So, I was completely in quite a different context and a different time. I think yours was better in terms of the variety of stimuli and the language and the kind of adjectives. There was a lot more variety, so it wasn't exactly to same, but it was a racial bias test.

KK Oh, that's interesting. Yeah. The one that was made that was made by Pete here, it was specific sort of the UK population. And he originally did it for the police force, actually he's a psychologist that was seconded to work on the Stephen Lawrence inquiry and actually went round to different police forces checking that racial biases. I guess you can imagine the response he would've gotten in some places, but yeah he developed it. So I think you have to think about context. It does actually make a difference, actually. And I just I just want to ask really about of implicit bias tests. What are your thoughts and feelings around the idea of using these with those who actually review application forms. I don't know if you had any thoughts about that?

P4 Yeah, I've not really thought about it, to be honest with you. I think I wouldn't be against it, but I guess I wouldn't want that to be the only, you know, I would want it to be like a package of information or like what happens next or what might this mean? I guess I'm wondering whether I don't know, there's a lot of them. I don't know much about the field, but I know there's criticism of unconscious bias. And I know that that's based on, I guess, sometimes the validity. But I don't know if that's about these tests in particular or just like questionnaires, but also the sense that even if people are made aware that they've got unconscious bias against a certain group, it doesn't necessarily translate into them changing their attitudes or actions. So, I guess I've got, you know, I haven't got strong thoughts about its use and selection, but I guess I'd want to make sure how it was being used. I'd want to know more to find out more about how to use the results and what to do next, so it actually made a difference. So, it actually corrected bias, not that it corrected bias, but making people aware of the bias. What do you do next? So, it makes a difference to how the people rate.

KK Yeah, that's a good point, actually. So I guess that's really sort of the last bit I was struck by in terms of the racial bias. I kind of want to move on to speaking a bit about the selection process on your course. So how would you say in a couple of sentences what are the selection processes for recruiting and training clinical psychologists?

P4 Yeah. Well, we've probably got the most simple and straightforward process out there. So basically, people apply and then we there's an initial sift if to see if people meet minimum academic criteria, and we share that on our website so people can see they've got get a minimum of three points on the academic criteria. So they kind of know what would get them through the next stage and then if they cross that threshold, they go through to the shortlist phase. For that we have got a structured pro forma the raters use to rate the forms against each of these key areas. So they'll be academic, they'll be clinical stuff. So they'll be kind of personal values and stuff on that. And so it's really structured. There is some subjectivity because people can interpret text, I guess, in certain ways and then might score it slightly differently. So to try and get around that. What we do is all we make sure all forms are double rated separately, and then once all of those returns come back, I'll check them for discrepancies. As long as they're within four points, then that's absolutely fine. But any discrepancies bigger than four points, then I'll go back to the raters and say, will you have a look again? Have you made any errors? You know, we have to double check. And we also have is, I don't know how she did this, but like one of our... So all of that gets put on a spreadsheet all of those scores for each rater. And then also our one of our research tutors who's a genius has managed to create an algorithm that corrects for personal bias. So

if one of the raters, you know, if you get somebody that's like quite a harsh rater and they're rating with somebody who's quite a generous rater then what the algorithm does is... this sounds complicated. It's simple for applicants. It's not simple for them what's going on behind the scenes. But what happens is basically the algorithm picks up on the raters rating style and can correct for being too generous or being too harsh. And so to try and kind of get the sense of fairness in the process. We've got double raters and then we also on top of that have an algorithm that corrects for personal bias in like, you know, someone being harsh of someone being generous. And then what happens then is the all of those forms are rated from highest total score to lowest. And then this year will probably will be inviting probably a 120 people to interview. We're also a double tick course as well. So anybody who is listed, anyone who considers themselves as having a disability that are set out in the Equality Act automatically gets an interview if they meet minimum criteria. Minimum criteria, they've got to have had 12 months relevant clinical experience and the references have got to be fine. So regardless of where they would come in, that kind of ratings of all the scores, if you've got a disability and you meet that minimum, you automatically get an interview. So that's on top of everyone who gets shortlisted. Okay. And then the top 120 get invited will be getting invited to interview and the double ticks, then we just have a 35 minute interview, and that's it. And that will be on Zoom.

KK OK.

P4 And also, we've got we've got an expert by experience question. So we have a panel of experts by experience, and they set their own question and their own scoring criteria. Then that gets sent to applicants and that gets sent to people who were successful at getting an interview and they have to send a five minute of recording to us if they're answering that question, and that's got to be submitted a deadline before their interview date. Otherwise, they forfeit their interview. So that's a way for us to make sure that the expert by experience, so they because they manage all of that themselves. I mean, with support from me. But you know, I don't tell them what they should ask. I don't tell you should be looking for the right people separately is a completely independent process on the rating that comes back from holds as much weight as one interview question from the panel. So, it just kind of makes sure that their opinions and voice are at the centre of our selection, but also sends a message to applicants that this is really important because actually, if you don't do it, you won't. Your interview will be forfeited and given to somebody else. So that's basically it. They come and have like a 35 minute interview with us, providing they've submitted that. There's a panel of three people. A core staff member will chair the panel and then they'll probably be

external NHS staff on the other two, the other two people. And then we just ask pretty OK, questions, I think.

I'll try to check it out. And then and then that's it.

KK Yeah, OK. And then just in terms of the process, as it stands right now, what would you say are the strengths of the selection process and what you think may be some things you would like to change?

