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DISCLAIMER: The views and opinions expressed by the trainees surveyed for *The Alternative Handbook 2023* and those providing comments are theirs alone, and do not reflect the opinions of the British Psychological Society or any Trustee or employee thereof. The British Psychological Society is not responsible for the accuracy of any of the information supplied by the trainees surveyed and has replicated trainees' comments in good faith. All trainees who submitted feedback for the purpose of this handbook did so knowingly, having given any necessary consents.

Dear prospective clinical psychologists

Choosing which courses to apply for to undertake your professional clinical training is one of the most important decisions in your journey towards becoming a clinical psychologist.

There are many factors which may influence this decision, all of which will shape your experiences as a trainee clinical psychologist, and the clinician you will become. These include the course ethos, location, selection procedures, the course content, placement opportunities, research topics and support structures available.

The Division of Clinical Psychology (DCP Pre-Qualification Group (PQG) represents those before training (pre-training) and in-training (i.e. current trainees) within the DCP. You can visit the [DCP section of the BPS website](#) to learn about member benefits including access to written and video resources alongside a list of national aspiring psychologist support groups. The website also contains information on the group's activities, including information on upcoming events and recordings of previous webinars.

You can keep up to date with the group by following us on social media.

- Facebook: DCPPreQual
- Twitter: @DCPPreQual
- Instagram: dcpprequal
- LinkedIn: Division of Clinical Psychology Pre-Qualification Group

To join the [DCP Pre-qualification Group](#) you'll need to also be a member of the [British Psychological Society](#) (BPS) and add the Division of Clinical Psychology.

We proudly present *The Alternative Handbook 2023: A trainee's guide to postgraduate clinical psychology courses*. In this publication, we have asked the current trainees from every course, across all year groups to tell us what it is like to be a trainee on their course. Overall, the information provided here aims to give you a flavour of what it is really like to be a trainee at the courses which interest you. While the survey encourages open and honest feedback, the BPS holds the right to remove comments that may be libellous, contain prejudiced language, or identify particular individuals.

Like last year, we asked current trainees to answer questions related to their experiences of studying on their course during the coronavirus pandemic.

Each year we strive to gain a realistic account of trainees' perspectives on the different courses and we could not do that without the time taken by current trainees to respond to our questions. We would like to extend our sincere gratitude to all respondents of this year's survey and thank each trainee for their input. We are sure that the comments provided will be invaluable in helping you, as aspiring clinical psychologists, to consider and plan your application for training.

Furthermore, this publication would not be possible without the hard work and dedication of our colleagues on the DCP Pre-Qualification Group Committee and the BPS staff (Research & Evaluation, Data Analytics and Design & Production teams) working behind the scenes – a huge thank you to all our colleagues who have worked diligently to produce this publication.

From the 2021–2022 Division of Clinical Psychology Pre-Qualification Group Committee, we wish you the best of luck with all of your career developments.

About the Pre-Qualification Group

The Pre-Qualification Group (PQG) is here to support and represent you in your journey to becoming a qualified clinical psychologist, ensuring your views and needs are integrated into the activities of the British Psychological Society (BPS) and Division of Clinical Psychology (DCP).

MEMBERSHIP

Membership of the Pre-Qualification Group is open to Graduate members of the Society who are either in a 'Pre-Training' role (i.e. anyone who has completed an accredited psychology degree and is an aspiring clinical psychologists) or are 'In-Training' (i.e. individuals who are on an accredited clinical psychology doctorate course).

JOIN

The Pre-Qualification Group is part of the British Psychological Society's Division of Clinical Psychology. You automatically become a member of the Pre-Qualification Group when you join the DCP at either the General (Pre-Training) or In-Training grades at no extra cost! If you are unsure as to whether you are registered with the Pre-Qualification Group, please email membernetworkservices@bps.org.uk and ask to be added to our mailing list.

