

The Money Issue



The Big Debate:
Are Clinical Psychology Trainees paid too much?

Welcome from the Editor

Welcome to the second edition of Aspire, an e-magazine for those working in or aiming for a career in clinical psychology. It's been a long time since we released our first issue, so we hope after the year long gestation our new issue proves worth the wait!

Here at Aspire, our aim is to bring together articles that will be of interest to a wide range of readers, including undergraduate students of psychology, graduate psychologists working in a variety of clinical and research roles, those completing post-graduate courses related

to psychology, trainee clinical psychologists, academic psychologists, and qualified clinical psychologists working in a wide range of ways with a wide range of client groups. It's a challenging task but we have been really encouraged by the positive feedback received about the last edition and we hope that you will enjoy this issue and circulate it to friends and colleagues.

We've themed this issue around the credit crunch, and our hot topic is on pay: too much or not enough? The contents of this issue include the second in our series of anonymous interviews with clinical course selectors, a description of the job role of a qualified clinical psychologist, some reflections from two new trainees, information about the student section of the British Psychological Society, an article detailing the pay structure within clinical psychology, the results of our user audit on www.clinpsy.org.uk and some other bits and pieces we felt would be interesting or fun to share. We've also included some general common sense advice on managing your finances.

For www.ClinPsy.org.uk 2008 has been an incredible year. We now have over 2,300 members, over 200 wiki posts about the most frequently asked questions about clinical psychology, and over 17,000 posts of content on the forum. We have also launched a real-time chat facility, where we are able to have informal discussions and also offer live workshops and discussions, for example exploring clinical case vignettes. This facility is available for signed in forum members only, at www.clinpsy.org.uk/chat.php so do drop in! We have also survived another round of clinical course applications, and I myself am glad to know I won't be asked to review any more application forms for quite a few months! Good luck to all those of you who have applied.



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Insights from the other side...

Interview with a selector

The second in our series of anonymous interviews with the people who decide which applicants gain places on clinical training courses

How do you feel the quality and quantity of candidates has changed over time?

It's been pretty steady. The number of applicants compared to places has remained similar over time. The applications seem to be of a similar quality too. You'd expect the advent of internet forums to have changed this, but I don't think there has been a visible impact. People who are determined to seek out information can now do so more easily, but they also need to be able to apply that knowledge.

What are the challenges in selection?

Well, the biggest problem is how similar lots of application forms are. It is possible to pick off the best applications to definitely interview, and those that don't meet our criteria to reject, but then in the middle are a large number of forms that are hard to differentiate between.

What are the positive distinguishing characteristics?

Some things stand out academically; like 1sts, publications and PhDs. These make a very strong positive impression because relatively few people have them and because they are a good indicator of the ability to cope with the academic side of the training

programme. Obviously they need to be in the context of appropriate clinical experience so they are not enough on their own. Some people have extensive or distinctive clinical experiences that stand out too but these can be more difficult to spot on the form.

We also expect candidates to have a very good grounding in basic psychology from their undergraduate degree and to be able to talk confidently about basic psychology in their interview. It is very off-putting if, otherwise good, candidates do not understand why they need to be able to draw on the theories and methods that they were taught as undergraduates. The same goes for research methods and statistics, both of which are essential basic skills for trainee clinical psychologists.

Do you use a task (practical or computer-based) in selection?

We have thought about it year after year, but currently we don't use a task. We use two panels to interview about different areas of the person's skills and experience. Our reservation about adding tasks to the selection process is that we have no way of

knowing if that would increase validity. We have taken advice from occupational psychologists who have told us that given the high calibre of applicants and the high success rate of our trainees that it would be very difficult to significantly improve selection. During the interview we ask people about their future plans and ideas, and not just their past achievements. Generally we don't get too intrusive about people's history or motivation.

What do you particularly look for at interview?

Interpersonal skills are very important. If people don't seem able to engage with the interviewers or to maintain appropriate eye contact and social behaviour that is difficult. Interpersonal skills are clearly highly relevant to their application as they will need to engage well with a wide range of people in different situations, including staff members, family carers and service users. They need to be able to engage people in difficult situations, and to manage extremes of emotion.

Sometimes candidates' interpersonal skills are impaired by their anxiety. That is very natural and we expect it. It can be very hard for people to learn to manage their anxiety.

ty in an interview context, so I have a lot of sympathy. However, if anxiety is so debilitating that it interferes with performance it is a real problem and does have some validity for potential future work performance in anxiety provoking situations. We do give people feedback about their interpersonal style if it has been problematic.

We are also interested in people who can think quickly and respond to unexpected questions and problems. This is a key skill in clinical psychology.

Do you feel that there are variables that interviews don't measure well?

I think resilience is an interesting one. Many people haven't been tested by life events before and have had no real chance to demonstrate that they are resilient. Then in the context of the training programme, which is very demanding personally and academically, if they have a number of challenging life events they can find this very difficult to manage. Positive and negative life events such as pregnancy and bereavement are very common at the stage of life which most trainees are at. Most training courses are very supportive in practical and emotional terms. However, we notice that trainees vary enormously in how they manage these events, some sail through and others find it very hard.

What feedback do you give unsuccessful candidates?

We send our short-listing criteria to people who were unsuccessful in securing an interview. We ask candidates to consider their application against the criteria. Then, if they still feel they need individual feedback we ask them to let us know and we will ring them back to discuss their application. However, most people do not ask for feedback, perhaps because they can see how their application did not meet our criteria.

After the interviews we offer verbal feedback by telephone to all can-

didates who were rejected or who were placed on the reserve list. It's brave if people are able to be that direct and want to hear feedback, I don't think that is an easy thing to do. The motivation is often if they have another interview coming up and want to see what they can do differently. We tend to get more requests from those we say no to than those who get reserve places.

Do people apply to the same course year after year?

We hope that our feedback about application forms and interviews helps people not to repeatedly apply if they are not suited to us. We do give very specific advice to people about what they need to do to develop. Then if we interview people more than once it is encouraging to see them improve. However, if nothing has changed then it is disheartening. We do try to let people know if we feel that future applications to our course wouldn't be worthwhile, but we are not supposed to block people from applying even if they have been interviewed several times before and aren't what we are looking for.

What do you feel needs to be done to address the issue of diversity in the profession?

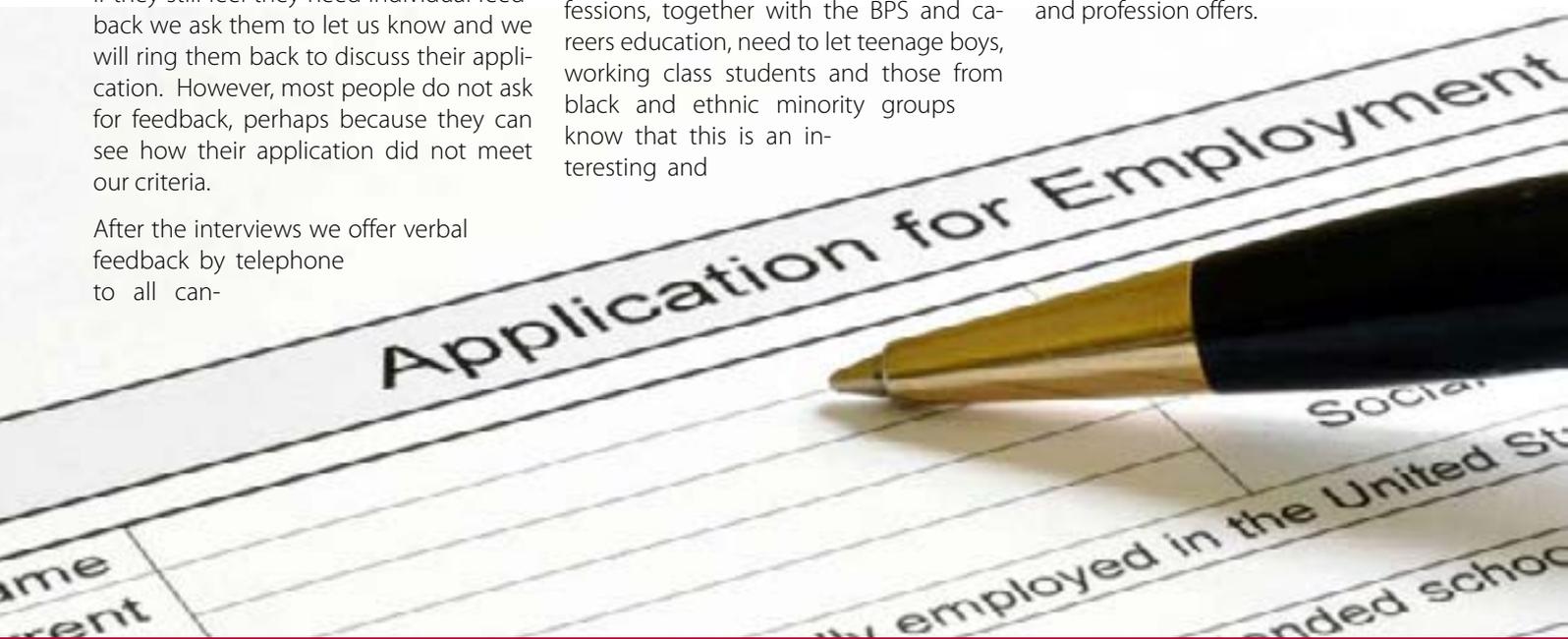
Diversity is a problem in psychology long before individual applicants reach the threshold for clinical psychology training. The intake to undergraduate psychology does not adequately represent the population of young adults in the UK and specific groups are clearly under represented. Those of us who work in psychology professions, together with the BPS and careers education, need to let teenage boys, working class students and those from black and ethnic minority groups know that this is an interesting and

