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A Profile of Entrants to Irish Clinical Training Programmes

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Abstract

This article is the second in a series of articles relating to successfully applying for Doctorate in Clinical Psychology (D. Psych. Sc.[1]) programmes. The paper profiles the qualifications, experiences and perceived competencies of clinical trainees at the point of entry into training. Cohorts from the four D. Psych. Sc. programmes in the Republic Ireland over the 10-year period 2000-2009 were approached and 130 participants completed a questionnaire investigating their history of applications, their academic qualifications, their research, clinical and training experiences and their perceived competencies. Findings indicated that successful applicants to D. Psych. Sc. programmes shared a largely similar profile of academic, research, clinical and personal competencies.

Introduction

As the most popular specialism among psychology graduates, competition for clinical psychology doctorate places is intense (Hall & Llewelyn, 2006). Adding to applicants' anxiety is the lack of information about successful applicants. Research from the UK has found that the factors most strongly predictive of short-listing and selection in D. Psych. Sc. programmes are indicators of academic ability (e.g., class of degree, postgraduate study, publications), relevant educational qualifications, relevant work experience (e.g., a greater number and variety of Assistant Psychologist posts) and positive ratings from academic and clinical referees (Phillips, Hatton, & Gray, 2004). Similarly, other research has indicated that successful applicants in the UK achieve higher A-level results, a first class degree, better ratings from their referees than unsuccessful applicants, and have experience working as a Research Assistant or an Assistant Psychologist (Scior, Gray, Halsey, & Roth, 2007). Based on the competition for places, findings from these UK studies and our previous article (O'Shea & Byrne, 2010), we hypothesised that entrants to Irish D. Psych. Sc. programmes would share a similar profile of (pre-clinical training) experiences and competencies.

Sampling cohorts over the 10-year period 2000-2009, the aim of this study was to profile the clinically relevant experiences and perceived competencies of entrants at their point of entry to one of the four D. Psych. Sc. programmes in the Republic of

[1] While two of the four Irish universities confer the qualification Doctorate in Clinical Psychology (D. Clin. Psy.), two others confer a Doctorate of Psychological Science in Clinical Psychology (D. Psych. Sc.). For convenience, the latter term is used throughout this article.

Ireland. As such, this study represents the first investigation in Ireland of entrants' history of applications, academic qualifications, research, clinical and training experiences, and their perceived competencies. It is hoped that the findings from this study will assist applicants in navigating towards successful enrolment on D. Psych. Sc. programmes. By reflecting on findings, it is also hoped that programme selection committees will consider if their selection procedures are proving effective in consistently identifying those who are best 'fit for purpose' for the challenging role of Psychologist in Clinical Training.

Method

Participants

Sampling cohorts over the 10-year period 2000-2009 from the four D. Psych. Sc. programmes in the Republic of Ireland, 130 of 253 questionnaires were returned (i.e., a 51% response rate). Twenty-two participants were male and 108 were female. Participants were assigned to their cohort depending on the programme they attended for their clinical training and the year they began their training. Twenty-five participants attended Programme 1, 43 attended Programme 2, 24 attended Programme 3 and 38 attended Programme 4.

In terms of cohorts, no individuals who entered training in 2000 participated in this study. Of those who did, four entered in 2001, five in 2002, 19 in 2003, 13 in 2004, 24 in 2005, 12 in 2006, 20 in 2007, 18 in 2008 and 15 in 2009. Twenty-eight per cent of participants (n = 36) entered the programme in the same university in which they had completed their undergraduate degree. Only four participants (3%) entered the programme in the same university in which they completed their postgraduate degree. Sixty-nine per cent of participants (n = 90) entered training in a university in which they had not previously attended.

Materials

Informed by a previous literature review (O'Shea & Byrne, 2010), the researchers designed a two-page questionnaire, copies of which are available on request from the second author. The questionnaire tapped into a range of variables such as: entrants' number of years unsuccessfully applying for clinical training; their number of unsuccessful applications; the number of other programme offers they received (during the year they started their training); their entry age (to doctoral training); the type and class of their undergraduate and/or postgraduate degree(s); their research experience (e.g., thesis grade, publications, conference presentations); their clinical experience (e.g., relevant posts, duration, supervisor, salaried); and their training experiences (e.g., number of training days). Regarding their class of degree, participants were given a score of 85% if they achieved a First, 64.5% if they achieved a 2.1 and 54.5% if they achieved a 2.2. These percentages were obtained by calculating the average score for each of the three classes of degree i.e., First (70 – 100%), 2.1 (60 – 69%) and 2.2 (50 – 59%).

