Why were black applicants less successful than others at being short-listed for interview for clinical psychology training courses in 2006?

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Contents

1.0 Background

1.1 Commissioning

This project was commissioned by the Clearing House for Post Graduate Courses in Clinical Psychology (CHPCCP) – the central body which processes applications for post-graduate training in clinical psychology (CP) in the UK. The commission arose as a follow-up to a previous service evaluation project by a Leeds trainee, which showed that black applicants had a significantly lower acceptance rate onto courses than white or Asian candidates in 2006, as shown in Figure 1 (Griffith, 2007).

Figure 1. Percentage rates of acceptance onto clinical training by ethnicity (Griffith, 2007)
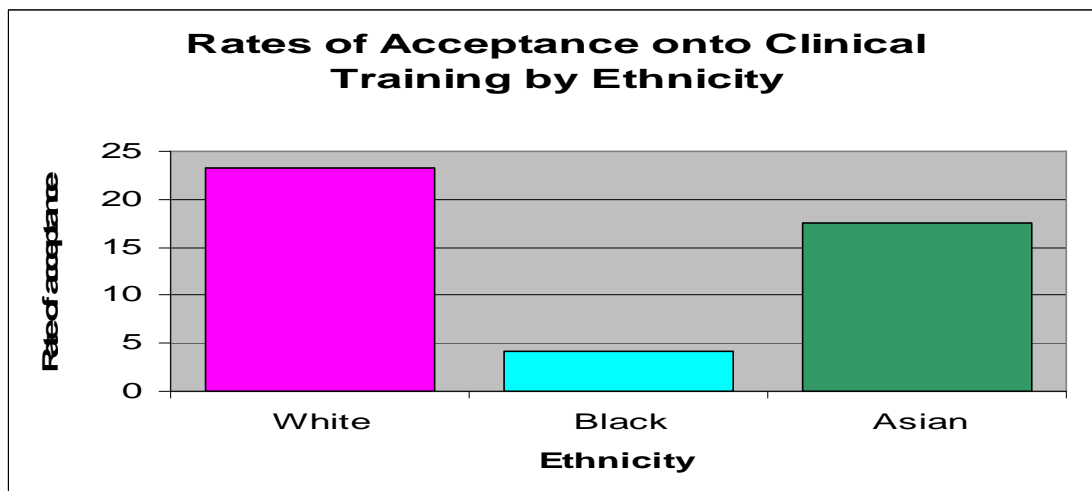
In a quantitative analysis of a sample of 182 applications, Griffith found that some of the disparity in success might be accounted for by lower academic attainment and lower socio-economic status. However, he was unable to identify how much of the variance might be attributed to these factors, and concluded that others may be involved. Furthermore, he showed that there was a significant disparity in success rates at the preliminary stage of short-listing for interview, suggesting there was something different about what black candidates wrote on their application forms. He suggested that a qualitative analysis of the answers to open-ended questions might identify further factors

disadvantaging black applicants.   The purpose of this project was to carry out that analysis.

1.2 Ethnic diversity in Clinical Psychology

1.2.1 The demographics

People from black and minority ethnic (BME) backgrounds are under-represented in CP in the UK. While 7.9% of the population are categorised as BME (ONS, 2003), only 6% of members in a DCP survey said they were non-white (Turpin & Fensom, 2004). Furthermore, while 9.4% of applications to training courses come from BME candidates, only 6.2% are successful (Turpin & Fensom, 2004). This is despite the fact that BME students are over-represented on psychology undergraduate courses, where they make up 12% of students, indicating that there is a large pool of potential BME applicants. However, BME students are over-represented to a greater degree in subjects such as dentistry, law and business studies (Connor, Tyres, Davis, & Tackey, 2003). It also seems that other medical professions are more attractive to people from ethnic minorities than CP - with only around 65% of hospital medical staff describing themselves as white (Davies, 2002).

1.2.2 Why ethnic diversity matters

There is substantial evidence that CP services are failing to meet the needs of BME communities in a variety of ways (Williams, Turpin & Hardy, 2006). These include using ethnocentric models and language, and inequalities and cultural bias in service provision. As a result BME communities are relatively excluded from services or are unwilling to access them. The issue has been a focus for concern within the profession for some time (eg: Davenhill, Hunt, Pillay, Harris, & Klein, 1989; DCP Briefing Paper 16, 1998; Fensom & Turpin, 2004; Cape et al., 2008), and was the focus at the Group of Trainers' conference in 2002 (BPS, 2003). Nevertheless, it has been argued recently that no real changes have been made (Williams, Turpin, & Hardy, 2006). The importance of the matter is highlighted by a raft of policy documents, such as the consultation paper 'Delivering Race Equality: A framework for action (DoH, 2003), indicating the need to make the mental health workforce representative of the community it serves a priority.