worthwhile career.

Psychology is often presented as a "soft option" that is primarily oriented as a caring vocation rather than a scientific profession. This means that boys and certain cultural groups don't find it attractive as a career option. Doctoral level entry to the profession may help but it will take a long time to change the image of psychology as a profession. As staff on individual training courses we can indirectly influence this but it is not something courses can tackle on their own.

Finally, to end on a hot topic, what do you think about the 'Family of Applied Psychologies'?

I think of myself as an applied psychologist and it was the title of my undergraduate degree. As a clinical psychologist I apply a range of psychological theories and methods and draw on my undergraduate degree to help me with this. I think it is very helpful to have a range of career options as a professional psychologist but unhelpful if the different types of applied psychology are not clearly differentiated. A key point of confusion is the role of the applied psychologist as psychotherapist. Several branches of applied psychology relate to psychotherapy as one part of their potential role. However, the role of a psychotherapist, though important, is not sufficient to work competently as a clinical psychologist in the UK. We need to clarify what is distinct about other training pathways in applied psychology and ensure we are clear about what our training and profession offers.



THE BIG DEBATE: Are Clinical Psychology Trainees paid too much?

Our staff writer, Dr Ian Barkataki explores whether the NHS is paying too much or too little to doctoral trainees in Clinical Psychology

One of the more attractive features of clinical psychology training is that the trainee is considered an employee of the NHS and is paid a salary. Currently, under the auspices for Agenda for Change, a trainee clinical psychologist is paid on the bottom point of the Band 6 pay scale for National Health Service employees (£24,103 at the time of writing).

Unsurprisingly, this has drawn considerable criticism, not only from other allied health professionals such as nurses and speech and language therapists, but from other branches of psychology that are not

privy to such an arrangement. At a broader level, others wonder if it is appropriate for the NHS to pay some clinicians in training whilst others have to fully fund their own training (e.g. medical students).

It's a controversial issue and one that encompasses several debates. Should trainees be paid at all? Should they be paid, but not quite so much? Or are they worth every penny? Lets examine some of the arguments below.

They shouldn't be paid at all.

One line of argument sees trainees as technically students. As we no longer fund any other group of students in higher education since the abolition of grants, what makes trainees any different? This neglects the fact that psychologists do have to pay for their own BPS accredited undergraduate degree before they can pursue their training in any field of psychology. Furthermore, trainees do not only take academic courses, but actively contribute to health services by having their own clinical duties and maintaining their own caseload. As clinical training is a postgraduate vocational training pathway rather than a straightforward academic degree, receiving remuneration is in line with other professions such as solicitors undertaking a training contract, medical

registrars completing specialist training or other vocational apprentices embedded within industry.

Another argument is that in other countries that have similar doctoral level training requirements for psychologists (such as the US), trainees are not paid while they train. If this is acceptable in these countries, why should the UK taxpayer fund clinical psychology trainees? Well, one way to view this is through the political context that the trainees work within. Countries like the US that do not have a government health service or comparable systems of socialised medicine, are mainly preparing their trainees to work in private practice or for businesses. As a result psychologists in such countries work within an open market and are able to negotiate higher salaries, more senior roles and take on greater responsibilities relatively quickly. In contrast, UK clinical psychology programmes require trainees to work within the NHS while they train, and are expected to (and largely do) work for the NHS on qualifying. As they are integrated into the NHS, they are also subject to the hierarchy, which limits much of the work available to them on immediate qualification and their ability to negotiate their salaries. Under this model, paying a salary and related training costs can be





viewed as an investment in personnel and an assurance of an available, motivated, NHS-acclimatised workforce for the future.

They should be paid, but they are currently paid too much.

You may be sympathetic to why trainees are paid at all, but could feel that they are still paid too much. After all Band 6 salary is comparable to a nurse with some years of post qualification, who will be working full time, maintain a full caseload and hold their own clinical accountability (unlike a trainee whose supervisor holds final responsibility for the work carried out, and has a limited caseload due to their academic and research commitments). Moreover, trainees received a considerable salary hike after Agenda for Change and are generally paid more than other junior NHS staff. Also clinical trainees are often paid more than their training counterparts in other branches of psychology (who are often paid less while they train or not at all). Surely this isn't fair?

The counterargument is that clinical trainees are in a de facto mid point in their professional training. They are usually required to work for several years before progressing onto training, are older and will have had to accrue considerable ex-

perience (often previously taking on a myriad of support roles such as assistant psychologist, researcher, support worker etc). Due to the stringent experience requirements, in addition to a 2:1 or 1st class honours undergraduate degree that clinical trainees usually hold (plus any postgraduate MSc or PhD qualifications that are common among this group), it could be argued that a salary comparable to the median graduate starting salary (£23,500 in 2008 according to prospect.ac.uk) is entirely appropriate. The recent increase in salary can thus be regarded as a fair adjustment for a group that was historically under compensated (and that trainees from other branches of psychology still are unfortunately).

No, they are compensated appropriately.

Many consider it appropriate for doctoral candidates in general (which include PhDs, doctorates of education, law doctorates as well as clinical psychology doctorates), to receive some form of funding. While some doctorates can be self-funded, a significant proportion are funded by research councils, scholarship funds or university departments. Clinical psychology trainee salaries (which are taxed) are comparable to tax-exempt PhD stipends awarded by the Medical Research Council or Economic and Social Research Council and salaries offered to other vocational doctoral candidates, (e.g. Engineering).

There are wider economic arguments around attracting doctoral candidates with better financial incentives in order to maintain a higher caliber workforce. If there is not enough financial support for such individuals they may pursue more lucrative options in other fields. Additionally, substantially downgrading or eliminating salaries for trainees may result in the unwanted effect of restricting the profession to those that are from an affluent background or are willing to accrue significant debt.

Perhaps talk of trainees salaries are a red herring and distracting us from the wider picture? Ultimately the argument about whether any group is paid "too much"

centers around perceptions of inequality rather than whether the work in question "deserves" a given salary. While many would argue that merchant bankers are paid too much compared to schoolteachers, others would counter that the demand for certain services within our free market economy means you receive the money you negotiate rather than the money you deserve. Where you stand on this particular debate will be heavily influenced by whether you are favoured by the system, or feel you come off badly.

So where do you stand on this? Drop us a letter or join the debate on www.clinpsy.org.uk. and let us know.



2:2 be or not 2:2 be, that is the question.

By Dr Ian Barkataki

In modern times, the lower second class degree has become a much maligned entity.