For further details on joining the Division, please visit: www.bps.org.uk/dcp

COMMITTEE

Please email dcppqc@bps.org.uk to discuss becoming a PQG committee member and apply by submitting a statement of interest via <https://mor.bps.org.uk/content/member-online-resources-mor>



the british
psychological society
promoting excellence in psychology



Division of
Clinical Psychology
Pre-Qualification Group

DISCOVER A WORLD OF BENEFITS

OPPORTUNITY AWAITS WHEN YOU TAKE OUT DCP PRE-QUAL MEMBERSHIP

PRODUCTS AND SERVICES

- Reduced rates for PQG and DCP conferences and workshops.
- Regular email updates with important information, events and activities.
- Monthly edition of *Clinical Psychology Forum*.
- Discounted rates and free access to insightful documents produced by the division.
- Join our DCP online community and share knowledge, ask questions and network with other trainees and practicing clinical psychologists.

SUPPORT

- Be acknowledged for your innovative research and practice through the Pre-Qualification Group Award.
- Enjoy funded local events and activities, exclusively for members.
- Find your local pre-training support group, or 'assistant group' to help you gain a place on specific training courses.

FIND OUT MORE AT [BPS.ORG.UK/DCP](https://www.bps.org.uk/dcp)

JOIN THE DCP AS A BPS MEMBER.

FIND OUT MORE AT [HTTPS://WWW.BPS.ORG.UK/MEMBER-NETWORKS/DIVISION-CLINICAL-PSYCHOLOGY](https://www.bps.org.uk/member-networks/division-clinical-psychology)

REPRESENTATION

- Join the PQG committee and be a representative on faculty and local branch committees.
- Shaping your future by taking part in consultations.
- Take part in national working groups as well as a host of other DCP committees.
- Disseminate your work and write about hot topics by submitting an article or topic for inclusion in the *Clinical Psychology Forum*.

FOLLOW US ON SOCIAL MEDIA FOR THE LATEST INSIGHTS ON THE WORLD OF CLINICAL PSYCHOLOGY!

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CONTACT THE COMMITTEE AT DCPPQG@BPS.ORG.UK

DCP PRE-QUALIFICATION GROUP COMMITTEE 2020-21

PQG Core members

| | |
|----------------------|---------------------------------|
| Katie Knott | Co-Chair (In-training) |
| Esther Bowen | Co-Chair (Pre-training) |
| Ken Cheung | Treasurer |
| Naomi Rodgers | Membership Engagement Lead |
| Vacant | Membership Engagement Lead |
| Nadia Ernst | Co-Events Lead |
| Alishia Bann-Khellaf | Co-Events Lead |
| Ashleigh Cullen | Co-Publicity Lead |
| Vacant | Co-Publicity Lead |
| Olga Hide | Covid Comms Team Rep |
| Vacant | Trainee Rep |
| Maisie Stafford | DCP Workforce and Training |
| Lawson Falshaw | Division of Neuropsychology Rep |
| Jennifer Oulton | Committee Member |
| Liam Myles | Committee Member |

DCP Nations members

| | |
|------------------|----------------------|
| Rosie Sibley | Nations Co-ordinator |
| Hannah Wilkinson | England Rep |
| Vacant | Northern Ireland Rep |
| Vacant | Scotland Rep |
| Vacant | DCP London Rep |
| Vacant | Wales Rep |

DCP Faculty members

| | |
|--------------------|--|
| Vacant | Faculties Co-ordinator |
| Dominika Kominkova | Addictions Faculty Rep |
| Vacant | Clinical Health Rep |
| Kate Cudmore | Children, Young People & their Families (CYPF) Faculty Rep |
| Laura Williams | Eating Disorders Rep |
| Simran Bains | Forensic Faculty Rep |
| Vacant | Faculty for People with Intellectual Disabilities (FPID) Rep |
| Vacant | Faculty of the Psychology of Older People (FPOP) Rep |
| Vacant | HIV & Sexual Health Faculty Rep |
| Vacant | Holistic Rep |
| Melissa McRae | Leadership & Management Rep |
| Vacant | Oncology & Palliative Care Rep |
| Rose Bidewell | Faculty of Psychosis & Complex Mental Health (PCMH) Rep |
| Laura Waring | Perinatal Faculty Rep |

Equality, diversity and inclusion

In total 1042 (41%) of trainees completed the survey for the *Alternative Handbook*. Below is a summary of their demographics. A full breakdown can be found [here](#).

AGE AND GENDER

Roughly two thirds of respondents (65 per cent) were aged between 25–29 years old when they started their training. This is similar to last year (67 per cent) and greater than national data, with only just over a quarter (27 per cent) of full-time postgraduates enrolling in this age group (HESA, 2020–2021). Compared to all full-time postgraduates, respondents started their training at a slightly older age.