The profession may thus be open to particular scrutiny over this (Williams, Turpin, & Hardy 2006), and could lose prestige and credibility with the population as a whole if it is not addressed.

1.3 The selection process for CP training programmes

Candidates wishing to be considered for a place on one of the 29 UK CP training courses apply to up to four courses on a standard form through the clearing house, and are short-listed for interview by individual courses on this basis (CHPCCP, 2008). As well as closed questions about qualifications and experience, there are three open ended questions, numbered seven, nine and 10. These ask for: 'your view of CP', 'background information,' and a description of 'experiences relevant to you as a CP'.

1.4 Research on the selection process

There is little research on selection procedures for CP training courses (Phillips, Hatton, & Gray, 2004). Two studies have shown that academic attainment and having relevant experience are strong predictors of success (Phillips, Hatton % Gray, 2004; Scior, Gray, Halsey & Roth, 2007). However these studies and Griffith's (2007) focus on quantitative analysis of answers to closed questions on the application form. Scior, Gray, Halsey, & Roth (2007) highlight the need for research examining 'qualitative accounts' on applications. This makes sense when it is considered that open-ended questions comprise a substantial part of the form. The potential value of exploring data other than academic attainment is further supported by the finding that BME applicants to medical schools who had the same academic attainments as white candidates were 1.46 times more likely to be rejected (McManus, 1998).

A further gap in the literature is the lack of evidence for the validity of selection criteria used (Phillips, Hatton, & Gray, 2004). This raises the question of how success could be evaluated, given that the drop-out rate from courses is low. What is a successful CP? Furthermore, research from occupational psychology suggests that short-listing CP applicants may be compromised by the high volume of forms assessed in a short time (Keenan, 1997). This notion is supported by evidence of low inter-rater reliability among selectors short-listing CP applicants for interview (Boyle, Baker, Bennett, & Charman,

1993). Another consideration is that graduate applicants have a diversity of experience, and CP's require a diversity of skills when they qualify (Phillips, Hatton, & Gray, 2004). It may therefore make sense to use a range of diverse selection criteria.

1.5 Barriers to success for black applicants

The assumption underlying this study is that there are barriers other than academic attainment and socio-economic class standing between black applicants and acceptance onto CP courses. The literature on this is limited, but has been boosted by the setting up in 2006 of a London-wide group of trainers and clinicians to promote ethnic diversity in CP. The group has held meetings bringing together stakeholders and BME psychology undergraduates, and two reports of these events explore possible barriers (Cape et al., 2008; Ahmed, 2007).

Two themes emerge from the literature. The first is a lack of BME role models to offer advice and access to experience. Cape et al. (2007) report that feedback from the London events highlighted the importance of same ethnicity role models, and the notion that CP is perceived as unwelcoming by potential BME applicants. They cite the finding that BME applicants to clinical training are more likely to fail to meet basic entry criteria than others as further evidence of lack of good advice (Scior, Gray & Roth, 2007). The second theme is a lack of support for a career in CP from within BME communities, due to low awareness of CP and its perceived low value as a career. Cape et al. (2007) cite a number of unpublished studies supporting this (Helm, 2002; Wong, 2007; Craig, 2007). Further evidence comes from an (unpublished) study by Ahmed (2007), who carried out a telephone survey of 22 BME undergraduates who attended one of the London events. She found that only a third said their community was supportive of a career in CP, fewer than a fifth said CP was regarded as a credible subject of study, and more than half said knowledge of CP was minimal or non-existent. One in ten said CP was viewed as ethnocentric and not applicable to their culture. These themes are repeated and elaborated in a Q methodological study looking specifically at what influenced 37 BME undergraduates considering a career in CP (Meredith & Baker, 2007). Factors which emerged included a perceived ethnocentricity and 'cultural imperialism' of CP, pressure from family and community and a reluctance to 'betray' them, and the idea that

'psychology doesn't exist in my culture'. The perception of CP as ethnocentric appears again in a qualitative study among eight BME trainees (Rajan & Shaw, 2008). The authors of this study argue that the BME psychologist's perspective has been neglected in the literature, increasing a perception of an unwelcoming profession.

