Research Article

Exploring considerations of equality, diversity and inclusion in selection for a doctorate in clinical psychology programme: A qualitative study

Sapphire Francis
King's College London

Abstract Diverse and inclusive healthcare workforces are important to optimise patient access and outcomes. Various attempts have been made to promote equality, diversity and inclusion (EDI) in clinical psychology; however, clinical psychology doctoral training programmes (DClin-Psy) frequently fail to reflect the population demographics of the communities that they serve within the make-up of their trainees. Some research indicates that the lack of diversity might be linked to potential biases within the selection process. This study seeks to qualitatively explore how application screeners and interview panellists for a DClinPsy programme consider EDI in the selection process. Content analysis of seven semi-structured interviews suggests that participants think broadly about EDI, considering differences between marginalised groups and the provision of equal access for members of these groups. Content analysis of discussions of protected characteristics suggests that, when considering EDI, race, sex, disability, sexual orientation, and socio-economic status prove more salient than other factors such as age, and religion or belief. Barriers and facilitators to accessing the DClinPsy are discussed. Participants discuss the perceived inadequacy of EDI training for their roles in selection, and conflicts related to different EDI measures such as positive action and standardisation. The findings are discussed with reference to existing literature. Future research should seek to examine the EDI training needs of those involved in the selection process and examine the efficacy of EDI initiatives to improve equity and inclusion for underrepresented groups.

1 Introduction

The doctorate in clinical psychology (DClinPsy) is a level 7 vocational training programme that, upon completion, enables candidates to practice as clinical psychologists in the United Kingdom. Despite ongoing efforts to widen access to clinical psychology training, cohorts remain significantly White and female (Clearing House for Postgraduate Courses in Clinical Psychology, 2022). This aligns with broader data on the healthcare workforce, where women constitute a significant proportion, and the majority of professionals registered with the Health and Care Professions Council self-identify as White (Health and Care Professions Council, 2021).

In England, health disparities exist between racial-

ised minority and White British and other populations (Raleigh, 2023). Various terms are used in public policy and wider society to describe collective ethnic minority populations. In this study, the terms "racialised minority" and "racially minoritised" are used to acknowledge that racialisation and minoritisation are social processes (Milner & Jumbe, 2020). While the picture is complex, ongoing research consistently reveals poorer outcomes for service users belonging to racially minoritised groups (Raleigh, 2023).

A lack of diversity in healthcare professionals can present further limitations to the quality of care available to diverse populations of service users (Ajayi, 2021; Morris et al., 2020), while careful consideration of cultural diversity is reported to be essential to the provision of acceptable services (Lawton et al., 2021). Having a diverse and inclusive healthcare workforce provides commonality between patients and clinicians and can be useful in addressing language and cultural competence challenges that act as barriers to accessing healthcare (Ajayi, 2021; Memon et al., 2016). This diversity also allows patient preferences to be respected by allowing the possibility of choice between psychologists from different backgrounds, contributing to more personalised care (Turpin & Coleman, 2010). This may improve patient access to and outcomes such as communication, decision-making and adherence to care plans (Rosenkranz et al., 2021). Greater diversity in clinical psychology training may also benefit students by enabling them to develop a broader range of perspectives and exposure to narratives from their peers, which make them better equipped to work in diverse environments (Rosenkranz et al., 2021). Therefore, workforces should, as accurately as possible, reflect the diversity in the population and/or the communities they serve and are embedded within. This can be improved through equality, diversity and inclusion (EDI) initiatives in selection for clinical psychology training programmes. However, research suggests factors extend beyond selection, and some barriers begin earlier such as socio-economic status and the ability to pursue postgraduate qualifications or unpaid posts (Ahsan, 2020; Bawa et al., 2021).

2   Literature review

Barriers in recruitment and retention affect certain demographic groups disproportionally (Vassie et al., 2020). Though research has consistently highlighted the underrepresentation of racialised minority students in trainee clinical psychology programmes, male, disabled and LGBTQ+ students are also found to be underrepresented on courses (Coop, 2018; Parent et al., 2015; Scior et al., 2007). Structural barriers in selection and application

procedures that can disproportionately affect applicants from marginalised backgrounds are identified as one of the factors reported to contribute to their underrepresentation (Coop, 2018). Thus, research identifying avenues for improving EDI is valuable. The lack of diversity is pervasive in high-demand courses like the DClinPsy (Rosenkranz et al., 2021) as a result of a range of factors.

Admission to the DClinPsy is contingent on possessing a minimum of an undergraduate qualification, clinical and research experience, all which strongly predict the likelihood of shortlisting and selection (Bawa et al., 2021). Research suggests that applicants from minoritised backgrounds are often disadvantaged in accessing opportunities to gain relevant experience compared to non-minoritised groups (Griffith, 2007; Scior et al., 2007). Characteristics such as gender, race and socio-economic status (SES) have been found to intersect to create multiple levels of disadvantage (Vassie et al., 2020). Even if there is little evidence of explicit discrimination in selection, people from minoritised backgrounds are statistically less likely to be selected for DClinPsy programmes.