The majority (85 per cent) of respondents described their gender as female and only 11 per cent as male. This is similar to last year (84 per cent and 13 per cent respectively). This is slightly greater than the national figure, where 81 per cent of full-time psychology postgraduates were female (HESA, 2020–2021). Figures also reflect findings from [The Right Track](#) (2021) commissioned by The Nuffield Trust on behalf of the BPS, which showed that one in six (16.7 per cent) of the NHS psychological workforce are male, having fallen slightly in recent years. Respondents were provided with the opportunity to self-identify their preferred gender identity, with less than 1 per cent self-identifying. One per cent described themselves as non-binary and 2 per cent preferred not to say; this remains unchanged from last year. Nine per cent of respondents responded that they lived and worked/studied in a gender role different from their sex registered at birth, slightly higher than the 6 per cent who said this last year.

ETHNICITY, RACE AND CULTURE

The majority (81 per cent) of respondents described their ethnicity as White, which is less than reported last year (85 per cent). Fifteen per cent described themselves as Black, Asian or Mixed/Multiple Ethnicity (BAME), with the highest number (7 per cent)

of those identifying as Asian. These figures are higher than those reported nationally where 74 per cent of full-time postgraduates describe themselves as White and 25 per cent as BAME (HESA, 2020–2021). [The Right Track](#) (2021) research findings also showed disparities, with certain minority ethnic groups less likely to progress in their career, having entered the NHS workforce post study. For instance, 9 per cent of applicants with Black and Asian ethnicities were accepted onto clinical psychology training courses compared with 17 per cent who applied.

SEXUAL ORIENTATION

Three quarters of respondents (75 per cent) described their sexual orientation as Heterosexual/Straight, a similar proportion to last year (77 per cent). Eighteen per cent identified as Lesbian, Gay or Bisexual, also a similar proportion to last year (16 per cent).

RELIGION AND BELIEF

Seventy-one per cent of respondents described themselves as having no religion or belief, which is similar to last year (72 per cent). This is greater than the national figure of 48 per cent for all full-time postgraduates (HESA, 2020–2021).

SOCIAL MOBILITY

Half (50 per cent) of respondents reported that the highest qualifications achieved by their parents(s) /guardian(s) by the time they were 18 was a degree level (this was 54 per cent last year). Almost a quarter (24 per cent) of respondents reported that the type of work that the main/highest income earner in their household did when they were aged around 14 was a modern professional occupation (e.g. teacher/ lecturer, nurse, and physiotherapist).

This is in line with national findings for full-time undergraduate students (26 per cent) (HESA, 2020–21).

DISABILITY, IMPAIRMENT, LEARNING DIFFERENCES AND LONG-TERM CONDITIONS

Roughly a quarter (25 per cent) of respondents reported having a disability, impairment, learning difference or long-term condition, which is a similar proportion to last year (22 per cent). This is much greater than the national figure, where 10 per cent of full-time postgraduates reported having a disability (HESA, 2020–2021). The most reported disability, impairment, learning difference or long-term condition were a mental health condition, such as depression or anxiety (35 per cent), learning disability/difficulty (32 per cent), a long-standing illness or health condition, such as cancer, HIV, diabetes, chronic heart disease or epilepsy (30 per cent) and being Neurodiverse (e.g. autistic spectrum; 20 per cent).

DISABILITY & REASONABLE ADJUSTMENTS

Trainees who reported having a disability, impairment, learning difference or long-term condition were asked some further questions about reasonable adjustments. Prior to starting their course, 69 per cent of these students reported that they had disclosed their disability, impairment, learning difference or long-term condition to their university, of which just over half (53 per cent) reported that a member of staff at their university had discussed reasonable adjustments with them. When asked if reasonable adjustments were put in place before they started their course, 45 per cent of trainees reported that they were not put in place because they did not need them, over a quarter (26 per cent) of trainees reported that they had not been put in place, but they would have liked them, and a quarter (25 per cent) said reasonable adjustments had been put in place.

Over half (54 per cent) of trainees reported that reasonable adjustments had been maintained and adapted as needed during their course. Over a fifth (21 per cent) reported that they had not been maintained because they did not need them, and almost a fifth (19 per cent) reported that reasonable adjustments had not been maintained and adapted, but they would have liked them to be.