In summary, the literature appears limited, and sometimes relies on reporting unpublished research which has not been subject to peer review. However, studies consistently points in the same direction. It seems that CP lacks BME role models to give advice and access to experience to applicants, and that within BME communities there is a lack of knowledge about CP, and it is considered ethnocentric, and of low prestige, credibility and relevance. This literature is also supported by extensive evidence (reviewed by Williams, Turpin & Hardy, 2006) that CP is perceived as ethnocentric within BME communities generally and is failing to meet their needs. However, a further short-coming of the research - and discussion - is the widespread use of the category BME, because it fails to distinguish between different non-white ethnicities. The distinction is important in this context, because Griffith (2007) showed that Asian candidates had a significantly greater acceptance rate onto courses than black candidates, and furthermore fared significantly better than both white and black candidates in being short-listed for interview.

2.0 Research aims and questions

The aim of this project was to follow up Griffith's (2007) findings by carrying out a qualitative content analysis of answers to open-ended questions on application forms, to see if there is a measurable difference between how black, white and Asian candidates perform. The hypothesis was that three qualitative coding criteria could be identified on which black candidates would score significantly lower than white or Asian candidates. A secondary hypothesis was that Asian candidates would score higher than either of the other ethnicities on the criteria.

3.0 Method

3.1 Design

The research method was a content analysis using pre-determined codes. The selection of the codes was informed by the results of a survey of Leeds short-listers, the literature and input from a black Leeds trainee. A frequency check for each code was carried out on a sample of application forms to see if there was a significant difference by ethnicity.

Content analysis is a way of applying quantitative analysis to qualitative descriptions (Barker, Pistrang & Elliott, 2002). For this project it has a number of additional advantages over other qualitative methods, such as grounded theory (Glaser, 1992; Stauss & Corbin, 1998) or interpretive phenomenological analysis (Smith & Osbourne, 2003). It is a way of identifying and analysing themes across a data set, rather than within a data item, and can capture key features of a large amount of data (Braun & Clarke, 2006). It can highlight differences, as opposed to similarities across the data set. It allows the research to be theory driven - in that codes are selected before analysis - rather than seeking emergent themes. It produces results which are simple to understand, and is recommended for informing policy development (Braun & Clarke, 2006). Another advantage is flexibility: it is not tied to a particular epistemological position, and there is no specific 'recipe' for analysis. However, this can also be a weakness, because it can be taken that 'anything goes' (Laubschagne, 2003), and it is therefore important to be explicit about epistemological assumptions (Holloway & Todres, 2003), to justify and clearly describe procedure, and to leave a clear audit trail (Braun & Clarke, 2006). In this project, the researcher attempted to inhabit the minds of the course selectors. Therefore she followed an interpretive approach under a phenomenological epistemology.

3.2 Ethical considerations

The identities of applicants have been protected to maintain confidentiality. The application forms will be returned to the clearing house to be shredded after this report has received final marking. The identities of Leeds selectors have also been protected: for this reason, it was decided not to list individual selectors' statements in the report.

3.3 Procedure

3.3.1 Selecting the codes for analysis

   The first step was to identify three criteria which might be used as codes to distinguish successful from unsuccessful candidates when they fill in answers to questions seven, nine and 10 of the application form. This was done by asking the 21 short-listers on the Leeds course. Questionnaires were sent to them while they were short-listing in February 2008 for the October intake, asking: 'Which are the top three criteria you use to distinguish successful from unsuccessful applicants?' Fifteen replies were received, containing 45 statements. These were clustered into nine categories, which are listed in Table 1.

Table 1. Nine categories extracted from 45 selector statements

Category	Abbreviation	Characteristics	Frequency in statements
Reflectiveness	R	An ability to think about experience and demonstrate learning from it – about self, CP and research.	23
Knowledge of CP	CP	Realistic and informed understanding of CP roles, strengths and limitations.	14
Experience	E	Amount of relevant clinical and research experience.	10
Genuineness	G	Ideas which stand out as genuine and original.	8
Personality	P	Warmth, being ready, openness, confidence, active stance.	8
Written expression	WE	Correct use of grammar and spelling; clear and precise use of language.	6
Desire to learn	L	Desire to learn at different life stages.	6
Academic ability	A	Indicators of academic ability.	4
Psychological thinking	PT	Applying psychological theory to practice	1

I then rated which (one or more) of these categories was present in each of the 45 short-lister statements, and identified the three most frequently cited criteria. These were R, CP and E, in order of frequency. E and CP appeared to converge with ideas in the literature suggesting black applicants may lack role models to offer advice and access to relevant experience, and are consistent with the idea that black applicants may not appreciate the importance of R. A third source of information which further endorsed the criteria came from a black Leeds trainee from the Caribbean. Her view was that in her community: reflectiveness/reflexivity is not encouraged, CP is a new profession which does not have high credibility or prestige, and that understandings of mental health differ from those prevalent in CP in the UK. It therefore appeared a sound prediction that R, CP and E would occur with lower frequency on forms from black than white or Asian applicants, and they were therefore selected as the analysis codes.