Research into recruitment indicates that implicit biases impact the success of racially minoritised applicants. For example, Wood et al. (2009) found that applicants with ethnic minority-sounding names may be less likely to be offered an interview. Although not specific to clinical psychology recruitment, similar biases could impact selection for DClinPsy programmes. While research often focuses on demonstrating the prevalence of discrimination and biases in selection, exploration of the processes contributing to such bias is limited. Beattie and Johnson (2012) found that, given the same curriculum vitae, recruiters could come to different "rational" decisions about candidates, depending on which information they focused on. Therefore, it can be useful to consider selection processes from the perspective of those involved, examining their priorities and focus.

Despite the acknowledged importance of selection processes in determining the success of applicants, there is a noticeable gap in research examining these processes from the perspective of those involved in decisions about who is selected to interview. This study aims to address that gap by exploring how EDI is considered in the selection process. Those involved in the selection process may have knowledge of EDI and national initiatives designed to improve equity and inclusion; however, research into how this knowledge is being used is scarce. As stated by Turpin and Coleman (2010, p. 24), "the skill of applying cultural knowledge to practice is an integral aspect within the process of becoming culturally competent", meaning that the knowledge of the need for EDI must be applied.

3 Research context

Efforts to address barriers in accessing clinical psychology training have already begun, with Health Education England (HEE; now known as National Health Service England) highlighting the importance of EDI initiatives to improve equity of access in clinical psychology recruitment and training. Their action plan includes funding for mentoring schemes, paid experience programmes and encouraging courses to introduce contextual and anti-racist recruitment processes (Health and Care Professions Council, 2021). For some programmes, this has meant using contextual data to offer additional support to applicants facing systemic barriers, or to inform decision-making. Universities demonstrating commitment to equality, diversity and inclusion in selection have worked to diversify interview panels and in collaboration with local NHS trusts and community organisations to inform selector training ('Selection procedure', 2023).

The current study was conducted at one inner-city university. Consistent with national data, trainees at this university were predominately White and female (Clearing House for Postgraduate Courses in Clinical Psychology, 2022). Consequently, various attempts have been made to promote EDI in selection. Applicant identifiers (e.g. names) are removed from applications, a practice supported by research that suggests such background information can induce biases in selection (Wood et al., 2009). Age, gender and schooling information are also removed. At interview, participants are asked standardised questions from a panel with varied socio-demography. The course adopts principles of positive action, whereby, if two participants score the same within shortlisting, the candidate meeting the protected characteristic(s) will be taken forward. These measures adhere to HEE's action plan to improve equity of access and inclusion for racialised minority entrants to clinical psychology training.

4 Research aims

The purpose of this study is to explore how EDI is considered in the selection process, with aims to:

- Understand how the selection process is perceived by application screeners and interview panellists.
- Explore thought processes during selection and understand which factors are regarded most salient when considering EDI.
- Explore how people involved in the selection process are prepared to consider EDI during selection.

5 Method

5.1 Research ethics

This qualitative interview study was undertaken as part fulfilment of an undergraduate psychology degree. The study was approved by the King's College London research ethics subcommittee under reference LRU/DP-21/22-26976. To protect the anonymity of study participants, specific data for minority status were not collected.

Data were collected by three undergraduate psychology students as part of their final-year dissertation, supervised by clinical psychologists working on the course and in leadership roles for EDI. In this study, the data were analysed by one student.

Throughout the research process, the analyst engaged in self-reflection to assess her own biases and perceptions of the selection process, considering how her personal thoughts could impact the collection and interpretation of the data.

5.2 Sampling and participant demographics

The study used convenience sampling to recruit participants. Interview panellists and application screeners from one inner-city university's DClinPsy programme were contacted via an email from the programme's selection administrative team. Participants followed a link in the email to Qualtrics, an online survey platform, where they were asked to provide consent and demographic information. Participants were not incentivised for participation.

In total, 11 participants were recruited and provided consent. Owing to time constraints, seven of the 11 participants were interviewed. The sample consisted of two interview panellists and five application screeners. Four participants were also clinical psychologists. The sample included participants who self-identified as having different attributes based on their gender, racially and sexually minoritised identities and lived experience of health conditions.

5.3 Design

The interview questions were collated by the research team, aiming to address gaps in the existing literature. The initial questions were reviewed by experts involved with the DClinPsy programme, to evaluate the wording and relevance of questions. Some questions were modified because of their leading nature. Following this review process, the finalised interview schedule comprised 13 questions, which were piloted on members of the research team. The primary aim of the pilot was to assess understanding, practise interview techniques, and ensure the interview was not too long, while still being able to provide rich data.