CARING RESPONSIBILITIES

Fifteen per cent of respondents reported that they had caring responsibilities. The most reported caring responsibility among carers (44 per cent) was being a primary carer of a child/children (under 18 years), or being a secondary carer (39 per cent).

CARING RESPONSIBILITIES & REASONABLE ADJUSTMENTS

Trainees who reported that they had caring responsibilities were asked some further questions about reasonable adjustments.

Prior to starting their course, almost half (47 per cent) of trainees did not discuss their caring responsibilities with staff at their university, while 43 per cent did discuss their caring responsibilities. When asked if their course had offered and supported them with reasonable adjustments, over half (56 per cent) of respondents reported that their course had offered them with reasonable adjustments and over a quarter (28 per cent) reported that their course had not.

When asked to what extent do you agree or disagree with the statement: 'I feel able to manage both my caring and course responsibilities', over half (55 per cent) of respondents strongly agreed or agreed, a quarter (25 per cent) strongly disagreed or disagreed and 19 per cent neither agreed nor disagreed.

Message from DCP and the Group of Trainers in Clinical Psychology (GTiCP)

STATEMENT FROM DCP

We recognise there is a longstanding lack of diversity in clinical psychology, and that there are barriers to access for people from marginalised backgrounds. There is a commitment to action and change across the profession which has been strengthened over the last year.

Many have highlighted concerns about whiteness, marginalisation and racism in clinical psychology, and we recognise the need to address this as a systemic and structural issue. While members from Black, Asian and Minority Ethnic backgrounds are key to this work, it will also encompass other marginalised groups such as those with disabilities, with a focus on intersectionality. To achieve this, the DCP has been guided by the work of the DCP Minorities Clinical Psychology Subcommittee.

In 2021, The Division of Clinical Psychology (DCP) established a Task and Finish Group on Equality, Diversity, Inclusion and Antiracism to guide work across the Division (in conjunction with the BPS Presidential Taskforce on Diversity and Inclusion). The DCP Task and Finish Group made a number of recommendations to establish and embed EDI and Anti-Racism practice across the DCP including recruiting an EDI lead to sit in the DCP Executive. We successfully recruited to this position in July 2022.

The DCP remains committed to upholding the values of equality, diversity and inclusion and to continuing to develop our anti-racist stance. We recognise that we still have much work to do in implementing these values and creating lasting change.

Our aim is to promote and advocate for diversity and inclusion within the discipline and profession of psychology and work to eradicate discriminatory practice. We welcome the significant efforts made across the training community to take an active anti-racism stance and adopt more inclusive practices in selection of trainees.

We want to see the clinical psychologist workforce reflecting the communities that we work with, and we welcome a diverse range of aspiring psychologists applying and becoming trainees and joining our profession.

STATEMENT FROM THE GTiCP

The profession of clinical psychology is going through a process of rapid and sustained change, with expanding trainee numbers; more attention to inclusive practices in selection of trainees and in engaging with service users and services; critically questioning our roots in colonial and oppressive practices and ideologies, and fostering an active anti-racism stance. Health Education England has played a major role in these developments, and the other nations too are considering expansion and inclusive practices in response to their Government's instructions.

These are exciting times to join the profession – the NHS long term plan has identified many new areas of work for clinical psychologists, and the pandemic has highlighted an increased need for practices that erase inequality and improve people's rights.

All UK programmes have their own ethos and emphasise different ways of thinking about how we support people in distress – some of our programmes, broadly, take a more systemic view and consider human rights throughout training, and the impact of inequality and structural barriers on the experiences of communities, families and individuals.

Other courses emphasise individual service user experiences, and highlight specific skills building in one-to-one therapies, some with an option for further accreditation in a specific modality (usually CBT or systemic). Many courses are a combination or hybrid of these. The plurality of clinical psychology is what makes it a vibrant community, with colleagues drawing on different types of evidence to

support the work they do, and integrating theory and practice in their work in multiple different ways. It also means that you, as a potential applicant, can look for a good fit between you as a practitioner and your values and interests, and the offers of the courses.