3.3.2 The analysis

I selected a random sample of 25 application forms each from black, white and Asian applicants for the analysis, from the 182 analysed by Griffith (2007). These represented just over 3% of the total 2391 applications received by the clearing house in 2006. I blinded myself to ethnicity by attaching a piece of lined paper to the front of each form and shuffling them. I operationalised the codes CP and R by creating check-lists containing all the short-listers' statements relating to each (see appendices 1 and 2). I then numbered the lines of text in sections seven, nine and 10 of each form, and conducted a line by line analysis, checking for the occurrence of any of the statements on the check-lists. Each time a statement was identified, its number was recorded on a record form (see appendix 3). The density of numbers on each record form gave an indication of the frequency of occurrence of each criterion, and was translated into a score of 0, 1 or 2 using a visual assessment. A key consideration was what constituted a data item (Braun & Clarke, 2006) – in other words, whether I was coding for fragments of sentences, full sentences or paragraphs. Another was how to account for the quality as opposed to the quantity of criteria in each form. However, Braun & Clarke (2006) argue that there are no hard and fast rules, and that the researcher needs to maintain flexibility, and consistency. I exercised my judgement and prioritised maintaining consistency.

When operationalising E it became apparent that this would only be possible by coding answers to questions in section eight of the application form, where clinical and research experience is listed. This was a deviation from the intention of carrying out the analysis only on sections 7, 9 and ten. I drew up a check-list for scoring for E (see appendix 4), and converted these sores into 0, 1 and 2 by dividing them into thirds.

4.0 Results

4.1 Reliability of coding categories

4.1.1 Extracting the codes from the selectors' statements

Five raters were asked to make judgements as to which (one or more) criteria each short-lister's statement contained, so that inter-rater reliability could be calculated. The frequencies with which raters cited each criterion are shown in Table 3, and rankings are shown in parentheses.

Table 3. Frequencies with which raters cited criteria in selectors' statements, and rankings

Criteria	Rater 1	2	3	4	5	6
R	25 (1)	17 (1)	16 (2)	9 (2)	23 (1)	23 (1)
CP	15 (6)	14 (3)	12 (4)	6 (4)	14 (2)	6 (6)
E	16 (5)	11 (6)	15 (3)	7 (3)	10 (3)	8 (4)
WE	11 (8)	10 (6)	7 (6)	3 (8)	6 (7)	9 (3)
G	16 (5)	7 (8)	5 (8)	3 (8)	8 (5)	3 (9)
P	17 (2)	15 (2)	10 (5)	4 (5)	8 (5)	9 (3)
PT	13 (7)	5 (9)	6 (7)	3 (8)	1 (9)	5 (7)
A	16 (5)	13 (4)	16 (2)	9 (2)	4 (8)	7 (5)
L	9 (9)	8 (9)	4 (9)	1 (9)	6 (7)	3 (9)

The Kendall coefficient of concordance W was calculated using the formula:

$$W = \frac{s}{\frac{1}{12} k^2 (N^3 - N)}$$

where s = sum of squares of the observed deviations from the mean of the sum of ranks in each column, k = number of sets of raters, and N = number of categories ranked (Siegel, 1956). It was found that W = 0.74. Chai squared, calculated as = k(N-1)W, was 35.52 (degrees of freedom 8), gave a p< 0.001.   Thus it can be concluded with considerable assurance that agreement among raters was high.

4.1.2 Content analysis

Intra-rater reliability, assessed by me repeating the analysis of the first five forms four months later was 94%. The results are shown in Table 4.

Table 4. Intra-rater reliability after four months on the first five forms analysed

	T1			T2		
	CP	R	E	CP	R	E
Form						
1	2	2	0	2	2	0
2	0	0	1	0	0	2
3	0	0	2	0	0	2
4	1	2	0	1	1	0
5	2	1	0	2	1	0

It has been suggested that providing 'vivid examples' of highly scoring coded data, or exemplars, increases transparency and provides an audit trail (Braun & Clarke, 2006). Exemplars of R and CP are provided in Boxes 1 and 2, together with the numbers of statements on the check-lists (see appendices) identified.