Using a Likert scale, where 1 = '*poor*', 2 = '*fairly poor*', 3 = '*average*', 4 = '*fairly strong*' and 5 = '*strong*', participants also rated themselves (relative to other applicants) on each of five competencies: knowledge of psychological knowledge, formulation, intervention and evaluation; organisational knowledge; teamwork skills; communication skills; and computer skills.

Procedure

By using personal contacts and contacting programmes, the second author obtained entrants' names. He then obtained their e-mail addresses (e.g., by searching the Health Service Executive Intranet) and sent an e-mail to entrants requesting verification of their e-mail address. A mailing list was drawn up for each cohort (over the 10-year period 2000-2009) for each of the four D. Psych. Sc. programmes. The first author then sent the questionnaire and a cover letter to 249 entrants by e-mail. Four participants requested that the questionnaire be posted to them. As reminder e-mails (to non-responders) improve response rates (James, 2007), a follow-up reminder e-mail was sent two weeks later to all non-responders.

Analysis

Descriptive statistics were computed for the variables and in some cases these are presented according to the year of entry and/or the D. Psych. Sc. programme participants attended for their clinical psychology training.

Results

History of Applications

While nearly half of the participants entered training during their first year of application (n = 58; 45%), at least one participant had spent five years unsuccessfully applying. The mean for the entire sample was 0.90 years. Twenty-five per cent of participants (n = 33) had no unsuccessful applications, while one participant had 22, with a mean of 2.71 for the entire sample. Forty per cent of participants (n = 52) received other D. Psych. Sc. programme offers the year they started their clinical training. The mean number of offers for the entire sample was 0.51 (see Table 1).

Table 1. History of Applications, Age of Entry and Academic Qualifications of Applicants

	Programme 1	Programme 2	Programme 3	Programme 4	Entire Sample
History of applications					
Mean number of years unsuccessfully applying	0.64	0.89	0.89	1.17	0.90
Mean number of unsuccessful applications	1.40	2.91	2.69	3.82	2.71
Mean number of other programme offers	0.63	0.48	0.43	0.50	0.51
Mean entry age (in years)	27.61	26.18	29.43	27.45	27.67
Mean academic grade (%)					
Undergraduate degree	69.59	69.70	71.08	69.77	70.04
Postgraduate degree	67.93	66.87	66.47	62.91	66.05

Entry Age

The youngest entry age for clinical training was 22 years (n = 2), the oldest entry age was 47 years (n = 1), and the mean age for the entire sample was 27.67 years. Entry age for Programmes 1, 2, 3 and 4 were 27.61, 26.18, 29.43 and 27.45 respectively (see Table 1). Hence, the largest difference in entry age between any two programmes was in excess of three years. The overall mean age reduced to 27 years for entrants with a first undergraduate degree (n = 32). The mean age of entry for those with a MSc. in Applied Psychology (n = 35) was 26.17 years, only eight of whom had a First class undergraduate degree.

Academic Qualifications

Twenty-seven per cent of participants (n = 35) had attained a scholarship during their undergraduate and/or postgraduate studies. Although 95% of participants (n = 123) completed an undergraduate psychology degree, the other 5% of entrants (n = 7) completed a (two-year) Higher Diploma (H.Dip.) in Psychology. Twenty-five per cent (n = 32) achieved a first, 72% (n= 94) a 2.1 and 3% (n = 4) a 2.2.

Eleven per cent of participants (n = 14) did not complete any postgraduate qualifications while 89% (n = 116) had completed postgraduate study in a clinically related field. All of the latter achieved an honours grade (i.e., First = 32%, 2.1 = 42% and 2.2 = 26% of participants). Means for entrants' undergraduate and postgraduate qualification grades (in percentages) are presented in Table 1.

Table 2. Postgraduate Qualifications of Applicants

Qualification	Duration	No. of entrants
MSc in Applied Psychology	1 year	35
PhD	3 – 5 years	9
MSc Health Psychology	1 year	9
MA Counselling Psychology	2 years	7
MSc Forensic Psychology	1 year	7
H. Dip. Psychology	2 years	7
H. Dip. Education	1.5 years	6*
MLitt Psychology	2 – 3 years	5
MSc Foundations of Clinical Psychology	1 year	5
MA Social & Organisational Psychology	1 year	5

*Three of the six entrants who completed a H. Dip. in Education (that did not involve a research component) also completed another postgraduate qualification with a research component.