We are pleased that you are reading this handbook and we hope that you find in here some answers to your questions about clinical psychology training. We need people from all walks of life to apply, to reflect the needs in local communities. We need people to apply who might have thought of themselves as not typical clinical psychology material – if you have a genuine interest in people and communities experiencing distress, trauma or change, and if you have personal experience to fall back on that helps you empathise and support people, then please consider joining our profession.

Every year we train people with disabilities, people with various ethnic and religious

affiliations, people with lived experience of health and mental health issues, people with neurodiversity, people who have experienced very challenging family systems, people who have lived in poverty, people who sit outside the cis/het majority, people who have lost loved ones, people who are inspired to improve services after having experienced them as service users, people who care and passionately want to change. We can all transform our energies for the good of people requiring our services.

Do join us on your training journey. We look forward to welcoming you in our community.

Anna and Annette

About the BPS accreditation process

Accreditation through partnership is the process by which the British Psychological Society works with education providers to ensure that quality standards in psychology education and training are met by all accredited programmes on an ongoing basis.

Our approach to accreditation is based on partnership rather than regulation, and we emphasise working collaboratively with programme providers through open, constructive dialogue that allows space for exploration, development and quality enhancement.

On an ongoing basis our Committee for Training in Clinical Psychology members, who are also programme reviewers, work alongside the Society's Partnership and Accreditation Team staff to assure and enhance standards in postgraduate professional training in clinical psychology.

A key part of the work involves reviewing specific provision against The Society's Standards for the accreditation of Doctoral programmes in clinical psychology, as well as identifying and promoting best practice across the education and training community.

The Partnership and Accreditation team oversee all of the accreditation standards and also the review cycle for all accredited programmes including Doctoral programmes in Clinical Psychology. Training Committee reviewers are ambassadors for The Society, advocating the work that The Society does to improve psychology education and training, and the discipline as a whole. Reviewers develop their understanding of The Society's accreditation standards and policies and assist with programme reviews and accreditation visits.

During the visits to accredited programmes reviewers meet directly with trainees, programme teams, senior management, supervisors, services users, and commissioners to assess the programme in operation against the set accreditation standards, and this better understanding of the programme in operation feeds directly into the ongoing quality improvement cycle.

Please note

- We recommend that the *Alternative Handbook* be used in conjunction with information produced by the [Clearing House for Postgraduate Courses in Clinical Psychology](#) and the individual course websites. The Hull course and Queen's University Belfast course have their own application process and are not part of the Clearing House scheme.
- There are many issues to consider before applying to a clinical psychology course. We suggest that, as you read through this publication, that it may be helpful to make a list of what seem to be the most important issues for you. Courses are usually happy to be contacted by applicants who need further information and most have websites you can access.
- If you are not successful in your application this year, it may be helpful to contact the courses to request individual feedback on your application/interview. Although not all courses provide this, it is worth trying as this feedback may help maximise your chances of success in the future.
- We have generally tried to include verbatim responses where respondents have provided comments. Unfortunately, some responses, or parts of responses, have had to be removed because the content was deemed inappropriate (e.g. comments that were libellous, those that could have been considered a defamation of character, etc.), where there was a repetition of information already stated (e.g. amounts for funding, areas trainees live, etc.), or where a comment could potentially have meant that the respondent (or someone else) was personally identifiable. In instances where a comment has been edited for these reasons, a '[...]' is shown in the text.
- In some places within the charts, figures have been netted (e.g. showing 'Totally inadequate' and 'Inadequate' in a net together) for brevity and clarity. Nets have been shown for the following questions: 'Please indicate how adequate an amount of time your course gives to the different models of therapy' and 'Please indicate how adequate an amount of time you feel that your course gives to the following areas'.
- You should ensure that you take note of the number of trainees who have responded and numbers within year groups. It is also important to remember that processes may have changed since year groups started, e.g. interviews, and this may be why different views are expressed.
- All information is based on the experiences and reports of current trainees. Although the DCP Pre-Qualification Group committee endeavours to bring you up-to-date information, we cannot vouch for the accuracy of the data provided.
- With regards to the section on Support for trainees with disabilities, respondents used the Equality Act 2010 definition: 'A person (P) has a disability if – (a) P has a physical or mental impairment; and (b) The impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.'