The 2:2 or the "Desmond" as it became to be known (after the archbishop Desmond Tutu), was once a very respectable degree to hold. When a very small educated elite attended university, any class of degree was held in high esteem, as it was assumed that the individual was of sufficient intellectual calibre to be attending a university in the first place. However, the expansion of higher education and the increased popularity of psychology as a degree subject means that the number of psychology graduates has increased massively over the last 20 years. Combined with an increasing upward trend in award classification means that

by the time you are reading this over 50% of graduates will hold either a first class (1st) or an upper second class (2:1) degree. Not surprisingly in an increasingly competitive labour market a 2:1 or above is seen as a requirement to progress into graduate jobs, training schemes or, as in our field, onto postgraduate training.

If you read most of the clinical course handbooks, most state that an upper second class degree (or better) is required or a lower second class degree with a masters degree or other evidence of academic achievement. Nonetheless, some courses have recently started to exclude anyone with a lower second regardless of subsequent academic achievement. Similarly, many psychology

graduates are put off from pursuing a career in psychology or are told in no uncertain terms that their plight will be harder if they attain a 2:2.

But the BPS Psychology Education Board Graduate Qualifications Accreditation Committee state that "accredited undergraduate courses confer eligibility for the Graduate Basis for Registration, provided the minimum standard of qualification of second class honours is achieved" (which means a 2:2 minimum). If it's good enough for the BPS surely it should be good enough for clinical doctoral programs? Or is there more to it than that? Below we present the 2:2 debate from both sides.



Why a 2:2 is not enough?

Traditionally, doctoral candidates (usually PhD students) were required to have a 2:1 as a demonstration of aptitude and ability for self directed study. When clinical training became a doctoral level qualification, many

felt that this requirement should carry over, as the best indicator for subsequent academic performance was ones past track record. Simultaneously, the constant oversubscription for training programs meant selectors could use the 2:2 barrier as an effective screen to weed out the academically weaker or less committed, whilst allowing those who were motivated enough to carry on with postgraduate study to redeem themselves through this.

However, the increase in volume of psychology graduate numbers in the last 10 years has resulted in a larger percentage going on to acquire postgraduate qualifications as a means of standing out from the crowd (even if they already had a 1st/2:1). If the 2:1 is now seen as average, it then follows that the 2:2 would start to be viewed as below par. Perceptions of grade inflation has meant that a few courses have specified that "low 2:1's" (below 64% in the overall degree) are no longer evidence enough of sufficient academic attainment. As a result those with 2:2s are at a comparative disadvantage and regardless of subsequent qualifications continually have to play catch up, in a situation where selectors are actively starting to look for reasons to disqualify applicants.

There are several arguments to support this creeping threshold rise. There are enough applicants already with 2:1s and postgraduate experience, so why should courses (and NHS stakeholders and taxpayers that support them) potentially risk the large sums of money involved in training individuals when there are easily accessible safer bets? Others cite the increasing importance of maintaining high academic standards in an era where the profession has to compete with other professions who also have extremely high academic standards, such as medicine. The argument that if clinical psychology is to operate on a meritocratic principle degree class is one of the few remaining measures that assess all applicants on a level playing field. Unlike the more subjective evaluation of the merits of various types of work experience or of individual universities, the degree class remained a safe, non-negotiable and transparent way of choosing fairly between applicants.

It is possible that graduates themselves have played a part of the 2:2 depreciation. The phenomenon of the "2:2 but" has arisen, where people have started automatically claiming a mitigating circumstance when asked about their degree classification. A typical comment may be "I only got a 2:2 but... I was ill during the exams". No doubt there are many graduates whose individual circumstances lead to them not attaining the grades they are capable of attaining. Courses usually respect mitigating circumstances and stipulate that extreme circumstances will not be held against applicants. However, the very fact that individuals are often seen to be apologising for their degree class, it reinforces the idea that there is something inherently inadequate about it.



Why a 2:2 is sufficient?

Many feel that undergraduate degree class (beyond the minimum pre-requisite) should not be a pre-eminent factor in selection. Most courses subscribe to the idea that if subsequent evidence of academic prowess is demonstrated (e.g. publications, postgraduate degree), a 2:2 should not be a barrier during selection. Some courses have taken this point further and have reconfigured their selection criteria to accept anyone as long as they have Graduate Basis for Registration and have performed within a top percentile on their written or computerised tests.

At a wider level, candidates usually acquire a wide portfolio of experiences while applying and there is some cause to question whether undergraduate degree class should be the “make or break” point compared to the other necessary elements of a candidate’s application. There is also the issue that having an artificially inflated barrier to entry skews the demographics of the profession and does little for diversity. Also recent evidence suggests that degree classifications between universities may not be consistent, which may mean a 2:2 from one university may have been classified differently by another, which again may unfairly disadvantage some applicants.

There is also a more fundamental question of whether the profession should be placing as much importance on academic achievement in favour of core clinical attributes such as empathy, ability to develop therapeutic rapport, and more emotional/social attributes. Many see the academic element as teachable whereas the more personality based characteristics are more ingrained and are harder to either teach or develop later on in life. More recently there have been additional questions raised that current selection criteria focus too narrowly on academic attainment and clinical experiences, and marginalise increasingly important aspects such as leadership capability, organisational awareness and the ability to innovate and adapt to new challenges.

Whatever your personal view there is no easy answer to this issue. It is obvious by now that this is a divisive and emotive subject for many, and one’s own viewpoint will be coloured by their own circumstances or their attitudes towards the importance of academic achievement. As long as there are more people wanting to train as professional psychologists than there are places for them, selectors will use whatever methods available to them to help them. However, this does not mean that a 2:2 is necessarily the end of the road when it comes to psychology, although it may mean having to think laterally and demonstrate your abilities in other ways.

Pay Scales for Clinical Psychologists (January 2009)

- Assistant Psychologists earn at least £17,316 (£20,779 in London) on Band 4. If they are appointed to a Band 5 post (which requires greater experience and autonomy) they earn at least £20,225 (£24,270 in London).
- Trainee Clinical Psychologists earn at least £24,103 (£28,923 in London).
- Newly qualified CP posts start at £29,091 (£34,909 in London).
- On Band 8a (for psychologists who have at least 2 years post-qualification experience in a speciality) posts start at £37,106 (£43,044 in London)
- On Band 8b (for psychologists who have at least 4 years post-qualification experience in a speciality) posts start at £43,221 (£49,159 in London)
- Posts for Consultant Clinical Psychologists on Band 8c (who have at least 6 years post-qualification experience in a speciality and have secured a role that involves management and leadership) start at £52,007 (£57,945 in London)
- Posts for Consultant Clinical Psychologists on Band 8d (who run a large service and have significant management responsibility including budget-holding and substantial management experience) pay £10,000 more again, and Band 9 paying another £10,000 to a theoretical maximum of £93,098 (£99,036 in London) if you have run a whole regional psychology service for more than 6 years.

The clinpsy.org.uk survey

Results and Action Points from the www.clinpsy.org.uk 2008 User Satisfaction Survey

Well, its been a long time, but I thought it would be helpful for us to present the results of the user satisfaction survey, and some of the action points we have already taken forward or plan to in the near future.

About the sample

140 responses were received, but 8 were partial responses where a more fully completed response from the same IP was consecutive, so the survey software excluded them. Therefore 132 responses to the survey were suitable for analysis.

Of these, 2 responses were excluded from analysis because they were from the same IP address and contained profanities rather than meaningful responses. Therefore the results presented represent a sample of 130 members of the forum, 10% of those who were a member at the time of the survey.

Respondants were 84% female, and 95% were located within the UK, 70% were in their 20s, 23% in their 30s, and 7% were in their 40s or over. 41% had been a member of the site for less than 3 months, 15% had been a member 3-6

months, and 44% had been a member for over 6 months.

2% are planning a degree or conversion, 18% are psychology undergraduate students or doing conversion courses, 20% are graduates looking to gain experience, 39% are in psychological posts after completing their degree (such as AP, GMHW), 14% are trainee CPs, 3% are doing other post-grad qualifications, 3% are qualified CPs, 1% don't fit into any of these categories.