5.4 Data collection

Individual semi-structured interviews were conducted via Microsoft Teams, and audio-recorded and transcribed for subsequent analysis. Participants were encouraged to answer questions as honestly as possible and were reminded that there were no right or wrong answers. Participants were also informed, as in the consent form, that their responses would be anonymised, and they would not be identifiable from the data collected. This approach aimed to reduce the influence of social desirability bias. Participants were asked to discuss their experiences of the selection process, voice their thoughts about training for their roles, and articulate what EDI considerations they might make when selecting candidates for clinical training. The interviews lasted approximately 25 minutes each and were recorded so that they could be transcribed.

5.5 Data analysis

This study used two approaches to content analysis to systematically analyse and interpret participants' responses, drawing insights from the categories identified. The findings are supported by direct quotations, and the analysis process is openly presented through the inclusion of categories and codes in (Table 2). Content analysis allows us to acquire knowledge and understanding of participant experiences and opinions, while classifying large amounts of information into categories that have similar meanings (Downe-Wamboldt, 1992; Weber, 1990).

First, a conceptual content analysis was used in a preliminary examination of thought processes during selection. Conceptual content analysis helps quantify the number of times a word or phrase occurs in a text (Christie, 2007). It was used in this study to examine salient concepts in the participants' considerations of EDI, where the characteristics referred to most frequently are indicative of the most salient. Focusing on thought processes during selection, this analysis only used responses from the first section of the interview, which explored thought processes during selection. NVivo version 14 (Lumivero, 2020), the qualitative analysis software, was used to search all participants' data for references to different socio-demographic characteristics. References to each of the nine protected characteristics were analysed: age, disability, gender reassignment, pregnancy and maternity, marriage and civil partnership, race, religion or belief, sex, and sexual orientation ('Equality Act 2010', 2010). The analysis also examined references to SES, as the literature suggests that socio-economic factors frequently present barriers to access for clinical psychology training programmes (Bawa et al., 2021).

Second, conventional content analysis was used to analyse the entire interviews (Hsieh & Shannon, 2005). First,

the transcriptions were read repeatedly to obtain a sense of the whole (Tesch, 2013). Exact words and phrases capturing key thoughts and concepts were highlighted to derive codes and form an initial coding scheme. NVivo was used to group phrases according to the codes. Based on related meanings, the codes were reviewed and sorted into clusters to develop categories. Categories were defined using participant terminology and are described to provide an understanding of their meaning relative to other categories (Table 2). As an inductive approach, conventional content analysis allows categories to flow from the data, instead of using preconceived categories (Hsieh & Shannon, 2005). This makes it suitable for research areas where existing research is limited, as is the case with research into DClinPsy selection processes.

5.6 Reflexivity

A systematic and iterative approach was adopted to ensure that findings were grounded in the data. The results incorporate direct quotations to support the findings, while the analysis process is transparently presented with categories and codes listed in (Table 2). Reflexivity was practised as a key quality control measure (Berger, 2015). The author, acknowledging her positionality as a Black student at the university under study and as an aspiring clinical psychologist, engaged in continuous self-reflection throughout the research process. This involved assessing her own biases and considering how her personal perspectives might influence data collection and interpretation. Trustworthiness, particularly regarding credibility and authenticity was ensured through note-taking to maintain a data-oriented approach in identifying emerging categories. This was vital to accurately represent participants' thoughts.

6 Results

6.1 Conceptual content analysis

The number of participants who referenced each of the socio-demographic characteristics in their responses was counted. The frequency of each of these references was also counted (see Table 1).

Characteristic(s)	Number of participants (%)	Frequency
Protected characteristics		
Age	1 (14.3)	3
Disability	6 (85.7)	7
Gender reassignment	1 (14.3)	1
Marriage and civil partnership	0 (0)	0
Pregnancy and maternity	0 (0)	0
Race	7 (100)	36
Religion or belief	2 (28.6)	2
Sex	7 (100)	16
Sexual orientation	5 (71.4)	7
Socio-economic status	5 (71.4)	8

The table shows that all participants made references to sex and race, and a majority referenced disability, SES and sexual orientation in their discussions of EDI.

6.2 Conventional content analysis

The content analysis revealed seven overarching categories, encapsulating a total of 21 distinct codes. Categories, codes, definitions and additional illustrative quotes are organised in (Table 2). These categories serve as key frameworks for understanding and interpreting the diverse perspectives and experiences articulated by the participants in the study.

6.2.1 Defining EDI

The first category provided insight into participants' current understanding of EDI. Considered a "very large loose umbrella term" (P1), there were at least four ways EDI was thought about. As captured in one code, many participants understood EDI in terms of *accepting and promoting differences* between groups. Discussions of *equality* related closely to *equity*. Participants emphasised the pursuit of *equity*, feeling that certain groups might need a "boost" (P5) to access the DClinPsy. Participants described the lack of diversity in the course, *challenging the usual* by expressing desires to move away from courses being dominated by "white, middle-class women" (P3).