Trainee response rate

| Course | Number of places: | | | Total | Responses | Percentage |
|--|-------------------|------|------|-------|-----------|------------|
| | 2019 | 2020 | 2021 | | | |
| Bangor | 10 | 11 | 12 | 33 | 25 | 76 |
| Bath | 17 | 24 | 24 | 65 | 34 | 52 |
| Birmingham | 17 | 21 | 25 | 63 | 29 | 46 |
| Coventry & Warwick | 10 | 13 | 16 | 39 | 12 | 31 |
| East Anglia | 27 | 34 | 49 | 110 | 35 | 32 |
| East London | 31 | 39 | 31 | 101 | 26 | 26 |
| Edinburgh | 34 | 42 | 46 | 122 | 55 | 45 |
| Essex | 11 | 20 | 31 | 62 | 25 | 40 |
| Exeter | 17 | 19 | 19 | 55 | 19 | 35 |
| Glasgow | 25 | 29 | 34 | 88 | 20 | 23 |
| Hertfordshire | 17 | 24 | 51 | 92 | 26 | 28 |
| Hull | 19 | 19 | 23 | 61 | 22 | 36 |
| King's College London | 21 | 26 | 37 | 84 | 30 | 36 |
| Lancaster | 24 | 29 | 41 | 94 | 33 | 35 |
| Leeds | 16 | 20 | 25 | 61 | 28 | 46 |
| Leicester | 15 | 16 | 18 | 49 | 19 | 39 |
| Liverpool | 24 | 30 | 30 | 84 | 36 | 43 |
| Manchester | 25 | 31 | 39 | 95 | 27 | 28 |
| Newcastle | 15 | 20 | 23 | 58 | 24 | 41 |
| North Thames (UCL) | 42 | 53 | 74 | 169 | 81 | 48 |
| Oxford | 25 | 32 | 36 | 93 | 55 | 59 |
| Plymouth | 12 | 16 | 19 | 47 | 30 | 64 |
| Queen's University, Belfast | 11 | 21 | 19 | 51 | 9 | 18 |
| Royal Holloway | 32 | 39 | 50 | 121 | 29 | 24 |
| Salomons (Canterbury) | 34 | 43 | 54 | 131 | 62 | 47 |
| Sheffield | 19 | 24 | 27 | 70 | 48 | 69 |
| South Wales (Cardiff) | 17 | 18 | 21 | 56 | 33 | 59 |
| Southampton | 19 | 24 | 32 | 75 | 31 | 41 |
| Staffordshire | 15 | 19 | 20 | 54 | 27 | 50 |
| Surrey | 32 | 38 | 48 | 118 | 50 | 42 |
| Teesside | 14 | 18 | 23 | 55 | 25 | 45 |
| Trent (Universities of Lincoln and Nottingham) | 16 | 20 | 24 | 60 | 37 | 62 |

Number of places on courses taken from the Clearing House for Postgraduate Courses in Clinical Psychology [website](#) and includes self-funded places.

Trainees' responses were received between 20 June–29 July 2022.

Please click on the course you are interested in to access their report.

[BANGOR – NORTH WALES](#)

[LIVERPOOL](#)

[BATH](#)

[MANCHESTER](#)

[BIRMINGHAM](#)

[NEWCASTLE](#)

[COVENTRY & WARWICK](#)

[NORTH THAMES – UCL](#)

[EAST ANGLIA – UEA](#)

[OXFORD](#)

[EAST LONDON](#)

[PLYMOUTH](#)

[EDINBURGH](#)

[QUEEN'S BELFAST](#)

[ESSEX – TAVISTOCK](#)

[ROYAL HOLLOWAY](#)

[EXETER](#)

[SALOMONS – CANTERBURY CHRIST
CHURCH](#)

[GLASGOW](#)

[SHEFFIELD](#)

[HERTFORDSHIRE](#)

[SOUTH WALES – CARDIFF](#)

[HULL](#)

[SOUTHAMPTON](#)

[KING'S COLLEGE LONDON](#)

[STAFFORDSHIRE](#)

[LANCASTER](#)

[SURREY](#)