The 10 (out of 23) most frequent qualifications are listed in Table 2. Of note, 27% (n = 35) of entrants had completed a MSc. in Applied Psychology. In addition to their postgraduate qualifications, 22 participants also completed one or more of a wide variety of part-time certificates. Ranging in duration from one day to two years, these included certificates in counselling skills, psychometric testing, family therapy, applied behaviour analysis (ABA) and statistical analysis.

Research Experience

All participants completed research during their undergraduate psychology degree or their H. Dip. in Psychology, and achieved an honours grade (i.e., First = 30%, 2.1 = 65% & 2.2 = 5% of participants). Although 13% of participants (n = 17) did not complete any postgraduate research degree, of the 87% (n = 113) who did, 42% achieved a First, 40% achieved a 2.1 and 18% achieved a 2.2. Each of the four entrants who achieved a 2.2 undergraduate degree completed a research Masters degree. Means for participants' undergraduate and postgraduate research grades (in percentages) are presented in Table 3.

With respect to publications, 44% of participants had (pre-clinical training) publications, while 62% had (pre-clinical training) presentations. While the mean number of Research Assistant posts (for the entire sample) was 0.64, 45% of participants (n = 59) worked in such posts prior to entering clinical training. The duration of 76% of these posts was greater than six months. Seventy-six per cent of these were paid posts and participants worked an average of 23 hours per week. Means for participants' number of pre-clinical publications and presentations and number of Research Assistant Posts are also presented in Table 3.

Clinical Experience

The mean number of Assistant Psychologist posts (for the entire sample) was 1.03. However, as many as 71% of participants (n = 92) worked in such posts prior to entering clinical training. The duration of 88% of these posts was greater than six months. Eighty-seven per cent were paid posts and participants worked an average of 40 hours per week.

Exclusive of Research Assistant and Assistant Psychologist positions, 77% of participants (n = 100) also worked in other clinically relevant positions (prior to entering training) including counsellor, special needs assistant, ABA tutor, care assistant, social care worker, support worker and support group and/or call facilitator (e.g., in voluntary organisations). Although the mean duration of such positions (for the entire sample) was 2.29 years, 92% of positions lasted for more than six months. Eighty-six per cent were paid positions and participants worked an average of 30 hours per week. Means for the

Table 3. Research Experiences of Applicants

	Programme 1	Programme 2	Programme 3	Programme 4	Entire Sample
Mean academic grade (%) for undergraduate research	70.14	70.10	70.40	71.05	70.42
Mean academic grade (%) for postgraduate research	70.63	69.02	69.29	67.61	69.14
Mean number of publications	1.75	0.62	1.05	1.14	1.14
Mean number of presentations	3.65	1.40	1.39	1.35	1.95
Mean number of Research Assistant posts	0.77	0.71	0.49	0.59	0.64

Table 4. Clinical Experience and Attendance at Training Days of Applicants

	Programme 1	Programme 2	Programme 3	Programme 4	Entire Sample
Mean number of Assistant Psychologist posts	1.14	1.06	1.01	0.89	1.03
Mean number of clinically relevant posts	1.59	1.35	1.63	1.64	1.55
Number of training days	13.68	11.24	20.46	12.38	14.44

participants' number of Assistant Psychologist and other clinically relevant positions are presented in Table 4.

Training Experiences

While the mean number of training days attended (for the entire sample) was 14.44, 83% of participants had attended pre-clinical training days. This included training days such as ASIST (Applied Suicide Intervention Skills Training), the Psychological Society of Ireland (PSI) annual conferences and child protection training. Means for the number of pre-clinical training days the participants attended are presented in Table 4.

Competencies

The mean rating for participants' knowledge of psychological assessment, formulation, intervention and evaluation was 3.29 (or '*average*'). The mean rating for participants' organisational knowledge was 3.49 (or '*average*'). The mean ratings for participants' teamwork skills, communication skills, and computer skills were respectively 4.18, 4.36, and 4.06, or '*fairly strong*'. Participants' mean ratings on these variables across programmes are presented in Table 5.

Discussion

The aim of this study was to profile the qualifications, experiences and perceived competencies of entrants at their point of entry to the four D. Psych. Sc. programmes in the Republic of Ireland.

A Long Road

Although most undergraduate psychology programmes are three years in duration, some others are four years. Of the small number of entrants who completed a two-year H. Dip. in Psychology (i.e., 5% in this study), they had already completed a (possibly related) undergraduate degree of at least three years in duration. Hence, most entrants spent at least three to four years obtaining an initial psychology qualification, while for some this took a minimum of five years.