Views about the forum

- 98% feel the forum is organised
- 98% think it is friendly
- 97% said it is professional
- 97% feel the forum is welcoming
- 95% said it is factual
- 87% said they found it down to earth
- 75% feel the forum is open to criticism
- 72% said it is diverse
- 57% felt the forum is dominated by a few strong characters
- 25% found it daunting
- 24% said it felt cliquey
- <1% said the forum was misleading

51% of respondents said the forum exceeded their expectations, 45% felt it met their expectations, and 4% felt it didn't live up to their expectations. The main motivation for joining was to learn more about the path to qualifying in clinical psychology (40%), to discuss psychology topics (28%), to prepare for an interview or application (18%), or to network with others (9%) but several people said that many of these categories applied.

The quality of information on the site is rated as excellent by 48% of members, good by 48%, fair by 4% and poor by 0%. In terms of relevance of content, 16% feel they can always find something relevant to their query on the forum, 77% feel they can usually find something relevant, 7% can sometimes find something relevant and 0% can rarely or never find something relevant.

In terms of ease of use, 58% find it very easy to navigate, search and post, 40% find it quite easy, 2% find it quite difficult, and 0% find it very difficult. In terms of locating the desired content, 38% rate it as very easy to find information on the forum, 57% as quite easy, and 5% as quite difficult, 0% as very difficult.

29% of respondents told us they had posted, and it got a good response, 19% had posted and received an okay response, 3% felt their post had got a poor response, 9% hadn't posted as they didn't know how and 40% haven't posted as they haven't had a question to ask.



Asked to rate their satisfaction out of ten, the average score was 8.02

69% of members feel they have more of an overview of issues

51% feel more confident about their knowledge

62% have learnt more about the path to qualifying in clinical psychology

34% feel they have improved the standard of job/course applications

27% feel being a member has enabled them to be more successful in job or course applications

2% felt being a member had not been beneficial

43% of respondents are also members of other psychology forums. Of those who used other sites, 55% felt www.clinpsy.org.uk had significant advantages compared to other forums. 44% felt it has advantages and disadvantages by comparison with other sites. 1% felt it had predominantly disadvantages compared to other sites.

The moderation team are perceived as knowledgeable by 99% of respondents and friendly, professional, welcoming, helpful by 98% of respondents. 94% believe the team have a variety of experi-

ence to bring and 87% feel they work together well as a team. 63% feel that the team have clear and distinct roles in the forum. 29% of respondents feel the team are "critical" but many commented that they meant this in a positive way (referring to objectivity, rigour and willingness to question what might be assumed a 'given'). 22% see the team as competitive, 15% as biased, 13% as bossy, 11% as contradicting each other and 9% as arrogant.

So, do you care what we think? Has the survey led to any action?

Some suggestions or comments that we have already actioned or planned to include:

It may be a good idea (for long term purposes) to label each thread about applications, interviews, reserve lists, offers etc with the year of entry eg "the sent hall of fame 2008". This allows searches to distinguish between recent and old discussions when there are lots of threads like this in the future.

A great idea, and we will retrospectively label the main annual threads with their date ASAP.

Quite difficult to navigate around at first. With so much information it was difficult to know where to start to look.

We have made an index for the wiki, but any other suggestions about how to make the information more accessible would be very welcome!

It's only my opinion but I feel there sometimes are a few strong voices who can close down discussions as they come across as 'right'. I can find this off-putting.

We are aware of this issue. Our general view is that we all offer our own opinions, but opposing views are always welcomed, and views shouldn't go unchallenged just because they are written by an admin/mod/qualified CP - debate helps everyone, so we positively encourage it. As someone else puts it a few different contributors makes it more varied and less likely to be biased

I did not feel comfortable showing my a little bit of my personal side, as there felt an unsaid rule about professionalism.

We are aware that some people feel stifled by our idea that when posting as a psychologist we should behave as we would in a work context, and not be as disinhibited as people sometimes are when anonymous on the internet. Maybe we are being cautious in encouraging people to separate their professional role from some of the other facets of their life that they might show elsewhere on the internet. However, we do have a sense of humour, and enjoy the of-topic threads on the forum.

I would suggest that the link to the forum needs to stand out more on the

home page (i.e. centralise it) as I had to look for a while to figure out how to get to it.

Good suggestion, we'll add another link and look at how we can make it even more obvious where to click!

This site is continuing to spread a myth around clinical psychology that it is a job hard to do, only for chosen ones, and whose knowledge is surrounded by secrecy.

I'm not sure that is true! I think we are doing just the opposite - putting information that might otherwise be restricted by who you know into the public domain.

I liked the forum but as expected it is mostly in reference to England and perhaps a forum strand for each region would be helpful for region specific jobs and issues.

An interesting idea, if people wish to start threads dedicated to working in particular countries or regions you would be more than welcome to! Two responders also specifically requested an Irish thread, so this might be a good place to start.



I find the forum very quiet. I would like to contribute more but don't see many threads I can add anything of value to. This is understandable for a new site, but I hope to see it develop and become busier (and intend to do my bit by initiating a few threads in the near future).

I think the forum is getting more and more lively as our membership grows, but do keep adding threads and joining in!

Forum posts are not turned into wiki posts on enough occasions

We try to do this as much as possible, but if you see a topic you'd like converted to a wiki, please tell us, or make a wiki starter topic yourself in the "about the wiki and suggestions for new topics" section and we'll add to it and move it to the right place.

I think in general the information is good, but I would prefer the wiki to be updated more often.

Please do help us update the wiki, and add new topics. The nature of a wiki is that it is supposed to belong to the whole community who add to it and edit it, and allow it to evolve over time.

I think the information provided is good, but the posts in the wiki need to be referenced as to where this information has been collated from, until then this can be seen as unreliable and representative of the forum member and not the profession.

The wiki is the sum of knowledge of the members. It doesn't claim to be the total and objective truth, just how it is to the best of our knowledge. However, if something doesn't seem right, anyone can challenge it or suggest an update or improvement. As someone else put it

The quality of information is very good I don't think it has to be excellent, there are plenty of websites for that (BPS etc.), the strengths of the forum are the information given by other users who share their own experiences which I found much more useful and hard to find in other websites.

It would be good to have a chat room if possible.

Your wish is our command! We now have the livechat facility at www.clinpsy.org.uk/chat.php for signed in forum members.

Not enough info on where to find jobs, relevant experience, AP positions etc. also not entirely clear about the different specialties (e.g child, old age...) available after qualification, although not that relevant to me at this stage, its always nice to have something specific to aim for

I hope that there are now more topics relevant to you, but if there are still gaps please start topics and we'll help fill them.

I think it would be nice if more people got involved with posting we have 1000 members but I feel like I recognise most people that post

I agree with you! It would be lovely if all 2000+ members were active, but we do have a growing group of regular contributors, and more people posting than ever before so I hope this will continue to improve over time. Hopefully now that the wiki is more complete the team will have less to do and the floor can be more open for other topics of debate.

Can sometimes be a bit depressing to hear about all the experience other people have in comparison to my own.

That probably reflects the competitiveness of the profession more than anything specific to this site, but if there is anything we can do to make it less intimidating for those just starting out on the career path, please do post and let us know.

The journal club needs to be restarted

We have been trying to metamorphose this into a regular livechat slot to review journal articles or discuss clinical and research vignettes. However, uptake has been inconsistent, so we need to ensure that if we offer this it is actually used!

It does seem a bit daunting asking questions e.g. so much was stressed about not asking the same question (or

was that on another website?!) so that I was scared in case I asked the same question as someone else by mistake. There doesn't seem to be as much opportunity to talk to other aspiring psychologists because people are more experienced

It is a good habit to search before posting if you are asking the kind of question that might have come up before, but even if you don't people will generally provide links to previous discussions allowing you to elaborate if anything about your query is different or omitted from previous responses. In terms of the mix of members, I think the survey sample is probably quite representative, with a large proportion of students, graduates and those gaining experience, and smaller proportions of trainees and qualified psychologists. Other people want more people who share greater amounts of experience to discuss clinical and ethical issues with. Our aim is to be inclusive and to provide discussion that will be relevant at all of those levels.

You don't mention criminal convictions/cautions anywhere on the forum. Whilst I'm sure its a very small minority, nevertheless some individuals may have skeletons in their closet and advice regarding this area could be helpful.

A good wiki suggestion.