Box 1. Two exemplar pieces of prose which scored highly on R

'Often the way the situation is handled can be the difference between a child becoming aggressive or that same child breaking down in tears... from this I have learned the importance of observing a situation carefully and of taking the emotional temperature of a situation from the verbal and non verbal clues given by the client before taking any action.'
Check-list statements identified: 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21.

'I have also learned the importance of maintaining a professional boundary. Often the children can present as very clingy...at these times I have realised the need to be very clear about my role and in a very kind and gentle manner, I leave the children under no illusions or fantasy of what I can do for them.'
Check-list statements identified: 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 20, 21.

Box 2. Two exemplar pieces of prose which scored highly on CP

'One of the strengths of CP's is that they can apply knowledge in research to design and conduct service evaluation. Their research findings have an impact on NHS practice and are relevant to today's NHS culture that safeguards accountability and transparency through clinical governance.'
Check-list statements identified: 7, 9, 10, 12, 13, 14, 15.

'Other strengths are that they are a valuable resource for indirect work in terms of training and supervising other health professionals...(they) disseminate skills that improve health professionals'   knowledge and skills in psychological aspects of their work.'
Check-list statements identified: 7, 9, 12, 13, 14, 15.

In addition, there was scrutiny of the work by an expert in content analysis. He was shown exemplars of forms scoring 0, 1 and 2, and was given a line by line account of how I arrived at the scores.

4.2 Comparison of ethnic groups

Total scores for the 25 candidates of each ethnicity were calculated for each criterion, and these were calculated as a percentage of a full possible score (on the 0-2 scale) of 50. The mean score for an individual of each ethnicity on each criterion was also calculated. These results are shown in Table 2.

Table 2. Summary of results

|	Ethnicity								
	Black			Asian			White		
	N=25			N=25			N=25		
Criterion	Total	%	M	Total	%	M	Total	%	M
CP	16	32	0.64	39	78	1.56	40	80	1.6
R	17	34	0.68	35	70	1.4	34	68	1.36
E	3	6	0.12	9	38	0.76	13	26	0.52
Total	36	24	1.44	93	62	3.72	87	58	3.48

The overall mean individual score for all candidates was 2.88.

Scores on each criterion range from 0-2. Therefore totals for each criterion by ethnicity are out of a possible full score of 50. Thus overall total scores for all three criteria by ethnicity are out of a possible full score of 150.
% expresses each total score as a percentage of a full possible score of 50.
M refers to the mean individual score.

The percentage scores for each criterion are displayed in graphical form in Figures 2, 3, 4 and 5.

Figure 2. Scores for R by ethnicity as a percentage of total possible score
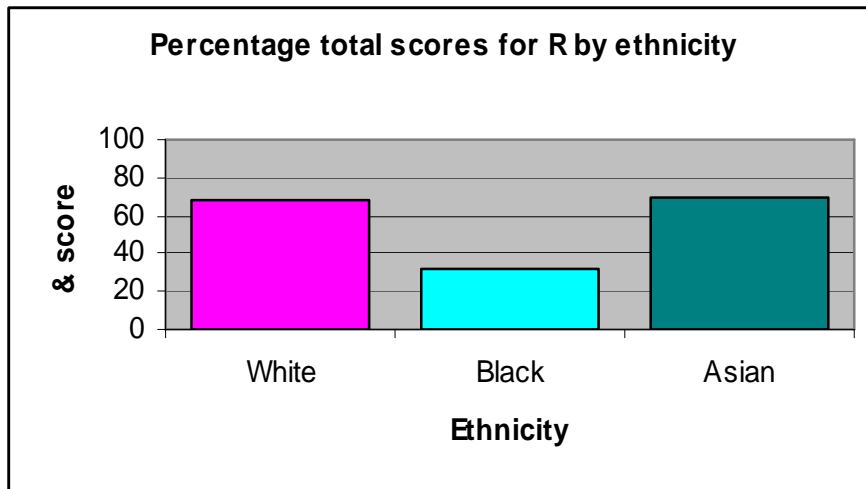
A one factor independent measures ANOVA analysis revealed a significant difference between the groups for R (F = 11.5, df =2, p < 0.001). A post hoc Bonferroni analysis showed significant differences between black and white (p < 0.004) and black and Asian scores (p< 0.001).