Thereafter, 89% (n = 116) of entrants undertook a (full-time) postgraduate qualification (e.g., a Masters or higher degree), most of which involved a research thesis (n = 113). These qualifications ranged in duration from one to five years, the most common being a one-year MSc. in Applied Psychology (30%; n = 35). Some entrants (19%; n = 22) also completed one or more (part-time) certificates ranging in duration from one day to two years. Hence, while 11% of entrants (n = 14) spent little or no time completing postgraduate qualifications, most spent a minimum of one to two years doing so, while others (e.g., those with a PhD) devoted up to five years doing so.

With regard to clinical and research experience, 45% of participants (n = 59) had worked as a Research Assistant. Seventy-five per cent (n = 44) of these posts were greater than six months in duration, 76% were paid positions and the average number of hours worked per week was 23. Similarly, 71% (n = 92) of participants had worked as an Assistant Psychologist. Eighty-eight per cent (n = 81) of these posts were greater than six months in duration, 87% (n = 80) were paid positions and the average number of hours worked per week was 40. Seventy-seven per cent of participants had also worked in a variety of other less defined posts, the mean duration of which was 2.29 years for the entire sample. Hence, a sizeable number of entrants had experience working as a Research Assistant and/or as an Assistant Psychologist, and in other clinically relevant posts, all typically for periods greater than six months and possibly longer.

Two 22-year-old participants (only one of which achieved a First class undergraduate degree) gained entry to a D. Psych. Sc. programme, which suggests that it is possible to gain entry in the year subsequent to completing an undergraduate psychology degree. Assuming entry to undergraduate degree programmes when 18 years old, this would bring these participants up to at least 24 years of age. However, many more participants may have spent a minimum of three years completing their undergraduate qualification, one to two years completing their postgraduate qualification(s), a minimum of one year engaged in clinical research and/or work, and then entered a programme during their first year of application (45%).

Table 5. Applicants' Assessment of Competencies

	Programme 1	Programme 2	Programme 3	Programme 4	Entire Sample
Psychological Knowledge	3.44	3.35	3.18	3.18	3.29
Organisational Knowledge	3.41	3.27	3.93	3.35	3.49
Teamwork Skills	4.18	4.10	4.31	4.13	4.18
Communication Skills	4.33	4.21	4.53	4.36	4.36
Computer Skills	3.85	3.92	4.23	4.23	4.06

At the other extreme, and excluding those who may have had to complete a H.Dip. in Psychology (n = 7), some participants may have completed a four-year undergraduate degree, spent five years completing a PhD and several years undertaking clinical work and/or applying for D. Psych. Sc. programmes, bringing these up to a minimum of 28 years. Given that the average age of entry to programmes in this study was 27.67 years, it is probable that the latter profile of having to travel an approximately 10-year road before entering clinical training is more representative for those looking to enrol on a D. Psych. Sc. programme. While not controlled for in this study, these figures also suggest that completion of academic qualifications and working clinically were not contemporaneous activities.

That the average age of entry for those with a First class undergraduate degree was 27 years (or on average seven months younger than the overall sample mean) suggests that achieving such excellence slightly shortens the journey to entry to clinical training. More impressively, that the mean age of entry for those with a MSc. in Applied Psychology (n = 35) was 26.17 years (or on average 15 months younger than the overall sample mean), suggests that this qualification can facilitate a 'fast-track' to entry into a D. Psych. Sc. programme. Indeed, completing this qualification may predispose to success in interviewing for (supervised) clinical posts that in turn may facilitate development of clinical competencies.

Minimum Psychology Grades

Twenty-five per cent of participants achieved a First in their undergraduate psychology degree or diploma, and 72% a 2.1. Of the 3% of participants who achieved a 2.2 grade, all subsequently completed a research Masters degree. Of the 89% who completed a postgraduate degree in a clinically related field, 32% achieved a First, 42% a 2.1 and 26% a 2.2 grade. Of the 87% who completed a postgraduate research degree, 42% achieved a First, 40% a 2.1 and 18% a 2.2 grade. Hence, while a 2.1 grade appears to be a minimum grade for an undergraduate degree, in rare circumstances, it may be possible to compensate for a 2.2 grade by completing further clinically relevant studies.

No Home Advantage

Although 28% of participants entered a D. Psych. Sc. programme in the same university in which they had completed their undergraduate degree, the majority of participants (i.e., 69%) entered clinical training in a not previously attended university. Only 3% entered training in the same university in which they had completed a postgraduate degree. This suggests that candidates did not possess a strong 'home' university advantage when it came to selection for clinical training.