Not really knowing if the questions I ask are 'acceptable' for the forum - i.e. what may be regarded as confidential or not ethical - I wouldn't want to offend anyone!

If you are really concerned, drop a PM to a mod or admin. Otherwise, we are usually fairly quick to send you a PM if we have any concerns.

I find it difficult to work the site as I've never used a forum before

The faq button at the top left shows all the key information about using a forum like this one. Anything specific is in the "about this forum" section.

Other suggestions we would like to follow up

Suggestions for improvement include:

- greater publicity
- more volunteers to help out with adding and organising information
- more information about each clinical training course
- more about the roles of psychologists
- live debates on hot topics
- more information on the website, not just within the forum
- more useful links
- more job adverts
- more signposts about other related careers that psychology graduates might be interested in and links to further information on each
- more users so that there is more discussion
- more from people who work with older adults
- user involvement
- more live interviews (perhaps of related professionals, eg an Ed Psych or Forensic Psych or Counselling Psych or Neuro Psych)
- easier ways to search and narrow your search
- more real life events, social or even a conference
- more publicising when the live chats are going to be
- a glossary of terms [we have the A-Z thread in the wiki]

Do users like the site?

There were also hundreds of positive comments about the forum. Here are a random selection to give a flavour:

“Very good work!! assured me that this is what I want to do, and even though its competitive, that shouldn't stand in my way “

“Just that it's comfortable to come to this forum and not have the distractions that pop up so much on other forums, which can be spoiled by particular participants. I haven't seen anything unpleasant here - just useful advice and interesting discussions. Thank you.“

“Clinpsy is professional, which is very good. Also I enjoy the debates, and updated information regarding research, opinions and thoughts on different ways of working.“

“Even though I'm only an undergrad I'm not made to feel like I don't know anything even though some things I say may be wrong. its good for when you are still learning.“

“It is balanced, fair and has a nice atmosphere. There is no feeling of hostility, unfriendliness or that people are making

antagonistic remarks to unnecessarily upset other members.“

“People are given truthful answers to their queries, and any possible problems are pointed out. This is a good thing for the forum, as it can let people know where/if they are going wrong. Especially helpful in the posts regarding applications for training.“

“Very informative. I could not get over the time certain dedicated members had taken to provide detailed answers to questions or to explain/discuss certain topics.“

“I liked that the responses usually come from people who know what they're talking about such as people who are already psychologists and take part in short listing rather than only aspiring psychologists .“

“It is surprising how much people are willing to share advice with you when they could easily keep it to them selves and be at an advantage. its really nice.“

“I was pleased to see that forum users were honest enough to show that things can be difficult and a struggle, at least I know its not just me! Also sharing experiences means you can learn from others.“

“I would just like to say that i find this website a fantastic resource for all people, be they a-level students, undergrads, AP & RA's, trainee CPs and qualified CPs. The wealth of information is all relevant and incredibly useful, as well as all members being friendly and motivating. I have not been a member for long but i will definitely be spending a lot more time visiting the forum. Congratulations on such a great website.“

“I was over the moon to find a forum that didn't provoke my pre-interview anxieties, and a forum that was incredibly informative and reconfirmed why I want to go into Clinical Psychology.“



The British Psychological Society Student Members Group

an introduction by Helen Galliard

The Student Members Group (SMG) is part of the British Psychological Society. It represents students throughout the Society and in general to ensure their voice is heard. The group works to develop new services for students, and strives to improve connections with international psychology networks. You can find out more information at www.bps.org.uk/smg

For less than the cost of a night out members benefit from information and resources on psychology in the UK. Membership is open to students taking an undergraduate degree, A Level, AS, A2 or Scottish Higher in Psychology.

Membership also gives students access to conferences, including the Manchester and London lecture series, and the Annual SMG Conference. These are all fantastic opportunities to meet other psychology students, broaden psychological

knowledge, and network with leading psychologists

As part of membership, students receive copies of *The Psychologist*, the Society's flagship magazine, featuring news and ground-breaking research. Students also receive *Psych-Talk*, the newsletter for the SMG. It is full of up-to-date articles, reviews and reports covering a wide range of topics. *Psych-Talk* is written by students for students so always has lots of useful information for psychology students. Having a piece published in *Psych-Talk* looks pretty impressive on your CV. If you are interesting in contributing please contact Helen Galliard, *Psych-Talk* Editor at helengalliard@hotmail.co.uk.

Other benefits include 30% off books at BPS Blackwell and 20% off Oxford University Press psychology books and savings of over 30% on BPS journals in both print and online, job listings at [\[co.uk\]\(http://www.psychapp.co.uk\) and careers information and guidance from the Society. Importantly you also get the recognition of belonging to a professional body, the opportunity to get involved, and the Society's support at the start of your career which can be invaluable.](http://www.psychapp.</p></div><div data-bbox=)

The SMG Committee, who help to run the Student Members Group is elected on a yearly basis, and this also provides an opportunity for students to get involved in diverse roles such as membership liaison, editor of the student magazine *Psych-Talk* or PR and marketing. Again, this looks great on your CV and also provides an excellent networking opportunity.

To join the SMG you can download an application form at: www.bps.org.uk/membership/grades or e-mail applications@bps.org.uk for more information.

I hope I have tempted you to join us!



Hopes, fears and 'The Course'

an account from a new trainee.

By Musical Mel

After 5 years of hard work post-graduation I've finally reached the holy grail of getting a place on The Course.

It is a goal that many undergraduates and Assistant Psychologists strive for, so I thought I'd share a bit of my story and experiences.

My application for this year's entry was much less stressful or anxiety-provoking than my previous two attempts and this could have been an early sign that it was 'my' year. I spent my time after graduating gaining relevant experience in Assistant Psychologist and Research Assistant jobs but after getting nowhere I felt I needed to do something different. So, last year, shortly after the second rejection from a course interview, I decided that doing a bit of travelling and teaching abroad in China would be a good idea (and yes, I said to others that I was going to China to

'broaden my life perspective' and 'enhance my application form' but in reality I was escaping yet another year of application and possible rejection). To my surprise, I realised that I had gained so much more than a welcome break from the Assistant Psychologist rat race. As it turns out I had achieved some perspective: on me, where I wanted to be, what I wanted to do and that The Course wasn't the be all and end all of life as I knew it. This new-found-maturity and insight almost definitely contributed to me securing two offers of a place to start The Course in 2008.

This was a fantastic situation to find myself in, but it then dawned on me that I needed to decide between the two, easier said than done. The first course was the 'easy' option. Based in my home city, I would be training with supervisors I had heard of, met or worked with. I could stay in my very nice house with lovely housemates whilst enjoying my already established social network and hobbies. The only thing missing was a car which, let's face it, is a minor blip. My

other choice was an excellent course at a world-class university with great research opportunities. But accepting this offer would mean upping sticks and moving to the other end of the UK to a town I had never visited, let alone lived in. I would have to leave my friends and the musical theatre group I was so much a part of. On the flip-side this option would provide new experiences, new friends and plenty of men with Scottish accents. Okay, so that factor had slightly more sway than it probably should have done, but my friends were keen to remind me that just because I was going to live in Scotland it wasn't guaranteed, much to my disappointment, that I would meet and subsequently marry David Tennant, James McAvoy or Ewan McGregor. So you see it was a difficult choice to make: an all new Scottish experience versus cushy comfy safeness.

In the end I accepted the scarier of the two, a full-time place at Edinburgh University. It was the course structure, university reputation and pleasant interview experience that pulled me in that direction, along with my love of adventure (and the Scottish accent), meeting new people, visiting new places and fear that if I stayed where I was, I would always regret it.

Three months on from making that decision I still feel it was the right one.

However, three months on and the reality of starting the course in a few weeks time has sunk in. I have been experiencing excitement, apprehension, eagerness, anxiety, pride, terror, relief, and the occasional sense of readiness.

With such intense and equally-worthy competition for places I'm proud of myself for having made the grade, excited that I'll finally be a Trainee and relief that I don't have to go through the application process ever again (hurrah!). I'm really eager to throw myself head-first into lectures and learning, but having spent much of the last 18 months or so



on holiday or temping I'm terrified that I won't make the academic mark because my brain has in fact disintegrated and dribbled out of my ear only to be replaced by the ability to drink foreign beer whilst discussing the relative merits of South East Asian countries with fellow backpackers... not really what you want when embarking on a doctorate course.