P4 Yeah, well, definitely. And I think some of the strengths of the things I've mentioned around the experts by experience and the correcting for bias, by having double rating, by having a structured pro forma that people rate stuff against and having the kind of spreadsheet that corrects for bias. I think one thing that I am kind of trying to do is increase the ethnic diversity of our of our selection personnel. And so this is obviously really important for a number of reasons.

One, if there's an unconscious bias, but also I think when people are common for interview at our course, I want people to see a diverse panel, you know, because that's really important. So that's quite difficult in our region at the minute because it's so white. In our region it's considered the whitest region in the whole of the UK. So if you think about how white clinical psychology is and then let's think about being in this region, it's you know, overwhelmingly white people. The course staff are overwhelmingly white. So basically, what I'm trying to do is over time, our cohorts are becoming more diverse. And so what I'm trying to do is kind of maintain links with people and keep them involved in the course in other ways and then get them involved in selection. So this year, even people who only just graduate in December. I'm getting them involved in short list because I don't see any reason why our trainees who are amazing and who know about the course and who know what we're looking for, who know what it takes to do well. Also over the last kind of two years. This is when we've really been focusing on anti-racism and kind of other EDI initiatives. And it's those trainees that I've been there right from the beginning with that and I've really worked with us in terms of developing these initiatives. So you know, so I'm getting them involved if they've got time and if they agree from this year and there's a couple of trainees who particularly, you know, they've provided some like supervisor work well, they've been supported, but they've been involved in like providing supervisor workshops around anti-racism and practice. They've been involved in kind of setting up and supporting our mentor scheme. And they just I don't, you know, though there's two in particular, I'm going to ask if they want to be on the interview panels as well, because I don't think necessarily the longer you've been qualified, you're any better.

KK Yeah, because you know, I've had this for my mind for a couple of years, actually in terms of having difficulty from course staff members who said it's actually really difficult to recruit diverse panels and all of this and then people qualify and they go off and, you know, do what they want to do. I've always wondered about if there was some scope and get newly qualified people to get involved in interviews, especially as it's such a difficulty to get maybe the same panellists again every year by year. Well, you know, that's interesting. That's my idea of yours.

P4 Yeah, I know. I mean, why not? I'm asking more are do the shortlist and process because they're all double rated. And also, if somebody has a new shortlister, you know, I'll meet with them and go through the first few forms and answer any questions, so I can support them in the process. But when it's so structured and what we're looking for is made so transparent and clear, I can't see why those people who were the future of our profession and shouldn't be empowered to be making choices around who's coming through after them. So that's something that I'm trying this year, but there's still quite a lot of work to do around that. Um, let's see. I mean, there'll be loads of things. I did quite a lot of work last year on revamping our interview questions, so I made quite a lot of changes to try and access information around more like values based recruitment, and also included a questionnaire in there specifically around reflecting on privilege or disadvantage in your journey in the profession. I mean, I don't know if it was just the interview questions themselves or actually we usually have like....it often reflects the make up of the region to some extent, but we often have overwhelmingly white applicants as well for our course. I think that if you're in London or the South, you maybe get it...there's a more diverse population and people often want to stay close to home when they're training because you're older by the time you get on, you've felt you've maybe in a relationship or you've got kids. So I completely get that. Like, why would anybody in that position say, living in London apply randomly to our course?

KK Yeah

P4 I mean I get it [laughs] but erm.. what was I saying? I've completely lost track of what I was talking about.

KK You were talking about some of the applicants are mainly white.

P4 What was that talking about? In reference to that, though?

KK You're talking about what you're trying to change in terms of increasing the diversity of applicants?

P4

Yeah. Well, yeah. So yeah, so I don't know whether like I don't know if the questions did make a difference and or whether I don't know, maybe like things are slowly starting to change, although I daren't even wish for that. But we did get so, say, like in 2020, we maybe had two trainees from minority ethnic backgrounds. Then the 2021 intake, we've got six. So I like the feedback we've got around the interview questions from panellists was that they did feel like it gave people who've got the right values and qualities an opportunity to shine, whereas possibly in previous years it was more about talking about, I don't know. The questions were maybe more advantageous to people who'd had the privilege to or the networks to be able to get lots of assistant jobs and talk, you know, in a very well-rehearsed, mentored way about the kind of clinical experiences and whatever. And so that was good. But I don't know, like there's still lots to do. Obviously, this stuff around contextual admissions, which we have been very, very cautious about. So I very much worry that disadvantage is being conflated with race and ethnicity, and I very much worry that if a lot of measures are brought in a really uncontrolled way to an to account for contextual admissions, then actually what we might just end up with is more disadvantaged white people getting on. But we don't know so very much, I'm waiting for more data to be collected around that and for us to have the opportunity to look at the contextual information that's starting to come in and try and marry it with all the other kind of equal ops data we get and see how that translates into people getting through or not getting through various parts of the selection process. But, you know, when I sit with the other trainers and they're talking about, they're going to be doing this, that and the other, I'm like, no, I'm not doing that yet. I just want to very much take a data driven approach, because how do you decide how many contextual factors are enough to get someone extra points? Is it just one of those things? If it's bad enough to influence somebody's education? And how bad is it got to have been? And we don't get that level of detail. It's just an absolute minefield which could turn out having the exact opposite effect to what people are maybe trying to do, and it also feeds into that thing that really does annoy us. All right. Well, when I say us, you know, I mean me and the anti-racism lead, who I work with very closely around, you know, finally, we're going to the profession folk to listen on race and ethnicity, but then there's always like, Oh, what about this? What about laws? What about you know? And it's like, well, we're not just like, get this right and focus on this and just have that as the focus like; is that, you know, so we find ourselves coming up against some of some of that. So I think that's a strength that we're sticking to our guns.