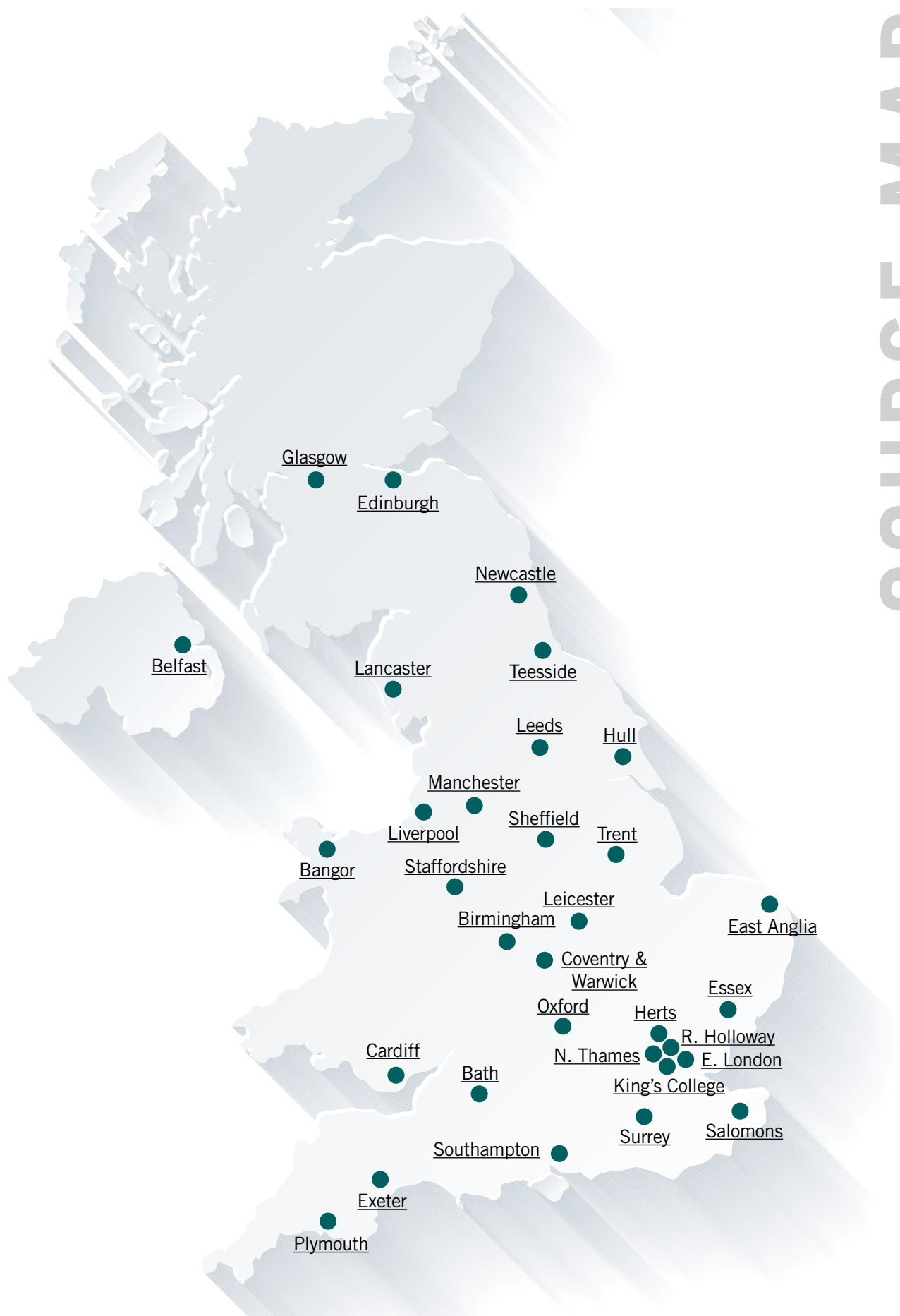
[LEEDS](#)

[TEESSIDE](#)

[LEICESTER](#)

[TRENT – LINCOLN & NOTTINGHAM](#)

DISCLAIMER: The views and opinions expressed by the trainees surveyed for *The Alternative Handbook 2023* and those providing comments are theirs alone, and do not reflect the opinions of the British Psychological Society or any Trustee or employee thereof. The British Psychological Society is not responsible for the accuracy of any of the information supplied by the trainees surveyed and has replicated trainees' comments in good faith. All trainees who submitted feedback for the purpose of this handbook did so knowingly, having given any necessary consents.



Please click on the course you are interested in to access their report.