Study Limitations

The 51% response rate limits the generalisability of findings to the entire 2000-2009 D. Psych. Sc. cohorts in the Republic of Ireland. A significantly larger sample may have facilitated comparison of different combinations of variables (e.g., undergraduate and postgraduate grades, strength of clinical/research competencies) between entrants via multiple regression analysis. In addition, the data did not allow for statistical testing across cohorts and programmes. Contributors to this limitation include the probable absence of normal distribution among the measured variables, the unequal (and small) number of participants in each cohort and programme, and the relatively recent establishment of some D. Psych. Sc. programmes.

It may be that there are differences between programmes. For example, that the mean entry age between two programmes differed by more than three years suggests that some courses may have short-listed and selected more on the basis of potential (to develop competencies) in younger applicants as opposed to competencies (and/or personal awareness) that older applicants had already developed at the time of their application.

The specificity of some questions on the questionnaire could also have been improved. For example, the phrase 'competence in' could have been employed when asking participants to self-rate their 'knowledge of' psychological assessment, formulation, intervention and evaluation. A recency effect may also have occurred, whereby participants who began their clinical training in more recent years may have been better able to rate themselves on each of the five competency areas. Those who started their clinical training in earlier years may have found that their learning in the intermediate years made it more difficult for them to rate themselves. Additionally, from the questions posed, the sequence and duration of activities engaged in (e.g., formal study, clinical experience) by entrants is unclear. Future research could address the above issues and expand on this study by comparing the profiles of future cohorts with the sample studied here.

Conclusions

This study found that the journey time to D. Psych. Sc. programme entry may average approximately 10 years which does not promote a 'time-served' career progression ideology. Rather than merely 'putting in' or 'serving' one's time, individuals need to progressively learn from their (strategically chosen) experiences so that they reach a point of developmental readiness with a balanced array of academic, research, clinical and personal competencies. This may involve leaving rewarding experiences in pursuit of building up other (less well-developed) competencies in other learning environments. Hence, while there will always be exceptions, individuals may be well served by leaving a post after a defined duration (e.g., 12 months) as learning may be limited thereafter.

Aspiring clinical psychologists need to first demonstrate the potential to manage the academic demands of a D. Psych. Sc. programme by achieving an honours grade at both undergraduate and postgraduate level. A privileged few will achieve scholarships. Those that achieve a first undergraduate degree may, on average, shorten their journey time by seven months. Those who complete a MSc. in Applied Psychology may, on average, shorten their journey time by up to 15 months, possibly by increasing clinical work opportunities. Regardless, given that many applicants will spend at least a year unsuccessfully applying for D. Psych. Sc. programme entry, many will have to exercise patience in pursuit of entry to these programmes. An extra year honing one's competencies may well predispose to a richer learning experience once enrolled on a programme.

Second, and possibly easier to do earlier in one's career, applicants have to develop their research competencies to the point that they will be able to manage completion of a doctoral thesis (and other research-related programme elements) in a relatively tight programme time-frame of three years. To facilitate this process, applicants need to undertake quality research studies, more so at postgraduate level, and

be able to demonstrate a commitment to research (e.g., via publication and presentation of their research).

More problematic due to a lack of opportunities, applicants need to develop their clinical competencies by working (ideally under the supervision of a clinical psychologist) to reduce service users' psychological distress and enhance and promote their psychological well-being. Preferably informed by the systemic application of knowledge derived from psychological theory and research, such experience might be as diverse as working as an Assistant Psychologist or manning telephone help-lines. The duration and type of experience is not as important as applicants' ability to reflect on their experiences so that they consciously build on their developmental level in each area of competence.

Often something that distinguishes successful applicants is their personal skill, including their ability to communicate (in their application forms and at interview) in a self-disciplined manner (e.g., answering questions in a succinct and focused manner). Often overlooked by applicants, they also need to demonstrate strong health service knowledge. After all, programmes do not want trainees working ineffectually in placements partially due to their not understanding how a psychology department works and/or how it liaises with broader health services (e.g., other disciplines and agencies). A strong knowledge of what facilitates and inhibits effective teamwork is also important. Inherent in the latter is a demonstrated ability to work effectively under supervision. Last but not least, applicants need to have a strong competence in using Information Technology (e.g., various software packages, internet).

Moving forward, we will shortly publish a follow-up article profiling the selection process experiences of entrants (from the four doctoral programmes in the Republic of Ireland during the 10-year period 2000-2009). It is hoped that this article will provide a further insight into the selection process of Irish D. Psych. Sc. programmes.

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