The excitement of
the im-

pending move to Scotland is still laced with anxiety. I will have to cope with the demands of The Course whilst settling in to a new town, making new friends and trying to minimize the time I get lost driving around on visits so I can spend more time on my musical hobbies. I know I'll never lose those 'real' friends I have made but I am very sad to be leaving them. They were the main 'pro' for choosing my first course offer but speaking to an old supervisor proved to be both unnerving and reassuring at the same time. She said, "It doesn't really matter where you go for The Course, because ultimately for those three years, it

is your life and you won't see your friends. Fellow trainees and colleagues will be the people you spend time with no matter where you are, they will become your social circle and you will live and breathe the course until you finish." At least the fact I'm moving so far away means that I won't have to suffer the banter of my current friends when I ditch a night down the pub for studying instead!

On a final note, I do appreciate that the next 3 years are going to challenge me in ways I perhaps haven't yet experienced and at the moment it's one big unknown - Will I cope with the amount of work? Will I make friends? What sort of trainee will I be? Will my clinical skills be good enough? Which area will I like best? What on Earth am I going to write my dissertation on? Do I actually know anything about anything?

And does qualification give me an automatic subscription to the 'Boden' catalogue?

- But actually, in all seriousness, not having the answers to all of these questions is rather exciting, don't you think?

The Rumour Mill

a new series, by Ian Barkataki, explores the urban myths of clinical psychology

1 You only have a limited number of applications to a course before they automatically reject you. Status: False

So you decide that clinical training is for you, and you hear it is just like applying to a university course, you may think it's a good idea to start applying as early as possible, so if you don't get in this year, you can just keep on applying. But then, later on you hear from a friend, who knows someone, who used to work at University X who says there is an unofficial rule that you can only apply for a course two/ three/ four times before they automatically reject you. Now you have a problem that you previously didn't even consider. Should I apply this year and waste one of my "chances" or should I wait until I gather more experience. But then again time isn't stopping and I am not getting any younger... decisions, decisions.

But let us look at this a little more closely. Firstly, identifying information is not revealed at short-listing because of Equal Opportunities legislation, so this rumour isn't possible. The high number of applicants and the fairly healthy uptake (roughly 1 in 4 applicants getting onto a course), leads to a massive turnover rate and it would be impossible for courses to compile a list of "who has already applied". Additionally there is the implicit understanding that people will change across time, accruing experience and skills so that fresh faced, wet-behind-the-ears undergraduate that previously applied may be a virtuoso CBT therapist next time around. All of which makes any long term tracking scheme for applicants unworkable and pointless.

However, there is something to be said for a limitation on the number of interviews you may receive from a single

course. There are (obviously) fewer interviewees than there are applicants and it is easier to remember who was interviewed recently. If you have been interviewed unsuccessfully multiple times by a course, you may be informed by a course that it would not be beneficial to make further applications. They cannot legally stop you applying, and have to score all applications according to equal opportunities, however it may be clear after 2 or 3 interviews that certain people do not have the characteristics or personality that a particular course think are necessary to succeed in CP. Therefore some courses openly state whether or not it would be worth you making further applications in their feedback to interviewees. However, there is nothing to stop you applying to different courses afterwards, which may even be more suitable for you. However, you probably don't need to worry about crossing this

bridge at the initial application stage. Interviews are a chance for applicant and course to meet each other, so it makes sense to learn from your experience of courses that interview you whether you want to apply there again (or whether you wish to choose to study there if you have multiple offers).

There is of course the issue of setting your own limit. Understandably, some people will be put off at the prospect of applying indefinitely, and will construct a rule like "I will apply to training for X years before going on to do something else". This is quite a useful and adaptive strategy, and in the intervening time new opportunities often come up and new interests develop, which will mean the lure of clinical psychology could evolve or fade.



The Rumour Mill

2 You **HAVE** to have been an Assistant Psychologist to get onto a clinical doctorate course or to qualify in another area of psychology.
Status: False

When you are at university, or immediately after, you will hear about Assistant Psychologists who work closely with applied psychologists. What you may also hear is that these jobs are essential to get relevant experience in order to progress onto clinical training or qualify in other areas of psychology. However, these jobs are quite few and far between, and there are lots of applicants for them, so if you don't get one then its game over. Right?

Not really. While assistant jobs are incredibly helpful in gaining experience (and many assistants do go on to becoming fully qualified psychologists) there is more than one way to get there. Many psychologists have never been assistant psychologists, and have accrued their experience doing other jobs in clinical settings (e.g. as a support worker, working as a volunteer for a charity, care assistant), forensic settings (e.g. working in prisons or with the probation

service), or in other relevant areas such as research. Other successful applicants gather relevant experiences by initially doing related subjects like nursing or social work, or have completed relevant PhDs. As long as you have some idea about the type of work people in that field do and some exposure to the area of psychology you want to work within, it all helps.

Assistants may have traditionally had an edge. They would have been able to access a lot of insider information by working directly with qualified psychologists, may have had access to jobs via word of mouth and obtained help with application forms or mock interviews from people that had already gone through the system. However, recently much more of this information has been made available via the internet and other print sources (like *The Psychologist*), and far more entry level jobs are around that require people to work in psychol-

ogy settings (such as Graduate Mental Health Workers, High or Low Intensity posts within the Improving Access to Psychological Therapies scheme or Associate Psychologists). Also careers services at university are gradually getting more savvy about the types of experience that psychology training courses require and are able to advise their students better than before. Some may even provide mock interviews or put you in touch with alumni that work in whatever field you are interested in.

So don't be put off by rumours like this. There are plenty of people that get onto training without having been assistants, (and unfortunately some assistants that don't make it onto training at all). What is important is that you show what you have learned from the jobs that you have had, make best use of the resources that you do have access to (such as your university lecturers, career service, personal contacts) and keep your eyes open for interesting and potentially relevant posts or experiences.

Please feel free to post on the forum any other rumours you would like verified.



Clinical Psychology and the Credit Crunch

By *Miriam Silver*

It is always tempting to feel hard-done-by in comparison to a reference group who are doing better in terms of pay and status (in the case of our profession this normally means psychiatrists). But there are always other groups who view us with envy as their reference group! So how do we in clinical psychology compare to other professions? Well, within health a newly qualified CP earns the same as an experienced nurse, OT, therapist or social worker. Our scales then extend higher than either of these groups can normally attain. After 3 years experience CPs are normally on band 8a and earning over £35,000 a year. To me that seems like a good living, and it's certainly way above the national average wage. So how do we compare to people outside the public sector? Well, we have greater job security, which is no little thing in the midst of a credit crunch.

From my own perspective, I feel like this career has treated me well. It has been 16 years since I started my degree, which is the same as my husband who went into IT. I earn slightly more than he does, and I get 10 days per year more annual leave and a great deal more job satisfaction! He's also been made redundant twice in that time, whereas I've never felt my job was at risk.

If I compare myself to my peers, then unless they are doing high-stress jobs, or commuting into London not many earn more than me. Call me easily pleased, but I love my job and I earn a good living. I'm on a par with most of my graduate friends salary-wise, if not better. But most all I get to earn my money doing a job that is really interesting, varied and satisfying. And one where I am doing something useful, have a lot of autonomy, have been allowed to develop my interests and have lots of support from colleagues.

I know that my medical colleagues earn more money, but I wouldn't change role in a million years. Who'd envy them all the crises, on-call, and packed clinics full of dull prescribing and reviewing? Not me that is for sure. But then, I've never really seen money as the number one thing in deciding my vocation in life.

My advice would be, if you aren't enjoying the process, or haven't got that amount of determination (or if you haven't got a 2:1 or better and a few years to spend on gaining experience and earning very little) and money is your primary motivator, then change path sooner rather than later. Because it is a truly formidable challenge. But once you get there, it is worth all the hard work, from my point of view at least!! And I wish you all the best in achieving your aims.



Some common sense financial advice

Have you ever really looked at what goes in and out of your bank account, on to your credit card, or uses up the cash you withdraw? Well, if you haven't, now might be a good time! Aspire presents ten top tips for a frugal 2009. Follow them all and you could save thousands! Let us know how you get on.