Figure 3. Scores for CP by ethnicity as a percentage of total possible score
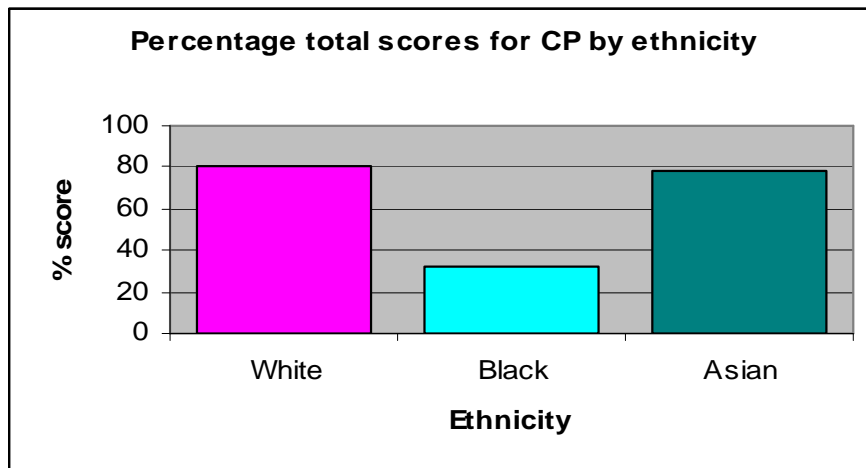
The ANOVA analysis also revealed a significant difference between the groups for CP (F = 14.78, df =2, p < 0.001), and the Bonferroni showed significant differences between black and white and black and Asian scores (p < 0.000) .

Figure 4. Scores for E by ethnicity as a percentage of total possible score
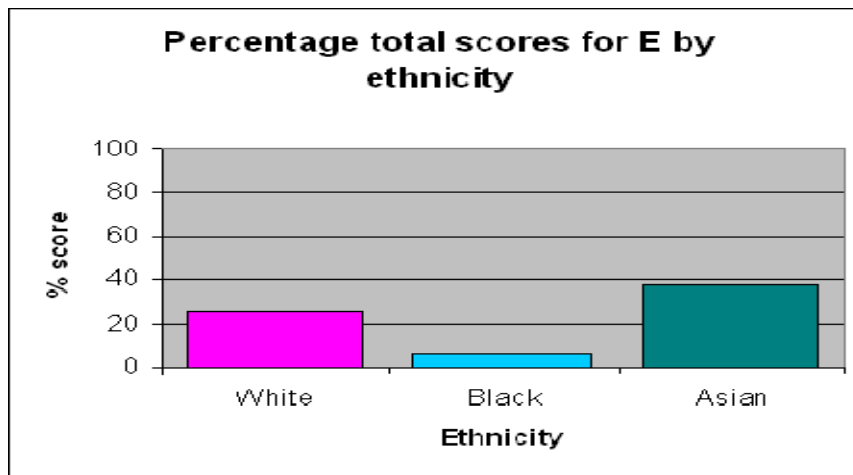
A Kruskal-Wallis test (used because the data may not be normally distributed) showed a significant difference between the groups for E (df =2, p < 0.001), and a Dunnett's C test showed significant differences between black and white and black and Asian scores (p < 0.05).

Figure 5. Scores for all three criteria by ethnicity as a percentage of total possible score
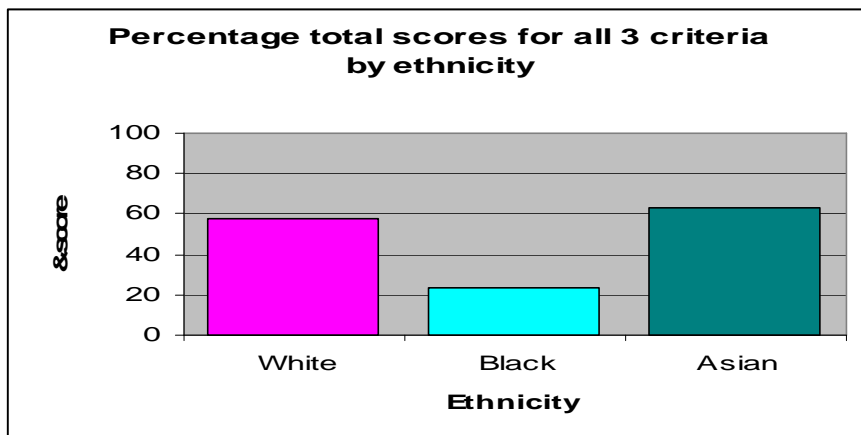
4.3 Validity

The validity of the criteria R, CP and E for identifying why black applicants were less successful in securing interviews was assessed by examining the criterion scores of the two black applicants in the study who were offered interviews. Their total scores on

all three criteria were three and four (out of a possible full total of 3 times 2 = 6). Since the mean individual total score for all candidates was 2.88 (table two), it is clear that they scored above average. This suggests that the criteria successfully distinguish applicants who were successful at the short-listing stage.