6.2.2 Barriers

The next category grouped the factors which participants believe inhibit access to the DClinPsy. Several participants referenced the concept of *marginalisation*, describing how groups that are othered come to mind in their considerations of EDI. The code *identity bias* highlighted participants' awareness of how personal biases based on their own characteristics can influence their thinking about EDI and become a potential barrier for access, "whether

consciously or not" (P5). *Standardisation* concerns arose, with participants expressing reservations about rigid rules in pursuit of objectivity. Participants acknowledged the difficulty of enforcing standardised scoring and promoting EDI for marginalised groups. The code *nondisclosure* included thoughts on how the selection process might discourage participants from sharing relevant information, because of either reluctance or ignorance.

6.2.3 Facilitators

The third category captured participants' thoughts on factors supporting access to the DClinPsy. Participants noted the importance of involving a *diversity of selectors* in the process. *Opportunities for reflection* emerged as a code, recognising the application process's role in encouraging applicants by specifically "asking [them] for reflections" (P5). Participants noted the value of scoring points for such reflections. *Desiring change* encapsulated participants' eagerness to enhance diversity in both the selection process and more generally on the course. Despite recognising progress, some argue for more comprehensive measures.

6.2.4 The right person

Codes in this category related to the code *desiring change*, in that participants wanted to make sure that the right people get on the course, not only those who fit "the usual". The first code, *non-academic skills*, emphasises attributes gained through diverse experiences, including understanding the complexity of the role and working with differences. Embedded within some descriptions of *non-academic skills* were several references to reflective capacity, and its value for potential candidates "showing awareness of EDI issues" (P1). Discussions of reflective capacity were grouped in the code *reflection*. Participants emphasised the importance of reflective capacity for its potential impact on therapeutic alliance.

6.2.5 Conflicts

The conflicts category captured perceived tensions arising from considering EDI within the selection process. As explained by one participant, "people want to be able to consider EDI and they want to be thinking about it, but it did feel still quite like it was difficult to operationalise" (P5). The code *positive discrimination* reveals participants grappling with the desire to boost candidates from backgrounds while maintaining fairness, and discussions of positive action. The second code, *tokenism*, highlights concern about considering EDI without it becoming tokenistic. Participants emphasised the need for genuine promotion of diversity, from both selectors and applicants. As mentioned in the barriers category, tensions relating to *standardisation* were also discussed.

Figure 1: A portrait from Bjar @bjarart (TikTok)

6.2.6 Evaluation of training

This category captures participants' perceptions of preparation for their roles in selection, yielding mixed views. In the code *helpfulness*, some participants found training beneficial, citing practical aspects. Conversely, the code *training inadequacy* reflects participants feeling unprepared because of a lack of guidance and expressing ways in which training could be enhanced. The closely related code, *lack of training*, emphasises participants' experiences where specific EDI training was absent, relying on external resources to supplement preparation for their roles. Overall, these codes highlight the perceived variable effectiveness and availability of training opportunities for adequately preparing participants for their roles in the selection process.

6.2.7 Improvements

After analysing participants' thoughts towards and experiences of the selection process, several codes were found to fit into *improvements*, which included any code that referred to the changes that participants wanted to see. The first type of improvement, coded as *EDI focus*, highlighted the need for more specific training on EDI. Alongside comments like "the more conversations about this stuff, the better" (P1), participants emphasised the value of training to enhance understanding of EDI issues and systems of marginalisation. Participants also proposed adapting the selection process to include specific sections addressing EDI, although concerns about tokenism were noted, as in the conflicts category. Another improvement involved introducing more *flexibility*, relating to the code *standardisation*. Participants advocated considering mitigating circumstances in both application screening and interviewing, emphasising a more adaptable and accessible approach.

[Table 2 on next page]

Table 2: Conventional Content Analysis Categories, Codes and Definitions with Illustrative Quotations