Tip 1

Read your statements

It might sound really boring but reading your credit card statements and bank statements is time well spent. You get to spot any errors or fraud (both of which are surprisingly common in my experience) and keep a much better eye on what you are spending your money on. If you have old statements, check back over them. If you have ever been charged more than £10 for being sent a letter or for going overdrawn, this was illegal and you can claim it back retrospectively (see link in tip 10).

Example - \$900 dollars was taken out of my account, spread over several payments, to pay for internet services in America which I had not ordered. When I contacted the company involved they said the account was of a man with an address in France (I'm female and live in the UK) and discovered it had been opened with a fake ID. I was refunded the money.

Tip 2

Never pay interest on credit cards if you can avoid it

If you can't pay off the balance in full, then use an interest free card, or get a bank loan and close the account. Credit card interest is often five times the rate your bank would charge. Try to work out your budget so that you don't routinely spend more on your credit card than you can afford to pay off.

Example - if you borrow £500 on an Egg card at 31% APR and pay the minimum payment of £25 per month, you will never catch up with repaying the loan, and ten years later will owe over £4000, having had over £6900 added in interest! Pay £35 per month and you will pay it off in 3 years, but still pay £500 more interest than if you got a bank loan at 7% APR.

Tip 3

Shop around for everything!

Use a price comparison website to ensure you are getting the best value insurance products (for your home, car, travel, breakdown, pet, life/incapacity, etc) and don't automatically accept products that come with your mortgage, or renew last year's policy. Shop around for the best supplier for your utilities (gas, electricity, telephone, mobile phone, broadband, TV package). Consider whether a water meter would be cheaper for you, as they are very good value for singles and couples, as water rates are based on average family usage. Shop around for the best value mortgage product too, and the supermarket that is the best value on the products you buy most often (you can check which supermarket would be cheapest for your actual shopping list at www.mysupermarket.co.uk and then decide whether to then use your list to order a delivery from the winner).

Example - A quick ring around showed me that comprehensive car insurance quotations for a female driver aged 22 (with a clean driving license but no prior no claims bonus) living in Yorkshire with a 5 year old Vauxhall Astra vary from £300 to over £1500!

Tip 4

Think about what you eat and drink outside your home

If you buy a sandwich at work, could you save money by taking a packed lunch. If you buy coffee, could you take in some single-cup filter packs instead? If you always end up ordering take-away, could you get similar products in advance from the supermarket and heat them in the oven?

Example - Buying a sandwich and can of drink for £3 per day soon adds up to £750 per year. A takeaway curry or pizza each week can be £500 more over the course of a year than buying the same items from the supermarket.



Tip 5

Monitor your spending

Record every penny you spend over the course of a month, or at the very least look much harder at that bank statement and credit card bill. Sort the amounts into categories, marking what you feel are essentials, and where you could live without things. Would you miss it if you didn't have the whole Sky package? Are there cheaper ways to keep fit than the gym you currently pay by direct debit? Do you still get enough value from the cinema pass or DVD rental scheme or magazine subscription you loved so much when you joined? Do you really need to buy as many clothes/shoes/DVDs/CDs/computer games?

Example – Gym membership in one area costs between £35-£90 per month. Using the local swimming pool or joining in a yoga class in the local community centre costs £4 per visit. If you swim twice a week or only attend classes but never use the gym perhaps paying per use would be better value. If you use the gym but never swim there might be cheaper gyms without a pool. If you decided to walk or cycle or do an exercise video there might be no cost at all.

Tip 6

Increase your income

If you really are in debt, or are currently spending more than you earn, you might decide it is worth exploring the options for increasing your income. Even a few shifts in a restaurant or pub can mean you are earning rather than spending on a Friday or Saturday night, but joining the bank at your local hospital and doing some extra shifts can also add to your experience. If you are qualified you could consider taking a private assessment or therapy case.

Example – as a student, my other half used to go out for a few drinks most weekends, and spend around £20 per week. In his final year he got a job working behind the bar of one of the places he used to drink. He still got to spend his evening with the

same people, but earned £40 per week instead of spending £20. Over the course of a year, this was a net gain of £3000 and allowed him to pay off his overdraft and credit card.

Tip 7

Pay more than the minimum payment

Try to pay back any amount you owe on credit cards as quickly as possible. Where you have the option, pay more than the minimum repayment on loans and mortgages. Explore whether you can choose to take a payment holiday or additional borrowing from a mortgage instead of using your credit card or taking out a loan as the interest rates are likely to be lower. Find out whether an offsetting system would work for you (especially relevant if you have savings, or are self-employed).

Example – If you have savings or a credit balance in your bank account (for example if you pay your tax in one or two annual payments) and also have a mortgage you could offset your credit and just pay interest on the difference between the two. There is a calculator at <http://www.oneaccount.com/onev3/calculator/index.html> which can let you know whether offsetting would work for you, but there may be better value accounts, so do shop around

Tip 8

Sell things you no longer need

Whether you sell to friends and family, on the internet, or via the local paper, cash can be made from unwanted items. Selling on eBay isn't complicated, and although the fees tend to take the first 10% and make selling items worth under £10 a bit effortful for little gain, there are surprising amounts of things that other people will part with good money for. Music, DVDs, toys, collectables and antiques can all sell well. Second hand clothing, if it is by a good brand, gets a reasonable price

too. Even what you think of as junk can make £50 in a morning at a car boot sale. Putting an advert in the local paper, or a card up in a local shop, or even at work, can cost nothing or very little and allow you to ensure your items get a new home and you get some money. Also check the trade-in values of items like computer games, or the price you would get from the local cash converter or trade shop. If something has no resale value, or is too bulky to post it is better to put it on freecycle than end up storing or tipping it, so that someone else can make use of it.

Example – a friend inherited 3 ugly glass pheasants made by Lalique, so we did some research and put them on eBay hoping for £50 a piece. In the end they sold for £700 each!

Tip 9

Recycle or sell your old mobile phones

Many companies offer reasonable prices for second hand mobile phones. Even a non-functional and outdated phone will sell for a couple of pounds. Better still get the free upgrade from your network and sell it on eBay and continue to use the old model!

Example – Our O2 contract includes a new handset each per year. If we sell one new phone for £100 each year we still have a new phone every other year. At the end of the 2 years the old phone is still worth £20. The overall saving is £240 between us over two years, which takes one third off our mobile phone costs per year.

Tip 10

Become an informed consumer

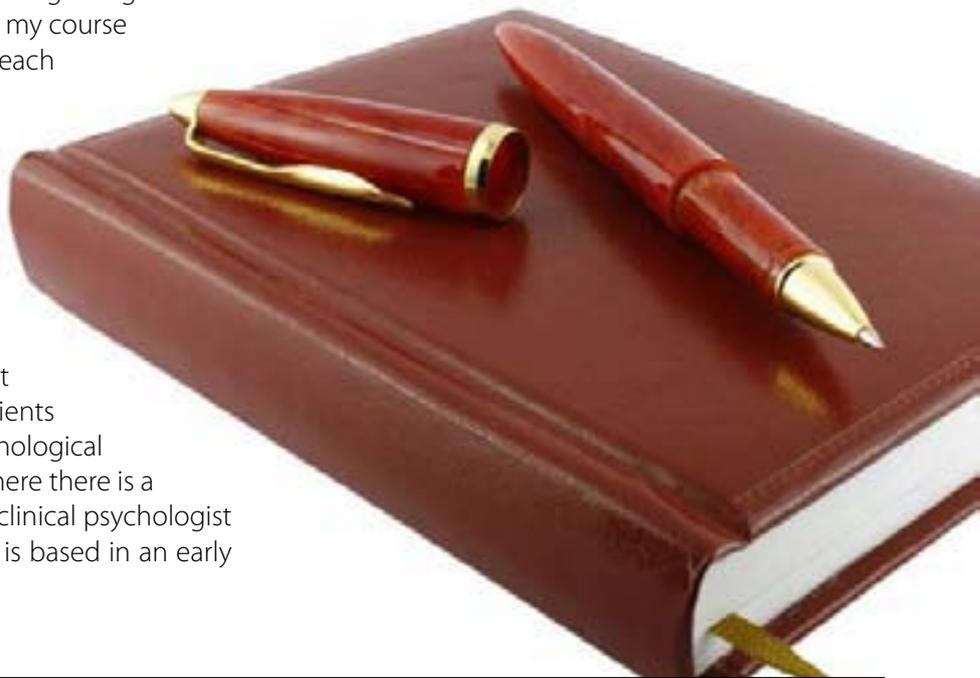
Get money wise. Read sites like <http://www.moneysavingexpert.com/protect/money-help> and learn to play the system to your own advantage! Learn how to complain if you get bad service, and to claim money back if you have been overcharged. Learn to haggle, even on the high street!

A week in the life of...

A third year Trainee Clinical Psychologist

By Ruthie

I am a third year trainee. I am currently doing "long thin" placements. At this stage of the third year on my course trainees spend two days on placement each week. Instead of spending both my days on one placement for six months and then changing to a different placement half way through the year, I am doing two placements over the course of the whole year and spending one day per week on each. In the summer this will go up to two days per placement after the theses are handed in. My first placement is a specialist CBT placement seeing some clients from the new IAPT (Improving Access to Psychological Therapies) service and some from a CMHT where there is a lack of psychology input because a qualified clinical psychologist is on maternity leave. My second placement is based in an early intervention in psychosis team.



Monday

Study day at home. I treat myself to a bit of a lie in then get up and spend most of the day reading bits of my thesis that I have written ready to go to my research supervisor. Then I start doing some more work on my literature review. I also check my email several times waiting for the ethics committee to get back to me about some simple amendments. It has taken them almost 8 weeks and I

am getting more annoyed by the hour. Later in the afternoon, I visit the Child Development Centre where I did a placement in my first year to report back on my service-based research project that I carried out there which looked at how parents' construct a diagnosis of autism one-two years after diagnosis. It was an interesting study and it is enjoyable to feedback my research to

people who are very interested in it. It's also lovely to catch up with old friends and colleagues. One of the health visitors catches me on my way out to tell me that the first client I worked with as a trainee is doing really well, which is fantastic to hear. I certainly feel a bit more buoyed up after my frustrations with the ethics committee.

Tuesday



Tuesday morning and it is up bright and early to go to the university for a teaching day. I leave the house only to find that one of the roads out of the town where I live is blocked. It takes nearly 45 minutes to get on the main road. I will not be late for teaching; I just won't get a car parking space. I arrive on time but slightly flustered from driving around

the university car parks trying to find somewhere to park. Today's teaching is on autism and it was very interesting. I write lots of notes as my supervisor from the early intervention placement has asked me to do some teaching for the team there on autistic spectrum disorders as they might present in that particular service.

A week in the life...

Wednesday

I am on my specialist CBT placement.

I see two clients. One from IAPT and one from a CMHT (Community Mental Health Team). I am enjoying seeing people through IAPT, although it still surprises me at how much less entrenched and complex their difficulties tend to be. I will usually have a working formulation by the end of the first session. It is a good way to get my CBT skills up to scratch and develop more confidence with CBT. The people I see through the CMHT tend to have longer-standing and more complex difficulties and are more similar to people I have worked with on

previous placements. After seeing my clients, I enter my notes, pack up my bag and vacate the room I have been using so another trainee can use it. On a Monday, the room is shared between a qualified psychologist and two trainees so we have our allocated times and have to stick to them religiously.

I meet another trainee in the main hospital for lunch. After a catch up and good moan about current thesis hassles, I have a bit of time to listen to the tape of one of the therapy sessions I did this morning before I meet my supervisor. I

listen to the tape in her office (actually, her office is a built-in cupboard - I was not joking when I said we had space issues) while she is supervising a CBT therapist in another room. The big advantage of doing long-thin placements is that I get an hour of supervision for each placement so as well as discussing the general issues that come up, I have time to focus on the individual clients and on building my CBT skills. Using tapes in supervision can be nerve wracking but the feedback is exceptionally helpful.

Thursday

No research work today - hooray! I am on my early intervention in psychosis placement. This is a challenging placement to do in one day a week as there is so much driving to do and it is important to keep other people in the team informed about what I am doing. However, long thin placements have the advantage of allowing me to work with people for more than a few months. This is important for this client group as engagement can be more challenging and the work tends to be longer-term. I start the day in supervision discussing the two clients I am seeing on this placement. Then I join a team meeting and I am struck by how the team seems

to be a crisis team, assertive outreach team and drug and alcohol service rolled into one! After the team meeting I catch up with one of my client's care co-ordinators and then I head out to see two clients in their homes. A lot of my work on this placement focuses on engaging clients and I find myself less concerned about my therapy skills and more concerned about finding a connection so we can talk about something meaningful. After seeing the first client, I head to the psychology office where I work on a Monday and enter my notes. This saves me having to go back to the early intervention team base. It also means I get some company while I eat

my lunch. Eating in the car on the side of the road is a bit miserable. I then see my second client, which is quite a drive. After the session, I call the duty worker to keep the rest of the team updated on our work and let them know I'm going home as it is too late to get back to the office. I then call my supervisor to keep her informed and make sure that she knows what I'm doing so it can be fed back to the team during the week when I am not there. I write some notes quickly when I get home and will enter them on to the computer on Monday morning so people know what I have been doing.

Friday

At last, a response from the ethics committee! However, the verdict is not what I wanted to hear. I am even more annoyed now, as what they have asked is a legal query and somewhat strange. I post on clinspy to find out whether anyone else has had similar experience and fire off a peeved off email to my supervisor to get their opinion. I then spend a few hours online looking up

the legal stuff and phoning my partner (who works in a legal field) to ask for his opinion. I conclude that the ethics committee have been wholeheartedly daft and draft a letter in response to them, sending it to my supervisor first! My supervisor agrees with me, the letter goes and I await their next response. I just want to start collecting data now but my hands are tied.

As to the weekend, I do not intend to do anything related to the course whatsoever so I am looking forward to having two days off.

News and Views

The latest from Aspire and www.ClinPsy.org.uk

A letter to the editor

Dear Miriam,

May I ask a few questions about portability of credentials? Can a clinical psychologist licensed in the US practice as clinical psychologist in the UK? Is there a governing body that reviews foreign credentials and if so could you please send contact info for that organization? Finally, if one obtains a doctorate in clinical psychology at an accredited university in the US, but the degree program is not recognized by the APA (American Psychological Association) in the US, and yet the individual's education meets the licencing requirements of the state where he or she practices, how would that effect, if at all, portability?

Thank you in advance for your help. I look forward to hearing from you.

Tony Jones, PhD.

Caption competition



“That wasn’t the kind of BDI I had in mind”

Miriam’s other half

If you want to suggest a caption for our next image, please look on the forum

Dear Tony,

Our governing body for clinical psychologists in the UK is the British Psychological Society (<http://www.bps.org.uk/>) and they have a “Statement of Equivalence” scheme to approve qualifications from abroad. However, they are notoriously conservative about who they approve and notoriously slow - so it might well be that they set requirements for you to “top up” to the UK qualification that you have to meet before you can practise here unsupervised. In my experience, US qualifications rarely gain outright approval, and the process of proving you meet the criteria can be quite protracted. The role of regulating Clinical and Counselling psychologists is moving this summer to the Health Professions Council, who may have a different way of approving international qualifications, although to the best of my knowledge their criteria have not been published yet. As I understand it, they will only be regulating those using certain professional titles (eg Clinical, Counselling, Occupational, Educational). It may therefore be the case that there is some scope for private practise provided that you market yourself outside of the regulated titles, as other providers of psychological therapies are currently un-regulated in the UK

You will also need to consider whether you can gain the right visa to live and work in the UK from the USA, as without that most jobs won't even let you apply. You'll also need to think of the higher cost of living and different work environment, as most of our clinical work takes place within the National Health Service, which is a public sector employer.

If you read the BPS site there should be a contact for further questions, but you could also come and post on the forum at www.clinpsy.org.uk as it is a good way to network with other people who might be in the same position or have experience of the process of gaining equivalence.

**Good luck with it,
Miriam**