5.0 Discussion

5.1 Summary of results

The results confirm the main hypothesis. Black candidates scored significantly lower than white and Asian candidates on all three criteria. There was therefore a significant disparity between black and other candidates in the qualitative content of their answers to open ended questions, and in the extent of their relevant experience. Black candidates showed less reflectiveness, had a poorer knowledge of the role of the CP and less relevant experience. Asian candidates scored slightly but not significantly higher than white candidates overall and on E and R, but not CP. These differences do not reflect the degree of disparity found by Griffith between white and Asian applicants at the short-listing stage.

5.2 Reliability

Unlike many qualitative studies, this one was designed to quantify theory driven hypotheses, and it was important therefore to maintain high standards of reliability. To this end, a detailed description of how the analysis codes were selected and applied has been given (Braun & Clarke, 2006). Nevertheless, the study was inevitably subject to researcher bias and inconsistency in these two areas. However, inter-rater and intra-rater reliability scores suggest that the process nevertheless had a high degree of reliability. Reliability was further supported by scrutiny by an expert in content analysis. The exemplar statements help to make the process transparent. The input from a single black trainee was not necessarily representative of the views of all black people from the Caribbean or other black communities. However, her views, the short-listers' criteria and the literature all converged.

5.3 Validity

The internal validity of the study appears to be high, in that the two black applicants who were offered interviews scored above average on the three criteria identified. The deviation from assessing only qualitative data in the operationalisation of E does not compromise the validity of the findings. However, it might be argued that E and CP are not independent factors, as CP would depend on E., and the study might have been improved by selecting a third criterion which was independent of the others.

A number of other factors limit validity. Firstly, the findings are based on one cohort, and data from the clearing house show there have been marked differences in black candidates' acceptance rates onto courses from 2005-2007 (CHPCCP, 2008). Whereas Griffith reported a 4.1% acceptance rate in 2006, the figures for 2005 and 2007 are 20% and 13%. Furthermore, the total numbers of black applicants in all three years was low, ranging from 47-51, so that a relatively high degree of variation would be expected by chance. For the same reason a high degree of variation in quality of applications from black candidates might also be expected year by year. Another confounding factor is that applicants are only included in clearing house ethnicity data if they give their consent, so that the sample of applications used was not taken from the entire set of applications. A further limitation on generalisability is that the study was based on criteria employed by the Leeds short-listers in 2008, but applied to applications in 2006. There may be variation between years within Leeds short-listers. More importantly however, it is highly likely that there is a variation in selection criteria between courses. It might be useful therefore to ascertain the levels of disparities in acceptance rates of black applicants between courses, and how these might be related to differences in short-listing and selection criteria.

Another possibly more important limitation to validity is the lack of evidence base for the validity of *any* short-listing or selection criteria (Phillips, Hatton & Gray, 2004), including those of Leeds short-listers in 2008. This raises the question of whether courses are seeking trainees who will succeed within the course, or trainees who will make 'good' CP's, and how this latter can be evaluated. The evidence that CP services are currently not meeting the needs of BME communities (Williams, Turpin & Hardy, 2006) suggests this might be a useful area for research. Furthermore, the criteria identified by

Leeds short-listers in this study may have been driven by demand characteristics (Barker, Pistrang, & Elliott, 2002), and not accurately represent unconscious drivers of choice. However the finding that black applicants scored relatively poorly on R receives some backing in the literature, where there is an indication that reflectiveness is not encouraged in Caribbean schools (Evans & Davies, 1997).

The validity of the literature which informed the selection of the coding criteria was limited by the use of the term BME. The importance of the distinction between black and Asian people in this context is confirmed by the findings of this study, as they show significant differences in scores between black and Asian applicants. Furthermore, the validity is compromised by the lack of discrimination between different black ethnic groups.

6.0 Conclusions

The study provides evidence that black applicants to CP training courses in 2006 demonstrated less reflectiveness, and less knowledge and understanding of the role of the CP in their answers to open-ended questions, and had less relevant experience. It is impossible to say whether black candidates were of a generally lower standard, or were specifically poorer at fulfilling these three criteria. However, the findings are consistent with suggestions in the literature that both may be true. Fewer able black candidates may apply to CP because it is not an attractive proposition and/or because they do not have access to same ethnicity role models to offer advice and experience - and in addition, those who do apply may be less aware of what is required because of the lack of advice and experience. In particular, they may not realise how highly reflectiveness is valued by short-listers, nor the importance of relevant experience that would give them an understanding of the role of the CP.