Category	Definition	Code	Definition	Illustrative Quotations
Defining EDI	Explanations of the meaning of equality, diversity and inclusion	Accepting and promoting difference	Considering EDI in terms of differences between groups	"Recognising and appreciating that there may be people who are writing the form that come from different routes to us, different backgrounds etc." (P1)
		Equity	The need to create opportunities for those who are marginalised or disadvantaged	"Equality is often used over equity and [they] are obviously very different" (P7) "You've got to be more aware that [marginalised people] need to get a leg up" (P6)
		Equality	Ensuring everyone has equal access to opportunities	"Everyone should get the same opportunities" (P2)
		Challenging the usual	Wanting to diversify the course by moving away from stereotypical candidates	"[Applicants] gain places tend to be White, middle-class females … able bodied … non-religious, who do not have caring responsibilities and who are middle class" (P7) "I do teaching as well and it's usually sea of blonde, blue eyed white girls in front of me I find that kind of, that's always a bit odd" (P6) "I'd like to see someone from a BAME background be on the course, I'd like to see someone who's got mental health … I'm going to switch the gender up" (P2)
Barriers	Factors inhibiting access to the course for marginalised groups	Marginalisation	References to groups who face othering, discrimination or are made to feel insignificant	"I'm alert to issues of race and discrimination … somebody being part of a group that has been marginalised, that might be race, disability or gender or whatever" (P3)
		Socio-economic disadvantage	Discussion of how class, finances and SES can result in a lack of experience	"There are obstacles across [academic and clinical] areas that are going to make it more difficult for certain groups who haven't had financial advantage" (P3) "[Applicants] might have caring needs … mental health needs, they might have a huge array of sociodemographic differences that mean that they can't access A levels or university in the same way" (P7)
		Identity bias	Biases rooted in personal identities	"I think of my own bias and my own stuff, I don't align as naturally maybe to some of the other protected groups, because they're not as pertinent to me personally" (P1) "I would say [race, ethnicity, and class] are most at the forefront of my mind because those are the identities that are important to me" (P7)

Table 2 – continued from previous page

Category	Definition	Code	Definition	Illustrative Quotations
		Standardisation	Standardisation presenting challenges for considering EDI	"I think it's all well and good to have a rule. But I think to stick rigidly without capacity to deviate is a poor choice" (P1) "It's a tricky balance between scoring in a standardised way and then scoring through a lens of EDI" (P7)
		Nondisclosure	Failure to disclose or reflect on relevant characteristics or experiences	"I'm also holding in mind that there's some people who have worked hard to fit in, they may not highlight those issues in their application form" (P3)
Facilitators		Opportunities for reflection	How the application process provides applicants the opportunity to reflect on knowledge and experience	"EDI is specifically and explicitly stated three times on the form" (P7) "There was also an opportunity to give a point if the candidate was able to reflect on their own social graces" (P4)
		Desiring change	Those involved in selection desire increases in equality diversity and inclusion	"There's a real will to adjust [selection] ... make it a more equitable or accessible and inclusive process" (P3) "It's a starting point but it's not enough ... It's still got a long way to go, but the EDI aspects of selection never used to be on the form" (P7)
		Diversity of Selectors	The diverse range of panellists and application screeners counterbalances potential biases	"It feels like they've really tried to get a diverse group of people to score the forms" (P5) "It's good to have me counterbalance for somebody that perhaps [has] got another lens on, whether it's gender or disability" (P3)
The right person		Non-academic skills	References to the skills and attributes that prepare participants for clinical practice	"I would say sometimes it doesn't have to be the person that's got the highest academic level" (P2) "You should ... understand both yourself and the complexity of the people we work with ... you need to know and understand how to work with difference" (P7)
		Reflective capacity	Good potential candidates possess a capacity to reflect on their experiences and identities in relation to the role	"I would be looking out for people that can think and comment on the impact of growing up or moving through the world as a minoritised individual" (P3) "Thinking about how their gender may influence the development of the therapeutic relationship or ... their age and cultural context may influence their understanding ... and how they may invite the person they're working with therapeutically to reflect on [that] as well" (P4)

Table 2 – continued from previous page

Category	Definition	Code	Definition	Illustrative Quotations
Conflicts	Participants explored the tensions of considering EDI in selection	Positive discrimination	How positive discrimination challenges equality	"I would like to be able to say … somebody who's gonna bring more diversity in the profession … can we boost [them]? … there isn't really a way to do that … everything has to be fair and equal" (P5) "I had to acknowledge [when applicant's backgrounds matched their own] and then put that to one side and ensure that … I was giving each [application] my fair attention" (P4)
		Tokenism	How attempts to promote diversity may result in tokenism	"[Reflection] becomes tokenistic and it's not helpful, then actually it's not showcasing the kinda psychologist you want to be or the values that you have" (P7)
Evaluation of training	Discussing the perceived usefulness of training provided for those in the selection process	Lack of training	Descriptions of the absence of or limited training	"I didn't feel like I was particularly trained … There was no particular EDI specific training" (P1)
		Training inadequacy	Descriptions of the shortcomings of training content concerning EDI	"There wasn't any guidance on whether we should be rating any of these protected characteristics differently" (P4) "The other trainings were not specifically related to rating forms, but more generally thinking about aspects of identity, those probably were helpful" (P5)
		Helpfulness	Descriptions of how training was useful	"We had been given three samples … and an opportunity to talk about possible discrepancies in our scores, how we were approaching it. That was very helpful. But that's about it, really" (P4)
Improvements	Participants discuss changes to the selection process that should promote EDI	Flexibility	Introducing opportunities to be flexible around mitigating or extenuating circumstance	"When it comes to the interview … if [the applicant] becomes exceedingly anxious and stressed, would that be a reason for us to say no?" (P2) "There might be really genuine mitigating circumstances as to why that person didn't reach their potential, it doesn't mean that they wouldn't excel in the course" (P1)
		EDI focus	Introducing greater and more targeted consideration of EDI in the selection process	"Training that increases your knowledge and understanding of EDI issues, the protected characteristics and the way in which systems of oppression work would be helpful" (P3) "We actually should be including a question that really ticks down on issues of EDI" (P4)

7 Discussion

This study aimed to explore the consideration of EDI in the selection process, from the perspective of application screeners and interview panellists involved in the selection of trainees for the DClinPsy at one inner-city university. Conceptual content analysis helped identify the characteristics participants thought about most when considering EDI in the selection process. Conventional content analysis identified 21 codes across seven categories detailing the thoughts towards EDI initiatives in the selection process. Before addressing the implications, the findings are discussed in relation to the research aims.

7.1 Thought processes during selection

Examining the reports of characteristics that were treated as most salient offers insight into the thought processes that can inform decisions during DClinPsy trainee selection. Participants described broad thinking about EDI, considering differences between groups, and pursuing equality for all to access the DClinPsy. Conceptual content analysis suggested that participants considered some characteristics more salient than others, addressing them more frequently (see Table 1) and, consequently, in more depth in their responses. Race and sex were referred to by all participants, and sexual orientation, disability and SES by the majority. This may not necessarily be because other characteristics are deemed less important but the focus on certain characteristics could be attributed to a higher number of study participants identifying with those specific identities. Participants reported the existence of their own personal biases, while recognising the efforts they must make to overcome them. For example, some participants mentioned that certain characteristics are more "important" or "pertinent" to them personally. These biases typically related to their own identities. This salience may also be attributed to an awareness of the context of inequalities in access to healthcare and to the DClinPsy, affecting certain groups more than others.

7.2 General perception of the selection process

Perceived benefits and limitations of the current selection process were addressed explicitly, and captured in the facilitators and barriers categories, respectively. Participants expressed personal desire for change reflects the state of DClinPsy reform, with recent developments of EDI policies around recruitment for health commissioned courses (Health and Care Professions Council, 2021). Consistent with research detailing the overlap between ethnic minority disadvantage and socio-economic disadvantage (Griffith, 2007; Platt & Zuccotti, 2021; Scior et al., 2007; Williams et al., 2016), participants identi-

fied disparities in opportunities for experience among these groups as a barrier to accessing the course.

Interestingly, there were conflicting views about some factors. Some participants noted that standardisation in the application process might be a limitation, given the perceived absence of opportunities for reflecting on circumstances that could have hindered applicants from gaining experience. Furthermore, some participants saw standardisation without flexibility as a threat to accessibility, while others argued that such objectivity protects against potential biases of selectors. Conflicting perceptions of the selection process may arise from a lack of awareness or understanding of the measures in place to promote EDI in selection, and how they contribute to increasing the representation of minoritised groups on the course. The reason behind the apparent lack of awareness of both national and local advancements in EDI initiatives remains unclear.

7.3 Perceptions of preparation for roles in selection

Participants' responses captured a range of views on the training and support provided in preparation for their roles in selection. Although some participants reflected on the usefulness of training, others reported having no EDI training, or reported gaps in their understanding. Participants provided suggestions for content that could be addressed in training, captured in the improvements category (Table 2). The disparity in opinions on training may indicate a lack of consistency in training requirements and preparation for the roles. This examination of perspectives provides insight into how selectors feel they could be better prepared to consider EDI in selection.

7.4 General discussion

The findings reported suggest that EDI is being considered in the selection process, both structurally and individually by those involved as application screeners and interview panellists.

Participants' discussions of barriers and facilitators demonstrate their understanding of challenges to EDI and commitments to EDI promotion within selection. Participants discussed conflicts such as tension between attempts to promote diversity and the potential for resulting tokenism, or how objectivity in standardisation might inhibit access to the course. Discussions of these conflicts may reflect what has been said of healthcare recruitment: selection processes "masquerade" equality, by optimising objectivity and standardisation, despite recognition of the uneven playing fields for applicants from minoritised backgrounds. Participants' suggestions for improvement discourage tokenistic action. Amid discussions, it is recognised that the pursuit of equity is necessary. This view is

consistent with research that finds marginalised groups are often disadvantaged in accessing DClinPsy programmes and efforts within the psychological professions to improve equity and inclusion (Health and Care Professions Council, 2021).

7.5 Study limitations

Although the findings contribute to understanding thought processes during selection, it is essential to acknowledge the limitations of this small-scale study using a convenience and opportunistic sample. The modest sample size limits the generalisability of the results and the increased potential for different results and/or conclusions being drawn if a larger sample size was used. The study was conducted on one course at a single institution, thus limiting the generalisability of the findings to other doctoral programmes.

Additionally, one of the questions used may have been unintentionally leading, because participants were given examples of protected characteristics to consider. Social desirability bias may have influenced participant responses, given the nature of the study's focus on EDI. Further, the use of content analysis means that only explicitly mentioned information was captured, potentially missing deeper responses that other qualitative analysis methods might uncover.

Practical constraints on data collection also limited sample diversity, though a range of experiences and identities were represented. The study mostly represented application screeners, potentially overlooking perspectives during the interview stage, which can present unique concerns for applicants from visibly minoritised backgrounds (Kinouani et al., 2016).

These limitations highlight the need for careful interpretation of the findings and underscore the importance of future research with larger and more diverse samples, conducted across multiple institutions, and considering the potential impact of power dynamics on participant responses.

7.6 Implications for future research and recommendations

The findings of this study have a number of implications, resulting in the following recommendations. These include the importance of ongoing, comprehensive and thoughtful consideration of EDI in selection, at both course and individual levels.

First, the author's proposal is that there is a need to introduce more standardised EDI-focused training programme for all selectors, tailored to address key issues relevant to DClinPsy training. The training should (a) address anti-bias, by allowing selectors to reflect on their own biases and the impact of those biases on selection processes; and (b) explain how the current measures within the selection process work to promote EDI. In a review of best practices to improve both the recruitment and the retention of underrepresented minorities in medical training programmes, (Rosenkranz et al., 2021) suggest a number of strategies for mitigating implicit bias in selection, including increasing self-awareness and encouraging reflection on identity. To offset confusion, misunderstanding or uncertainty around the discussed conflicts, the proposed training should explore practices and methods for considering EDI, particularly justifying the need for both positive action and various methods of standardisation. Future research may be required to further identify topics worth integrating into compulsory training.

Second, acknowledging that some applicants may be reluctant to disclose relevant information in their reflections, the selection process may be examined to see how applicants could be better prepared to reflect meaningfully and confidently on their experiences. This is in line with suggestions by Bawa et al. (2019), who indicate a need to shift the responsibility of overcoming barriers away from prospective candidates to the profession.

The underrepresentation of minoritised groups on the DClinPsy is not unique to this university, so further research exploring how EDI is considered during selection at other universities would be useful. Questions addressing preparation and support for those involved in the selection process may be introduced quantitively, allowing for a larger sample of participants to be examined. It's worth noting that trainee and student insights are valuable in refining anti-bias and discrimination measures (Kinouani et al., 2016). Therefore, it is recommended that future research also incorporates trainee and applicant perspectives on DClinPsy selection processes.

8 Conclusion

The research investigating barriers to selection for the DClinPsy highlights the existence of bias in selection, however with limited insight into the process at an individual level. This study examined considerations of EDI in selection, exploring the thoughts of application screeners and interview panellists. Echoing one participant's sentiment, the findings imply that EDI initiatives within the selection process may be "a starting point, but not enough". As a result, areas for future research to support the consideration of EDI in selection for the DClinPsy have been identified, as well as recommendations to improve the implementation of existing EDI initiatives. The evolving nature of EDI policies necessitates ongoing evaluation.

References

Ahsan, S. (2020). Holding up the mirror: Deconstructing whiteness in clinical psychology. *Journal of Critical Psychology, Counselling and Psychotherapy*, *20*(3), 45–55.

Ajayi, O. (2021). A perspective on health inequalities in BamE communities and how to improve access to primary care. *Future Healthcare Journal*, *8*(1), 36.

Bawa, H., Cudmore, K., Ong, L., & Knott, K. (2021). Barriers and improvements to the clinical psychology doctorate selection process. *Clinical Psychology Forum*, *339*, 16. https://doi.org/10.53841/bpscpf.2021.1.339.16

Bawa, H., Gooden, S., Maleque, F., Naseem, S., Naz, S., Oriaku, E. O., Thomas, R. S., Vipulananthan, V., Bains, M., & Shiel, L. (2019). The journey of BME aspiring psychologists into clinical psychology training: Barriers and ideas to inclusive change. https://doi.org/10.53841/bpscpf.2019.1.323.3

Beattie, G., & Johnson, P. (2012). Possible unconscious bias in recruitment and promotion and the need to promote equality. *Perspectives: Policy and Practice in Higher Education*, *16*(1), 7–13.

Berger, R. (2015). Now I see it, now I don't: Researcher's position and reflexivity in qualitative research. *Qualitative Research*, *15*(2), 219–234.

Christie, C. (2007). Content analysis (R. Baumeister & K. Vohs, Eds.).

Clearing House for Postgraduate Courses in Clinical Psychology. (2022). Equal opportunities data – 2022 entry. Retrieved August 31, 2023, from https://www.clearing-house.org.uk/about-us/equal-opportunities/equal-opportunities-data

Coop, N. (2018). *Exploring the experiences of trainee clinical psychologists who identify as living with a disability: A qualitative study* [Doctoral dissertation, University of East London].

Downe-Wamboldt, B. (1992). Content analysis: Method, applications, and issues. *Health Care for Women International*, *13*(3), 313–321.

Equality Act 2010. (2010). Retrieved August 31, 2023, from http://www.legislation.gov.uk/ukpga/2010/15/contents

Griffith, D. (2007). Is there a disparity in rate of acceptance of Black applicants onto clinical psychology training courses, compared with other applicants. If so, are there identifiable reasons for this. Retrieved August 31, 2023, from https://dclinpsych.leeds.ac.uk/wp-content/uploads/sites/26/2022/04/David-Griffith-SEP-online.pdf

Health and Care Professions Council. (2021). Diversity data report 2021. Retrieved August 31, 2023, from https://www.hcpc-uk.org/resources/reports/2021/diversity-data-report-2021

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277–1288.

Kinouani, G., Ibrahim, J., Wallace, G., Nicholas, J., Baah, J., Hasham, A., & Stamatopoulou, V. (2016). "i tried to sound like someone I thought courses would choose": Navigating marginalised experiences during clinical psychology interviews. *Clinical Psychology Forum*, *283*, 3.

Lawton, L., McRae, M., & Gordon, L. (2021). Frontline yet at the back of the queue – improving access and adaptations to CBT for Black African and Caribbean communities. *The Cognitive Behaviour Therapist*, *14*, e30. https://doi.org/10.1017/S1754470X21000271

Lumivero. (2020). NVivo (14). Retrieved August 31, 2023, from www.lumivero.com

Memon, A., Taylor, K., Mohebati, L. M., Sundin, J., Cooper, M., Scanlon, T., & de Visser, R. (2016). Perceived barriers to accessing mental health services among black and minority ethnic (BME) communities: A qualitative study in Southeast England. *BMJ Open*, *6*(11), e012337. https://doi.org/10.1136/bmjopen-2016-012337

Milner, A., & Jumbe, S. (2020). Using the right words to address racial disparities in COVID-19. *Lancet Public Health*, *5*, e419–e420.

Morris, R. M., Sellwood, W., Edge, D., Colling, C., Stewart, R., Cupitt, C., & Das-Munshi, J. (2020). Ethnicity and impact on the receipt of cognitive–behavioural therapy in people with psychosis or bipolar disorder: An English cohort study. *BMJ Open*, *10*(12), e034913.

Parent, M. C., Weiser, D. A., & McCourt, A. (2015). "so what are you?": Inappropriate interview questions for psychology doctoral and internship applicants. *Training and Education in Professional Psychology*, *9*(2), 136–143. https://doi.org/10.1037/tep0000068

Platt, L., & Zuccotti, C. V. (2021). Social mobility and ethnicity. IFS Deaton review of inequalities report. Retrieved August 31, 2023, from https://ifs.org.uk/publications/social-mobility-and-ethnicity

Raleigh. (2023). The health of people from ethnic minority groups in England.

Rosenkranz, K. M., Arora, T. K., Termuhlen, P. M., Stain, S. C., Misra, S., Dent, D., & Nfonsam, V. (2021). Diversity, equity and inclusion in medicine: Why it matters and how do we achieve it? *Journal of Surgical Education*, *78*(4), 1058–1065.

Scior, K., Gray, J., Halsey, R., & Roth, A. (2007). Selection for clinical psychology training: Is there evidence of any bias towards applicants from ethnic minorities. *Clinical Psychology Forum*, *175*, 7–12.

Selection procedure. (2023). Retrieved August 31, 2023, from https://www.clearing-house.org.uk/courses/courses-z/lancaster-university/selection-procedure

Tesch, R. (2013). *Qualitative research: Analysis types and software.* Routledge.

Turpin, G., & Coleman, G. (2010). Clinical psychology and diversity: Progress and continuing challenges. *Psychology Learning & Teaching*, *9*(2), 17–27.

Vassie, C., Smith, S., & Leedham-Green, K. (2020). Factors impacting on retention, success and equitable participation in clinical academic careers: A scoping review and meta-thematic synthesis. *BMJ Open*, *10*(3), e033480.

Weber, R. P. (1990). *Basic content analysis.* Sage.

Williams, D. R., Priest, N., & Anderson, N. B. (2016). Understanding associations among race, socioeconomic status, and health: Patterns and prospects. *Health Psychology*, *35*(4), 407.

Wood, M., Hales, J., Purdon, S., Sejersen, T., & Hayllar, O. (2009). A test for racial discrimination in recruitment practice in British cities. *Department for Work and Pensions Research Report*, *607*.