There have been a number of recommendations on how to reduce barriers affecting black applicants to CP - by making CP less ethnocentric, and by communicating better with BME communities and undergraduates (eg: Davenhill, Hunt, Pillay, Harris, & Klein, 1989; Williams, Turpin & Hardy; Fensom & Turpin, 2004; Goodbody, 2003). However, what this study offers specifically is more precise insight into how the black

applicants who *do* apply might be helped to put themselves across optimally on their application forms. Highlighting the importance of being reflective, and of having relevant experience and knowledge of CP - on the clearing house and course websites, and at open days and information days is one possibility. A more extensive proposal would be to offer advice sessions or mentoring for candidates who fulfil criteria identified by Griffith (2007) as distinguishing between black and other applicants, such as lower academic attainment and lower socio-economic status. A possible follow-up study might be to look at any disparity in black applicants' acceptance rates for assistant jobs, since these candidates appear to be hindered by a lack of relevant experience.

This study did not reflect the significantly greater success rate of Asian than white candidates at short-listing which Griffith (2007) showed. This might be because Leeds short-listers place greater emphasis on R than others, or because the criteria used here do not pick up important strengths that Asian candidates have. The question raised by Griffith (2007) as to why Asian success at short-listing is not matched by acceptance rates onto courses remains to be explored. However, a key conclusion from this study is that it is extremely important to distinguish between black and Asian ethnicities in this context, and that the use of the category BME may be disguising even greater disparities for black, as opposed to Asian, applicants, than have been apparent in some of the literature.

7.0 Dissemination

In autumn 2008, the findings of this study were presented within the Leeds course to the selection subcommittee and at a poster conference, and outside the course at the Group of Trainers' conference and to the clearing house committee.

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Appendices

Appendix 1: Coding check-list - R

	Coding checklist: REFLECTIVENESS
1	Acknowledgement of personal limits
2	Self awareness
3	What sense they make of experiences and applicability to work of CP
4	Extent to which experience is reflected in what they say about CP, NHS, research etc.
5	Both what they know and what they've learnt v jargon with no real sense of understanding.
6	Reflection on both positive and negative experiences – relating this to practice and future training
7	What they've made of what they've done v just what they've done
8	Expressed beliefs that are owned and based on experience
9	An ability to integrate experience
10	Reflective practice both clinically and with research – awareness of self
11	Insight/awareness of self, psychology, strengths and limitations
12	Material that is not reproduction of other sources
13	Originality
14	Personal material/links to justify statements
15	Ability to reflect on what gained from clinical and research experiences, life experiences and supervision
16	Maturity of understanding about NHS v text book answers
17	Ability to reflect on work
18	Reflection and maturity v listing experiences
19	Capacity for self reflection. Examples of learning about self and how this may affect work as therapist
20	Evidence of learning from experiences
21	Honest reflection on challenges of being CP
22	Ability to bring together experiences and draw out key skills and competencies

Appendix 2: coding check-list – CP.

	Coding check-list: CP .
1	Acknowledgement of professional boundaries and use of supervision
2	Sense made of applicability of experience to role of CP
3	Extent to which experience is reflected in what they say about CP, NHS, research etc
4	Demonstration of psychological thinking
5	Demonstration of using theoretical knowledge at work
5	Mention of psychology as an academic discipline
6	Relating experiences to practice and future training
7	Awareness of the different roles CP's undertake
8	How sees self as CP
9	Realistic view of CP's range of activities and strengths/limitations
10	Sense of interest in the development in CP
11	Pursuing relevant goals and explaining their relevance
12	Answering questions with specificity
13	Maturity of understanding about NHS and psychology v text book answers
14	Realistic informed perspective on CP in NHS
15	Realistic impressions of working in the NHS
16	Honest reflection on what challenges CP role might present to self

Appendix 3: coding record form

	Candidate no: Date coded:	
Line no	**Item numbers: CP**	**Item numbers: Reflexivity**
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Appendix 4: coding check-list – E.

Coding check-list: Experience   Candidate id no: Coding No: Date:

Scoring:
Post: paid psychology: 3, paid not psychology: 2, voluntary: 1
Duration: 0-6 months: 1, 6-12 months 2, etc.

Multiply post score by duration score.

1) Clinical experience

Paid psychology	Paid not psychology	Voluntary	Duration	Score

Total clinical experience score:

2) Research experience

Paid psychology	Paid not psychology	Voluntary	Duration	Score

Total research experience score:

3) Publications (number):

Overall score: