



Walton, Carrie Anne (2024) But You're a Teacher Too: A Critical Exploration of the Notion of the Dual Professional and its Consequences in Practice. Doctoral thesis, The University of Sunderland.

Downloaded from: <http://sure.sunderland.ac.uk/id/eprint/18644/>

Usage guidelines

Please refer to the usage guidelines at <http://sure.sunderland.ac.uk/policies.html> or alternatively contact sure@sunderland.ac.uk.

BUT YOU'RE A TEACHER TOO:

***A CRITICAL EXPLORATION OF THE NOTION OF THE DUAL PROFESSIONAL
AND ITS CONSEQUENCES IN PRACTICE***

CARRIE ANNE WALTON

**A thesis submitted in partial fulfilment of the requirements of the
University of Sunderland for the degree of Doctor of Philosophy**

October 2024

Abstract

The NHS faces increasing pressures to deliver higher quality service and care with diminishing budgets and cost-saving requirements year-on-year. This research explores attitudes towards models of CPD and CPD activity of NHS educators and the levels of engagement of individuals in their professional learning. Models of professional learning in the NHS in England continue to be a source of heated debate, particularly in relation to the currency and relevance of the knowledge and skills expected of staff responsible for programmes of professional learning development in the sector. At the same time, the teaching profession in general continues to undergo constant change as political and social landscapes shift. Increasing pressures are being placed on the finances of individuals and organisations regarding budgets for Continuing Professional Development (CPD). Preoccupations with ensuring value for money are high on the managerial agenda. Many qualified educators working in non-standard education settings such as the NHS see themselves as teachers whose subject specialism is the discipline and practice of Education. No more, no less. While others regard themselves as 'dual professionals,' for example, clinicians who also teach. In the case of the latter group, emphasis is often placed more upon their development of their professional knowledge in their original discipline or subject, rather than upon their professional knowledge of the discipline of Education. A consequence of this, is often that the engagement in professional learning and CPD of NHS staff who teach can differ in remarkably diverse ways and to varying degrees.

This research begins with a detailed account of several narrative accounts in professional practice encountered in the context of my own work as an educator and supporter of professional learning and CPD for NHS staff. It examines concepts of professional practice, professional learning, professional knowledge, and knowledge 'transfer' in the context of the NHS. Through personal accounts gathered by conducting individual qualitative interviews, the research addresses the ways in which professionals in the NHS in roles like mine attribute value and purpose to their own professional learning and CPD activity in this context. It also considers the ways these individuals make sense of their professional practice as both educators and subject specialists. Finally, this thesis offers insights into where responsibility is currently seen to reside in relation to professional learning and the provision of CPD

in relation to the individual, the employer or both. The consequences of current models of CPD are critically examined and discussed in relation to contributions from relevant literature in this field of study in Chapter 2 and in subsequent chapters of this thesis. The findings of this research contribute to discussions around the value of educational practice in NHS organisations, as reported by managerial teams and by the practitioners engaged in professional learning and development across the sector.

Dedication

I dedicate this thesis to my 23-year-old self who, unsatisfied with being a high-school dropout, enrolled on a distance learning course with hopes of getting a degree.

She had no idea how far that decision would take her.

Acknowledgements

My first acknowledgement must be my supervisor. I am not sure how I was graced with the fortune to have Professor Maggie Gregson as my supervisor, but I will be forever grateful to whoever made it happen. Her support, encouragement, and motivational words during my studies has kept me stable and allowed me to believe in my ability to do this. Her book recommendations have cost me a fortune though so I can only hope to one day be as well-read as she is.

I also must give special thanks to my managers: Pam and Trish. They have been endlessly supportive of my studies, supporting me with the time I needed to focus, and checking in on my progress with regular words of encouragement. They understand the value in supporting education and research and without them I would have undoubtedly struggled to make the progress needed to complete this thesis.

Huge thanks also go to my long-suffering husband, Gordon. For all our seventeen years together so far, he has provided endless emotional support for my various educational pursuits. He has never once complained about how much time I spend on my studies, or how many books I buy. He sees how much joy studying brings me and is unquestioningly supportive with the time and space I need for it. He is without doubt a keeper.

Lastly, I must acknowledge the impact that my PGCE tutor, Leo Morantes-Africano, has had on my learning journey. He helped me fall in love with learning again at a time I thought I had lost it forever. I will be forever indebted to him for it.

Table of Contents

Abstract	2
Dedication	4
Acknowledgements	5
Table of Contents	6
1. Context and Problem	9
1.1 Research Questions.....	9
1.2 Geographical context	9
1.3 Research context	10
1.4 Local Socioeconomic Context.....	14
1.5 Political situation in the region.....	19
1.6 Leadership and Management Development	23
1.7 Education and Training in NHS Organisations	26
1.8 'Dual professionalism'	28
Summary.....	31
2. Literature review	33
2.1 CPD in the NHS	33
2.2 Problematic models of education	39
2.3 The de-skilling of educators and progressive thinking	46
2.4 A philosophical perspective.....	52
2.5 Communities of Practice	54
2.6 Professional Learning Communities	59
2.7 What 'practice' really is	65
2.8 Action Research and Reflective Practice	66
2.9 Reflective Practitioners and organisational development.....	73
2.10 Joint Practice Development	78
Conclusion	80
3. Methodology and Data	81
3.1 Introduction	81
3.2 Ontology.....	82
3.3 Epistemology	84
3.4 Methodology	85
3.5 Type of research	86
3.6 Method of data collection	87
3.7 Interview Guide & Pilots.....	91

3.8 Sampling	92
3.9 Recruitment.....	94
3.10 Participation	95
3.11 Data Collection.....	97
3.12 Insider Approach.....	97
3.13 Power dynamics.....	103
3.14 Ethics	105
3.15 Informed Consent	108
3.16 Data Introduction.....	110
3.17 Credibility	110
3.18 Dependability	111
3.19 Transferability	112
3.20 Confirmability	113
3.21 The Data	114
3.22 Methodological device for recording experiences	115
3.23 Data processing	119
4. Data Analysis and Identification of Themes.....	123
4.1 Narrative Accounts.....	123
4.1.1 Background and context	123
4.2.1 Clinical Educators	125
4.1.3 AET Faculty	127
4.1.4 CE Development Day	130
4.1.5 Teaching fellows: Introduction to TEL.....	133
4.2 Data analysis	134
4.3 Multiple Coders	139
5. Discussion of themes and findings	146
5.1 Introduction	146
5.2 <i>Techné</i> versus Craft.....	146
5.2.1 Consequences to Dual Professionalism	152
5.3 Communities of Practice	153
5.4 Action Research.....	159
5.5 Educators versus the Organisation: the battle for appreciation	163
5.5.1 The impact of nomenclature	163
5.5.2 Appreciation of practice	168
5.5.3 Consequences to Dual Professionalism	175

5.6 Stale Practice	176
5.6.1 Consequences to Dual Professionalism	183
6. Conclusion and Recommendations	185
6.1 Introduction	185
6.2 Summary of Key Findings and Recommendations	185
Key Finding 1: The Concept of Practice	186
Recommendation 1:1	186
Recommendation 1:2	187
Key Finding 2: Beginning with Ourselves	187
Recommendation 2:1	188
Key Finding 3: Autodidacticism / empty credentialism	189
Recommendation 3:1	189
Key Finding 4: COPs / JPD	190
Recommendation 4:1	190
Recommendation 4:2	191
6.3 Conclusions	191
6.4 Contribution to knowledge.....	192
6.5 Limitations of the research	195
6.6 Potential for future research.....	195
6.7 What I have learned from this research	196
Closing summary	200
7. References	201
Appendix A.....	221
Appendix B.....	224
Appendix C.....	225
Appendix D.....	229

1. Context and Problem

1.1 Research Questions

The aim of this research is to critically examine and discuss the nature and levels of NHS-educator engagement with models of change, professional learning, and Continuing Professional Development (CPD) activity through the personal accounts of variously qualified individuals who work across the sector. It asks,

- a. How do NHS-educators regard their own professional learning and related CPD in relation to their professional knowledge and practice in the discipline of education?
- b. Do NHS-educators individuals see education-specific CPD activity as a personal or an organisational responsibility?
- c. How do dual qualified educators in the NHS conceptualise their professional practice as both a subject matter expert and an educator?

1.2 Geographical context

This research is situated in the North East of England. 'North-East England' as a region is defined by the Office for National Statistics. It is one of nine International Territorial Level 1 (ITL) areas of England and includes the counties of Northumberland, Tyne and Wear, Durham, and the Tees Valley area known as Cleveland prior to the 1996 local government reforms (UK Government, n.d. & ONS, 2021). The North East as an ITL1 is then divided into ITL2 areas of 1) Tees Valley and Durham, and 2) Northumberland and Tyne and Wear. It is this second ITL2 that is of most relevance to this thesis. The Northumberland and Tyne and Wear area encompasses Northumberland, North and South Tyneside, and Sunderland (ONS, 2021) and is host to the cities of Newcastle upon Tyne and Sunderland as well as a geographical area that stretches up to the Scottish border. For the purposes of this thesis, 'North East' is generally used to refer to this ITL2 area, however most ONS data is not disaggregated therefore ONS statistics quoted within chapter one refers to the ITL1 unless otherwise stated.

My own experiences of working as an educator in the NHS factor strongly in this research, and my role as an 'insider' is detailed extensively in chapter three. Whilst conducting this research I worked at an NHS Foundation Trust in the North East area and therefore my observations, experiences, reference points etc stem mostly from one Trust with only anecdotal references from friends and colleagues who have experiences at other Trusts across the region. The narrative accounts documented as part of my data collection are all from my own experiences whilst working in that NHS Foundation Trust.

1.3 Research context

The focus of this thesis is the engagement with NHS-educator CPD among staff who are both qualified educators and subject matter experts. This group of staff comprises nurses acting in a variety of education-based roles, doctors working as Teaching Fellows as well as those within the medical education arm of Workforce Development departments, subject matter experts in workforce development departments, organisation-wide managers, and other specialist subject matter experts across the NHS.

Within the NHS, a vast array of roles exist which may involve an element of education design and/or delivery. A brief description of some of these roles may help in setting the scene of the NHS and establishing the role of education within a typical NHS Foundation Trust in England, as well as explaining the local context of education-based roles relevant to this thesis. Four main roles – or groups of roles – will be explained to provide contextual situation for this research.

NHS roles are often described colloquially as clinical and non-clinical. The term 'clinical' generally relates to any profession delivering services to patients such as doctors, nurses, allied health professionals etc. Within this large and diverse group of staff there are two significant roles which involve an element of education.

Firstly, teaching fellows – also known as clinical teaching fellows – are qualified junior doctors who spend one year delivering hospital-based education and training to undergraduate medical students (Harris, McNeilly, Ward *et al*, 2024). As part of their placement, fellows typically complete a formal education qualification whilst

teaching, for example a postgraduate certificate in medical education. There is no expectation that entrants onto a teaching fellow programme have any previous knowledge or experience of educating as this is all contained within the programme and placement. Chapter four contains a critical incident relating to a personal experience with teaching fellows.

Also, within the 'clinical' umbrella, experienced nurse practitioners may opt to become clinical educators. This role involves a wide range of education-based tasks including providing support to practitioners with their practical clinical practice, monitoring of nursing practice within their settings to ensure compliance and ensuring that changes in practice or updates in policy and/or procedure at local and national level are implemented in clinical settings (Hoffman, 2023). A formal teaching qualification is often not a requirement for the role of clinical educator but may be listed as a 'desirable' criterion (University Hospitals Birmingham, 2023), and practitioners may be encouraged to complete a formal education-related qualification of any level as part of their role, but this is not always required or requested.

Turning now to 'non-clinical' staff, this term refers to all other staff not carrying out a medical or clinical role. This group accounts for 47% of all full-time equivalent Hospital & Community Health Service (HCHS) staff (NHS England, 2024) and includes a huge array of roles including workforce development and human resources staff, estates, quality improvement, information governance, chaplaincy and many more too numerous to list exhaustively. Many of these roles do not immediately stand out as education-based roles, however many include elements of teaching and learning within them. In my own experience in the NHS, departments such as chaplaincy, information governance, quality improvement and human resources – as examples – may be expected to deliver short segments of learning as part of a Corporate Induction, and several departments run their own in-house training sessions for their specialist areas to educate staff across the organisation.

As with the clinical educators, a formal education qualification is not a requirement of these roles, but from my own experiences working in the NHS, where there is a more regular component of training delivery in an individual's role, opportunities for more formal training are often sought out as a means of ensuring high quality education and as professional development for the subject matter expert delivering the training.

Finally, within the 'non-clinical' banner also lies the workforce development team. This staff group are more likely to have formal education qualifications due to the much higher proportion of their role that is dedicated to designing and delivering education. The workforce development team lead on the design and delivery of – for example – Corporate Induction, internal leadership and management training, recruitment training, soft skills such as time management etc.

The research is specifically interested in those individuals who have a qualification in teaching or education and carry out teaching as a part of their day-to-day role, rather than just those who do some element of teaching as part of their role. The population may therefore include individuals from any of the four groups mentioned above, however as three of those groups have no formal requirement for teaching qualifications, and the final group (clinical teaching fellows) complete their qualification over their one-year placement the potential population from which to recruit may be smaller than expected. Individuals from workforce development teams are most likely to meet the requirements of this research as they are in more education-focused roles. The recruitment of participants is detailed in chapter three.

Many healthcare organisations within the UK have invested and continue to invest significant time and resource in training their staff as qualified educators in programmes ranging from the City and Guilds Level 3 Award in Education and Training (formerly PTLLS – Preparing to Teach in the Lifelong Learning Sector) up to Level 7 University-led Postgraduate teaching programmes such as the PGCE (Postgraduate Certificate in Education).

There are numerous potential reasons for investment in education programmes. A key consideration here might be the extent to which an organisation that prioritises the initial and continuing professional development of its staff might be regarded as being an employer of choice. On the other hand, an organisation which sees investment in the initial and continuing professional development of staff as an investment in improving the experiences and achievements of learners might have greater success in attracting more learners.

Whatever the reason, this type of investment can be substantial for an organisation, when a City and Guilds Level 3 qualification costs approximately £400 + VAT

(Carlton Training, 2019), and a Level 7 Postgraduate Certificate in Education costs an average of £9250 for UK students in 2023/24 (Prospects, 2023).

Once qualified, however, responsibility for maintaining currency with the qualification via CPD activities becomes a potential grey area. Considerations here might include the extent to which practitioners who have been provided teacher training by their employer expect their employer to provide ongoing development related to teaching. On the other hand, an organisation that has facilitated the teacher training may consider the practitioner responsible for the ongoing development of their practice. Regardless of whether it was an organisationally mandated requirement to undertake the training or an individual choice or request, once qualified, the individual assumes the designation of educator. Many of these individuals are also subject matter experts in a different area, for example nursing or medicine, and CPD for that other subject may take strong precedence due to the requirements of a professional registration. This is certainly the case with the Nursing and Midwifery Council which mandates 35 hours of nursing practice-related CPD every three years (Nursing and Midwifery Council, 2019); this potentially leaves the NHS-educator-related portion of CPD little or even none of their attention.

With continuing pressure on organisational budgets and the need to deliver more, there is a need for discussion around whether practitioners are individually responsible for their own practice development or whether organisations should accept at least some of the responsibility for the professional development of the practitioners they employ. In addition, given the rapid pace of change with technology in learning and the vast array of technology-based tools freely available at an NHS-educator's fingertips nowadays, the discussion should also extend to the extent to which some NHS-educators may get 'left behind' – both technologically and pedagogically – if they do not regularly engage with professional development.

In the field of Learning and Development, it is commonly reported that in times of financial difficulty and when cost savings need to be made within an organisation, training budgets are the first to be cut or removed altogether because it can be difficult to measure and report the true impact that investment in learning and development can actually have (Everett, 2012). This is equally true within many healthcare settings when time and resource are also stretched.

Investment in education and training within healthcare settings is supported now more than ever following the release of the NHS 'People Plan 2020/21' (National Health Service, 2020). The Plan sets out what the NHS aims to achieve in terms of fostering cultures where colleagues feel included, individuals receive support and mentoring, and staff are trained sufficiently for now and the future.

A key focus area within this Plan is the education and training opportunities available to all NHS staff. NHS England employs approximately 1.5m people making it the UK's largest employer, and one of the biggest organisations globally (Palmer & Rolewicz, 2020). Catering for the education, training and development needs of a vast and diverse workforce spanning over 350 distinct roles (Health Education England, 2019) is a significant responsibility. NHS Foundation Trusts – of which there were 151 as of year ending 31st March 2019 compared to 79 non-Foundation Trusts (NHS Improvement, 2019) – make local decisions about how to invest their budgets for the best outcomes in terms of people development and patient care in their locales.

NHS organisations that are granted Foundation Trust status are not subject to direction from the UK government. Although they remain part of the National Health Service, their decision-making processes are devolved from central Government and happen at a local level making them more autonomous and able to be more reactive to local differences and needs (Department of Health, 2005).

The local differences in how these Foundation Trusts invest their budgets are determined by a multitude of factors. Within the North East, socioeconomic factors have a significant impact not only on the service users accessing the Trust's facilities and services, but also the people who make up the NHS workforce in the region.

1.4 Local Socioeconomic Context

A review of some of the socio-economic factors of the North East region is necessary at this stage to 'set the scene' and foster a better understanding of the determinants at play within the region which may impact the service needs placed on the NHS and the education and training requirements of those it serves.

Average life expectancy is lower in the North East compared to England as a whole (Jagger, 2014). Data from the Office for National Statistics (ONS) for 2018 - 2020 show that the average life expectancy for a male in the ITL1 North East region is 77.6 years; 1.3 years less than the national average and the second lowest in the country. Females are in a similar position, with average life expectancy at 81.5 years; 1.2 years lower than the national average and again the second lowest in the country. The data also show that life expectancy has dropped in comparison to the 2015 – 2017 figures, with men losing 3.8 months and women losing one month (ONS, 2021).

Perhaps a more indicative measure of the health of a population is 'healthy life expectancy' (HLE). The World Health Organization define this as the "Average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury" (WHO, n.d.). ONS data of HLEs show a deeper divide between the North East and the rest of the country. Men in the North East can expect to live in full health to the age of only 59.1 – the lowest in the country and 3.3 years lower than the national average, whilst women fair even worse with an HLE of only 59.7 years – also the lowest in the country and 3.5 years less than the national average. When considered in relation to overall life expectancies, men in the North East have on average 18.5 years living in less than full health, while women can expect closer to 22 years of living with some kind of poor health or long-term health condition. As a comparison, the South East boasts the highest scores for both life expectancy and healthy life expectancy, and the differences show that men in the South East have 15.1 years of living in less than full health, while women have 18.2 years (ONS, 2022); notably lower than the figures for the North East, suggestive of a North-South divide in terms of health and longevity.

A deeper dive into the figures at a more granular local level suggest a potentially more severe situation. In 2013 academics at Newcastle University presented a pioneering simulation at the British Science Festival held in Newcastle looking at local health inequality. Part of the data for this was presented in the form of a section of the map of the Tyne and Wear Metro – a local light rail transit system – overlaid with the life expectancies for each station's catchment area (figure 1). This more

granular level of detail shows that life expectancy can differ by as much as 11 years within a 30-minute Metro journey that covers only around ten miles.



Figure 1 (Newcastle University, 2013)

Numerous factors could contribute to this difference. The two areas with the greatest difference – Byker and Ponteland – are vastly different in terms of e.g., housing prices and availability, employment prospects, diversity of populations etc. and these factors could all impact the general health and wellbeing of the residents. A podcast from The Health Foundation broadcast in January 2023 featured two North-East Public Health experts discussing life expectancy in the North East. They suggested that an increase in mortality appears to be linked to ‘deaths of despair’ – that is, deaths by suicide, violent injury, and substance misuse (The Health Foundation, 2023). The speakers suggest that these are likely linked to the ongoing impacts of austerity on a region that relies more heavily on Government support than other areas, as well as high post-industrialisation unemployment rates for an area which once boasted prosperous mining and ship building industries.

In addition to poor health and life expectancy statistics, the North East also has the second highest rate of unemployment in the country at 5.2% of the working age population as of September 2023 (ONS, 2023). Only the North-West has a higher rate at 5.3%, but both are significantly higher than neighbouring Yorkshire and Humber whose unemployment rate for the same period was 2.9%. The Centre for

Cities warned in early 2023 that the unemployment rate may be far worse than the data suggest, with 185,000 people throughout the region excluded from the ONS statistics because of 'economic inactivity' such as students and early retirees (Quinio, 2023).

The Centre for Cities report cites education as a potentially key factor in unemployment rates, claiming that "weaker economies in the North have a higher share of the working-age population with low qualifications, and those people face a disadvantage in the labour market" (Quinio, 2023). Indeed, Census data from 2021 shows that almost half a million North East adults hold no qualifications at all (ONS, 2023). With a total population of around 2.5 million this is a sizeable proportion of the local population which – according to the Centre for Cities report – are at a disadvantage when seeking employment, although this figure roughly matches the national average of around one-in-five. Additionally, the North East has the lowest proportion of people with qualifications at level 4 or above - 28.6% compared to 46.7% in London.

It is once again worth a deeper dive into the data, as there are huge variations *within* the region. Northumberland, North Tyneside, and Newcastle upon Tyne all fare reasonably well, sitting at or better than the national average scores for both percentage of people with no qualifications, and percentage of people with Level 4 or higher qualifications. The areas south of the Tyne - Gateshead, South Tyneside, and Sunderland – all sit well below the average, with Sunderland fairing very poorly at only the 12th percentile (ONS, 2023).

These figures do not only affect individuals seeking employment, but they also impact on organisations like the NHS who rely on qualified people for so many of the job roles available. As a considerable proportion of jobs available in the NHS are clinical and medical focused, high levels of education are a requirement – most will require Level 6 (degree level) or higher – thus immediately excluding a sizeable proportion of the local population who do not meet the essential requirements.

The North East also has the highest rates of relative low income in the UK outside of London (Francis-Devine, 2020); more children in the North East claim free school meals than anywhere else in the UK. This is typically an indicator of poverty levels

and is used as a measure of achievement gap when compared with non-free school meal pupils (Schraer, 2018).

These data not only help paint a picture of life and lifestyles in the North East, but they also provide some indication of the additional stresses that may rest on the NHS services in the region, particularly when compared to other regions across the country, but also accounting for vast discrepancies within the region. Large variation in life expectancy and healthy life expectancy across the region calls for acute differences in provision both between and across the local NHS services. These differences impact budget and spending allocations as well as the training and education demands on the local service providers who must adapt year-on-year to the changing needs of the people they provide for.

Lower rates of educational achievement are a potentially limiting factor when organisations are looking to recruit a local labour force, and this ultimately contributes to higher unemployment rates and higher proportions of people on lower income jobs.

Many of the figures and statistics quoted above paint a potentially bleak picture of the North East, but there are positives worthy of mention that also contribute to the overall socioeconomic picture. Reports show that the impact of inflation in recent years has been lower in the North East than in other areas – particularly in comparison to the Greater Manchester area of the North – and that the cost of living is generally lower in the North East than many other areas of the UK (Centre for Cities, 2023). A 2023 study by recruitment website ‘Totaljobs’ saw Newcastle upon Tyne ranked the fourth best city in the UK for quality of life, citing the cheapest rents in the UK and highest satisfaction with salary as key factors (Roberts, 2023).

The region also fairs very well for the quality of its universities. The Times Higher Education rankings for UK Universities 2024 lists two North East institutions in their top 25 (Newcastle and Durham Universities), with the remaining three (Northumbria, Teesside, and Sunderland) all making it into the top one hundred (THE, 2023). Newcastle and Durham Universities also both make the top two hundred in the world rankings (THE, 2023); a substantial achievement given there are up to 1800 universities across the globe (*ibid*, 2023).

Not only does the North East have some of the UK's best ranked universities, but it also has good levels of graduate retention, which is the percentage of students who remain in the region after graduating. Excluding London, Newcastle ranked fourth highest of major UK cities in 2021 with an average retention rate of close to 40% (Colbourne, 2022). Low rents, reasonable quality of living, and the availability of graduate level jobs could all be factors in graduates deciding whether to stay or leave. One key point of note is that Newcastle University is home to a medical school. Although it ranks 23rd out of thirty-three on the Complete University Guide's Medicine Rankings (2023) it scores well for graduate prospects suggesting that any skills gaps that exist in the medical/clinical professions from poorer educational achievement in the region may be negated by higher levels of graduate retention.

Any area in the UK may have a similar evaluation, and statistics can be cherry-picked to highlight any socio-economic factor of one's choosing. Additional factors such as regional crime rates, availability of cultural pursuits, quality of air, access to green spaces etc. were all researched and considered for inclusion in this appraisal but ultimately omitted. Since they were all roughly average compared to other areas of the UK, they shine no additional or unique light on the challenges faced by local NHS organisations, or the practitioners employed within them.

1.5 Political situation in the region

The socio-economic situation in the North East just described has not gone unnoticed by the UK Government. It was in 2014 when the coalition government of 2010-2015 first proposed the 'Northern Powerhouse' to boost economic growth in 11 local enterprise partnerships across the North of England (Gov.uk, 2016). The proposal included improvements to transport links, as well as investment in science and innovation and was subsequently backed by the Conservative government, with then-Prime Minister Theresa May pledging to "help the great cities and towns of the North pool their strengths and take on the world" (BBC, 2016).

The proposal has not been without critics, however. Newcastle Labour MP Chi Onwurah stated that "without real investment, powers and accountability, it can never be more than a marketing ploy with a little money attached" (Onwurah, 2019). A cursory review of the Northern Powerhouse website (UK Government, 2023) also

reveals a common trope for the people of the North East: Manchester and Leeds appear to receive a lion's share of the attention, and the North East appears to be largely forgotten. An article in the Telegraph from 2015 even suggested that "Manchester isn't 'the north' - the real Northern Powerhouse should be Newcastle" (Skelton, 2015). A 2016 report from the Centre for Cities shows a map of the area covered by the Northern Powerhouse broken down into three levels (figure 2). It clearly shows that the Newcastle 'city region boundary' covers a much larger geographical area than others, as well as showing Newcastle as an isolated 'island' far away from the belt of cities to the south of the area.

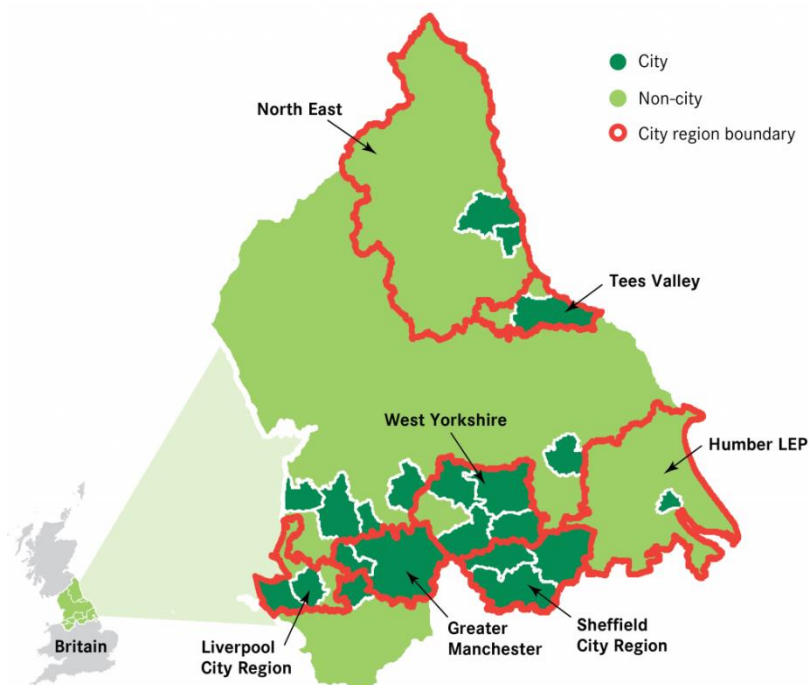


Figure 2 (Swinney, 2016)

There have also been changes in voting patterns across the North East over recent elections that are worthy of note. At the 2019 general election eight constituencies within the North East voted out Labour in favour of a Conservative MP. One of these constituencies – Blyth Valley, situated on the coast at the Northumberland/Tyne and Wear border – had been a Labour stronghold since 1950 with MP Ronnie Campbell

being re-elected continuously since 1987 (Wikipedia, 2023). This switch to a Conservative MP in Blyth Valley made national headlines (Sky, 2019) (BBC, 2019). News channels took to the streets of Blyth town centre to interview locals as to why they changed their vote. Britain's exit from the European Union - 'Brexit' - was cited by a few residents, and two market traders volunteered that they had abstained from voting for the first time as they had lost trust in Labour. They also stated that they refused to vote Conservative with one citing "I couldn't vote Tory. I'm the son of a miner" (Sky, 2019).

Individual reasons aside, the loss of eight Labour seats in a region well-known for its working-class roots in mining and ship-building points to a dissatisfaction among residents about how well they feel local and national policy is being enacted, and how the region does or does not benefit. It is indicative of the want for change in a region historically – and arguably still currently – neglected in terms of investment and infrastructure. The voting patterns of residents have a direct and relatively immediate impact on public-funded organisations like the NHS. Data from The King's Fund shows that real terms spending on the NHS in England has increased on average 2.8% per year since the 1950's, but the percentage has fluctuated considerably with different governments (The King's Fund, 2023). These fluctuations in funding have an impact on how local and regional NHS organisations utilise their budgets and how education is delivered. The outcomes required and the potential need to upskill employees means that senior managers, administrators and indeed educators must consider a variety of complex and interdependent factors when deciding how to spend their budgets. In terms of education provision within these organisations, educators who are not current with the profession or do not have access to suitable opportunities for development may not be able to fully meet the needs of their learners, many of whom are front-line staff providing care and services to the local populations.

For nurses, ever-diminishing CPD budgets have resulted in an increase in apathy, and many are now leaving the profession as a result (RCN, 2023). In 2015-16 the Health Education England budget for all NHS workforce development was £205m. By 2017-18 that budget had been cut by almost 60% to just £83.49m (Commons Select Committee Health and Social Care, 2018); a significant reduction in opportunities for improving education and ensuring that staff are able to keep up to

date with their practice. This huge cut to the budget compounded a further issue; in 2016 the Nursing and Midwifery Council (NMC) announced its new programme of revalidation for nursing staff. Arising from the outcomes of the Francis report into failings at the Mid Staffordshire NHS Foundation Trust, this new programme required registered nurses to submit evidence of professional development and practice to renew their nursing registration (Nursing and Midwifery Council, 2016). The timing of these two factors meant that Trusts had shrinking development budgets at a time when nursing staff were expected to develop their practice more than ever.

In late 2019 the Treasury announced that it was allocating a CPD budget of £1000 spread over three years for every nurse in the UK (Hackett, 2019). Trusts took advantage of this opportunity and targeted this resource to nursing staff, creating clinical academies aimed at developing customised CPD programmes for nursing and other clinical staff (The Newcastle upon Tyne Hospitals NHS Foundation Trust, 2020). Included in this CPD offering should arguably have been some element of NHS-educator training. Many nurses are involved in preceptorship programmes that provide local education and mentor support to newly qualified nurses (NHS Employers, 2020). In addition to preceptorship, the Royal College of Nursing lists 11 different education or learning roles that nurses can step into (Royal College of Nursing, 2020) suggesting that there may be a not-insignificant number of nurses who deliver education to other staff within the NHS.

The workforce development budgets issued by Health Education England are intended to provide development and support for *all* staff however, not only for nurses. Nurses do make up a significant proportion of the NHS workforce; statistics from May 2020 indicate that there are more than 300,000 nurses within the NHS workforce compared to only 120,000 doctors and 183,000 infrastructure support staff comprising estates, hotel services etc. (NHS Digital, 2020). The remaining portion of the workforce is made up of a range of scientific disciplines, allied health professionals, administrative and clerical staff, and human resources functions. As nurses account for almost a fifth of the entire NHS workforce and around 9% of the UK population at working age (Office for National Statistics, 2020), they naturally stand out as one of the key areas of focus for these budgets. Even with such high numbers of nursing staff however, the Government's pledge of £1000 per nurse over three years does not see the overall education and training budget rise to its 2015-16

value, only providing an increase of approximately £100m per year. This dedicated lump-sum of funding serves only to support the nursing staff in meeting the needs of their revalidation, and leaves investment in professional education for wider professional development no better off.

1.6 Leadership and Management Development

The NHS does invest in workforce development initiatives. A significant area of investment – both in terms of finance and time – within the NHS in recent years has been leadership development. The concentration of many Trusts efforts on changing and developing leadership cultures may stem from the outcomes of the Francis Inquiry Report published in 2013 (Francis QC, 2013). The 31-month long inquiry was launched after evidence surfaced suggesting that up to 1,200 patients died over a 50-month period because of poor care provided by the Mid Staffordshire NHS Foundation Trust (Campbell, 2013). The final published report from the inquiry made 290 recommendations across twenty-one separate areas. Among these recommendations was the need for stronger leadership, which was identified as a key focus area along with twenty-one separate recommendations relating to medical training and education.

One of the recommendations in the report under the ‘Leadership’ heading was the call for a centralised or regionally provided leadership staff college or training system (Francis QC, 2013). The suggestion was to “... promote healthcare leadership and management as a profession” (*ibid*, p. 112). In 2012 - coinciding with the timeline of the inquiry - NHS England launched a national Leadership Academy with the aim to “help transform healthcare culture and services by professionalising healthcare leadership and create a more strategic approach to the development of talent across the NHS” (NHS England, 2015). The national academy was supported by ten regional branches offering more localised training packages which it was claimed were “uniquely placed to understand the evolving leadership landscape within [its] region” (NHS Leadership Academy, 2022). These ten regional branches have now been consolidated into seven with the claim that it matches more harmoniously with NHS regional architecture (*ibid.*), however it is unclear whether financial/cost-saving motives may also have been involved in this restructure.

Health Education England host the NHS Leadership Academies, but with budget being provided from the Department of Health and Social Care accurate figures on annual spend are difficult to find. A business plan from 2016/17 stated that the annual baseline budget for the Leadership Academies was £44.7 million (NHS Leadership Academy, 2016). The plan also indicates an expected income budget of £6.4 million, generated through their national training offer. The Leadership Academy offering includes a portfolio of programmes aimed at varying levels of seniority within the NHS. The foundation level programme – ‘Edward Jenner’ – is free to complete and is an entirely online asynchronous programme aimed at those new to leadership or management roles. All other programmes - Mary Seacole, Rosalind Franklin, Elizabeth Garret Anderson, and Nye Bevan – incur costs payable to the Academy. At the time of writing, these ranged from £995 – £6000 per learner with cost generally increasing with the level of seniority the programme is aimed at (NHS Leadership Academy, 2023). The cost of NHS staff participating in these programmes would generally be covered by their employer, therefore if budgets are already stretched, some organisations may not have the resources for staff to attend these programmes. For those organisations who do fund staff to attend, the funds would likely be taken from workforce development budgets.

As many NHS organisations have in-house education and training teams, many have opted for in-house or locally sourced leadership development offers. Within the North East, The Newcastle upon Tyne Hospitals NHS FT have a webpage dedicated to their leadership offer which details several programmes available both within and through the Trust (The Newcastle upon Tyne Hospitals NHS Foundation Trust, 2023). County Durham and Darlington NHS FT also detail a programme available for ‘aspirant leaders’ available through Teesside University (County Durham and Darlington NHS FT, 2023). Both examples are predominantly aimed at clinical staff with the Newcastle Hospitals page being hosted in a section describing the 2022-2027 NMAHP (nursing, midwifery, and allied health professionals) strategy rather than in a section related to all-staff development. Many of the Trust websites have only cursory mentions of staff development out with medical and clinical education, and they are often hosted in a ‘vacancies’ or ‘working for us’ section, listed as a staff benefit (County Durham and Darlington NHS FT, 2023) (Northumbria Healthcare NHS FT, 2023), suggestive that it is considered an added benefit to staff that is

provided by the organisation, rather than as essential part of someone's role within the organisation.

Another of the recommendations from the Francis Inquiry – strongly linked to leadership – was the need to tackle issues around organisational cultures, openness, and transparency, predominantly to enable people to raise concerns about patient and/or staff safety without fear of reprisal. Despite the concentration of efforts on leadership and management development in the ten years since the report there are still critics who feel insufficient progress has been made in this area and that there is still a 'no noise' approach to whistleblowing in many organisations, with staff being disciplined or even threatened for speaking out (Oliver, 2020) (Martin, Stanford & Dixon-Woods, 2023).

There is a considerable amount of public money being spent on leadership and management development within the NHS, and many organisations have benefitted from such investment. In 2019, Newcastle Hospitals became one of only five NHS Trusts in the country to receive an 'outstanding' rating twice in succession from the Care Quality Commission (The Newcastle upon Tyne Hospitals NHS Foundation Trust, 2019). The 2019 report cited a good organisational culture that was supportive and inclusive, and that leaders were experienced and had the right skills (CQC, 2019). In mid-2023, however, following a routine inspection the CQC suspended the outstanding rating citing "significant disparities" between the 2019 and 2023 inspections (Morris, 2023), with one section stating that fewer than 3% of staff had received training on the Mental Capacity Act, and only around 8% trained in learning disabilities. One recommendation stated that "the Trust should ensure all relevant staff have the skills and training to use the electronic patient record system" (CQC, 2024). The variance between the two inspections shows that where an organisation may invest time and resource into improving organisational cultures, leadership and management and see benefit from that investment, there are countless other training and development needs within the organisation that also require investment and that a focus on improving one may lead to weaknesses in others.

1.7 Education and Training in NHS Organisations

Much of the responsibility for the initial education and training of doctors and nurses lies with the higher education institutions who issue the professional qualifications. Nurses historically carried out their training in hospitals and then completed a standardised nursing certificate to gain their professional qualifications, however in 2009 nursing became an all-degree profession. This means that all student nurses must now attend university and complete a Bachelor of Science degree to gain their professional registration (The Royal College of Nursing, 2017). Twinned with the new revalidation requirements, there is also a requirement for nurses to receive a notable amount of supplementary education and training beyond that of their initial qualification.

Some of this supplementary education and training is provided within the organisations who employ them, either through workforce development teams or by utilising other educators within the organisation to deliver this. While there is a mandated requirement for nurses to complete CPD relating to their professional registrations, this only applies to their nursing qualifications and not to any other roles they may have, for example as educators. There is currently no mandated requirement for qualified NHS-educators to engage in any CPD to maintain currency developments in research, practice, and professional knowledge in the discipline of Education. In 2003, the Office for Standards in Education – a non-ministerial UK government department – published a report relating to teacher training in further education settings. In the report it was noted that training should “not combine mentoring and subject or vocational expertise with their teaching skills” (Fazaeli, 2013). This suggests that teaching needed to be considered as an entirely separate practice - with its own body of knowledge and skills in need of independent development - to that of the specialist subject body of knowledge and skills required by doctors, nurses, and other medical professionals. Within four years of the report being published, the government at the time introduced regulations stating that all newly qualified teachers should become registrants of the Institute for Learning (IfL) and commit to undertaking a structure of continuing professional development and professional formation to further their knowledge and qualifications as education professionals (*ibid*, p. 10). These regulations were introduced to augment the professional standards of teachers and raise the status and reputation of educational

institutions. After just five years in situ, and following a review conducted by Lord Lingfield entitled “Professionalism in further education” (Minister of State for Further Education, Skills and Lifelong Learning, 2012), the regulations relating to minimum CPD requirement were withdrawn, funding for the IfL was ended and only regulations relating to professional formation were retained.

Whilst it is still considered important for qualified teachers to continue to develop and achieve professional formations such as QTLS (qualified teacher learning and skills) and ATLS (associate teacher learning and skills), supplementary CPD is no longer mandated, and teachers and trainers across the sector no longer have an obligation to maintain currency with skills, techniques, or new research in the field of education and professional learning. The IfL ceased operation in 2014 and was absorbed into the Education and Training Foundation (ETF) (Wikipedia, 2018). The ETF do offer a substantial catalogue of CPD activities and research opportunities – many of which are free of charge – as well as professional membership to the Society for Education and Training (SET) (Education and Training Foundation, 2019), however all of this is entirely voluntary, and educators are under no obligation or mandate to complete any supplementary learning beyond their initial qualification.

As this makes NHS-educator CPD largely a voluntary and self-led process or activity, and it is not mandated to registration or qualification, it has the potential to be a low-priority action for some groups. Nurses – as previously noted – are mandated to carry out at least 35 hours of CPD every three years (Nursing and Midwifery Council, 2019) as part of their revalidation requirements, and whilst this only equates to approximately one hour per month, there is a common perception that nurses are already pushed to their limits and “stretched to breaking point” (Royal College of Nursing, 2019) therefore maintaining educator-specific CPD is not likely to take precedence over the mandated clinical knowledge and updates needed for patient care.

For other educators within an NHS setting, for example those working in Workforce Development teams or subject matter experts elsewhere throughout the organisations, their engagement with CPD could be contingent on several other factors. These may include the leadership/management focus within the

organisation/department, general understanding, and acceptance of autodidacticism, opportunities to engage, and a sufficient knowledge of CPD as a concept.

The question of *who* within the NHS educates is a lesser the focus of this research. However, the experiences and professional practice of any of those who do are at the forefront of this study.

1.8 'Dual professionalism'

There is a long-standing debate, not only in the discipline of educational but also in other disciplines, regarding the legitimacy of the concept of 'dual professionalism' (Plowright, 2012). The concept of *dual professionalism* was strongly promoted by the IfL who suggested that up to 41% of an educator's overall CPD should be made up of teaching and learning related activity, and that at least 30 hours of CPD should be carried out annually (Institute for Learning, 2012); almost three times as much as the NMC mandates for nurses with revalidation (Nursing and Midwifery Council, 2019). However, the risk here is that such a mandate may result in CPD being conducted in a very instrumental and mechanical way in the interests of demonstrations of compliance and in a spirit of cynical performativity rather than in the interests of meaningful engagement and the genuine improvement of practice. The strong value placed on professionalism by the IFL has, however, been upheld and perpetuated by its successor, the Education and Training Foundation (ETF). The ETF define a *dual professional* as someone who has occupational or subject expertise who combines this with teaching and learning practice (Education and Training Foundation, 2018). Tensions exist, however, in the framing of professional practice in this binary way. Combining the roles into one singular description of professional practice could lead to a role crisis where individuals are unable to prove their professionalism in one or both aspects (Adams, 2011). Conversely, however, maintaining them separately takes away from notions of skill; craft; cooperation; collaboration; individual and collective identify; problem-finding, problem-solving and critique, and the essential contributions they make to the acquisition and development of craftsmanship (Sennett, 2008).

In their 2016 paper, Leonard, McCutcheon and Rodgers critique the dual professionalism of nurse educators, questioning whether it means they are less "in-

touch” with clinical practice (Leonard, McCutcheon, & Rogers, 2016), however the article focuses heavily on the possible lack of clinical knowledge and expertise of the nurse educators with little to no discussion of their pedagogical or teaching and learning knowledge suffering as a result of this dual professionalism, suggestive once again of the lower priority given to education as a discipline in its own right.

Bringing the debate into a healthcare setting, and as is evidenced in chapter two, there is little discussion in the field regarding the educational specialism CPD of individuals working in healthcare. Much of the published work relating to the CPD activities of qualified educators relates to those based in compulsory and post-compulsory education settings such as schools, and further and higher education institutions. Whilst the ‘problem’ of CPD and educator development is also inherent in these establishments, trainers, and those delivering education in non-standard settings such as the NHS are seldom factored into the literature around educator CPD as routinely, despite also delivering vital educational interventions across the country. It must be clarified, however, that there is much published material relating to the CPD of healthcare professionals and even those who perform dual roles. However, there is a notable lack of research specifically into their educator practice CPD, thus highlighting further their ‘forgotten’ status as qualified and credible educators.

How an individual conceptualises themselves as a ‘professional’ will depend on their own values and beliefs. As Scales *et al* note, “If you ask a plastering tutor what their profession is, do they say, ‘I am a teacher of plastering,’ or ‘a plaster that does some teaching?’” (Scales, *et al.*, 2011). The challenges associated with this – other than presenting a binary view of practice - may stem from the differences in perception between vocational and non-vocational careers. In the UK, the term ‘vocational career’ typically refers to a job that requires specific skills and knowledge such as nursing, trades, catering etc. (Roberts, 2011), therefore a non-vocational career is one that can be entered into from a variety of training or education backgrounds such as English, arts humanities. In their 2010 research into vocational education, Lucas, Claxton and Webster suggest that vocational training is generally held in a lesser regard as more academic subjects (2010), and statistics show that students with BTECs – the Business and Technology Education Council’s vocational qualifications (Pearson Education Ltd, 2020) – perform worse at university than their

A-Level holding counterparts (Holford, 2017). These factors only serve to widen the achievement and credibility gaps for vocational based subjects.

Considering this, the ETF recommended in their 2018 'Dual Professional Toolkit' that learners of vocational subjects should have "direct contact with people working in the occupation to understand the nature of the activities within the workplace..." (2018, p. 11). This positions the *dual professional* as a fundamental part of the learning experience suggesting that the people working in the occupation as mentioned also have credible and reliable teaching skills and understand the "full potential of vocational pedagogy" (*ibid*, p. 13). This idea is nothing new however, and trade and crafts people throughout the centuries have capitalised on this 'master and apprentice' relationship as in the Craft Guilds common in the Middle Ages (Bosshardt & Lopus, 2013).

In his book *The Craftsman* Sennett explores the implications of craftsmanship, and argues that "all skills, even the most abstract, begin as bodily practices" and that "technical understanding develops through the powers of imagination" (2008, p. 10). Using his concepts as a metaphor, the idea that someone could become a *dual professional* purely through gaining academic or even vocational qualifications alone is paradoxical. Professionalism then becomes something that is built up and constructed over time rather than a standalone 'thing' that is taught. This is certainly not a new concept, or one unique to Sennett. Writing in 2005, Dunne notes that practice is "a coherent and invariably quite complex set of activities and tasks that has evolved cooperatively and cumulatively over time" (Dunne, 2005), and in his 1987 work on inside-out psychology, Hunt devotes a section to staff development and the relationship between theory and practice (Hunt, 1987).

The works of these authors and researchers suggest that there may be no such thing as a 'dual professional;' that professionalism is a term ascribed to an individual based on their entire practice rather than something which can be categorised or boxed off to different and arguably quite arbitrary subject areas.

While the dual professionalism debate continues to rumble on in academia, this research aims to add to the discussion of how individuals conceptualise it for themselves and how they deal with real problems encountered during their practice. It questions whether educators working in a healthcare setting ascribe to the notion

of 'dual professionalism' and what degree of value they attribute to any separate or interwoven aspects of their professional practice.

While much of this context has focused on nurse educators and those in the clinical side of educating within healthcare, the research also concerns non-clinical educators in this setting. Workforce Development team members and subject matter experts across wider teams within NHS Trusts are often qualified educators – many up to PGCE level – but may not be afforded the same level of recognition as their medical and clinical colleagues. They are, however, subject to the same budget cuts and the same availability of CPD.

Health Education England's 'E-Learning for Healthcare' portal offers a wide variety of CPD activities aimed at those directly involved in healthcare provision (Health Education England, 2020). The modules and programmes on offer are accessible by any NHS employee – not only those providing front line healthcare – and include a suite of courses under the banner name 'Educator Hub' such as Continuing Professional Development as an Educator, and Teaching and Facilitating Learning (ESR, 2020). Many of these courses have been specifically designed with healthcare settings in mind and could therefore form a strong foundation of free-to-access CPD opportunities for educators within NHS organisations, however their target audience is listed as, "All educators working in clinical practice and Higher Education Institutions" (ESR, 2020) making them appear mostly irrelevant to many educators to whom they may have been beneficial.

Summary

This ongoing history of shifting budgets within the NHS and the altering stature of educators as 'professionals' has led to a situation where the CPD of qualified NHS-educators is not a high priority in terms of investment of resources. Similarly, the professional respect of qualified educators within the NHS is poor, with clinical and medical professions taking precedence, meaning that the knowledge and experience held by education-focussed individuals is often overlooked.

Recent efforts to concentrate finances and resources on clinical staff have the potential to impact the professional practice and engagement levels of those

'neglected' yet experienced and knowledgeable educators throughout the NHS. Dialogue is needed about whether these educators see their educator related CPD as being valuable to them or to their practice, and whether a lack of investment in and availability of CPD from NHS organisations makes them less likely to engage with any CPD at all. A consideration here is whether practitioners see their professional development as a personal responsibility as part of their professional practice, and whether a lack of priority or mandate from a relevant governing body affects their ideas and opinions of CPD as being necessary or valuable in the first place.

At present, educators within many NHS organisations are not offered any formal CPD opportunities. Engagement with CPD is predominantly seen as an individual responsibility and no programmes of internal or external development are routinely available. Workforce Development departments often oversee education offerings within their organisations, and they deliver many programmes. One such programme offered by a North East NHS Trust is an internal Level 3 Award in Education and Training course which allows staff who carry out some teaching as part of their role (but who are not currently qualified) the chance to gain an initial teaching certificate. However, no follow-up programme of development is associated with or attached to the course. At the end of the course individuals are simply signposted to some external CPD they can engage with of their own choosing.

With this being many newly qualified educators' first introduction to the CPD of their new 'profession,' insights into how this influences their attitudes towards maintaining currency with their new qualification are needed to better understand how organisations can better support practitioners.

Given the educational focus of the NHS People Plan, organisations within the NHS should be aiming to ensure that all education and training delivered is of a high quality and meets the needs of all its staff. This means that training opportunities should be equitable as well as equal, i.e., all staff should have access to a range of opportunities that meet their individual needs and should have equal access to them.

The problem is not simply limited to an NHS setting. The dichotomy of CPD for teachers versus trainers is evidenced in much of the ETF's documentation. Again, we find another example of the pervasiveness of the idea of a vocational-academic

divide and its unhelpful consequences. The Professional Standards are badged as being relevant and applicable to both teachers and trainers (Education and Training Foundation, 2020). However as already discussed much of the work in this field of study focuses on teachers working in compulsory schooling and higher or further education, with little aimed at trainers working in non-standard settings. Once again this points to a putative and dysfunctional vocational-academic divide. Focus areas are around professional formation and national priority areas which may be of little or no relevance to those working in non-accredited atypical settings.

2. Literature review

2.1 CPD in the NHS

CPD is certainly not a new concept. Murphy-Latta notes in their 2008 dissertation that in relation to the training of USA school staff, CPD came to the forefront as early as the 1960's (Murphy-Latta, 2008). Despite having been a recognisable concept for many decades, research literature on CPD is limited. An overwhelming majority of this literature is focused upon one *or* the other. For example, the focus tends to be upon *either* generic teacher CPD *or* subject specialist CPD. The main point to note here is the seemingly miniscule portion of the literature devoted to the holistic CPD of educators of both stripes. It would appear there is little, or no consideration given to the knowledge, skills, qualities of mind, and values of the teacher who is a subject specialist and educator in all disciplines including the discipline of education.

As discussed in chapter one, much of the published work relating to the CPD activities of qualified teachers relates to those based in compulsory and post-compulsory education settings including schools, further education institutions, and higher education institutions. Trainers, and those who provide education in non-standard settings such as the NHS are seldom factored into or feature in the literature around educator CPD. They are thus a 'forgotten group'. This is troubling bearing in mind that those delivering vital educational interventions across the country fall into this group.

As educator-specific CPD is largely a voluntary and heutagogic (or self-determined) process or activity that focuses on the importance of learning how to learn, and is not

mandated to registration or qualification, it has the potential to be a low-priority action. As discussed in chapter one, nurses, for example, are mandated to carry out at least 35 hours of CPD every three years (Nursing and Midwifery Council, 2019) as part of maintaining their registration.

In 2008, Waters and Wall published a study relating to attitudes around educator CPD of GPs with a training role (Waters & Wall, 2008). In it they note that the NHS appraisal process requires GPs to demonstrate teacher development (*ibid*, p. 250). A problem here is that this suggests a split and some would argue, rather binary opinion about the role of teaching or training within the GP and medical education profession. Some health professionals generally consider the role of a teacher/trainer to be lower in professional status than their clinical roles. Waters and Wall note that the same body of professionals also tend to take the view that they do not feel their remuneration is enough for them to regard it with more significance (*ibid*, p. 251). Despite this general opinion, Waters and Wall draw attention to how many health professionals acknowledged and valued their professional development as teachers. However, they considered that more direction should be given by their Deanery and that they should not be expected to source and conduct CPD activities solely in their own time (*ibid*, p. 253).

The most divided of opinions emerge around the topic of formalising educator related CPD. Waters and Wall note, “Trainers expressed a range of views, and there was no consensus established.” (*ibid*, p. 253). The same authors also report that some health professionals even expressed a strong desire to not be pressured into formalising their CPD via a university qualification claiming (or perhaps more accurately, threatening that) they would retire if such a mandate was enforced.

The GPs involved in Waters and Wall’s study worked as trainers and teachers. However, they did not necessarily hold any formal qualifications as educators. Waters and Wall also note that there is a move toward the professionalisation of medical teachers (*ibid*, p. 250), However those involved in the research conducted by Waters and Wall were not necessarily qualified, professional educators. This thesis focuses solely on those individuals working in a healthcare setting including GPs who have some element of formal teacher / trainer education. The level of this qualification is immaterial to the research. However, the formal act of becoming a

qualified educator is relevant to questions around the acquisition and development of personal and professional knowledge, skills, qualities of mind, values and individual/collective identity as factors influencing engagement in professional learning. Additionally, suggestions within the Waters and Wall study also point to how the Deanery should provide more steer and support to the GP trainers around CPD. The above questions and issues echo considerations and questions posed in this research. These include issues surrounding responsibility for educator specific CPD in the contexts of the NHS and the wide variety of health and other professions working within NHS organisations rather than isolating it to only one group of professionals.

Peel, writing in 2005 about dual professionalism seeks to address questions around both carrying out CPD as a teaching professional and fostering positive attitudes towards CPD among the practising professional being taught (Peel, 2005). This raises an interesting additional question around educator specific CPD which resonated with this research study. Many of the educators within the population for this research are delivering learning interventions for other educators, i.e. they are facilitating the professional development of their teacher-peers. This raises questions about the role-modelling obligation and the potential of the educator as well as their legitimacy in encouraging self-directed voluntary engagement with CPD. Peel also links this to a professional's competence and trustworthiness, suggesting that "... CPD clearly has a potentially pivotal role to play in also maintaining a professional body's credibility and professional validity in society." (*ibid*, p. 125). This notion also links strongly with one of the main tenets of this research around how individuals construct, acquire, and develop their professional knowledge, skills, qualities of mind, values, and individual/collective identities. A key question here is the extent to which knowledge of ideas, theories and concept in education and subject specialist knowledge, qualities of mind, values, and individual/collective identities in branches of health and care are two sides of this same coin and the potential of each to have a significant impact on the other. For example, if an individual does not perceive themselves to be an education 'professional', then this raises the question of the level of legitimacy they should be afforded in relation to their capacity to support the professional learning of their peers. Furthermore, if nurse educators, GP educators

etc., do not have a sound grasp theories, ideas, and concepts in education then that is likely to have an adverse bearing upon:

1. The range of approaches to teaching, learning and assessment that they can employ in their educational practice.
2. The quality of their educational practice.
3. The quality of the experiences of professional learning of the health professional whose practice they are charged with improving.

Peel additionally notes that professionals experience a great deal of pressure to maintain their professional capacities to meet the needs of their designated roles in society (*ibid*, p. 127).

Finally, Peel suggests that CPD in more recent times is heavily influenced by reflective practice which is “very much in vogue” (*ibid*, p.129). Reflective practice was described by Harvey and Knight (1996) as a “fashionable solution” to the problems associated with and arising from professional development while Ixer (1999) claimed that self-reflection is critical in contemporary practice and professionalism. Reflective Practice has been in vogue for a lot longer than Peel would suggest. The problem is that it has been reduced to a fatuous and hackneyed cliché limited to the ‘reflection’ of solitary individuals in questionable paper-based diaries in situations where the practice side of things is so far from being understood that it has been whitewashed out of consideration (Gregson, 2024).

In their 2006 article on CPD in teaching practice, Harwood and Clarke boldly suggest that academics have neither “the time or inclination in practice to approach [CPD as a dual professional] in a systematic manner.” (Harwood & Clarke, 2006, p. 29). They make this suggestion from a context where individuals’ primary role is as a teacher-researcher and would therefore play a more significant role in the individual’s professional identity. They explore an argument that adopting a team approach to teaching and learning in the first instance can help foster better interest and engagement with educator CPD. The concept is certainly interesting. Quinlan argues that learning and teaching are at their best when developed via peer interaction and sharing of insights and best practice (Quinlan, 1998). However, this idea is potentially limited in scope. The context used in this research is not purely set in higher education but also in a healthcare setting which employs people who are –

either incidentally or by requirement of their roles – not only expected to be educators but good ones at that. Health professionals may be teaching on a vast variety of topics ranging from soft skills to medical disciplines. However, the capacity for sharing insights into good practice has to date been limited and to the extent that crossover is almost non-existent.

An interesting insight from Harwood and Clarke's article is that they suggest educators should have a rich understanding of both content and pedagogy for their teaching to be effective and to achieve this, institutions must recognise the changing educational landscape and the needs of educators and be fully supportive of both (Harwood & Clarke, 2006, p. 30). As with the article from Waters and Wall, the implication here is that institutions have at least some culpabilities when it comes to the currency of practice of the education professionals in their employ.

In 2016, an article was published in the Canadian Journal of Ophthalmology about CPD educators. The article described the introduction of dedicated CPD educators whose role it is to design CPD programmes, deliver content, facilitate revalidation and reflective practice, and set standards across learning initiatives (Mack, Sandhu, & Filipe, 2016). These CPD educators they argue can be purposefully employed as university lecturers or can act in a voluntary capacity meaning the approaches they adopt for the role can vary significantly (*ibid*, p. 197). Mack *et al.*, note in their conclusion that CPD as a separate scientific endeavour is underdeveloped and difficult to measure. They point out that further research is needed to fully explore the potential of CPD educators and any development they would need to fulfil such a role (*ibid*, p. 199) - providing CPD for the CPD educators if-you-will. The above research once again brings into question the locus of control where CPD is concerned, lending further justification of the need for a research study such as this.

A 2008 article by Eaton and Carbone attempts to address the question of who is responsible for the design and delivery of improved CPD (Eaton & Carbone, 2008). Their research centres around the development of subject-specialism CPD, however their insights are poignant to this research as their aim is to make educational research more relevant to classroom practice (*ibid*, p. 261). As this research is concerned with how individuals experience their engagement – or lack of it – with educator specific CPD, it explores the processes and stages involved in the

acquisition and development of qualities of mind, values and individual/collective identities and the intrinsic knock-on effect of these to classroom practice. Writing in 1998, Hargreaves argues that educators have a pivotal role to play in the creation and dissemination of knowledge (Hargreaves, 1998) and suggests that dual professionals are responsible for their own continuing development and that their practice will be better for it. They suggest that education research is irrelevant and out of touch with classroom practice – a concept which will be covered in more detail later in the chapter. The work of Hargreaves heavily informed Eaton and Carbone's research as they attempt to show that education research is not only relevant but necessary as part of a collaborative methodology to improve practitioners' work.

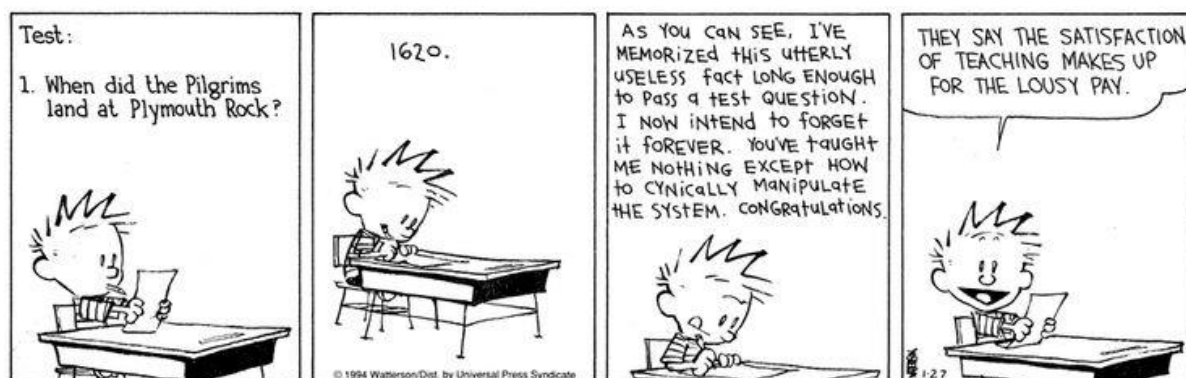
An article published in 2015 from McMahon, Forde and Dickson examines teacher education with reference to a professional continuum (McMahon *et al*, 2015). Their article focuses on the question of how teachers are both prepared for and supported through professional development post qualification. They note that contemporary policy in some areas has linked professional development to pay and conditions meaning that CPD either becomes a mandatory activity or is incentivised through salary increases (*ibid*, p. 167). This concept – of mandatory or incentivised CPD – is not relevant to this research. However, it does raise an interesting question around professional integrity, the development of knowledge, skills qualities of mind, values, and individual/collective identities. The notion that CPD activity needs to be encouraged in this kind of way suggests that without it, teachers may not choose to autonomously develop their practice and skills. This is one of the key lenses of this research – the extent to which education professionals freely engage with CPD related to their teaching practice and how useful it is to them in practice – therefore the outcomes will offer interesting comparisons and contributions to previous studies. McMahon *et al*. also suggest – paradoxically – that in recent years professional learning has become a quite private venture sourced and funded by the professional themselves (*ibid*, p. 168) resulting in some individuals being reluctant to share the fruits of their development with institutions unwilling (or unable) to contribute to the costs of their CPD. This also raises the question of responsibility and accountability for CPD activity rooted in this research discussed later in this thesis.

2.2 Problematic models of education

Frank Coffield, Emeritus Professor at University College London's Institute of Education, has written extensively over a distinguished career about critical aspects of education and education policy in the UK. In a book he co-authored with Bill Williamson in 2011 titled *From Exam Factories to Communities of Discovery: The democratic route* he explores the market-led model of education and calls for educators to build a more democratic one proposing it to be a far more sustainable model. This work is largely aimed at formal education models, i.e., primary, and secondary schools as well as institutions of higher and further education. However, it is important to note that the principles underpinning these models naturally spill over into workplaces. The formal training that NHS educators receive is the same, if not very similar to that carried out by those going into school teaching. Some of the educators included in the research population of this study are PGCE qualified teachers (me included). They just happen to be using knowledge, theories, concepts, and ideas from the discipline of Education within the NHS rather than in a school or college context. NHS educators are therefore taught the same theories, concepts, ideas, and methods from the discipline of education as their school-teaching counterparts and their understanding of teaching, learning and assessment often bears a striking resemblance. The points raised by Coffield and Williamson then, are applicable to all, regardless of context and settings.

One crucial suggestion in this book is that because, "standards are narrowly defined as increasing test scores" (Coffield & Williamson, 2011) the current model of compulsory education is failing a vast number of people; 30-60% of each cohort leave school without the minimum level of education needed to obtain anything but a 'dead-end' job (*ibid*, p. 40), corroborating some of the statistics cited in chapter one. Whilst this may not immediately seem applicable in a post-compulsory professional setting such as the NHS, it suggests that among those low-achieving school leavers there may be a level of apathy towards teaching and learning that is perpetuated into working lives. As Coffield and Williamson suggest, "After 11 years of formal education, [those not in employment, education, or training – the so-called 'NEETs'] ... want nothing to do with schooling, as they have already suffered too much at its hands" (*ibid*, p. 42). They go on to suggest that even for those students who leave school with the requisite qualifications to gain employment, the current education

'system' (the authors purposely use inverted commas to signify their questioning of it actually as a system) does little to prepare them for their roles and responsibilities as members of a civilised and democratic society and instead provides them with only the tools to regurgitate the ideas, findings, and thoughts of others (*ibid*, p. 44). They indeed note that a major complaint from college-age students is that they are "not active participants in class, but passive recipients of information" (*ibid*, p. 61). In a seemingly unrelated but strikingly appropriate link, American cartoonist Bill Watterson neatly summarised this idea in this 'Calvin and Hobbes' comic strip first published in January 1994:



(Watterson, 1996)

Watterson often brought philosophical and academic concepts into the strip, having named its two main characters after 16th and 17th century philosophers respectively, and this strip not only highlights the futility of standardised testing methods, but also the lack of what Amy Gutmann calls 'deliberative democracy' (Gutmann and Thompson, 1998). The failing of the education system to equip people with the knowledge skills and qualities of mind, values, and individual/collective identities necessary to engage in critical discussion and debate results in difficulties in adulthood in engagement with the political lives of local communities and wider society (Coffield and Williamson, 2011). The danger is that if educators within the NHS are using the same content, methods, techniques, and principles as their school and college-teaching counterparts, then the failings of compulsory schooling are likely to be perpetuated in the workplace and beyond. Arguably, while this might not be so damaging in the context of a retail-oriented industry, in the National Health Service where complex decisions are a moment-to-moment occurrence this skills

gap could have catastrophic and potentially fatal consequences, therefore the stakes are much higher.

Coffield and Williamson take great pains to suggest that the failing of the system has far less to do with the teachers working within it and more to do with the way the 'system' is constructed in the first place. They volunteer that mostly, teachers are good and want to do well by their students (*ibid*, p. 38) but that the system is set up to work against them. For example, "new measures, hurriedly introduced by ministers – without any evident knowledge of previous initiatives of a similar kind..." (*ibid*, p. 37) are all too typical across the sector. Coincidentally, this echoes the constantly shifting situation with funding for nurse CPD as discussed in chapter one.

However favourably Coffield and Williamson talk about teachers, this thesis addresses the idea that educators within an NHS setting are also basically good and want to do well by their learners. Educators within the NHS are not subject to the same levels of professional scrutiny as those in schools and with no formal requirement or recommendation for CPD – or in certain circumstances even a teaching qualification – it cannot be assumed that the same appraisal can be made of all educators. It is interesting, as Coffield and Williamson note that, "we now spend more on inspecting the education sectors than we do on trying to improve them" (*ibid*, p. 42) and where education in the NHS is concerned, neither version of that can be said to be true.

Part of the issue here is a systemic one. Initial teacher training follows a similar pattern to the teaching that trainee teachers will be conducting themselves in their career. Teachers teach the teachers, who may go on to teach the next generation of teachers, etc. The cycle of, and quality of teaching methods is perpetuated via the formal education and teaching institutions who provide them and the bodies that oversee the regulation of them. New educators will be led by example and, as Coffield and Williamson point out, "educators cannot create and sustain the conditions for their students to become lifelong learners, if those conditions do not exist for the educators themselves" (*ibid*, p. 66). The initial training of teachers and educators boasts the same pedagogic design and flaws as the compulsory schooling system therefore a question can be raised about how we expect teachers to

be/remain excited and motivated about their practice when that enthusiasm is not encouraged or nurtured from the point of their initial training onwards.

Teaching in the UK seems to have lost some of the kudos it may once have had. A 2018 global analysis of the status of teachers showed that across all countries surveyed, the profession of primary school teacher ranked at only 6.4 out of 14, with secondary school only marginally ahead at 7.0 out of 14 (Dolton *et al.*, 2018). The UK specifically ranked extremely poorly on its public perception of teachers of all kinds. Although teachers are generally seen as highly capable, and the teachers consider themselves as being well respected in society, the survey data shows a notable negative disparity between their own perception and the public perception (*ibid*, p.99). The public equated the occupation of teacher as being most like that of social worker, where the teachers themselves considered their profession most comparable to a nurse (*ibid*, p.36). Perceptions are remarkably different in Malaysia, China, and Russia where members of the public regard teachers as being comparable to doctors. The comparison within the UK is illustrative of the perceived value of teachers and is suggestive that the public sees 'teacher' as a personal supportive role akin to social worker (*ibid*, p. 35).

The data from this survey lends support to Coffield and Williamson's suggestion that teaching is becoming de-skilled and de-professionalised and that education in the UK is managed more like a business, choosing the values of the market and commercial competition as drivers of education reform (2011, p. 67). The same authors argue that this can not only serve to demotivate the educators already working within the 'system', but also increase the potential/probability of attracting the wrong kind or calibre of people to become educators in future.

The idea of students as 'passive recipients of information' mentioned previously is explored further by Coffield *et al* in the 2014 book *Beyond Bulimic Learning* in which he expands arguments presented in *From Exam Factories to Communities of Discovery* (2011). Here he delves further into the commodification and politicisation of education in recent times.

The title of the book comes from his idea that, "Students are bingeing on large amounts of information and then, in government induced bouts of vomiting otherwise known as national tests, they spew it all out" (2014, p. 3). Coffield uses purposefully

colourful language here to describe the continually shifting political landscapes that contribute to the difficulties faced by educators trying to enhance the quality of teaching and learning.

Coffield also describes the “equally distressing twin” to bulimic learning, that he calls *anorexia academia* (*ibid*, p. 4). This restriction-diet counterpart is experienced by those who choose to engage *just enough* to get through the test or exam because the regime of continuous testing since the age of five has “turned their stomachs against learning” (*ibid*, p. 4).

The difficulty, Coffield suggests, is that the policies of governments in recent decades have turned education institutions and organisations into ‘skills factories’ whose *raison d’être* is to manufacture a workforce able to compete in a global arena (Coffield, 2011). This chimes with the sentiments of A.S. Neill – who is discussed in more detail in the next section – almost a century earlier, indicative of the stranglehold that technical rationality (including technical-rational models of change, and improvement emanating from post-enlightenment thinking) still has on the discipline of education. The assumption behind this world view is the idea that, if we plan and deliver education in a technical-rational ways and measure success solely in terms of easily measurable outcomes, then this approach possesses the potential to solve many of the nation’s problems including complex and enduring educational issues, injustices, and inequalities.

If this were true, then it poses two distinct problems for educators. Firstly, it implies that educators can and should have few freedoms beyond the mandate of curricula, standards, and testing. The structure within the NHS, however, is markedly different. A significant amount of the education and learning that takes place within the NHS is non-accredited, meaning that delivered sessions are often designed and provided in-house by members of staff. In NHS contexts learning also takes place in non-formal, informal, and work-based situations between and among colleagues. Accredited learning does take place within the NHS. However, those NHS organisations that deliver in-house apprenticeship programmes (and more) are subject to OFSTED inspections just as any other education institution would be. NHS organisations must then have structures and record-keeping processes in place that are more akin to a higher or further education institution in the interests of providing demonstrations and

evidence of compliance to satisfy the demands of Ofsted's Common Inspection Framework (CIF).

The second potential problem for educators is that the fatigue experienced by learners of school age - because of constant testing and forced engagement in subjects and topics - often means that they have little interest in engaging in education and that this may well be perpetuated into adulthood. This could make not only the *learners* disengaged from education, but also their *educators* who may also feel that their endeavours are equally hopeless in a system where the dice are loaded against the underprivileged and disadvantaged. The legacy of the 'exam factory' model of compulsory schooling means that learners and educators may see it as the only option for the teaching, learning and assessment of learning.

This suggestion, however, is addressed by Coffield in his earlier work *The Necessity of Informal Learning* (2000) where he notes that, "Tough (1979) demonstrated more than 20 years ago that most adults regularly undertake self-directed learning 'projects' outside of school or work-based training." (2000, p. 2). This makes informal learning both prevalent and recognised, but perhaps undervalued as it is subsequently suggested that lessons could be learned from those individuals who "make a career of informal learning because it is part of their wider identities..." (Fevre et al, in Coffield, 2000, p. 8). Informal learning then, the above authors argue, can play a critical role in sparking people's curiosity and their thirst for knowledge which, "when aroused, spills out into all areas of life" (Coffield, 2000, p. 8). As a learning enthusiast myself, I can attest to this. I developed a passing interest in ruined buildings many years ago during hikes with my husband, and it has led to such a peculiar fascination with old boundary stones that we have discussed researching and compiling a book about them!

Eraut's chapter within Coffield's book lays out a 'typology of non-formal learning' which describes informal learning in terms of three types:

1. Implicit learning – where there is no intention to learn or awareness of it taking place.
2. Reactive learning – learning is explicit but occurs spontaneously in reaction to a current situation.

3. Deliberative learning – time is specifically set aside for the purpose of learning.

(Eraut, in Coffield, 2000, p. 13)

The work of the above authors lend support to the argument that there are potential links to be made here with standard models of continuing professional development and with communities of practice. These are discussed later in this chapter. This typology is – by Eraut’s own admission – simplistic in that it creates too great a confine to encompass the prevalence and organicity of non-formal learning. Coffield builds upon Eraut’s reference to the metaphor of an iceberg to draw attention to how the theoretical knowledge involved in learning to do something in the world constitutes only one-eighth of the knowledge necessary to be able to realise an idea in practice. On the other hand, as Coffield points out, the amount of new learning involved in making a good idea good in practice constitutes the remaining seven-eighths of the iceberg that lies below the surface (2000, p. 1).

The main point to note here is that formal models of learning are increasingly not meeting the needs of modern workplaces. Fevre *et al* note from their research in the field of knowledge and skill formation that, “formal training” may include redundancy where informal learning targets only necessary knowledge and skill acquisition (in Coffield, 2000, p. 2). These views further endorse Coffield’s notion of schools (or learning organisations more generally) functioning more like exam factories. He describes a situation in which teachers are increasingly held accountable to the achievement of thin lists of standards and targets that do not – and likely cannot – meet the complex needs of learners and consequently neglect the potential contributions and wealth of knowledge and skills as well as the rich experiences of practice held by the educators.

Writing in 1971, Austrian priest and theologian Ivan Illich goes so far as to suggest that “universal education through schooling is not feasible” (1971, p. 7). He calls for schools to be disestablished, referring to equal schooling as, “economically absurd... intellectually emasculating... socially polarising and destructive of the credibility of the political system which promotes it” (*ibid*, p. 17). Illich argues that pupils are, “schooled to confuse teaching with learning, grade advancement with education, a diploma with competence, and fluency with the ability to say something new” (*ibid*, p.

9). His treatise reads as a damning indictment of public education and echoes many of the sentiments later expressed in works by Coffield. He talks of schools as manufacturing organisations making goods on a production line and refers to such curricula and pedagogic practices as, “a bundle of goods made according to the same process and having the same structure as other merchandise” (*ibid*, p. 46). The late Sir Ken Robinson makes similar parallels in his 2010 TED Talk *Changing Education Paradigms* where he describes schools as products of the industrial revolution that are still modelled as production lines, processing pupils in ‘batches’ based on arbitrary factors such as age (RSA, 2010). I vividly recall watching the presentation in one of my PGCE tutorials and getting chills down my spine on realising of how the model of compulsory education was designed.

2.3 The de-skilling of educators and progressive thinking

There is a compelling argument against the idea that initial teacher training is contributing to the de-skilling and de-professionalising of teachers. Jean Lave and Etienne Wenger dissolved artificial boundaries between the binary and oppositional and individual construal of different kinds of learning. When they published *Situated learning: Legitimate peripheral participation* in 1991 they launched the idea of communities of practice to the world. The one-sentence summary of their research is that most learning does not take place with the master, it takes place among the apprentices. The concept of legitimate peripheral participation has strong links with Coffield’s ideas of schools as exam factories. In the foreword to *Situated Learning*, William F. Hanks offers the idea that in social co-participation situations, individual learners do not learn discrete knowledge to regurgitate in later situations, instead they are acquiring the skill to *perform* through actual engagement (Hanks, in Lave and Wenger, 1991). This lends support to Coffield’s critique of compulsory schooling models which he suggests are structured to make learners regurgitate isolated fragments of discrete knowledge. In this respect, Lave and Wenger (1991) offer an alternative perspective about the factors contributing to and influencing high-quality educational experiences for learners.

In a follow-up work, 1998’s *Communities of Practice: Learning, Meaning, and Identity*, Wenger echoes Coffield’s thoughts about standardised testing being an

inappropriate method of assessing learning, and qualifies that “collaborating is considered cheating” (Wenger, 1998). This notion – that collaboration is considered somehow *cheating* – has not gone unnoticed in the educational community. Sir Ken Robinson also pointed out this fool’s errand in his Ted Talk where he notes “... they’ve [young people] spent ten years in school being told there’s one answer, it’s in the back. And don’t look! And don’t copy! Because that’s cheating! I mean, outside schools, that’s called collaboration, you know, but inside schools...” (RSA, 2010).

Unfortunately, these notions are not only confined to compulsory schooling. Working as a Learning Technology Specialist in the NHS for over three years I was exposed to some questionable opinions on how to assess online learning effectively.

Stakeholders commissioning an eLearning package would routinely request a multiple-choice questionnaire (MCQ) to be included at the end and for it to be a ‘pass/fail’ completion. One of the major difficulties with this is that many of these stakeholders either did not fully understand what they were trying to assess or did not appreciate that having a pass/fail situation imposed on learners necessitated a consequential action, or they lacked any awareness of the administration and consequences involved in failing learners through this method.

MCQs are so riddled with difficulties that it makes a truly objective assessment of their effectiveness tricky. MCQs date back to the early 20th century when they were introduced in Frederick J. Kelly’s *Silent Reading Test* (1916). Subsequently, they were widely adopted in psychological tests within a few years, and by the 1920’s they were being used in many educational tests (Fulcher, 2014). On the face of it, MCQs seem like an ideal way to objectively assess knowledge. Options are presented, the student selects their choice from the options and they either get the question right or wrong. The results are quantitative and absolute. No ‘messy subjectivity’ involved. It is assumed to be a time and cost-effective way of producing a score with which to evaluate someone’s knowledge and many e-Learning authoring assessment instruments have in-built capability to automatically grade answers and subsequently pass or fail the learner. However, there are factors at play here that can cause problems and headaches for both the teacher and the learner.

There is a frequent in-joke within some learning technology circles that if you are completing an e-assessment for any mandatory training and one of the possible

responses is “all of the above”, chances are that is the one to pick. This makes the question somewhat redundant as the learner is likely to not even bother reading it fully and will skim the question, jumping automatically to the answer selection. This leads to another tricky factor; that of the MCQ design. Many of the MCQs I dealt with in my time as a learning technologist were written by the stakeholders who requested the eLearning – individuals with no knowledge, training, or expertise in the assessment of learning and therefore no real understanding of how to write effective questions with realistic and plausible answer options that can more accurately evidence a degree of comprehension rather than the regurgitation of facts as described earlier. Often, the suggestions and expertise of us as digital learning design experts was overlooked in favour of a ‘quick and dirty’ solution that did not involve any reworking of the content. That said, I have seen examples of MCQs in published eLearning where there are four equally weighted questions, but the passing score is left at the authoring software default of 80% (effectively meaning you need to get all four questions correct to pass, therefore artificially creating a passing score of 100%), so the learning designers do not always get it right either.

A final observation from my time as a learning technologist, and perhaps the most poignant, came from a very senior member of staff who voiced concerns about learners carrying out mandatory training in an unsupervised environment where they may have the opportunity to “cheat” by carrying out internet searches for answers to questions. I recall at the time having a somewhat shocked look on my face when I was told what they had said and responding with something like “... looking up the answer to a question you don’t know the answer to isn’t cheating... it’s learning!”. If it were considered cheating, then no student would ever be able to revise for an exam and no PhD candidate would be able to author a thesis. Such a myopic and archaic view of how learning should take place and be assessed existing in the higher echelons of an organisation like the NHS raises concern and inhibits forward progress towards more practice-focused, more learner-centred approaches, as well as more authentic multimodal approaches to assessment of different forms of knowledge.

That such practices persist within the NHS also raises concerns over the value placed on education, and by extension on the educators. These ‘quick and dirty’ solutions bypass the knowledge and expertise held by practitioners and lead to

lesser quality educational experiences for the learners and inauthentic approaches to assessment.

The much-repeated quote, spuriously attributed to Henry Ford, 'If you always do what you've always done, you'll always get what you've always got' rings true here. Writing in the early 1900's, Scottish educator and author A.S. Neill documented this sentiment in his work *A Dominie's Log* as follows, "My work is hopeless, for education should aim at bringing up a new generation that will be better than the old. The present system is to produce the same kind of man as we see to-day" (1918, p. 4). Regardless of the willingness of the educators, unless the system can capitalise on their expertise and experience and flex to suit the changing needs of learners across institutions, departments, geographies etc. it has surely doomed itself to failure. Short-sighted ideas about the ways in which learning happens, perpetuated from 20th century schooling practices by high-level decision-makers in organisations like the NHS do little or nothing to foster collaborative and innovative education spaces where adults are treated as such, in conditions where learners and educators are able to flourish and encouraged to imagine new possibilities and new and more hopeful futures together.

This raises the question of the extent to which vocational and workplace learning institutions should be encouraging the development, progression, and free-thinking of those members of staff who are dealing with learners daily rather than relying on them to do it themselves. It is perhaps somewhat easier to understand this inflexibility within compulsory, HE and FE where standards are imposed from the top down, and national curricula are non-negotiable. That is not to say that it is necessarily acceptable, just that is easier to appreciate why this is so, particularly when contrasted against the arguably unencumbered education that can happen within an NHS setting.

Further insights from A.S. Neill see him reflecting upon the life and life chances of one of his pupils, a promising and intelligent young man who, on leaving school, was destined to life as a ploughman with no prospects and a life path that is truly paved out for him since before his birth. Neill laments his teaching as futile as follows, "... I stand by a new made grave, and I have no hope of a resurrection. Robert is dead." (*ibid*, p. 24) and goes on to suggest that "... to meddle with education is to begin at

the wrong end... Robert Campbell is damned... because education is trying to adapt itself to commerce and economics and convention" (*ibid*, p. 25). Neill was writing over a century ago in arguably quite different economic and social times, however there are parallels to be made here.

In Neill's era young people were shuffled through the school system until the age of fourteen when they would join the labour force. It was a fortunate and privileged person who would continue their education and have the potential to become something more than their family lineage dictated. In contemporary Britain education is far more widely available and accessible, and young people have access to 'free' education up to the age of eighteen however Neill's sentiments about the relationship between education and commerce and economics still ring true for poor and disadvantaged learners today, almost a quarter of the way through the 21st century.

The archaic ideas about how learning happens discussed here are also at odds with what is arguably the most reproduced theory in education circles – Bloom's Taxonomy. Bloom first proposed his taxonomy of educational objectives in 1956 and his first volume – Handbook 1 – principally concentrated on the cognitive domain. His research arose from his time working in India where he saw rote learning being used as a widespread method of 'learning' and made a distinction between academic achievement and intellectual ability (Aubrey and Riley, 2015). He considered that children who were more intellectually stimulated in their home lives had a greater advantage before starting school, and those without stimulation were hindered on entering school (*ibid*. p. 89). The resulting work published in the first handbook was an attempt to organise educational objectives in order of their cognitive complexity which would provide a useful focusing device and framework for educators in guiding the design of curricula and examinations.

The interpretation of Bloom's Taxonomy most familiar to educationalists nowadays is a six-tier pyramid illustrating the cognitive domain, originally comprising (in order, from bottom to top) knowledge, comprehension, application, analysis, synthesis, and evaluation. A revision in 2001 updated the domain names to remembering, understanding, applying, analysing, evaluating, and creating. The revision was

conducted by a group of cognitive psychologists including one of the original authors David Krathwohl (Anderson & Krathwohl, 2001).

The revised version of the taxonomy is often either overlooked or educators are simply unaware of its existence. Bloom's detailed research has unfortunately fallen foul of itself and is arguably now nothing more than an instrumental framework that educators are peddled during their initial training and one that is wheeled out when a visual representation of what is in fact a highly complex concept is needed. Bloom's work looks at three separate domains of learning: the cognitive, affective, and psychomotor. However, an internet search for 'Bloom's Taxonomy' returns a sizeable proportion of results relating to only the cognitive domain. This favouring of the cognitive domain is indicative of the ways in which psychology attempts to colonise the field of education.

Although it may appear an easy concept for an educator to hang their hat on, Bloom's Taxonomy has attracted its fair share of criticism. As a focusing device or framework to describe how learning *actually* happens, it is incredibly simplistic and is rife for chronic misinterpretation. Bloom and his colleagues originally intended the taxonomy, "to provide for classification of the goals of our educational system... [to those] who deal with curricular and evaluation problems" (Bloom, 1956). The Taxonomy they devised is primarily designed to construct and evaluate educational objectives designed to further enhance knowledge. However, the familiar pyramidal presentation of it mistakenly leads many to believe that higher is better, that the 'lower level' areas should be viewed with a degree of disdain, and that learning is linear and unidirectional. Whilst this representation of or metaphor for learning may arguably be appropriate regarding Maslow's Hierarchy of Needs (Maslow, 1943) which deals with human motivation and is also depicted in pyramid form, the same cannot be said about Bloom's work, and indeed Bloom and his associates did not present their Taxonomy in such a way. The application of Bloom's Taxonomy by teachers is often criticised as mechanistic (Aubrey and Riley, 2015), but there are also criticisms of the taxonomy itself.

It is argued in this thesis that, the use of the Taxonomy in this way devalues affective and psychomotor forms of knowledge. It creates an illusion that all learning resides in their version of the cognitive domain where the intention is that it should be

reaching for the dizzy heights of the level of ‘evaluation’ (later described as ‘creating’) capstone. It is assumed that the Taxonomy developed by Bloom and his associates represented a cumulative hierarchy of sorts; that each of the categories is discrete and requires full mastery at one level prior to progressing on to the next (Krathwohl, 2002). Whilst this is true to a degree – Bloom was indeed suggesting that full mastery of the level prior was needed before a higher level could be achieved – he was not suggesting that all learning and knowledge was necessary at the highest level.

Following the publication of Bloom and associates’ work on the cognitive domain, Bloom focused more on enhancing ‘mastery’ in learning (Aubrey and Riley, 2015), and this is a topic already touched on within chapter one in the work of Sennett (2008), and also by Kneebone in his work *Expert: Understanding the Path to Mastery* (2020).

2.4 A philosophical perspective

A person’s practice and how it develops is not an external ‘thing’ to be measured or quantified, however. Dunne, writing in Carr’s *Philosophy of Education* (2005) concedes that practice is incredibly complex and takes years to develop – much akin to Sennett’s writings of craftsmanship. Complex crafting of practice is not a given however, and there are two ways to look at how practice develops over time. The alternative involves mindless repetition; repeating the same experience over again and is illustrated beautifully in Trevanian’s novel ‘Shibumi’ which offers this sage advice: “You can gain experience, if you are careful to avoid empty redundancy. Do not fall into the error of the artisan who boasts of twenty years’ experience in his craft while in fact he has had only one year of experience—twenty times.” (Trevanian, 1979).

This difference between those who continually develop their practice and those who rely on their foundational knowledge is no new concept at all. Some 2350 years ago in Ancient Greece, the great philosopher Aristotle was writing and pondering about these very matters.

In his work 'the Nicomachean Ethics' he discusses the intellectual virtues and their link to what he called a 'rational soul' (Irwin, 2019). Of these virtues, four link specifically to practice as described here:

- *Poiesis* – meaning to produce or production – 'making' – knowing how to make something. This is especially relevant when discussing craft. Guided by:
- *Techné*– meaning craft which he defines as a rational discipline concerned with production but can be correctly or incorrectly used, hence a craft is not simply 'practiced.' We might call this 'technical knowledge' or 'expertise'.
- *Praxis* – meaning action, but most specifically meaning a rational action which is its own end and not done for some additional reason beyond it. Dunne interprets it as "conduct in a public space with others in which a person, without ulterior purpose and with a view to no object detachable from himself, acts in such a way as to realise excellences that he has come to appreciate in his community as constitutive of a worthwhile way of life." A bit of a mouthful, but basically it means *doing for the common good*.
- *Phronesis* – meaning prudence, could be translated as practical wisdom but more specifically meaning general intelligent awareness. Commonly misidentified as the highest intellectual virtue – this is untrue in that Aristotle did not rank any of the virtues. Broadhead and Gregson (2018) suggest that "When a student practises with *phronesis*, their experience is not simply repeated without reference to the unique contexts in which events occur; knowledge based on previous experience is adapted and recontextualised."

For Aristotle, the distinction was not between theory and practice, but between forms of human action – doing and making. You would not have heard the Ancient Greeks talking about theory and practice in isolated terms. The idea that they could be considered to be different would have made no sense to them. However, in education practice today it is not uncommon for theory and practice to be taught and assessed separately. I do, however, recall that throughout my PGCE studies my

tutor would repeatedly refer to theory and practice as going together and that as an educator you would do well to never to consider one without the other.

Many interpretations of Aristotle's work have been levied over the centuries and a quick peruse of the various literatures can quickly confuse a researcher looking for rigour and accuracy. However, the broad understandings appear to remain consistent with only the exact translations from the original Ancient Greek causing any discrepancies.

2.5 Communities of Practice

A deeper delve into the concept of communities of practice – as touched on earlier in this chapter – is warranted to further understand the professional development of educators and the organic, incremental, and transient ways in which they may develop their own practice.

The book that introduced us to the term 'communities of practice' was Lave and Wenger's 1991 publication *Situated Learning*. Their original intention for the book was to "rescue the idea of apprenticeship" (1991, p. 29) which they perceived had become a nostrum for many learning-research problems and was becoming trivialised. They realised early on that ideas of apprenticeship were synonyms with situated learning.

In recent decades particularly within the UK, the term 'apprenticeship' is used more as a noun than a verb. To be an 'apprentice' in contemporary Britain is to engage in a specific government-funded programme combining on-the-job training combined with formal study (Apprenticeships, n.d.) – in this way, an individual completes an apprenticeship with a capital 'A'. Pre-21st century, stretching right back to the middle ages, the term described the act of working alongside someone highly skilled in a particular trade. Working alongside and being in the continued presence of someone who had *mastered* the craft of the skill for many years enabled the apprentice to learn from them and gain the different forms of knowledge and skills needed to themselves one day become a master of the craft or skill. My own father was apprenticed to the local mines on leaving school and trained as an engineer, yet he received no formal qualification in engineering. Instead, he was regarded as being what was referred to as 'time-served' meaning that he had completed a period of apprenticeship or training (Collins English Dictionary, 2024)

Lave and Wenger go to great lengths to explain what they mean by *situated learning* to ensure that there is no risk of confusion between their use of the term, situated learning and, for example, what might be defined as learning *in situ* which could cause confusion and be misconstrued as a synonym for Apprenticeship. Their use of the term describes a far broader aspect of social practice where learning is an integral and inseparable part of knowing how to make (*savoir faire*), learning to become, and knowing how to be (*savoir être*) a master of that particular craft (1991, p. 31). Employing the term *legitimate peripheral participation* also helps to describe the idea that learning is not situated *within* practice, and in fact is not situated in physical spaces at all but in the social engagements, practices, and interactions where learning is seen as an integral constituent (1991, p. 35).

Using this idea, continuing professional development activities need not be a fixed or purposeful acts. In other words, CPD does not have to be a pre-planned event provided by someone else during which an individual or individuals are provided with information and knowledge derived from elsewhere from which they are expected to learn something beneficial their practice. On the contrary, according to Lave and Wenger's definitions, professional development need not even be a conscious act. From this perspective, participants can in theory be unaware that learning is occurring as they engage in problem-finding, problem-solving, and critique through the everyday social practices and interactions that occur as part of their daily social lives in the workplace, without necessarily being cognizant of learning happening, in much the same way that children learn through their interactions with others (1991, p. 32).

Lave and Wenger's 1991 book sparked renewed interest in how learning occurs in participation frameworks like this and the popularity of communities of practice as a concept has endured to present day. Subsequent works by the authors discuss communities of practice exclusively and in more depth, and more practical guides on how to cultivate them were also published. The legacy of *Situated Learning* is the idea that learning does not occur in a vacuum. It is complex, dynamic, and fluid and is therefore not always bound by the rigid shackles of theoretical frameworks or pre-prescribed rules and procedures.

This does not, however, prevent the concept of communities of practice being referred to as a theoretical framework or model. Scales *et al* (2011) include a section in their chapter *subject specific CPD* listing the nine different 'models' of CPD named by Kennedy (2005). Number seven in this list is *the community of practice model*. The authors suggest that these models can be adopted by practitioners and "cash-strapped" (2011, p. 118) management teams to find the most effective CPD methods and useful models of change. This language suggests that conditions for the creation of communities of practice can be established purposefully, with intention from the outset, of encouraging and supporting, problem-solving, problem-finding and critique in practice as both the model and the engine of change and improvement. However, when describing the model, Lave and Wenger claim that the most beneficial aspect of a community of practice is that practitioners and their CPD colleagues are not beholden to, "pre-planned objectives or outcomes prescribed prior to the activity of the group" (2011, p. 118).

This contradiction is an example of the ways in which education still grapples with the technical-rationality and the technical-rational, clockwork world views spawned by the legacy of the *Enlightenment*. The roots of the dual professionalism debate can be traced back to the *Enlightenment period* in the 17th and 18th centuries. The sidestep away from traditional philosophical, metaphysical, and religious modes of thinking towards the elevation and pursuit of science, reason, and fact is a legacy that we still grapple with today in many disciplines including the discipline of education - caught in the grip of what is now termed the 'technical rational' world view.

An impact of this on the discipline of education is that theory and practice of subject specialisms and teaching practice become strangely divided, where the idolatry of logical positivism reigns supreme from ontological and epistemological perspectives which view reality only in objective, measurable, and empirical terms. In these circumstances, so-called scientific problem-solving methods are applied to get 'the only true/real answer' to the question. A consequence of the acceptance of this world view is not only that practice becomes separated from theory but also that theory is elevated and valued above practice. From this point of view the work of practice simply becomes the mindless and uncritical application of theory. A further consequence of this fragmented world view is that a person's professional practice can then be sectioned off into discrete areas such as subject specialist and educator,

and where theory and practice are seen as distinct aspects of education, as considered previously, and discussed further in Chapter three.

However, it is important to note that, Communities of Practice do not follow the line of logical positivism. Whilst Communities of Practice *can* be more formal and can (and often are) established to serve very specific communities and groups, when Lave and Wenger first described them this was not the description given nor their intention. In the prologue to *Communities of Practice: Learning, Meaning, and Identity* (1998), Wenger give this description:

“Communities of practice are an integral part of our daily lives. They are so informal and so pervasive that they rarely come into explicit focus, but for the same reasons they are also quite familiar.”

(1998, p. 7)

Wenger goes on to note that Communities of Practice do not have membership cards, or qualifying criteria, or membership rosters. What Kennedy (2005) refers to as the *model of communities of practice* is therefore a contradiction in terms.

The appropriation of Wenger’s terminology to describe what is in fact a more formal gathering of like-minded people around a specified subject – arguably a ‘club’ (or even just a meeting) – can potentially be discounted as constituting an authentic Community of Practice. This issue comes into sharpest focus considering the publication of *Cultivating Communities of Practice* by Wenger, McDermott, and Snyder in 2002 in which all the three co-authors describe the ways in which organisations can be more proactive and systematic in encouraging and supporting Communities of Practice in their workplaces. The above authors are careful to reaffirm the organic nature of genuine Communities of Practice. They offer guidance on the nurturing process and the potential contributions and value of these communities to organisations (Wenger *et al*, 2002). The authors begin by noting that COPs are informal and rarely come into formal focus and seldom follow a set formula or blueprint for action. Anyone who intends to provide advice on how organisations can nurture COPs would be well advised therefore to proceed with caution.

However, the value of these communities to groups of insider-practitioners is perhaps of the greatest importance. People who face similar situations in their professional practice benefit from having opportunities or forums in which to engage with each other (2002, p. 9). It is through these engagements that connections are made, knowledge is shared, and communities and relationships develop. The above authors suggest that these communities will likely exist within many organisations, having developed organically. However, they are, “unlikely to achieve their full potential” without support and cultivation from the organisation. Failure to do so will result in artificial or stunted communities existing within sub-teams or only existing along existing friendship lines (2002, p. 13). Healthy Communities of Practice are comprised of active and engaged practitioners. They do not just provide a forum for engagement though; their fundamental benefit is the learning and advancement of knowledge and the sharing and development of good practice among their fellow members of the Community. Being able to share commonalities and opportunities to bond over shared experience, as the above authors argue, is useful and beneficial in the development of professional confidence. The same authors contend that the ability to learn from peers and improve your own knowledge, as well as reciprocate with contributions to the professional development of your peers is one of the most valuable aspects these Communities, and they claim, ultimately measurable in actual pounds and pence to the organisation.

For Wenger, identity and practice are intrinsically and dynamically linked (1998, 9. 149). To *have* a practice of some sort requires the formation of a corresponding individual and collective identity of sorts, whether conscious or unconscious. The learning pathways we set out for ourselves or engage in he argues – our *learning trajectory* – defines who we are as individuals and groups. However, identity is an invariably more complex phenomenon than that and Wenger sets out five distinct aspects of identity, of which our learning trajectory is just one aspect (1998, p. 149). Even then, by his own admissions, he acknowledges that identity is a temporal and ever-evolving coalescing of experience that is unique to every one of us. I shall not delve into the concept of identity as it is beyond the purview of this thesis. However, the idea that identity is a constantly shifting and evolving creation of ourselves, and our minds perhaps raises further challenges and questions surrounding the use of the term ‘dual professional’. In the context of this thesis, the term is used to describe

someone whose professional practice involves both a subject specialism combined with a sound grasp of theories, ideas and concepts in the discipline of education and well as in the practice of education. However, as Dewey notes (1916, 1938), human beings can be and are often engaged in many practices at the same time – in other words they are far more than just singular or dual in their practices. Constellations of practice coalesce into who and how we are in different contexts and situation. This makes the concept of single or dual professional identities, slippery, highly questionable, and even unworkable. What is paramount here is the concept of pluralities of practice as well as the admission of the existence of different forms of knowledge. In other words, aspects of a person’s personal and professional practices and qualities of mind and character (Dunne 2005, Ryle 1945) contribute to the actions they take and the judgments they make in a work environment.

2.6 Professional Learning Communities

Building upon - or perhaps running adjacent - to the work of Wenger in describing Communities of Practice is the concept of professional learning communities. The term was first coined following Senge’s book *The Fifth Discipline: The Art and Practice of the Learning Organisation* (1990) which was published one year prior to Lave and Wenger’s *Situated Learning: Legitimate Peripheral Participation*.

Professional learning communities (PLCs) have been described as “ongoing groups of teachers who meet regularly for the purpose of increasing their own learning and the learning of their students” (Lieberman & Miller, 2008), and although this definition is heavily weighted towards teachers working in more traditional settings such as schools and colleges, the principle is extendable to any setting and indeed any professional group. Senge’s book was focused on industry, and it was only when an authority in school leadership, Shirley M. Hord, published a white paper in 1997 titled *Professional Learning Communities: Communities of Continuous Inquiry and Improvement* (Hord, 1997) that the idea was co-opted into education settings. Since then, however, the idea has flourished, and it is now a commonplace term in the glossary of learning with countless books and articles dedicated to researching and describing it.

Professional learning communities and communities of practice are commonly mistaken as synonyms for each other with the latter seeming to fall into more favoured usage in recent years. However, a quite different and a synonymic misuse of either is to misunderstand the original definitions of both. The most obvious and crucial difference between them is how they form, how they are maintained and how they move forward. As already described, communities of practice are often taken to be informal and organic, and they develop and exist in casual interactions between practitioners with shared interests engaged in a mutual endeavour. Professional learning communities on the other hand, are described as more formal and intentional where the central purpose is still one of improving practice. One definition of the term suggests that “teachers work collaboratively to reflect on their own practice, examine evidence about the relationship between practice and student outcomes, and make changes that improve teaching and learning” (Sather, 2009). In addition, communities of practice (or more accurately, *constellations* of practice) are often regarded as being theoretically limitless due to their purposeful informality and non-contingent engagement criteria. From this perspective, PLCs require a greater degree of structure. One description of their make-up suggests that “Ideally, the school staff is organised into smaller groups - PLTs - of four to six people, who “get to know and trust one another”” (Sather, 2009). However, it is important to note that this view of PLT’s is quite prescriptive and certainly not a universal guide to or blueprint for their composition.

One key driver behind the concept of PLCs is that educators cannot improve their practice with classroom experience alone. Rosenholtz draws attention to a negative correlation between teacher experience and student gains in that the more experienced a teacher, the less likely children were to progress in reading (Rosenholtz, 1989, cited in Sather, 2009). This points to a need for professional development as a means of improving outcomes for learners. However, ill-structured or piecemeal development interventions may be just as ineffective. Lewis *et al.* (1999) report that up to 80% of the 99% educators who engaged in some kind of CPD that were included in their study had been involved in training episodes lasting from one to eight hours. However, only an average of ten percent claimed that their CPD had improved their practices *a lot* over eight teaching and learning domains as a result. (1999, p. v). Increase those training episodes to more than eight hours and

the percentage jumps to 36.5% (1999, p. vi), although this is still not a high percentage given the investment of time involved. In the same study, Lewis *et al.* note, however, that there was strong collegiate support from other teachers with 63% reporting that the sharing of ideas among teachers was helpful to their own teaching (*ibid*, p. vi). This appears to be the golden thread running through this idea of professional learning communities. In turn, this suggests that technocratic constructions of CPD delivered through events and the transmission of techniques that involve educators being 'taught' in formal behaviouristic style sessions are ineffective and serve little purpose other than enabling someone to tick a proverbial bureaucratic box and use up any training allocation (be it a time or money allowance) within a particular financial or academic year.

A key consideration here is what it is about PLCs that makes them more likely to result in positive outcomes in teaching and learning. Stoll *et al.* (2006) conducted a review of literature relating to PLCs. They identify five key characteristics that contribute to their effectiveness:

1. Shared values and vision
2. Collective responsibility
3. Reflective professional inquiry
4. Collaboration
5. Group, as well as individual, learning is promoted.

(2006, p. 226-7)

The first characteristic of shared values and vision is encapsulated in Senge's book *The Fifth Discipline* (1990). He suggests that "When there is genuine vision (as opposed to the all-too-familiar "vision statement"), people excel and learn, not because they are told to, but because they want to." (1990, p. 9). Senge is referring to the vision of an organisation rather than a putative co-created vision and/or values among a group of educators. He also notes that, "An organisation's commitment to, and capacity for learning can be no greater than that of its members" (1990, p. 7) so perhaps there is a suggestion that the members have collective responsibility in creating and realising the vision, as identified as the second characteristic above.

It seems reasonable to assume that this suggestion of collective responsibility includes not only the practitioners themselves but also their leaders and managers. In their book *Professional Learning Communities at Work: Best Practices for Enhancing Student Achievement*, DuFour and Eaker (1998) - arguably the most important authors on the subject of PLCs – open with the following statement,

“The most promising strategy for sustained, substantive school improvement is developing the ability of school personnel to function as professional learning communities”.

(1998, p. xi).

So fundamental is this statement to their work that they opened their follow-up work *Revisiting Professional Learning Communities at Work: New Insights for Improving Schools* (DuFour, DuFour & Eaker, 2008) quoting their original opening sentence.

An interesting insight in their 2008 book emphasises the use of purposeful language. They stress the importance of referring to *learning* rather than *teaching* as a more holistic and embracing term that suggests ongoing and continuous action, even informing their readers that the two characters that represent the term *learning* in Chinese script mean ‘to study’ and ‘to practice constantly’ (2008, p. 19). This emphasis on semantics here goes a long way towards helping practitioners understand their importance and the value they can offer in the learning journeys of those whose learning with whom they are involved in supporting “...the best way to improve student learning is to invest in the learning of the adults who serve them” (2008, p. 19).

Another aspect of PLCs is their emphasis on “Learning by doing” (2008, p. 25). The definition of PLCs as given by its founding authors is as follows:

“... educators committed to working collaboratively in ongoing processes of collective inquiry and action research to achieve better results for the students they serve, Professional learning communities operate under the assumption that the key to improved learning for students is continuous, job-embedded learning for educators.”

(DuFour, DuFour, Eaker, & Many, 2006)

As is discussed in a later section, action research can be a crucial aspect of a practitioner's professional development and the intrinsic link here between individual practitioner development and collective professional learning is welcome and not to be underestimated. Senge suggests in *The Fifth Discipline* that, "surprisingly few adults work to rigorously develop their own personal mastery" (1990, p. 7). The claim here is that, as people progress through their careers, they lose the motivation that once drove them, "They lose the commitment, the sense of mission, and the excitement with which they started their careers. We get damn little of their energy and almost none of their spirit" (*ibid*, p. 7). This lack of motivation at individual level can - he argues - be combated by encouraging team learning which has an additional benefit which he describes as follows,

"Team learning is vital because teams, not individuals, are the fundamental learning unit in modern organisations. This is where the rubber meets the road; unless teams can learn, the organisation cannot learn."

(*ibid*, p. 10)

As already alluded to, the burden of team learning, and PLCs does not lie wholly with the practitioners in forming these 'fundamental learning unit' teams. Sergiovanni even suggests that:

"[Leaders] plant the seeds of community, nurture fledgling community, and protect the community once it emerges. They lead by following. They lead by serving. They lead by inviting others to share in the burdens of leadership."

(1994, p. xix)

This sentiment is echoed in many books on educational leadership which have sections and chapters dedicated to discussions of how to form / encourage / lead PLCs. In *Leading Professional Practice in Education* (Wise, Bradshaw and Cartwright, 2013) Stoll notes that for leaders to develop learning communities, they must cultivate a commitment to distributed leadership to ensure the engagement of colleagues at various levels (Stoll, in Wise, Bradshaw & Cartwright, 2013, p. 231). Similarly, in *Teacher Leadership and Professional Development* (Alexandrou & Swaffield eds, 2014), Frost notes of PLCs that, "...teacher leadership itself helps to create a professional learning community. It is an iterative process, a virtuous circle

where distributed leadership is to be observed.” (Frost, in Alexandrou & Swaffield, 2014, p. 61).

All the descriptions, chapters and books on PLCs point towards them being a very technical-rational solution to the problem of professional learning. Schön suggests that according to the model of technical rationality, “professional activity consists in instrumental problem solving made rigorous by the allocation of scientific theory and technique.” (1983, p. 21). Although the PLCs are not necessarily themselves inherently scientific in the traditional sense (depending on the specialisms of their members, of course), the approach to them and their utilisation arguably is. This is evident in the countless books and scholarly papers written about their utility and benefits, including those listing the “five key characteristics that contribute to their effectiveness” (Stoll, 2006). As discussed earlier in this section, these can be teased out through systematic review of research and literature. This is undoubtedly a scientific venture in that it is systematic. However, as discussed above this need not involve worshipping at the altar of logical positivism. The works of the above authors are helpful in that they create an important bridge between a technical-rational world view of the relationship between theory and practice, and Aristotelian understanding of forms of knowledge as components of professional learning and development including the relationship of theory to practice (see discussion below).

As already noted, not all practitioners are always continually motivated to develop their craft to secure and sustain mastery (Senge, 1990; Stenhouse, 1975). However, it is important to acknowledge that practitioners see the value in and benefit of collaborating with their peers as being helpful to the development and improvement of their own practice (Senge, 1990; DuFour, DuFour & Eaker, 2008; Lewis *et al*, 1999). Subsequently, this brings us to discussion of a crucial link between formalised and technical structures of professional learning development, and the importance of nurturing more pragmatic and epistemically diverse ways of thinking about practice and its improvement in communities of educational practitioners.

In summation, formal structures may then begin to function as catalysts in encouraging educators to practice in mindful ways with *phronesis* and *praxis* – as described earlier in this chapter - being intrinsic forms of knowledge which contribute to the development and betterment of their craft and the improvement of education

practice. Engagement in collaborative communities of educational practice, whether they be described as a community of practice or a professional learning community, enable practitioners to remain (or return to) the “insiders” status that Dunne foregrounds (in Carr, 2005) which he later refers to rather eloquently as “professional wisdom” (in Bondi *et al*, 2011).

2.7 What ‘practice’ really is

“For all your brilliance, dear student, you have vulnerabilities. There is your lack of experience, for instance. You waste concentration thinking your way through problems that a more experienced player reacts to by habit and memory... Never resent the advantage of experience your elders have.”

(Trevanian, 1979).

Parallel to the discussion of Communities of Practice and Professional Learning Communities it is important to consider the degree to which practitioners are committed to their practice in the first place. One of the most important definitions of practice is highly relevant to this research. Dunne in Carr (2005, p. 152-3) offers us the following definition of a practice:

“A practice is a coherent and invariably quite complex set of activities and tasks that has evolved cooperatively and cumulatively over time. It is alive in the community who are its insiders (i.e. its genuine practitioners), and it stays alive only so long as they sustain a commitment to creatively develop it and extend it - sometimes by shifts which at the time may seem dramatic and even subversive.”

Dunne discusses ‘internal goods’ of a practice at length. He describes the intrinsic properties of a practice, in terms of a sense of public good, well-educated students, or the restoring of a patient’s good health, etc., (in Carr, 2005). The suggestion is that if a practitioner focuses only on ‘external’ goods or if the practitioner is only involved in practice for the gain of those external goods, then they will not maintain a commitment to its advancement in the long-term. Those external goods, “... money, status, reputation” (2005, p. 153) Dunne notes, are short-lived and will not sustain a practitioner’s interest long-term or challenge the existing traditions of practice

enough to extend the practice and move it forward and in doing so care enough about the practice to keep it alive.

Where these internal and external goods of practice can be identified as outward-facing or 'products' of a practice, Dunne notes a second type of internal goods; those he considers as residing in the practitioner themselves. These, he suggests, are those that a practitioner acquires through their years of, "apprenticeship into the practice" (2011, p. 14). These goods can be described in the Aristotelian terms described earlier in this chapter as those relating to *techné*, and those relating to *praxis*, "competencies proper to each practice, and virtues of character that transcend any particular practice" (*ibid*, p. 14). Dunne seems to suggest that these two facets of internal goods are universally found together in 'genuine practitioners,' and that it is perhaps the external goods that are not always tandemly evident with the internal goods. As already discussed with reference to Sennett's (2008) ideas of craftsmanship, technical competence and virtuous practice do not necessarily go together as practitioners may well have achieved the technical competence but fail to maintain it or are not supported to do so. This then, by Dunne's argument, would not define them as 'genuine practitioners,' however this risks a potentially vast number of educators across every educating realm disappearing into a professional wilderness where they are neither insiders nor outsiders.

2.8 Action Research and Reflective Practice

Significant to the discussion of the professional practice and continuing professional development of educators is an exploration of action research as a form of CPD. McNiff defines action research as "a practical way of looking at your work in any practice or profession to check that it is as you would like it to be." (2017, p. 3). McNiff's definition encompasses both practical and theoretical practices and makes action research appear (on paper, at least) an ideal activity for education practitioners wishing to 'creatively develop and extend' their professional practice to engage in.

Action research (rightly or wrongly) is sometimes interchangeably described as practitioner-research or practice-based research (*ibid*, p. 3) due to the intrinsic link to practice inferred in both, between the researcher and subject. Perhaps more widely,

research is seen as a thing that is *done on or to someone/thing else* by an external researcher, where the researcher may not have any direct experience or knowledge of the thing/person(s) being researched. In action research, this is an inherent characteristic and researchers engaged in action-research/practitioner-research more commonly do research into practice *with* other people rather than *on* other people.

The roots of action research stretch back to the mid 1940's grounded in the work of Lewin, better known for his work on theories of leadership and change in organisations. In his 1946 work *Action Research and Minority Problems* Lewin suggests that a different type of research is needed for social practices. He argues that "Research that produces nothing but books will not suffice." (1946, p. 35). He also notes that, "This by no means implies that the research needed is in any respect less scientific or "lower" than what would be required for pure science in the field of social events. I am inclined to hold the opposite to be true." (1946, p. 35). This early mention of an alternative and practitioner-led form of research laid the foundations for future educationalists to build what we have now come to know as action research. In the 1970's, Stenhouse dedicated a whole chapter in his work, *An introduction to curriculum research and development* to the role of the teacher as researcher. He opens it with the line, "For me, this chapter is of central importance" (1975, p. 142), clearly indicating the central value he saw in involving teachers directly in conducting research into their own practice.

Writing about the origins of action research, McAteer draws attention to how Stenhouse was a steadfast advocate of practitioner researchers being, "supported and guided by the use of professional researchers who would also choose the focus for the research" (2013, p. 15). This suggests that Stenhouse believed that practitioners were incapable of performing the whole process themselves. However, a review of Stenhouse's original text provides an essential qualifying clause to this claim,

"I conclude that the main barriers to teachers' assuming the role of researchers studying their own teaching in order to improve it, are psychological and social. The close examination of one's professional performance is personally threatening; and the social climate in which

teachers work generally offers little support to those who might be disposed to face that threat. Hence for the moment the best way forward is probably through a mutually supportive, co-operative research in which teachers and full-time research teams work together.”

(1975, p. 159)

This points to an assumption among practitioners that research is also a thing done to them by ‘others,’ i.e., academics and professional researchers rather than the practitioners themselves. Hunt also refers to this in his book *Beginning With Ourselves* on inside-out psychology. He comments that “[practitioners] have likely been professionally socialized [*sic*] to rely on expert authority rather than [their] own experience.” (Hunt, 1987). This pervasive notion that there is some inescapable dividing line between researchers and practitioners that neither shall cross is also evident and clearly challenged in Kemmis’ introduction to Carr’s (1995), *For Education: Towards Critical Educational Inquiry* in which he describes the subliminal elitism inherent in research fields among researchers who mistakenly believe that “... their insights, won in the intellectual struggle of the postgraduate seminar or the invitational international conference will provide changes in the educational practice of teachers who attend neither.” (1995, p. 3). Such a division of labour - between the theorists and the practitioners - has implications, he argues, in the practices of both.

Carr and Kemmis (1995) both support the view that action research can help bridge this artificially constructed researcher-practitioner divide by enabling one person to do both: conduct educational research and improve educational practice. More importantly, they contend that action research has the power to be absolutely context and practice specific. On the other hand, more traditionally conceived ‘research’ often seeks certainty to be able to make generalisations. In short, action research is all about the teacher researcher conducting research into their own practice(s). One might think of practitioner-research as coalface, grassroots or ‘bottom-up’ research due to the proximity of the research activity to the teacher’s own practice.

The links between action research and professionalism are explored by McNiff (2002, 2017) who suggests that practitioners *should* be doing action research to “demonstrate [their] responsibility as a professional.” (2017, p. 8). It would be easy to mistake McNiff’s words here as an implication that someone cannot call themselves

a professional without engaging in action research. However, the sentiment is clear. Those who engage in research are more likely to be those who value and are committed to the protection and enactment of the internal 'goods' of education referred to earlier by Dunne. For Dunne, these include qualities of mind and character as well as the virtues of including the commitment to develop the arts and craft of education, and the desire to do so *for the common good*. It could be argued that such practitioners may even be engaging in action research without ascribing such a formal name to it. This raises questions around the construal of education as a discipline and educational research as an aspect of educational practice as well as the misinterpretation of the value of practitioner-research in everyday educational practice.

In practical terms, action research need not be as involved or lengthy as 'traditional' research. No formal outputs are expected. There are no requirements for publication (although either or both are possible). Action Research can be as straightforward and simple as these steps set out by McNiff:

- I review my current practice,
- identify an area I wish to improve,
- imagine a way forward,
- try it out, monitor the action, and see if it works.
- I continue in this way if it does, or try another option if it doesn't,
- evaluate the new practice, and
- modify ideas and practices in light of the evaluation.

(2017, p. 81)

In many teacher-training courses, student-teachers are taught the fundamentals of several approaches to and models of reflection. These are typically presented not only as frames of reference for their own development as practitioners but often also as frames of reference for their own future students to use. Arguably, the most well-known of these is the Gibbs' (1988) reflective cycle which offers a framework incorporating six stages of post-intervention reflection presented in a cyclical format. The final of these stages is an action plan designed to prompt the practitioner to

consider how they would deal with a comparable situation in the future. Once an action plan is considered and put into action, the cycle begins again.

Another of these models or approaches to reflection is built not around the process of reflection itself, but rather the temporal stage at which it is conducted. Schön's work on reflection in/on action (1983) views reflection as an integral and indivisible aspect of everyday practice, starting not from academic knowledge, but from the everyday 'tacit' knowledge of practitioners (1983, p. 49). Schön believes that any time a practitioner reflects on their practice - whether it be formally or informally - they become a researcher because thinking and doing are intrinsically linked. The simple idea behind reflection in/on action is that while an intervention (e.g., a teaching session) is happening, the practitioner is constantly reflecting upon the situation and taking immediate action to improve upon what they are doing. This Schön argues, is reflection in-action. Reflection on-action he contends is like the Gibbs cycle in that it is a post-intervention reflection involving the formulation of an action plan.

These two examples of reflective practice offer important insights into forms of practitioner-research and professional learning in educational contexts. Both involve purposeful reflection that can result in a change in practice. Both models are conducted *by* the practitioner and can be focused *upon* the practitioner's own practice. The processes underpinning these models fit neatly with McNiff's steps for action research, yet practitioners may not equate their frequent reflections upon their practice with a form of educational research and thus fail to acknowledge themselves as practitioner-researchers.

Again, this points to the notion of the clockwork universe and the technical rational worldview that continues to dominate thinking in models of and approaches to educational change and improvement well into the 21st century. Schön's model of reflection in/on action was a reaction to technical-rational thinking. By acknowledging the reflective practices of practitioners, Schön's model highlights the value that reflective practice has and the contribution it offers in deepening our understanding of models of change and improvement in educational practice. Schön refers to the characteristic epistemologies of professional landscapes when he critically discusses the assumption of the existence of a 'high ground' which favours a technical-rational

world view, and a “swampy lowland where situations are confusing “messes” incapable of technical solution.” (1983, p. 42). Schön extends an invitation to practitioners to choose their topographical level. He claims that the swamp holds the “problems of greatest human concern” (*ibid*, p. 42), and the higher ground achieves the greatest technical rigour, despite dealing with problems generally unimportant to society. Both are systematic but evidence a technical-rational top-down model of improvement that is positioned above a pragmatic, experiential model of education change and improvement. From this technical-rational perspective theory is elevated above practice and practitioners are then relegated to the role of mindless foot soldiers implementing concepts, theories and ideas developed by others (Kemmis, in Carr, 1995).

The dominant technical-rational view of educational improvement starts with research in education conducted by others on teachers, and not with the concerns of teachers themselves. In this way it is assumed that theories derived from research are the highest forms of knowledge and that theoretical knowledge then informs practice. In this linear top-down view, theory not only precedes practice but is also its superior. In the context of education, the technical-rational world view and subsequent division of labour between teachers and researchers positions researchers as being in some way in a ‘better/higher’ position than the practitioners who are assumed to be entirely and legitimately divorced from the research process. In reflective practice, however, practice is the starting point for an ongoing and continuous cycle of practice informing knowledge, knowledge informing reflection, and reflection informing practice. Models of reflective practice identify the practitioners as the researchers of knowledge, the developers of and contributors of new knowledge by testing theory out in the arena of practice. Rather than simply the passive recipients or consumers of research conducted by others, from this perspective practitioners are seen as contributors to their as well as to new knowledge.

Reflective practice as a form of action research in education is intended to facilitate greater improvements in contextually specific and non-standard settings. As discussed in chapter one, teaching within the NHS is varied in terms of the subjects and topics being taught as well as the practitioners doing the teaching. Therefore, attempts to import or translate findings from traditional research over from more the

original settings in which they were conducted, can often prove to be unwieldy and counterproductive. Practitioner research is then of enormous importance to organisations like the NHS and the educators who work within it to support continually evolving and improving practice and to re-contextualise it to creatively develop and move it forward for the betterment of the entire organisation, its service users and beyond – in the interests of the common good.

This literature review so far suggests that a grassroots or coalface method of research may be a potentially valuable form of CPD for practitioners and therefore worthy of further exploration as it allows practitioners to take personal control and responsibility over their own practice and development and acknowledges their position as experts in that it values and takes experience seriously. Speaking in the context of school-based curricula, Young reminds us that, “if teachers subject the assumptions underlying their practices to critical examination, they will understand how to change the curriculum” (1998, p. 27). In their book *Helping Staff Develop in Schools*, Bubb and Earley (2010) present a series of considerations and options for school leaders and managers to help develop their staff. These include a ‘staff development cycle’ (2010, p. 11) which begins with the task of ‘identifying staff development needs’ and continues to planning, implementing, monitoring, and evaluating the development activities. In traditionalist settings. These activities may typically take the form of an external ‘expert’ being brought in to deliver a session on some topic to a room of practitioners who will be expected to listen and then implement the learning delivered by someone who may have no prior knowledge of their practice, or the contextual intricacies involved. Easterly refers to this as the “tyranny of experts” (2014) and suggests that there is a “technocratic illusion” (2014, p. 6) that these experts will be able to implement solutions to any and all problems. Although Easterly is writing of economics and political situations in developing countries the principles are transferable to other democratic cultures and contexts. From this perspective, practitioners are also regarded experts and have a vast collective expertise in wider practice and - crucially - the expertise to creatively develop and extend their own practice in contexts informed by local knowledge without resorting to interventions from external (and no doubt costly) experts.

Unfortunately, however, even action research falls foul of the grip of technical rationality. Instead of being an organic and allowably informal mode of improving a

person's own practice, action research has – according to Sanford, “allowed itself to become institutionalised in a way which virtually ensured that it could not meet the challenges to which it was initially a response (the conservatism and elitism of the theoretical orientation of conventional social research, the increasing technologization of social life)”, (Sanford, 1970, cited in Carr, 1995, p. 100). Sanford goes on to advise that, “it was only a matter of time before it was... repackaged as little more than a set of practical problem-solving techniques” (1995, p. 101). Although action research is present in teaching circles, and this is evident from the volume of books available in any academic library on the subject - there remains a truth in this now-50-year-old analysis. McNiff's seven simple steps to carrying out action research describe the foundational basis of action research: identify an area you want to improve, test the change, if it works then keep doing it, and if it does not try something else. What is not covered in these simple steps is the potential expectation to publish / share / generalise the findings, or even just commit it to a formal record. What *should* be transient, personal practice has been reduced to a rationalist-positivist venture that practitioners feel obligated to document as ‘evidence’ of professional development and excellence in practice rather than the more modest and much more authentic identification of good practice all its many forms and in all the different contexts in which good practice manifests itself.

2.9 Reflective Practitioners and organisational development

“Reflective practice is based on the beliefs that organisational change begins with us, that unless we change behaviours organisations will not change...”

(Osterman and Kottkamp, 1993).

Delving further into discussions of reflective practice, the above quote from *Reflective Practice for Educators: Improving schooling through professional development* suggests a myopic and one-sided purpose to it. To suggest that organisational change is in any way contingent on the firsthand experiences and activities of its practitioners seems like an unfair burden for them to bear and one that is difficult to achieve in modern society. As has already been discussed in this chapter, political and economic forces over the past century at least, have shaped education in such a way that the structures and expectations of the formal UK

schooling system have spilled over into education-adjacent and/or related sectors. There is now an overlap between public and private education organisations and institutions and education in what might be termed the homogeneity of education. The difficulty here is that education is a heterogeneous discipline with unique needs which emerge within each organisation, encountered by each educator, and for every learner. Osterman and Kottkamp's idea that "we" (the educators) drive organisational change is a romantic yet largely unattainable notion for many because as Coffield suggests, "the *time* of tutors and managers, is increasingly taken up responding to the initiatives of ministers rather than to the needs of students" (Coffield, 2014). Educators' hands are tied by governmental and organisational mandates and policy imperatives permitting them little wiggle room to flex their reflective mettle and effect organisational change from the ground up.

One such 'organisation' that has broken the mould in this arena is the progressive school Summerhill in Suffolk. The school was founded by A.S. Neill - already discussed here as an educator frustrated at the rigid expectations of schooling in the early 20th century. Summerhill is based on the principles of democratic governance and community and the belief that the school should fit the child rather than the opposing factory-line production mentality favoured in standard state-run education (RSA, 2010). The progressive foundation of the school also means that teachers are given more freedom to experiment and flex to suit the needs of their learners. One teacher said, "Summerhill gives me the freedom to explore and develop my own interest in the sciences while also allowing me to deliver interesting and exciting lessons outside of the constraints of the National Curriculum" (Summerhill, n.d.). Pupils at Summerhill are under no obligation to attend lessons; therefore, teachers are asked to develop their practice and create lessons that are engaging and exciting and that pupils *want* to attend. Another teacher said, "As an art teacher at Summerhill I have felt my own creativity enriched through collaboration with the community and this is by no means exclusive to lessons. I am privileged to work in a place that trusts me to try things out, to make mistakes, to be myself and to be genuine with the kids." (Summerhill, n.d.).

This concept - of 'making mistakes' - is pertinent to discussions of reflective practice. Increasing pressure on practitioners from target-driven managerial teams or governments means that there is little - if any - leeway to allow safe-to-fail

experiments to happen. Performance and productivity are now often the only hallmarks of learning accepted (Nicolaidis & Poell, 2020) so when practitioners do have the opportunity to practise and experiment, they may be required to account for their time and provide justification in the event of failure. In my own practice at various organisations, I have been prevented from attempting such safe-to-fail experiments on countless occasions due to time and productivity pressures as well as a degree of fear of reputational damage in the event of failure.

Despite this, many organisations in recent times have begun to focus on quality improvement and organisational improvement/development as means of improving structures and processes. Organisational Development (OD) teams have sprung up in many NHS Trusts and organisations in recent years and in 2021 NHS England published a report titled *The future of NHS human resources and organisational development* which mapped out eight themes in their 2030 vision including *Leading improvement, change and innovation* and *Enabling new ways of working and planning for our future* (NHS England, 2021). Of note to this thesis are two of the findings from the research conducted in the compiling of the report:

“There is some excellent HR and OD development but no consistent approach. Delivery is often siloed and not offered universally. The profession does not have a clear view of the capabilities that must be developed to meet the future needs of the NHS”.

and

“The people profession lacks the infrastructure required to build a culture of continuous learning across the NHS or for OD capability to systemically help form and develop high-performing teams”.

(2021, p. 42)

This initially seems like a sensible route forward and one that can only be of positive benefit to a public-funded organisation like the NHS. Anecdotally, I recall the idea of OD being adopted in an NHS Trust yet no one within the team could find a definitive definition of what exactly OD is. To validate my suspicions that OD is little more than a hybrid of quality/service improvement and workforce development rebadged in

management-lingo I took to Twitter (as it was known then, now X) to ask the following:

“So... after much googling, discussing, twitter searching etc, my boss & I still have not managed to find a non-management-speak definition of Organisational Development. So I ask you, Twittersphere... What IS OD?... #FutureOD @NHSE_DoOD” 26/07/2018 14:55. Tweet.

Some of the responses I received read:

@NHSE_DoOD “One of the things we’ve learned, is that the definition and the application of OD are different (but you need to understand both). So saying what it is doesn’t always describe what it does. The definition of a cake doesn’t tell you how it tastes, or what kind of cake it is.” 26/07/2018 16:25. Tweet.

@MeIC_LnD “OD in “simple” terms is about service improvement through people ... managing change (development initiatives that engage & motivate the workforce) ... ensuring the organisation is prepared for the future?” 27/07/2018 08:13. Tweet.

In one of my responses to a reply I admitted:

“I like “Helping organisations achieve their goals”. We found it difficult to pin down a definition because it seems like a really broad discipline - bits of L&D, bits of project management, bits of QI, bits of other stuff... 🤪” 26/07/2018 16:54. Tweet.

And received the following response acknowledging that OD is an amalgamation of several disciplines:

@NHSE_DoOD “That’s right though, our friend @Cheungjudge describes OD as a ‘scavenger’ discipline.” 26/07/2018 10:18. Tweet.

I am thankfully not the only one searching for the definitive description of OD. Writing in 2005, Hardacre and Peck acknowledge the confusing search for an answer to the question of exactly what OD is in the NHS and noted that, “Replies typically confuse rather than clarify”, further offering that, “They are often characterised by a

reluctance to commit to a universal definition, coupled with an uneasy search for just such a unifying explanation” (in Peck ed. 2005, p. 9).

The origins of OD stretch back to the early 20th century when psychologist Kurt Lewin (discussed above) and colleagues conducted research into the ways in which organisational structures and processes influence behaviour and motivation. Lewin’s later work on the use of feedback as a mechanism for change in social processes also paved the way for later scholars such as Richard Beckhard to coin the term Organisational Development and build models and theories around the concept (World of Work Project, 2019).

Although tricky to define, one of the fundamental tenets of OD is that it focuses on “intentional work designed to change and improve an organisation so that it is better at what it does.” (World of Work Project, 2019). This can encompass a vast range of activity, but its focus is predominantly on people and how their behaviours impact on individuals, groups and ultimately the organisation (Hardacre and Peck, in Peck ed. 2005). Once again, however, this suggests that the burden of organisational effectiveness lies at the feet of individuals, as also suggested by Osterman and Kottkamp earlier in this section.

The transition of organisational development from psychology-based group dynamics research into the world of business and which is now co-opted into NHS structures is another example of the ways in which tendrils from the fields of psychology and business have slinked their way into education spheres and are attempting to colonise it with technical-rational ‘solutions’ to the perceived problems inherent within these people-professions. Psychology and business have long been bedfellows, but their attempts to ingratiate themselves into education - particularly in the NHS in this context - are less straightforward.

A difficulty arises when the frequency and longevity of these OD interventions is considered. Hardacre and Peck make this interesting observation:

“To bind an OD process with highly specified government targets, to interrupt it constantly with short-term performance checks and to disrupt it frequently with significant innovations in social structure (for example, the changes in organisational accountabilities represented by financial flows and payment by results) is proving to be potentially counter-productive in the NHS”.

(Hardacre & Peck, in Peck ed. 2005, p. 23-24)

Even when potentially useful interventions are implemented or trialled, the constant need for evaluation and measurement could have detrimental outcomes as time and money are spent only for an intervention to be abandoned either because it is not producing the desired outcomes, or it simply doesn't fit into the manifesto of changing leadership and management structures both in the NHS at all levels (meaning individual healthcare provider organisations or the national bodies that oversee and/or regulate all) and in the current government setting the agendas.

As with such things in the NHS, OD has taken its time to become commonplace. Hardacre and Peck writing in 2005 about OD note it being used since as early as 1997 and 24 years later despite many NHS organisations having OD teams, the 2021 NHS report still identifies gaps in the implementation and delivery of OD nationwide. Hardacre and Peck almost predicted this in their essay, suggesting that:

“There is a tendency among many OD practitioners to adopt a moral stance...OD practitioners who adhere to such views can take on the mantle of organisational missionaries, proselytising in pursuit of the betterment of the human condition... However, it seems to us to be little more than a form of organisational alchemy, promising more than it can possibly deliver and inevitably leading to disappointment.”

(Hardacre & Peck, in Peck ed 2005, p. 24-25)

2.10 Joint Practice Development

These ideas really underscore the work of Fielding and associates on joint practice development (JPD), as well as the work of Dunne already mentioned in this chapter. Both discuss practice improvement as a thing that takes time and involves more than simply the transfer of information (Gregson *et al*, 2015).

Joint practice development was first proposed by Fielding *et al* in 2005 and was initially described as a ‘transfer of practice’ (2005, p. 32) where, rather than teachers replicating the good work of others, they refined and recontextualised their existing practices through collaboration and affirmation (*ibid*, p. 32). This extended definition

led to a preferential adoption of the term 'joint practice development' as it was noted that knowledge and practice were exchanged rather than transferred. Using joint practice development as an approach to CPD, Gregson *et al* recognise that putting ideas into practice places demands on the practitioners involved in the process which means that change ultimately takes longer to effect (2005, p. 269). This contrasts with commonly used models of CPD which are expert-led and may make an assumption that teachers have a "deficit in respect to new ideas" (Gregson *et al*, cited in Mortimer, n.d.). As mentioned previously, this technocratic 'tyranny of experts' model overlooks practitioners as agents of change in their own field. Joint practice development considers the real-world practice of educators and supports them through mutual engagement in a shared endeavour.

In their 2005 report, Fielding *et al* made nineteen recommendations related to the transfer of good practice. One of these, titled 'CPD & teacher identity', suggested that "the content and promotion of professional development programmes take account of a wide range of teacher identities" (2005, p. 77) and recommended that CPD design should be inclusive, straightforward, and appealing to all. Whilst I will not dip into the murky realm of identity, the educators involved in this study are – by all accounts – not what may be typically thought of as teachers, and they come to education roles in the NHS from a wide range of backgrounds and specialities within and out with the NHS. Joint practice development could therefore be of great value to their practice as it enables practitioners to "play the role of observer and observed, of being the originator and receiver of practical advice, and both roles are accorded equal status" (Coffield, 2014, p. 27).

As mentioned, a joint practice development model takes time to establish and work effectively. It relies on the development of trusting relationships and for practitioners to become comfortable with discussing the weaker points of their practice as well as being willing to undergo observations of their practice by their peers (*ibid*, p. 27). Peer observation was proposed by practitioners in my previous workplace on several occasions, but the idea was quickly dismissed by management teams who suggested that it would 'ruffle too many feathers', i.e. some of the practitioners would be defensive of their practices and would feel they were being 'picked on' by the observer. Coffield also suggests that adopting a joint practice development strategy

could be costly to an organisation due to the time needed to develop that trust (*ibid*, p. 27).

Organisations should not, however, be put off by this. Practitioners may already have those trusting relationships established upon which a joint practice development model can be built. Practitioners may already have informal communities of practice in effect which facilitate that transfer of practice albeit in a potentially less focused, deliberate, or overt way.

Conclusion

The literature researched for this chapter sheds interesting insight into the practice of education and how it might apply to educators working in the NHS. Education as a discipline seems to have been manipulated into a technical rational discourse that prizes standards and technical skill over artisanry and mastery. Much of the literature suggests that education practice *should* be more concerned with skills and bodily practices that are built up over time (Dunne, in Carr, 2005), and that practitioners are the real masters of their craft. Real-world education practice does not appear to follow this, however, with education practices and organisations often following a model more akin to business (Coffield & Williamson, 2011), with concerns more focused around achieving targets or maintaining standards.

Pockets of practice that encourage the genuine and authentic development of practitioners bring hope to what may be misconstrued as a sour picture. Wenger's work on communities of practice, Fielding's work on joint practice development, and Senge's concept of professional learning communities all support practitioner development in ways that acknowledge the value in collaborative working and the deliberate practise required to cumulatively build practice over a period of time.

3. Methodology and Data

3.1 Introduction

“It is one of the marks of a community of enquiry and learning that, while it cannot but begin from the standpoint of its own cultural and societal traditions, what it is able to learn, in order to sustain itself, includes knowing how to identify its own incoherences and errors and how to then draw upon the resources of other alien and rival traditions in order to correct these.”

(MacIntyre, 1998, in Carr, 2005, p.34)

How philosophy and education are related is a question that has been contemplated for millennia dating back to the founding fathers of philosophy in ancient Greece. The distinction between, and connectedness of *being* and *knowing* were key facets of early philosophical discussions, and these still play a fundamental part in competing discourses surrounding modern-day educational research.

The term ontology is derived from the Greek *onto* meaning ‘being.’ Ontology considers concepts around the form and nature of the social world – its reality and its existence. Ontology therefore invites researchers in the social sciences, including education to consider questions and assumptions they make regarding the form and nature of the social world (Coe *et al*, 2017). Researchers are expected to arrive at and be able to justify the position they adopt in relation to these assumptions in the conduct of their research. The term epistemology is derived from the Greek *episteme* meaning ‘knowledge.’ Epistemology is concerned with the nature of the social world and how it can be known. Once again, researchers in the social sciences including education are expected to be able arrive at and be able to justify the position they adopt in relation to, “how what is assumed to exist in the social world” can be known (*ibid*, p. 16).

These two fundamental theoretical concepts form the foundation of much discourse around research and can have an undeniable impact on how researchers’ approach, collect and present their research and findings.

Coe *et al* (2017) suggest four specifically sequentially ordered questions a researcher should ask themselves to understand the assumptions that frame their research. These questions relate to:

1. Ontology
2. Epistemology
3. Methodology
4. Methods

There is a vast spectrum of philosophical positions a researcher can take, and this is a point at which a novice researcher can become easily confused given the myriad often contradictory descriptions and explanations found in the literature of distinct positions and branches of positions etc. A quick scan can find authors citing opposite ends of the ontological spectrum being realism and nominalism (Cohen *et al*, 2018, p. 7), positivism and constructivism (The Open University, 2024), and subjectivism and objectivism (Bryman, 2016). Academia is sometimes seen as an impenetrable fortress of esotericism, and as some of these terms are roughly equivalent – Dudovskiy (n.d.) suggests that subjectivism is also known as constructivism or interpretivism – it is easy to see how easily confused an early career researcher can get when navigating these choppy philosophical waters.

For this thesis, I have taken what I hope is a straightforward and uncomplicated approach advocated and used by Coe *et al* (2017) as the framework from which to build my methodological and philosophical assumptions. Clark *et al* (2021) note that, “the researcher’s ontological assumptions will usually influence their choice of research design and the methods they will use to collect the data” (2021, p. 31). This certainly rings true in the context of this research as this chapter explains.

3.2 Ontology

To determine the ontological position adopted in this research, Clark *et al* suggest that researchers should ask whether social entities are objective, that is, that they exist separately to people, or whether they are socially constructed from the perceptions, actions, and interactions of people (2021, p. 27). Realism and

constructivism respectively are the extremes of the two main lenses through which ontological positions in social research are framed.

Realism asserts that, “there is a singular objective reality that exists independent of individuals’ perceptions of it” (Coe *et al*, 2017, p. 16). This has striking similarities to Clark *et al*’s description of objectivism which implies that social phenomena are beyond our scope of influence and exist regardless of our interactions with them or our attempts to change them (2021, p. 28). An objective approach has strong ties to quantitative research where social phenomena are measured and are considered independent of the social actors involved (*ibid*, p. 32).

In contrast, constructivism, or more broadly constructionism – where the former is concerned with learning and knowledge resulting from social interactions, and the latter focuses on artefacts created through social interactions (Ackermann, 2001) – posits that these social phenomena ONLY exist because of our interactions with them and that it is because of our interactions that we are able to create and ascribe meaning to them; social actors *construct* the discourse and categories that we use to describe the world and that these are in a constant state of revision as the world around us changes (Clark *et al*, 2021).

Considering the focus of this research, Scales *et al* (2011) suggest that for teaching professionals to maintain pace with the rapidly changing context of teaching they should engage in dialogue with their peers and be the developers of their own practice. This suggests that continuing professional development is a constructivist venture and that it is through interactions with their peers that the social actors involved construct meaning. Looking out at a broader scope of learning, Woolfolk *et al* (2008) suggest that children learn through engagement and interaction with each other in social spaces first, before assimilating that learning and experience on an individual level.

This research asks questions about the personal and lived experiences and opinions of practitioners working in the discipline of education. This study is, by its very nature, constructivist as it seeks to understand more about practitioners in education and how they engage with their roles as educators.

3.3 Epistemology

For epistemology, most of the philosophical positions a researcher can take can be categorised at the extremes of two umbrella terms: positivist, and interpretivist (Coe *et al*, 2017, p. 16). These two positions are by no means exhaustive but form useful introductory standpoints in assessing where a researcher's ideas and beliefs are located in and in between the extremes of this continuum.

The doctrine of positivism holds the view that objective truth and knowledge exist in the world, independent of the observation or measurement of them and that research should aim to discover generalisable knowledge and universal laws to explain the world (Coe *et al*, 2017). In positivism, the beliefs and values of the researcher have no bearing on the research and have no legitimate place in impacting on the outcomes. Positivism also makes a strong distinction and binary separations between theory and research. In a positivist paradigm, the purpose of research is to test hypotheses and theories that contribute to the development of laws, suggesting that observation is of greater importance than theory since it results from it rather than causes it (Clark *et al*, 2021). Positivism is typically preferred when carrying out research of a quantitative nature where measurements are taken and quantities of data are collected and analysed (*ibid*, p. 142).

Interpretivism contrasts with positivism in that it holds that truth and knowledge only exist in the world because of the subjective interpretations of the social actors observing and experiencing them. Knowledge is not seen as 'existing' independently therefore generalisations and universal laws are simply not possible (Coe *et al*, 2017). With its roots in Hermeneutics and phenomenology, one of interpretivism's central tenets is that social science is fundamentally different to natural science and therefore requires a completely different lens through which to view and make sense of the world (Blakie, 2007). Social science requires the scientist/researcher to, "invent concepts and theories for description and explanation" (*ibid*, p. 124), and then to continually construct and re-construct as people continually change, interpret, and reinterpret their worlds across times and geographies.

Adopting a constructivist ontological position for this research coupled with an interpretivist epistemology is justified in relation to the research problem and the research questions framing this thesis as the focus of this study is upon experience

as presented, “in the accounts and observations of the world... that knowledge is developed through a process of interpretation.” (Coe *et al*, 2017, p. 16).

3.4 Methodology

The third question that Coe *et al* suggest researchers should ask themselves relates to the methodology. Here Coe *et al* point to the importance of coherence in ontological and epistemological positions regarding whether the logic of framing the study should be inductive - where the theory is generated from the research - or deductive logic - where a hypothesis is tested against a wide range of cases to support or challenge it. The key question here for the researchers is therefore, “what procedure or logic should be followed?” (2017, p. 16). Methodology is another potentially confusing area for the beginning researchers. For example, a novice researcher can easily – and unfortunately – become unstuck as the term is often used interchangeably with methods despite holding a different meaning. In the index to Matthews and Ross’s book, ‘Research Methods: A Practical Guide for the Social Sciences’ (2010) for example, methods and methodology are listed in the same entry.

Clark *et al* (2021) offer two theoretical approaches which align with Coe *et al*’s description of methodology as being deductive or inductive. In a deductive approach, a researcher takes what is already known on the topic to be researched to produce – *deduce* – a hypothesis (or hypotheses) which can be tested out empirically (2021, p. 19). A deductive approach often follows a specific process of theory > hypothesis > data collection > findings > hypothesis confirmed or rejected > revision of theory (*ibid*, p. 20).

A deductive approach is more commonly used in quantitative research where variables (researchable entities) can be controlled, and hypotheses can be tested. Such language is not usually applied to qualitative research (*ibid*, p. 19).

In contrast, an inductive approach disregards the process involved in deduction and instead forms its theory from the *outcomes* of the research. Where deduction starts with theory and then conducts research to support or challenge a hypothesis, induction might typically start with individual cases and then incrementally move

toward what may plausibly be inferred to be more general (*ibid*, p. 22). An inductive approach collects and analyses the data incrementally from cases without any preconceived categories or theories. This allows the researcher to draw out the themes identified during data analysis. Language must be selected carefully here, as literature often refers to themes 'emerging' from the data, suggesting that they were there all along just waiting for the researcher to 'find' them. Braun and Clarke have written extensively about thematic analysis and repeatedly point out that, "themes do not simply 'emerge'". Instead, they argue, "your analysis is produced through the intersection of your theoretical assumptions, disciplinary knowledge, research skills and experience, and the content of the data themselves" (Braun, Clarke & Weate, 2016).

An inductive methodology therefore aligns well with the constructivist interpretivist approach adopted in this research.

3.5 Type of research

The nature of this research, the questions it aims to address and the ontological and epistemological positions it takes reside in a qualitative research route. The research is fundamentally interested in the narratives and personal accounts of the experiences of individuals engaged in education-based roles where professional development may play a role in their practice. There are, however, aspects of this research that could lend themselves to a quantitative approach. For example, one of the research questions is framed as a closed question which could be presented as a suggestion that a qualitative approach such as a questionnaire may be appropriate. However, to do this would be to ignore the detail and richness that accompanies each participant's response. Any attempt at a statistical analysis would also contradict the philosophical assumptions that underpin this research.

Robboy (2002) in their article 'Lost in Translation?' goes as far as to suggest that constructivism may be incompatible with quantitative methodology in certain research situations and that that the two may be mutually exclusive. Constructivism's ideals are rooted in its ability to repeatedly scrutinise and question the theoretically binary presentation of the world that quantitative methods suggest. The idea that

what is 'real' can be sorted into empirical and stable categories is somewhat at odds with the reflexivity that qualitative methods afford.

Another potential route would be to take a mixed methods approach where qualitative and quantitative methods are used together to gather and analyse data. Coe *et al* note, however, that it is far easier to say what mixed methods *is*, than explain what it *means* and *entails* (2017, p. 160). Greener suggests that although mix-methods may provide a way of overcoming the problems associated with qualitative and quantitative approaches individually, combining them can, "create a terrible mess" (2011, p. 3). It is common to combine data collection and analysis strategies within the same research, however Coe *et al* note that complications arise when questions of what knowledge *is* and what kind of knowledge the research can generate are asked (2017, p. 160). Mixed methods approaches have arguably gained a somewhat, 'fashionable' reputation in research in recent decades (Coe *et al*, 2017, p. 159) (Clark *et al*, 2021, p. 556) however this could also mean that it is more likely to be employed in a way that is inappropriate in view of the research question(s) posed (Bryman, 2016).

Considering the above options, a fully qualitative approach is taken in this study in the interests of coherence and to remain true to the constructivist interpretivist philosophy that underpins this research. The highly subjective nature of the research questions effectively rules out any potential quantitative or mixed methods approaches and in favour a qualitative one.

3.6 Method of data collection

In qualitative research, three main methods of primary data collection can typically be considered including: individual interviews, focus groups, and observation (ethnography) (Barbour, 2014).

If we consider the aim of qualitative research being to, "focus on the attitudes towards understanding, experiences and interpretations by humans of the social world" (Sandelowski, 2001, in Cohen *et al*, 2018, p 287) a poor choice of data collection methods could sacrifice the quality and richness of the collected data.

Considering the focus of this research, observation is an unsuitable choice for the data to be collected. Ethnographic studies typically involve the researcher collating notes from observing the subjects in their natural settings (Bryman, 2008). This study requires the rich discussion, opinions and personal accounts from the practitioners that simply cannot be gleaned from observation alone, therefore it is excluded as an option.

From the two remaining options, interviews and focus groups appear similar in style and so careful consideration of the strengths and limitations of each must be given to select the most appropriate option for this research.

Morgan (1997) suggests that individual interviews permit a greater level of detail than focus groups as they allow the participant to provide a more personal and in-depth response than they would during focus group discussions. However, Kaplowitz and Hoehn claim the opposite, suggesting instead that the social and interactive nature of focus groups is likely to result in a wider variety of views than could be obtained from individual interviews (Kaplowitz & Hoehn, 2001). Focus groups are often considered the 'method of least resistance' but are generally considered a second tier 'poor relation' method of data collection when compared to one-to-one interviews or even ethnography (Barbour, 2014).

There are additional limitations involved in using focus groups. Biases in a variety of forms are common. 'Strategic' group biases, psychological biases that can impact group interactions, and volunteer bias where a convenience sample has been used (Nyumba *et al*, 2017) are all possibilities. Peer bias has the potential to influence participant responses away from true authenticity. Group dynamics during focus groups could lead to a situation where 'group think' dominates, impacting on the ways in which responses are constructed (Greener, 2011). Given the personal and potentially sensitive nature of this research in relation to the professional practice of individuals, a skew in the data caused by 'group think' is a realistic concern to the overall credibility of the data.

Without careful and skilled management and moderation of the conversation, dominant voices or dominant topics may inhibit a full and rich discussion from all participants also calling into question the credibility of the resultant data (Cohen *et al*, 2018). Such dominant individuals could lead to those voices being seen as

representative of the group's opinion (Smithson, 2000) when they are not. For this reason, employing an additional facilitator to assist with the management of a focus group or recording equipment could be considered depending on budget, confidence level, data protection considerations etc. (Cohen *et al*, 2018, p. 533).

Additionally, focus groups could prove logistically troublesome to schedule if you are reliant on several participants all making themselves available for the same timeslot. This can be difficult when considered against competing priorities either during the working day or with people's home and social lives. Conversely, for the researcher, focus groups can be more efficient and economical timewise as fewer interviews need to be carried out. This also dramatically reduces the volume of transcription required which can also take a considerable amount of time and, depending on the method used for transcription, financial cost too.

Interviews are often pitched as the 'gold standard' in qualitative research (Barbour, 2014) due to the depth of data they can gather, but there are a lot of factors that contribute to the efficacy of the method. In individual interviews, the risks of group think and domination of voices and topics that are inherent in focus groups are simply not present. Participants have the freedom to expand on points they find particularly interesting or move on from or skip altogether those they do not, or that may pose a risk to their psychological safety. They do, however, take a somewhat 'artificial' or 'formal' question and interview structure that may not result in authentic and comfortable dialogue unless there is an element of rapport present between the interviewer and the participant (James, 2018).

Individual interviews are arguably a preferable choice where depth of data is required; focus groups are useful where breadth is a requirement (James, 2018). Despite the drawbacks with individual interviews, for example being more time consuming in terms of conducting and then transcribing the data, and the artificiality they create, they are an appropriate option for this study. The anticipated sample size would only yield one or two focus groups, providing only an hour or two of transcribed data. Individual interviews however allow participants to go into greater detail and focus in more upon any topic they wish. Conducted well, interviews result in a larger volume of rich data for the analysis stage and allow individual voices to be heard authentically and credibly.

The structure of the interviews must also be given consideration. There are five structure types for interviews:

1. Structured – the content and procedures are decided in advance. The sequence and wording of the questions are fixed, and no changes or freedoms are permitted during the interviews.
2. Semi-structured – participants are asked open-ended questions, and both the interviewer and participant can steer the discussion allowing each interview to be tailored to the individual.
3. Unstructured – no plan is made in advance and the interviewer leads the content, sequence, and wording of the interview as it progresses.
4. Non-directive interview – minimal direction is given by the interviewer and the trajectory of the interview resides predominantly with the participant to spontaneously lead the discussion. This is a technique which is often used in psychology).
5. Focused interview – like the non-directive this type of interview is focused on responding to a particular situation that both parties are aware of beforehand.

(Cohen *et al*, 2018, pp 511-512).

Taking a rigid approach to interviewing, as adopting a structured format risks inhibiting the depth of participants' responses. In this study, participants are being invited to discuss aspects of their professional practice. This is so that each person is likely have a different conceptualisation of what practice means to them, and how/to what extent they develop their practice and in what way A fully structured approach to interview design has the potential to focus too much on 'getting answers to questions' and miss the rich and interesting experiences that wrap around them. Conversely, a completely unstructured approach runs the risk of the research questions not being covered at all and the data spanning too broad a range of topics to be useful. Enough reasonably targeted data is therefore required to fulfil the requirements of addressing the research questions rendering an unstructured approach inappropriate.

A semi-structured approach to interview in the context of this study appears to reside in the 'Goldilocks' zone of not too rigid and not too loose. This approach allows enough structure to steer the discussion to the areas of focus intended by the

interviewer, while at the same time granting enough flexibility for the participant to expand on points of interest or skip over anything they consider to be less relevant. Bryman notes this approach has distinct advantages as it limits the potential for 'pigeon holing' participants and encourages more naturalistic and more free flowing dialogue (Bryman, 2008).

3.7 Interview Guide & Pilots

In a semi-structured interview, as discussed above, open-ended questions are asked, and both the research participant and the researcher can steer the conversation comfortably without too much concern about missing a crucial point. There are, however, key aspects of the research questions that need to be addressed. For that reason, I drew up an interview guide to act as a focusing device to support me in conducting the interviews. Bryman notes that an interview guide can simply consist of some prompts for the interviewer to use, and that this need not be overly complicated or rigidly structured (2008, p. 442).

In preparing the interview guide, I kept several key considerations in mind:

1. Questions should be phrased as open questions and must provide an opportunity for the interviewee to respond according to their interpretation of the question.
2. Questions need not be asked in any order and should be asked according to the natural flow of the conversation as it occurs.
3. Not all questions need to be asked. If the interviewee wishes to talk more around a particular question or topic, they are free to do so.
4. The researcher should be prepared to ask follow-up or probing questions to any aspect of the conversation.
5. Interviewees should be given the opportunity before conclusion of the interview to add any information or thoughts they think is relevant or that they wish to share.

The interview guide I compiled consisted of ten carefully constructed questions with a brief list of generic prompts. A copy is included as Appendix B.

Kvale (1996) proposes a list of ten qualities of a successful interviewer including being 'knowledgeable' which suggests the interviewer is thoroughly familiar with the focus of the interview. Bryman (2008, p. 445) suggests that pilot interviews can be useful in ensuring this.

It had originally been my intention to conduct one or two pilot interviews. Although these are more commonly associated with quantitative research as a method of testing research instruments (Majid *et al*, 2017), as a relatively novice researcher, I thought it prudent to test my skills and allow myself the opportunity to test the interview guide so that any flaws or limitations could be addressed prior to the interviews taking place. Despite having years of experience as an educator and being confident using the Socratic method with probing questions, I considered the interviews of sufficiently high importance to avoid the risk of spoiling because of hubris.

Unfortunately, the COVID-19 pandemic threw the proverbial spanner in the works. Widespread lockdowns, positive diagnoses among my interviewees and heightened levels of anxiety about the virus among most people meant that I did not get a suitable window of time to conduct any pilots in advance of the period I had set aside for carrying out the actual interviews. I did, however, practise my interviewing and probing skills on my long-suffering husband who, despite not being much of a talker, had to respond to countless questions about his experiences at university and his brief time travelling in Hong Kong.

3.8 Sampling

The target population for this research is any individual who has a formal qualification in as an educator, who also works in an NHS organisation within the North East region of the UK and teaches as some aspect of their employed role. These criteria, despite sounding potentially limiting, result in a potentially substantial number of potential participants for inclusion in this research. The actual quantity of potential participants who match all the criteria is difficult to measure and perhaps incalculable as no NHS organisation that I am currently aware of keeps detailed records about all members of staff who have education duties within their roles. Even a conservative estimate suggests that only half of one percent (0.5%) of staff

members meet the criteria of educating as part of their role, and only half of that number have a formal education qualification. With a staff population of approximately 16,000, there would be up to 40 potential participants within the Newcastle upon Tyne Hospitals NHS Foundation Trust alone (The Newcastle upon Tyne Hospitals NHS Foundation Trust, 2024), not including other NHS organisations across the North East.

In my own professional role within the NHS at the time of planning the data collection there were several individuals who met the criteria with whom I had regular contact with and worked alongside daily. I was also in regular professional contact with colleagues who had daily contact with clinical staff who also met the criteria. This presented the opportunity for sampling some of the potential research population as I had an easy means of contacting these groups and inviting them to participate in the research.

This could be considered a 'convenience sample,' and convenience sampling has its share of critics. Rivera notes that it is sometimes referred to as "haphazard or accidental sampling" (Rivera, 2019) as does Cohen *et al* (2018, p. 218). However, Rivera also suggests that a convenience sample uses "no specific set of procedures that are used to identify potential study participants as a means of producing some estimate about the characteristics of the target population" (2019, p. 5). Cohen *et al* also note that a convenience sample, "... does not represent any group apart from itself. For example, it does not seek to generalize to the wider population" (2018, p. 218), therefore my selected population sample could perhaps be considered more of a 'convenient sample' than a 'convenience sample' in that the potential study participants *have* been identified using specific criteria, but conveniently, I had naturalistic access to them during my own professional practice.

'Purposive sampling' provides a more accurate definition of the sampling method used for this research. Cohen *et al* describe that in purposive sampling, "researchers handpick the cases to be included in the sample on the basis of the judgement of their typicality or their possession of the particular characteristic(s) being sought" (2018, p. 218).

3.9 Recruitment

Within the potential research population which I had ready access to, I approached several potential participants face-to-face with personal invitations to contribute to the research. Between them, these individuals had varying amounts of experience as educators (ranging from 2 – 20+ years), and varying levels of formal qualification (Levels 2 – 7 (Gov.uk, n.d.)). All had expressed interest in my research at an early stage, indicating that they would consent to participate. Following the initial in-person conversations inviting potential contributors to the research to participate, those who indicated an agreement in principle were sent follow-up emails with a full description and explanation of the research including the working title and research questions, as well as a fully detailed consent form with contact details and an explanation of how data collected from their participation would be handled and used. The invitation email wording is included as Appendix A. Participants were asked to reply to the email confirming that they had read the participant information and consent forms and were happy to proceed. From this, six participants from the Workforce Development Team were recruited for participation in the study.

Aiming for a broader sample than just Workforce Development Officers, I also contacted a clinical colleague who was leading a development project with the clinical educators (senior nursing staff who educate nursing teams). The colleague offered to forward my 'invitation email' to the clinical educators, who numbered around 25-30. From this initial email, one additional participant was identified and recruited. A reminder email was sent around two weeks later, but no further participants volunteered. I had anticipated greater interest from the clinical staff, however I later discovered that many do not hold formal teaching qualifications therefore few met the full range of criteria that I had set out in the invitation.

A total of seven individuals agreed to participate in the research: six workforce development officers, and one clinical educator. Coe *et al* offer a suggestion that 6-8 participants are an optimum number despite there being no universal standard (2017, p. 184). Published literature on the topic of ideal sample sizes for qualitative research suggests that figures of anywhere from five to fifty participants is acceptable (Dworkin, 2012). The ideal sample size of course depends on multiple factors including the subject of the research, the research questions, the population

size, and the methodological approach framing the study. Discussions abound in the literature about sampling saturation; a stage defined by Glaser and Strauss where “no additional data are being found whereby the sociologist can develop properties of the category” (1967, p. 61). Saturation as a concept relates more typically to grounded theory and is therefore not a concern of this study. Coe *et al* suggest that of 6-8 participants is a sensible aim for small-scale study such as this bearing in mind the time needed to transcribe and analyse the data.

3.10 Participation

As the individuals who agreed to participate in this research were all offering their time voluntarily, they were provided with a range of options for participation to be able to select a time and means of contributing that most readily met their needs. They were advised in advance that their participation could take up to 90 minutes, but the interview would be expected to last around 60 minutes, to ensure appropriate consideration of other commitments they may have (Majid *et al*, 2017). They were offered the opportunity to suggest a time slot that was most suitable for them within ‘reasonable’ parameters (e.g. a request for the interview to be held at 3am could not be accommodated), and they were offered the choice between online or in-person participation.

The interviews were conducted in the summer of 2021 as COVID-19 related lockdowns were ending (Institute for Government, 2022), however many social distancing and work-environment restrictions were still in place so many colleagues (me included) were working in hybridised ways to minimise contact risks at places of work. This meant that most participants opted for online participation for convenience, with only one choosing to participate face-to-face. This face-to-face participation was also a matter of convenience as I was working with this individual on a project on-site, so we capitalised on our scheduled time together to capture their interview during a window of opportunity.

The preferentiality of online participation over face-to-face was likely not solely attributable to COVID-19 restrictions. The advancing pace of technology over recent decades and its proliferation in the workplace makes it a familiar and convenient choice for many when busy diaries, competing priorities and dispersed office locations make face-to-face more of a logistical problem. The use of voice over

internet protocol (VoIP) software such as Skype and Microsoft Teams not only make participation convenient for interviewees in terms of time and location, but as the software also permits recording of such interactions (video and/or audio), this makes it a convenient option for the researcher too. The adoption of technologies including those used to conduct data analysis has not been universally accepted though with some voicing concerns that, “using the software would lead to a troubling homogenization of qualitative research methods” (Coffey *et al.*, 1996 cited in Moylan *et al.*, 2015). In the 28 years since Coffey *et al.* penned this article, technologies have advanced even further and become more useful to researchers in terms of data collection and analysis in ways that can improve overall efficiency (Moylan *et al.*, 2015). Despite this, it cannot be assumed that participants will always opt for a technology-supported route therefore options must be offered.

One potential drawback of using technology, particularly for conducting interviews, is the impact on the rapport between researcher and participant. King and Horrocks (2010) note that, “Rapport is [...] about trust – enabling the participant to feel comfortable in opening up to you”. Despite the increase in use of online VoIP technologies in recent years – MS Teams alone saw a rise in registered users from 75m in 2020 to 300m in 2023 (Curry, 2024) – people’s behaviour and general demeanour may differ between face to face and online environments. Research suggests that the overall quality of interviews does not differ between online and in-person environments however Deakin & Wakefield (2014), suggest that rapport is not necessarily negatively impacted by one over the other. One suggestion by Seitz (2016) to counteract any potential issues is to contact the participant several times prior to the interview as a means of building rapport beforehand. Fortunately, I knew all the participants personally, so no prior rapport-building was necessary. Contrary to the suggestion that online participation may affect rapport, it may in fact allow the participant to feel more relaxed and comfortable as they can choose to participate from a location of their choosing and have fewer of the pressures or anxieties that may come from a face-to-face interview (*ibid*, p. 230). Providing participation options to the participants gives them greater control over their comfort and safety in participating in research, creating conditions where they are often more responsive to the questions being asked when they are in familiar surroundings.

Of the seven consenting participants, I was only able to complete six interviews. One of the interviews was abandoned after several attempts to reschedule due to other commitments from the participant.

3.11 Data Collection

For those interviews being held online, Microsoft Teams was the logical choice. All participants had this software readily available and were familiar with its functionality. Unfortunately, the license I had available through my Microsoft 365 account did not permit recording of meetings (and therefore automatic transcription). I conducted all the online interviews from my home computer, so I utilised the screen recording function available through the Microsoft Gaming bar (Microsoft, n.d.) and allowed voice capture. For the face-to-face interview, I set up my smartphone on a small tripod and video-recorded the interview, continually checking to make sure the recording was still going.

Once each interview was complete, I saved a copy to my secure cloud-based OneDrive account, and one on a password protected portable hard drive as a backup. I have fallen foul of failing technology during my earlier studies in the past, so I knew that it was essential to keep a backup of the raw data from the interviews.

3.12 Insider Approach

The opening line of Hunt's *Beginning with Ourselves* reads as follows, "My theme, beginning with ourselves, is based on George Kelly's belief that every person is a psychologist" (Hunt, 1987). Whilst I am far from a psychologist, this immediately struck a chord with me and gave me pause to consider the methodological approach I am taking in this research.

I debated with myself at length over whether to write in the first person (me, myself, and I). Traditional opinion from the early 20th century was that researchers should not draw attention to themselves and should be "objective", "detached", and place themselves, "in the background" to write, "in a way that draws the reader's attention to the sense and substance of the writing, rather than to the mood and temper of the

author” (Strunk & White, 1918). Bloch notes that traditionally, academia and emotions were considered “incompatible entities” (2002, p. 113). In contrast, others have considered it disruptive and unacceptable to use emotional language (Davies, 2012) and discourage the use of the authorial ‘I’. Fortunately, this perspective has been notably lacking in more recent published research in the field of research methodology and methods in the social sciences for many decades.

Again, this brings us back to shortcomings in the technical-rational world views that were dominant during the late 18th Century through to the 20th Century. The argument here is that research should be unmistakably objective, appear as scientifically sound, and be agnostic of any personal bias or opinion. By eliminating any self-reference, it is assumed that it is more scientific. In this way, it is/was assumed that writers could more clearly and objectively conduct their research in more ‘scientific,’ objective robust and systemic ways. Within social science disciplines such as education, however, writing in a passive voice could be proven to be problematic. Raymond goes as far as to suggest that the purposeful omission of first-person language is simply a rhetorical strategy employed to create the illusion of objectivity (1993). Kirsch, a feminist writer, furthers this discussion by suggesting that not only can this create an illusion of objectivity, but also that it is a subversive attempt, “to turn opinions into truth, to silence women and other marginalised groups, and to trivialise their concerns” (1994, p. 382). Kirsch goes on to argue that writers using the authorial ‘I’ willingly bear the social, political, and moral responsibilities of their work. In contrast, the lack of personal voice suggests a lack of ownership over the ideas and arguments put forth in research. This is an equally problematic position for a researcher, perhaps even more so for an early career academic such as me.

The views on research neutrality which were so dominant throughout the most part of the 20th century have begun to change in recent decades (Wordvice, 2022). Advice from the Duke University Thompson Writing Program [sic] actively encourages the use of first-person language suggesting that it can, “strengthen our argument and clarify our perspective” (Duke University n.d.). Their guidance also advises that using a personal voice in writing is more than simply mentioning yourself and is about understanding when to use a personal voice in a way that does not, “detract from an argument’s logical or ethical appeal.” (*ibid*). The use of a

personal voice is also more than simply letting the reader know who carried out the research. It is also about adding contextual background, admitting the author's presence, and illustrating the author's authority in relation to the subject. All of these can all contribute to the richness of the research.

In the context of this research, I am an insider. I not only worked at the same organisation as the interviewees at the time of interview, but I was a peer to many of them as an educator working in the NHS. In addition, one strand of my data consists of a collection of narrative accounts that I have personally experienced and observed, identified as such and recorded in my own words. I have been careful to record them using highly descriptive language. However, the fact remains, and I readily acknowledge, that I have selected them as being relevant over the countless other experiences and critical incidents I have encountered during my experience and tenure at that organisation.

My position in this research is deep-rooted. It would be inauthentic of me to attempt to author this whole thesis avoiding the use of first-person language, particularly considering my citations of the works of Raymond and Kirsch above. To do so, would risk discrediting this research by looking as if I were trying to hide in plain sight in the guise of a (somewhat pretentious) white coated laboratory scientist. I can only imagine how exhausting it would be to try to disguise my place within this research as an NHS educator and co-worker to most of the interviewees. My own experiences alongside those of the interviewees and within the organisation play a critical role in this research. For want of a better phrase, to hide them would be awkward and disingenuous to say the least.

Although writing in the 1980's about the practices of psychologists, Hunt notes that practitioners are seldom confident or keen to 'begin with themselves' when authoring research reports. He invites us to consider the following question, "Have you ever read an experimental report in a journal article that began, "From my own experience, it seemed likely that there would be a relationship between a person's old, discarded role and the threat experienced from another person who exemplifies that role"?" (1987, p. 105). He points to the importance of adopting an 'inside-out' approach to psychological research. He goes on to point out that this has parallels across all social scientific disciplines including educational research.

Hunt devotes an entire chapter of his book to theorists and researchers which he titles *Practice Makes Perfect? No, Practice Makes Theory*. In this chapter, I adopt in the same spirit of inquiry as Kemmis (in Carr, 1995) who explores the relationship between theorists and researchers and the historically divorced relationship between the two. Kemmis asks the reader to, "... consider the major theories of educational psychology... all these theories came from *outside* the classroom, from theorists who have not been (or who have not acknowledged being) classroom teachers" (1987, p. 109). This concept of outsider vs insider is not unique to psychology. Coe *et al* in 2017 acknowledge the role of the *insider* in educational research, offering the observation that, "... being an 'insider' brings both a unique and rich knowledge base to their research and a commitment to improve the practice they are involved in studying." (2017, p. 72).

Not all researchers in the social sciences agree, however. Writing in the prologue to Carr's , *For Education*, Kemmis notes the contradiction that, "many researchers still proceed to study practice 'from the outside'..." despite more contemporary claims that theory and practice develop reflexively, and that such researchers lead themselves to believe that their insights, "won in the intellectual struggle of the postgraduate seminar or the invitational international conference, will produce changes in the educational practice of teachers who attend neither." (in Carr, 1995).

I cannot and do not want to divorce myself from my practice. The very genesis for this research was borne out of a change in my professional practice and the question of how my peers dealt with the same issue. I am an insider. My interests and my practice are firmly rooted in education design and delivery within the NHS. I belong to the group of people I am researching. Therefore, I cannot and do not want to take an entirely neutral stance. Whilst this may seem initially problematic, Coe *et al* note that:

"Locating ourselves 'in' our research should be a key part of any research process. We do not enter a research project as a neutral vessel, rather we take with us our values, politics, gender, ethnicity etc."

(2017, p. 72)

These contributions from key authors in the field of literature related to educational research methodology and methods offer a reassuring acknowledgement that

practitioners can be, and often are, best placed to research and improve the development of educational practice in their field and in the contexts in which they work.

Being an 'insider researcher' can also help allay any possibility of power relationships skewing the credibility of this research. Kemmis suggests that "The rationalistic theory of action privileges theory over practice in the notion that theory is a guide for practice." (in Carr, 1995, p. 9). His contention is that theorists (or researchers) are somehow not only distinct from but also superior to practitioners. In addition, Kemmis notes, researchers are also considered to be hierarchically and/or managerially (an even intellectually) superior to practitioners (in this case teachers and educators). This results, he argues, in an acceptance of the "implication that it regards practitioners as poorly informed about practice even though they know it 'from the inside,' while regarding theorists as well informed about practice even though they are removed from it by the division of labour" (*ibid*, p. 9-10).

Being a researcher, a practitioner, and an educator affords me a deeper understanding of the social phenomena being researched in this study. This allows me to be able to "see" symbolic, cultural, and contextual references within the data which an outsider may not and to be able to understand and interpret such data with greater local knowledge authenticity, to the overall benefit of the research. Many professions and organisations have their own esoteric 'language' made up of colloquial acronyms, specialist names for procedures or equipment, or specific terminology used to describe learning programmes etc. Understanding this as an insider without the need for additional contextual background or explanation can only aid in contributing to the richness of the research.

Taking an 'insider' approach to the research is not without issue. As discussed earlier, as an insider, I am not a neutral vessel. I bring with me a raft of potential biases, opinions, pre-judgements, and ideas. It is unlikely that I can put all these aside for the duration of my PhD studies or in the conduct of this thesis. To do so would be to change myself in such a way that would make my credibility as a practitioner-researcher questionable. Instead, adopting Hunt's approach is both tactical and legitimate, in accepting the value in common sense. He notes that, "I allow my Little Professor to portray Inside-out psychology in terms of the New Three

Rs - Reflexivity, Responsiveness, and Reciprocity.” (1987, p. 106). It is the ‘reflexivity’ portion of this that is of greatest significance here. Reflexivity is also sometimes referred to as critical reflection (Coe *et al*, 2017). This is an increasingly more widely accepted aspect of qualitative research. Its aim is for researchers to acknowledge their role and presence in the research so that they become more aware of their biases and how these might influence and impact the outcomes of the research. Kara notes that this has been referred to as the “me-search within research” (Kara, 2015). This has potentially slippery connotations in that it suggests that a researcher may be in pursuit of themselves within the research. For this research I use it to illustrate that I am trying to be cautious in ensuring that I do not ‘trip myself up’ on my own biases, pretensions, or beliefs by trying to be being critically self-aware throughout the conduct of this study. This understanding of research methodology and methods enables me to be an insider in some stages of this research and an outsider in other stages of the study.

References abound in contemporary literature about reflexivity and its relative place in qualitative research, and much can be found on the differing opinions of its relevance and effectiveness. While reflexivity is as valuable in educational research as the literature suggests and to some extent as I have argued above, it is important to remain mindful of the parameters and limitations of reflexivity as well as its risks.

Less advice in the literature, however, is available on how to practise it. Kara suggests that it is “... in theory, something that can - some would say ‘should’ - permeate the whole research process” (2015, p. 72). Kara goes on to admit however that it is wholly impractical for researchers to stop at every stage of research and ask themselves reflexive questions. Instead, the dominant suggestion amongst literature is to keep a ‘reflexive journal’ or a ‘reflexive portfolio.’

It is interesting to note that not all social scientists are proponents of the legitimacy of reflexivity being so overt in research. Lynch considers it to be an “ubiquitous and unremarkable property of everyday life and human action.” (Roulston, 2010) proposes that this stance is no more than an attempt at ‘methodological virtue’ (Lynch, 2000). I appreciate this point and can see how easily an early career researcher like me could fall into a spiral of hyper-critical (even verging upon narcissistic) self-awareness that yields little outcome other than something which

may be more akin to mawkishness and methodological sterility. As a researcher I recognise that it is my duty to present my research in a way that clearly identifies how my personal values and opinions have influenced the conduct of this study and the decisions I have made. As a highly introspective individual with years of self-reflection drummed into me across my twenty-year span as a distance learning student, this is as natural to me as breathing, and so I remain unconvinced that reflexivity is a discrete aspect of research that I must engage in and consider as some 'other' part of my research. Reflexivity is organically woven into my research as I sit in libraries on countless weekends searching through literature; as I write and rewrite paragraphs to accurately reflect what I have read and heard, and as I grow as a researcher and an academic throughout my time on this thesis. I engage in reflexivity throughout the research, but not as a 'task' that I schedule; not as a journal I write into, but as moments across the duration of my thesis where I give myself pause for thought as I reflect on how as a practitioner, an NHS educator, researcher, and human being I influence, construct, report, and justify my conduct of this research.

3.13 Power dynamics

Being an 'insider' in the context of this research, raises additional ethical considerations in relation to identity, power, and positionality.

To the participant, the researcher may be perceived as being in a position of power or authority. The researcher sets the agenda, determines the questions to be asked, and decides which aspects - of the responses given during an interview - are useful data and therefore worthy of inclusion (Cohen, Manion & Morrison, 2018). Despite the participants being my peers - many sharing the same job title and performing the same role as I had at the time - there could be an undetectable shift in the power dynamic by virtue of my studies towards a PhD. I have long been known among my peers as a keen scholar and self-confessed autodidact, however my peers had always been distanced from it with no involvement save for my occasional enthusiastic ramblings about something new I had learned or read about. Their direct participation in such an important piece of work as this, that is achieved by only a small percentage of the population - as of 2022 only 1.64% of the UK population hold

a doctorate or equivalent, compared to 13.3% with a master's degree and 26.4% with a bachelor's degree (OECD, 2022) - may raise internal dialogue about their own engagement with their practice.

Many scholars have written in a plethora of textbooks about this type of power dynamic. Not all of them express the same or equal levels of concern. Daley notes that their position as a researcher altered the way that some friends and colleagues viewed them, with some questioning their competence as a manager as a reason for embarking on a doctorate (in Brooks, te Riele & Maguire, 2014). The suggestion in this example is that research is the lesser pursuit, and one that is taken when other pursuits fail. Whether this is a true representation of attitudes towards research is unclear and could be indicative of a personal power struggle on the part of the harasser. However, it does evidence the variety of potential reactions to an insider-researcher and the care that must be taken with participants to ensure that as a researcher you are regarded as being trustworthy and ethically sound.

When viewed from a distinct perspective, the research participants may be seen to be in a position of greater power than the researcher (Brooks, te Riele & Maguire, 2014). In the context of this thesis, my research participants had to meet a certain set of criteria to be considered for interview. Whilst that still resulted in a significant group of potential participants, as a researcher I am ultimately at the mercy of those willing to be interviewed. I need them more than they need me, so-to-speak, but any attempts from me to persuade my peers to participate may be deemed manipulative and unethical, therefore great care is required to maintain a balanced power dynamic and to ensure and protect voluntarism across the study.

Thus far, I have predominantly discussed the ethical considerations of the narrative interview strand of my data collection. However, the second strand of my data collection also warrants discussion. Narrative accounts by their nature are highly subjective and therefore accountable to ethical consideration. However, there is a dearth of literature on this matter with only scant offerings that are concerned more with the narratives highlighting ethical dilemmas rather than the ethics of recording them in the first place.

The decision to record incidents is at the decision and discretion of the researcher, and the composition is based on the researcher's own writing style. Like the way

news is reported by different media companies, no two researchers are likely to record a critical incident in the same way therefore the onus is on the researcher to ensure that narrative accounts are written with as much rich description, authenticity, and trustworthiness as possible.

In addition, many narrative accounts involve people and/or situations and may be recorded without explicit consent to do so by the parties involved. The researcher then has an additional responsibility to carefully record the incidents in such a way that the subjects remain anonymous, and the situations described give sufficient detail of the incident without providing too much identifiable detail.

3.14 Ethics

“Ethics concerns that which is good, bad, right and wrong” (Cohen, Manion and Morrison, 2018). This quote from Cohen, Manion and Morrison is the opening sentence in their chapter on the ethics of educational and social research, and whilst it seems to sum up ethics in one neat and tidy sentence, its simplicity belies the complex and murky reality of securing and maintaining ethical practice across a research study. In practice, ethics is a far more nuanced consideration and throw the NHS into the mix and you have a boiling cauldron of convolution to circumnavigate.

“A long habit of not thinking a thing wrong gives it a superficial appearance of being right and raises at first a formidable outcry in defence of custom.”

(Paine, 1776, p. 1)

Ethical approval from the University was sought swiftly and with no concerns. An application was submitted via the University Online Ethics Review System in April 2020 and was approved in July 2020 with no concerns or additional questions raised. A copy of the approval form is included as appendix D.

The process was less straightforward within the NHS, however. Research ethics in the NHS are incredibly serious. Understandably so, as there are countless examples throughout history of medical research practises that by 21st century standards would seem barbaric. A classic example - and the one that is perhaps best known - is the shock/obedience testing conducted by Stanley Milgram in the early 1960's

(Milgram, 1963). Milgram was interested in the relationship (or conflict) between authority and personal conscience, with specific reference to those standing accused of genocidal atrocities at the Nuremberg War Criminal trials. His research involved instructing individuals to deliver high voltage electric shocks to other participants each time the participant made a mistake on their assigned task. Although no shocks were administered - that aspect of the experiment was faked, unbeknown to the participants - his experiment ultimately showed that two thirds of people were willing (albeit reluctantly) to deliver the highest voltage, demonstrating obedience to the instructor. By 21st century standards this research seems completely brutal (not to mention deeply troubling)

Milgram's experiment may have been psychologically questionable, but it perhaps pales in comparison to research carried out in America in the 1940's in the advent of the atomic bomb. With a cold war seeming inevitable, doctors were interested in learning about the effects of radiation on the human body and began a longitudinal experiment to inject participants with plutonium and feed children radioactive oatmeal so the effects could be measured (Welsome, 2010). The average survival time after injection was over 11 years, however the data indicates that some survived as little as days or months (Moss & Eckhardt, 1995). Most disturbing of all is that a subsequent investigation instructed by Bill Clinton in 1994 was unable to say conclusively whether these patients gave their full informed consent to participate in this research.

As already discussed, ethics in the NHS is a topic of significant and undeniable importance. Any proposed research must go through lengthy and rigorous application processes and be potentially reviewed by an NHS Research Ethics Committee (REC) before being granted approval. Following advice from some colleagues within the NHS, I went down the official channels for NHS research ethics and quickly found myself wading through a treacherous swamp of uncertainty, not fully understanding how to complete the necessary forms, or indeed if I even needed to complete them as an educational researcher.

The difficulty here lies with the fact that there does not appear to be much educational research carried out in the NHS at all. Understandably, most NHS research is medical and/or clinical in nature, therefore precious little advice and

guidance exists around other types of research. I attended an NHS conference in Aberdeen in summer 2022 and engaged in conversation with the team at NHS Research Scotland about conducting educational research in the NHS and they admitted they were not sure how to help me as they had never been asked that question before.

The official channel I went down was IRAS - the Integrated Research Applications System. A colleague had advised me that all NHS research needed to go via this system to be approved and so I created an account and set about completing my application. It became apparent very quickly that the system is solely designed for medical and clinical research. Questions relating to tissue sampling, drug administration, and medical interventions all had to be answered for the application to progress so I completed the answers to the best of my ability and filled in as much detail as I could regarding the research. I had reached the point of submission by the time I questioned whether this was indeed the correct route to go down. At that point I happened upon an online decision tool from the NHS Health Research Authority and discovered that I would not need NHS Research Ethics Committee approval.

A question remained though as to whether I would require approval from the NHS Trust I was employed by at the time. I contacted the research office and through a lengthy email conversation describing my research it was concluded that research and/or ethical approval was not required as my research is with individuals who *happen* to work in the Trust rather than *because* they work in the Trust. Once again, however, getting to this conclusion was not straightforward as an educational researcher; evidence that research processes within the NHS are ill-equipped to deal with requests that deviate from the medical/clinical 'norm.'

I have often wondered if I am a pioneer in the field of educational research in the NHS, or whether I have unwittingly engaged myself in a Sisyphean task. In Greek mythology, Sisyphus was punished by Hades and made to roll a boulder up a hill only for it to roll back down every time and for all eternity, thus making it seem like a futile task and one that is impossible to succeed at (Britannica, 2023). I remind myself though that the pursuit of knowledge should never be seen as a futile endeavour, and as the quote oft misattributed to the Chinese philosopher Lao Tzu goes "Knowledge is a treasure, but practice is the key to it."

3.15 Informed Consent

Informed consent has become a far more pressing ethical matter within the NHS in recent years. Whilst *consent* has always been fundamental to research, *informed consent* is an ever more essential tenet following the landmark legal case of Montgomery vs Lanarkshire Health Board in 2015. During a vaginal birth, Nadine Montgomery's son experienced shoulder dystocia - where the shoulders of the baby become stuck on the mother's pubic bone - resulting in hypoxic insult with consequent cerebral palsy. Despite being a petite woman with diabetes - which can cause different growth morphology than babies with nondiabetic mothers (Lerner, n.d.) - Ms Montgomery was not given adequate information about the increased risk of this complication by her medical team. She sued for negligence on the basis that had she been properly informed of the risk she would have opted for a caesarean section. Her landmark case overturned a previously established law in place since the 1980's and changed the landscape of informed consent globally. Since her case, it is now accepted that instead of clinical judgement lying predominantly with the medical professionals, patients should now have far more input in the treatment they receive and what they - when presented with all the facts about their case - deem the best option for their personal circumstances. (Chan et. al., 2017).

Prior to working for the NHS, I worked for a medico-legal company that dealt with obtaining and sorting medical records for clinical negligence cases, and I often led training sessions to discuss recent cases and what we could learn from them. To explain informed consent in a way that was easy for our graduate-level analysts to understand, I would give an example of a patient needing a particular surgery on their foot that held a risk of permanent stiffness in the toes. The potential life impact of this surgery would be vastly different for a professional ballet dancer to, say, a writer. Conversely, if the surgery were on a person's hand, the personal impact would be different between a writer and a painter-artist or a musician. Informed consent is concerned with the potential impact for an individual, and what they might consider a risk given their personal circumstances, experiences, beliefs etc. rather than simply the highest general risks associated with that course of treatment.

Fortunately, within this research there are no physical risks but that does not exclude it from informed consent as a consideration. This research asks participants to discuss quite individual experiences and express very individual opinions and beliefs. Discussing these and being prompted to talk about aspects of a person's practice may have a psychological impact that simply cannot be predicted by the researcher, therefore informed consent "... is a cornerstone of ethical behaviour, as it respects the right of individuals to exert control over their lives and to take decisions for themselves." (Cohen, Manion & Morrison, 2018, p. 123). Enabling participants to maintain autonomy throughout the research process is crucial and therefore when participants were initially approached and invited to participate, they were given details of the main research questions and advised that the interviews would be semi-structured, so they were free to skip any questions they did not feel comfortable answering and were free to withdraw any answers at any point.

Participants who agreed to participate were briefed again prior to the interview commencing and were asked to confirm they once again had read the consent form and were still happy to proceed. Thankfully, none of the participants withdrew from participation and all interviews were conducted without issue.

3.16 Data Introduction

“Unquestionably, data analysis is the most complex and mysterious of all the phases of a qualitative project.”

(Thorne, 2000, p. 68).

Qualitative data analysis is not only complex but is also subject to punishing levels of scrutiny regarding its validity and reliability (Denscombe, 2014) (Coe *et al.* 2017). Even the terminology associated with qualitative data analysis has evolved over time to better encapsulate the processes being carried out and/or step away from the legacy of logical positivism to move towards ‘authenticity’ as a core principle (Lincoln & Guba, 1985 & 1986).

Writing in 1986 on constructivist inquiry, Lincoln and Guba propose that an alternative terminology was required to adequately describe the methods inherent within constructivist research. They offer four analogues to terms used in more traditional science and social science research:

1. Credible as an analogue for valid (internal validity)
2. Dependable as an analogue for reliable
3. Transferable as an analogue for generalisable (external validity)
4. Confirmable as an analogue for objective

3.17 Credibility

Byrne, writing about validity in 2003 refers to it as being a correspondence between the thing we have measured (using a measurement instrument) and the real thing we think we are measuring. This sounds complex, so Byrne gives the helpful example of measuring intelligence using an IQ measurement scale and how the concept of validity, “resides in the whole iterative process rather than in the original formulation of a specific algorithm” (p. 41).

Confusion over validity in qualitative research could stem from it being a term borrowed from quantitative methods (Coe *et al.*, 2017). Quantitative studies naturally lend themselves to validity; they are easier to control for and against, they are (generally) replicable, there is an inherent neutrality in them (assuming sound

design), and they are objective in the way that data can be analysed (Cohen, Manion & Morrison, 2018). For this reason, attempts to use the term 'valid' in relation to qualitative research feels somewhat like trying to fit the proverbial square peg into a round hole.

Consequently, some qualitative researchers have chosen to substitute the word 'valid' in favour of 'credible' (Nowell *et al*, 2017) (Denscombe, 2014). It is exceedingly difficult for qualitative researchers to prove unequivocally that their findings are 'right' and valid; it is just not possible within the complex and contextually vast landscape of human experience (Lincoln and Guba, 1985). However, credibility is easier to operationalise and addresses the link between collected data and the researcher's analysis of it (Tobin & Begley, 2004).

3.18 Dependability

Another of the terms under question is 'reliable,' or 'reliability.' Bryman defines reliability as "the degree to which a measure of a concept is stable" (2008, p. 698), while Gilbert states that "data are reliable when repeated measurements of the same item are consistent" (2011, p. 512). While these definitions may work for quantitative data with measurable variables, they do not translate well to the qualitative arena where data cannot be quantified in the same ways. Instead, Lincoln and Guba (1985) suggest that we focus on reputable procedures and reasonable decisions that other researchers can see and evaluate; the so-called 'dependability' of the process as opposed to the reliability of the outputs. The dependability of these processes can be demonstrated by using an audit (Koch, 1994). If another researcher can clearly follow the decision-making processes and reach "comparable, but not contradictory, conclusions" (Nowell *et al*, 2017) then the study can be considered auditable and thus dependable (Sandelowski, 1995).

Conducting an audit of qualitative research is not as simple as that, however. To ensure the trustworthiness of the study and create a clear audit trail, researchers must keep detailed records including field notes, interview transcripts and crucially a reflexive journal documenting rationales for certain decisions or processes involved in the research. Denscombe refers to this as the 'transparency' of the research and calls for researchers to keep "an explicit account of the methods, analysis and decision-making so that, in theory at least, other researchers could follow the same

path and check whether they obtained the same findings” (2021, p. 352). Lincoln and Guba also stress the importance of developing and maintaining an audit trail and refer to it as, “the single most important trustworthiness technique available to the naturalist” (1985, p. 283), making comparisons to a fiscal audit, which then parallels once again with quantitative studies.

They credit the operationalisation of the auditing concept with work done by Halpern on his doctoral thesis in 1983. In it, he suggests six main categories to consider for inclusion in an audit trail:

1. Raw data
2. Data reduction and analysis products
3. Data reconstruction and synthesis products
4. Process notes.
5. Materials relating to intentions and dispositions.
6. Instrument development information.

(Halpern, 1983, cited in Lincoln and Guba, 1985, p.319-320).

Lincoln and Guba extend this and provide a template including all six categories complete with file types and suggested evidence sources as an appendix in their book *Naturalistic Inquiry* (1985), emphasising the value and importance that should be placed on audit as a measure of dependability.

3.19 Transferability

A third term that qualitative researchers bring into question is ‘generalisability.’ The notion that complex human interaction and experience in often contextually specific or unique situations can be generalised out to a wider population is incongruous with how lived experience works. Interestingly, when considering lived experience, Van Manen suggests not only that, “‘procedures’ and ‘techniques’ may need to be invented to suit a particular study” (1990, p. 29), but that, “the method of phenomenology and hermeneutics is that there is no method” (p. 30). Although I am not taking a phenomenological or hermeneutic approach in this research, Van Manen’s work helps to illustrate the complexity qualitative researchers deal with.

It would be foolish, however, to suggest that all qualitative research cannot at least be tentatively and incrementally generalised. There are of course occasions where situations are similar and a plausibly inferred 'working hypothesis' can be made (Coe et al, 2017). However, "Only a person who has a detailed knowledge of a particular context can make a judgement about whether what has been studied in another context has any relevance to it" (*ibid.*, p. 52). Qualitative research is naturally smaller scale than quantitative research. In fact, the very names neatly illustrate the differences – quality and quantity respectively – so it naturally follows that generalisations in qualitative research are not possible as extrapolating out a finding to the general population from a small sample size presents statistical and probability issues (Denscombe, 2014).

Eschewing the term 'generalisable' opens the doorway for Lincoln and Guba's favoured alternative 'transferable' (Lincoln & Guba, 1985). Where mentioned previously some alternative terms slot into the research narrative easily and without issue. This substitute is trickier. Coe *et al* note five separate types of 'transferability': those across occasions, instruments, observers, participants, and contexts (2017, p. 53-55). That the turn to 'transferability' as a more appropriate vernacular comes with such added depth highlights the sheer complexity of qualitative research and the light tread that its researchers must take when making inferences and claims about their findings.

3.20 Confirmability

The final suggested change to terminology is the exchange of 'objective' in favour of 'confirmable.' Any use of the term 'objective' in qualitative research is a potential misnomer anyway. Qualitative studies - despite their best efforts - cannot exclude subjectivity completely and thus the responsibility of the researcher is to be transparent about any such biases or judgements.

In his book *Researching Lived Experience*, Van Manen suggests that in a discipline such as social research, subjectivity and objectivity are not mutually exclusive and cannot be thought of in terms of one or the other (1990, p. 20). He suggests that objectivity when researching lived experiences is essential and means that the researcher, "remains true to the object" and becomes "a guardian and a defender of

the true nature of the object” (*ibid*, p. 20). However, he also notes of subjectivity, “one needs to be as perceptive, insightful, and discerning as one can be in order to show or disclose the object in its full richness and in its greatest depth...while avoiding the danger of becoming arbitrary, self-indulgent, or getting captivated and carried away by our un-reflected preconceptions” (*ibid*, p. 20).

Such a blurring of the line of objectivity in social research contexts creates room for ‘confirmability’ as a more appropriate term. Confirmability is more concerned with the extent to which findings and conclusions are based on a fair-minded approach with no unwarranted biases imposed on them (Denscombe, 2021).

A key aim of any research and the bottom line for any researcher is then to as far as possible show that the research and its findings are trustworthy. Once again, the work of Lincoln and Guba (1985) acts as a useful glossary of terms for qualitative researchers, affirming that researchers should be concerned primarily with persuading their audience(s) that their research is worth paying attention to (*ibid*, p. 290).

3.21 The Data

This research is qualitative in nature. Traditionally, qualitative data is collected in the form of words and visual images (Denscombe, 2014), however this permits a range of sources including interviews, documents and, importantly for this research, observations (*ibid*, p 306). Although interviews are an important part of this research, they are not the sole source of collected data.

The data for this study is collected via two strands. First, several narrative accounts are recorded. As an educator, learner, and supporter of professional practice within the NHS I have encountered many such incidents that evidence engagement with professional practice, professional learning, and knowledge transfer in an NHS context.

These incidents are foregrounded with a detailed description of the physical spaces in which they are located. This foregrounding gives additional context to the incidents in terms of the affordances and limitations of the setting in which they are located. The setting is a contributing factor in how these incidents play out.

The second strand of data consists of a series of individual interviews held with a range of educators working in different primary roles across the NHS. The interviews were semi-structured to enable participants to discuss aspects of their practice freely without concern that they were 'drifting off topic.'

3.22 Methodological device for recording experiences

In the early days of research for this thesis, during discussions with my supervisor, I had often relayed accounts from my own personal experience as an educator working in the NHS that were relevant to the research and the questions I was beginning to frame. At the time, I referred to these personal accounts as 'anecdotal evidence', naively assuming – as a novice researcher – that I would not be able to use them as a credible source of evidence. When my supervisor helpfully pointed out that these were not only credible but of potential value to the research, I began exploring the best methodological approach with which to frame this data.

In his 1990 book *Researching Lived Experience*, van Manen refers to anecdotes as a methodological device (1990, p. 115) explaining that – although simply stories or narratives – anecdotes are a special kind of story in that they are not purely for illustrative purposes, but instead they “make comprehensible some notion that easily eludes us” (ibid, p. 116). Deriving from the Greek word for *unpublished*, van Manen notes that anecdotes often contain “information meant for insiders, stuff that for discretionary reasons did not make the written record” (ibid, p. 117).

Perhaps the most obvious way to frame these would be to refer to them as narrative accounts. Much of the literature refers to narrative accounts as being stories that people use to describe and understand their lives (Robson & McCartan, 2016). The literature on narrative inquiry in educational research arguably begins with the work of Connelly and Clandinin and the publication of *Stories of Experience and Narrative Inquiry* (1990). They talk of narrative inquiry as “the study of the ways humans experience the world” (1990, p. 2) which is later positioned by Bruce *et al* (2016) as “the study of experience as story and a way of thinking – through storying” (2016, p. 2). Narrative inquiry is often discussed in terms of the researcher becoming “co-participant[s] to co-construct the knowledge alongside the participants” (Gavidia &

Adu, 2022), therefore situating the researcher outside of the experience being documented.

Another such framing would be to refer to these personal accounts as critical incidents. In a 1954 issue of *Psychological Bulletin*, Flanagan suggests that critical incidents are “frequently used to collect data on observations previously made which are reported from memory” (Flanagan, 1954, p. 14). He describes the true origins of the *critical incident technique* stretching back to Francis Galton in the late 19th century, however even by Flangan’s mid-20th century explanation, critical incidents and their use as a methodological device have evolved and are now widely used in teaching and education circles as short narrative accounts that have been deemed important learning experiences (Montgomery *et al*, 2021). Indeed, Cohen *et al* (2018) describe critical incidents as being those which “constitute a turning point in the lives of teachers, students, teaching, schooling etc.” (2018, p. 663), and acknowledge that these may seem to the reader as mundane everyday occurrences yet hold some meaningful significance to the author.

In the introduction to his 1993 book ‘Critical Incidents in Teaching’ Tripp describes how media channels can often blame the education system for moral failings in society, suggesting as an example that schools could be held responsible for instructing young people about the technology that enables them to become identity thieves (1993, p 2). This suggestion - that teachers or the education system in general is to blame for the personal and social problems of students - may evoke strong reactions from practitioners, and the observation and recording of critical incidents allows practitioners to evaluate their own practice – or that of others – and learn from those experiences.

The term ‘critical incident’ could initially conjure negative connotations. In broad society the term ‘critical’ most commonly refers to something that is bad, wrong, or urgent (Cambridge Dictionary, 2021) such as critical care, however in this context it refers to the significance of an incident and the value judgement that is made about it. Richards and Farrell (2010) consider that, “a critical incident is an unplanned and unanticipated event that occurs during a lesson and that serves to trigger insights about some aspect of teaching and learning” (p. 13). This definition does not therefore limit critical incidents to the negative space and for the purposes of

research a balance of incidents should be recorded which are neither wholly positive or negative and are simply noteworthy in their evaluative potential.

The definition of critical incidents given by Richards and Farrell above makes a sweeping generalisation about how these incidents occur. The incidents/accounts recorded for this research did not necessarily occur in the classroom and instead have arisen through discussions with practitioners and observations of learners rather than specifically classroom-based incidents; not all teachers conduct 'lessons,' nor do they all work in schools. For the purposes of this research, Richards and Farrell's definition is therefore upgraded to read, '*a critical incident is an event or experience that occurs during a person's professional practice that serves to trigger insights and/or reflections about some aspect of professional practice.*' This broader definition now permits the inclusion of insights into - for example - leadership and management within departments and organisations, and the attitudes and motivations of educators rather than specifically events relating to teaching and learning activities.

Tripp makes a crucial observation that, "reflecting on what we do is essential to the development of professional judgement. However, unless our reflection involves some form of challenge to and critique of ourselves and our professional values, we tend to simply reinforce existing patterns and tendencies" (1993, p. 12). The critical incidents recorded for this research are observations *from* my practice rather than specifically observations *of* my practice. They are all situations in which I was personally involved and most arose from realisations about the difference in philosophical and motivational approaches between my practice and that of some of my peers. These are what Tripp refers to as 'awareness' incidents (*ibid*, p. 13). Those incidents concerned with what we notice about our practice. The other type of incident Tripp notes is 'problematic' in that, "it is an underlying structure which both limits and facilitates what we consciously and unconsciously choose to attend to" (*ibid*, p. 13). By this, Tripp means a situation or incident that occurs which a practitioner is unaware is potentially problematic in nature. There is an unintentional and likely unconscious bias in the incidents chosen for inclusion in this thesis, however they have been selected for their relevance and appropriateness to the research question(s) from a much larger library of incidents mentally catalogued throughout my years of experience as an educator working in different organisations.

There also must be a consideration that the incidents/accounts are written by me - the researcher - and are therefore subject to my own style of writing and interpretation of them as relevant. When constructing these narratives, I have kept in my mind the glossary of terms discussed earlier in this chapter from Lincoln and Guba (1985) and aimed not for any kind of methodological sterility, but a credible and trustworthy account of each situation that is richly descriptive and paints a clear picture of the event. Coffield and Borrill's *Entrée and Exit* (1983) provided some wonderfully written inspiration regarding how to construct descriptive narratives that illustrate necessary detail to the readers without lapsing into analysis.

Some of the recorded narratives occurred after I began work on this thesis. In the months following the outbreak of the COVID-19 pandemic - barely six months after commencing my studies - teaching within the NHS, and indeed across the globe, changed and adapted to fit an uncharted and unpredictable new landscape. The unique challenges that this brought served as a valuable lens through which to view education provision within the NHS and highlighted many interesting and significant incidents worthy of inclusion.

The narrative accounts I have documented have been selected as non-incriminating examples of practice – that is, there are no breaches in policy involved and none of the practitioners were involved in activity that could jeopardise their employment or practice. All practitioners have been anonymised for ethical reasons. The documented narrative accounts are included in chapter four.

Critical incidents are often framed as being written accounts of the first-hand experiences of the author. For that reason, as well as the accounts describing poignant events during my tenure as an educator in the NHS, prior to my viva voce I referred to these accounts exclusively as critical incidents. Following my viva voce and the rich discussion with expert academics on the topic, I now appreciate that they are far richer in content and depth than the term critical incident permits and have therefore changed my framing of them to narrative accounts to enable you, the reader, to more greatly appreciate the richness of these personal stories.

3.23 Data processing

The processing of data collection for this thesis proved to be a steep learning curve for me. Interviews were carried out during the main peak of the global COVID-19 pandemic when in-person meetings were a combination of actively discouraged and not permitted at all, depending on where and with whom. As discussed earlier in chapter three, five out of six of my interviews were conducted remotely using Microsoft Teams as this was the technology most readily available to the interviewees at the times that they were available. The functionality of my Teams licence at the time did not allow for recording meetings - unfortunate since recording also includes automatic transcription - and so as I was recording from my home computer, I utilised the Microsoft Game Clip screen recording function to record the interviews, as mentioned earlier in this chapter. The intention would then be to use online transcription software Otter.ai to transcribe the interviews after which I would simply re-listen and make any minor corrections necessary; in my experience, this type of software often struggles with fast-speaking Geordies such as myself and can result in both hilarious and horrifying errors therefore a sense check of the data was essential.

Unfortunately, as I would find out on extracting the audio for transcribing, the Microsoft Game Clip function records the user (in this instance, me) very clearly, but records everything else at an incredibly low volume. This may have been due to some combination of settings - I have admittedly not used the function since - but it resulted in very poor-quality audio in four out of five of the online-recorded interviews. The fifth online interview - which was the first I recorded - has decent quality audio and I can only surmise that it was something to do with the microphone I was using. The sixth interview - as mentioned earlier - was recorded in-person using my smartphone so both video and audio were remarkably high quality.

I initially attempted to manually transcribe the interviews, thinking that no transcription software would be able to pick up the interviewee's voice in the background, but admittedly in having to turn up the volume so much to hear the interviewee I was so put off by the sound of my heavy mouth-breathing into the microphone headset that I had to abandon the task.

I considered enlisting the help of my very willing father to complete the transcribing, but felt it was unfair to put him through hours of my breathing sounds, so instead, I turned to technology to help. Using Adobe's audio editing software *Audition* I balanced the audio levels, applied some noise reducing filters and added a 'noise gate' to reduce the sound of my breathing without distorting the rest of the audio. The resulting post-edit audio clips sound obviously manipulated, however on running them through Otter.ai's transcription software it produced reasonably coherent transcripts which I was able to manually correct within only around one additional hour of effort per interview.

During the process of checking through the transcripts I was acutely reminded of the disparity between written and spoken language. Written language is (usually) coherent and presented in fully formed sentences. Spoken language is messy, often with mid-sentence pauses that abandon one train of thought to switch to another, or it lacks clear punctuation with sentences running into one another. The language learning app Duolingo published an article in July 2023 responding to the question *why is spoken language so hard to understand* (Blanco, 2023). In the article they discuss how spoken or expressive language does not use spaces in the same way written language does, i.e. there is less delineation between words and pauses as there is in written language making it more difficult to understand fluent spoken language. In early summer 2023 I began learning Scottish Gaelic through Duolingo and I occasionally switch the TV over to BBC Alba – the BBC's flagship Gaelic channel – in the hope that I can pick out pieces of sentences, so I can attest to how much more difficult spoken language is to understand versus written. Because of this, verbatim transcripts can be difficult to read and interpret intonation from.

Some academics suggest that researchers should always use word-for-word transcripts for the likes of ethnography, grounded theory, and discourse analysis (Hennick, Hutter & Bailey, 2011). The suggestion is that any deviation from a word-for-word transcript risks a loss of meaning or context and that researchers should only make additions in the form of additional notations regarding things like pronunciation, slang, and errors in diction (*ibid*, p. 211). Oliver et al. (2005) describes a further level of conversation analysis that includes specific notations for things like emphasis, inhales, exhales, and even non-verbal activity such as sniffs and coughs. This more detailed level of transcription is well suited to research concerned with the

intricacies of spoken language, and can provide an extra depth to the transcription, but when such intricacies are not essential it may not prove worth the additional time and effort.

Hennick *et al.* champion the use of verbatim transcripts, and acknowledge that , it “will not be fluid as it reflects the nature of true speech” (Hennick, Hutter & Bailey, 2011), however Denscombe (2021) suggests that transcription, “generally involves an element of interpretation by the researcher” (*ibid*, p. 330) and that minor editing to make the written text more readable is acceptable and often necessary in order to make the later parts of data analysis more effective.

Transcription of data is a time-consuming part of any research. Estimates suggest that manual transcription takes up to seven hours for every one hour of recording (Britten, 1995). Modern software makes this process far easier, and its accuracy is improving as the technologies develop. It has widely been suggested that researchers should carry out the transcription of their data themselves as a means of immersing themselves in and becoming intimately familiar with it (Braun & Clarke, 2021). I am unconvinced that this is the best option for all researchers. I have carried out transcription previously as part of both my PGCE studies and my MSc and found that I was so laser focused on accurately recording what was said that I was not taking in the content and did not have any time to really process any of it. A comparable situation arose when transcribing these interviews. I was acutely aware of how long manual transcription would take and I was paying such attention to trying to *hear* the words being spoken that no mental capacity remained to begin the process of analysing or making thematic links between the interviews. I then abandoned attempts to manually transcribe, eliminating any opportunity for that to occur.

In the interests of full transparency and trustworthiness, there are still some pieces of audio that were either too distorted to understand, or I have coughed particularly loudly, and I have been unable to accurately record what the interviewee has said. In those situations, I have added “[inaudible]” to the transcript with an estimation of how many seconds of audio are affected.

Having used the Microsoft Game Clip function countless times prior to the interviews for recording instructional clips for colleagues etc. or to record a presentation I was

watching; I was confident in the tool's ability to fulfil my needs in relation to recording audio suitable for transcription. The difficulties I faced with the resulting audio recordings taught me a valuable lesson about triple checking specific functionality of both hardware and software before carrying out such an important aspect of the research. I consider myself truly fortunate that I was able to pull almost complete transcripts from all six interview recordings.

4. Data Analysis and Identification of Themes

4.1 Narrative Accounts

4.1.1 Background and context

The hospital itself is dated. The Estates department keep the building and its décor and fittings in fine condition, but it cannot be denied that it is all very dated.

Construction was completed on the main original building (the 'podium block') in the late 1970's and aside from add-on centres expanding the overall footprint of the hospital site, this main block has remained untouched since then.

The Education Centre is a single-storey annex at the very rear of the podium block. It originally formed part of the Nursing School with the corridors running off it being home to residential and sleeping quarters before leading down to the teaching rooms. The corridors have been re-painted over the years and some have had a coat of plaster, but most can't conceal their 1970's roots. Bare brick walls, dark wood doors and dark varnished skirting all signs of the contemporary styling of the era.

The main corridor of the centre is home to the three (four) biggest teaching rooms. One large 'function room' with a stowable concertina dividing wall to separate it into two rooms, if necessary, serves as the main teaching area housing up to 64 people when arranged in cabaret-style groups of two tables with eight people uncomfortably squashed around them. The function room(s) is considered multi-purpose, but with storage space at premium in the Centre it also houses a variety of spare tables and chairs which are awkwardly stacked in corners or lined up against the floor-to-ceiling windows that stretch the entire length of the room ready for that odd occasion when the space needs to serve a different purpose. Shuttered serving hatches at either side of the concertina wall disguise a beverage bay, indicative of the type or level of 'function' this room was originally intended to host.

Across the corridor from the function room(s) are the Lecture Theatres. The larger of the two has 150 seats with the smaller accommodating less than half that. These Lecture Theatres are where the building really shows its vintage. The seats are crammed together in tight rows with folding benches of three or four seats each that an average 21st century adult struggles to push along. Once seated, there is minimal

elbow room for each person, almost no leg room beyond a 90-degree angle and a continuous front bench not deep enough to properly accommodate the height of a piece of A4 paper – let alone a laptop – should one wish to make notes comfortably.

The rows of benches are separated by a central access staircase, and each have a staircase isolating them from the walls, but the compact nature of the rows themselves mean that anyone in the middle who needs to get out must force three or four people to fully exit the row for them to get out. The rows are also laid out on a very steep incline. More akin to sporting-style bleachers, anyone lacking a head for heights would be wise to stay in the lower rows as the top rows are two full flights of stairs high with no handrails for safety or to support anyone prone to vertigo.

The walls of the lecture theatres are lined with the familiar dark wood seen elsewhere in the centre, and with the lights off these vast windowless rooms are pitch black and emit only faint twinkles from various bits of electrical equipment which hum eerily in the darkness.

When they were first built, these Lecture Theatres were kitted out with sophisticated cabling that allowed live streaming from the operating theatres direct into the lecture theatre space. This state-of-the-art technology was no doubt of tremendous value to a teaching hospital such as this and now, some 45 years later, the original cabling remains in place despite no longer being used. The original carousel slide projector can still be found in the projector room, but it gathers dust in the corner having been replaced by a digital projector which is also now almost beyond repair. The grandeur of these lecture theatres has certainly fallen foul of the 21st century. They are now home to a higgledy-piggledy IT set-up including USB speakers incapable of filling the space with sound and no microphone unless someone brings one in with them (typically built-in to a webcam). The final nail in the Lecture Theatre coffin is perhaps the one most important to contemporary life and learning; secure wi-fi signal strength is so poor that even the larger of the two can only support around 10 – 15 connected devices before it slows down too much to remain useable. Although it is worth also noting that the ‘public’ wi-fi available within the Hospital is poorer again to such a degree that many learners do not even bother trying to join it.

The Education Centre boasts a few additional training rooms; haphazardly shaped and *acquired* for educational use rather than *designed* for it. This collection of rooms

and facilities that make up the Education Centre may have served a valuable purpose when they were first built, but they simply cannot meet the needs of modern teaching and education practices.

Elsewhere in the hospital, more modern areas boast adaptable lecture theatres kitted out with impressive AV (audio-visual) equipment, and training spaces that have more multi-function capability in terms of floor ports for setting up additional tech and ethernet points to allow educators and learners to use devices freely on the network.

Whilst these areas are impressive by any educator's standards, they are uncommon and not freely available for use by any hospital staff, being saved predominantly for the staff working in their locale. Ward-based teaching carried out by clinical educators is often done using wheelable whiteboard trolleys, and many wards only have one or two computers between all the clinical staff so the part that technology plays in day-to-day teaching is questionable and limited.

4.2.1 Clinical Educators

A few of the nursing Clinical Educators (CEs) attended a recent presentation of the 'Award in Education and Training' provided by the Workforce Development Team. This level 3 course – formerly known as PTLLS (preparing to teach in the lifelong learning sector) – provides learners with the minimum qualification required for teaching. The course comprises three full taught days, one student-led microteach, and up to one hour of observed in-practice teaching. These members of staff have been teaching for some time, but with no formal qualification in support of it, so attendance on this course is seen as a formality rather than either a choice or a mandatory requirement.

The role the clinical educators play within the organisation is vital. These highly qualified and experienced Nursing professionals are responsible for the ongoing training and development of nursing staff within their wards and departments and so existing knowledge and skills of the nursing staff are constantly being assessed and evaluated and custom training planned and provided to fill gaps where necessary.

To become a CE, candidates must have a demonstrated track record as a registered nurse with up to five years of experience, yet there is no pre-requisite for a teaching qualification or relevant experience; this being only a desirable rather than essential criterion, perhaps telling of the attitude towards educating within a healthcare role.

At the time the CEs attended the AET I was part of the faculty delivering the course. I taught on one of the three full days and observed and provided feedback on the microteach days. Learners were encouraged throughout the taught days to consider the topic for their microteach and discuss this with their tutor so that advice and guidance could be provided to ensure they could develop their microteach plan to best effect following the learning that had taken place.

On the day of the microteaches the cohort of CEs were divided into two groups, and each group was overseen by two faculty who would make extensive notes for the learners to use in their final reflective portfolio. Throughout the course, it had been impressed upon the learners the importance of engaging with their students. The faculty had talked about how to move learning material away from computerised presentations and adapt them to include interactive activities, role plays, creative games, and ways to stretch and challenge learners. The faculty aimed to lead by example and showcase a range of ways that teaching within the organisation could break away from the traditional 'chalk and talk' style of yesteryear (this is described in the 'AET Faculty' critical incident).

When the turn came for 'John' to deliver his microteach, I and the other observer were visibly excited. There were props galore, and he had requested speakers for the computer – a sure sign that our methods had been paid attention. But almost as soon as he began, our bubble of excitement began to deflate. The computer speakers played an introductory audio clip to the presentation – which was about bees and beekeeping – and once it had played, he immediately moved on to the session with no discussion or engagement relating to the clip.

The session itself comprised several PowerPoint slides containing a wide range of information on bees and beekeeping including different varieties of bee and the different beekeeping equipment needed and used in the process. This was supported by showing some of the equipment he had brought with him. Once the

presentation was complete, he whipped out some teaspoons and fresh honeycomb which the group excitedly sampled and commented on with delight.

Following the microteaches, the groups were asked to comment on each other's sessions and the faculty provided more comprehensive feedback. John received positive comments from the group on the 'show and tell' aspect of his presentation but several of the group and all the faculty fed back that the session was delivered in a chalk-and-talk style yet lent itself incredibly well to being highly interactive and learner-led.

Some of the comments I noted in my feedback after the session were:

1. The sound clip at the start could have been used as a question prompt to get the group talking right from the outset.
2. The slides showing the different types of bees would have made an excellent quiz – Jeopardy style where the answer is given, and quizzers must guess the question.
3. The equipment could have been used in a demonstration, or for the group to try using, rather than just for show.
4. An informative tasting of the honey would have been useful – honey tastes different when made from different types of flowers, so some information about the flora that goes into this honey would have given learners some value-added information.

John had been a CE for several years by this point, and had attended all of the AET sessions, so he had been introduced to a wide variety of education theories and delivery styles and ideas. To have delivered this microteach with such little engagement, interactivity, or evidence of the principles of adult learning that he been discussed in the taught sessions was surprising to the faculty.

4.1.3 AET Faculty

The Award in Education and Training programme is co-delivered by a faculty of six to eight educators working within the Workforce Development Department. The programme is divided into sections and each educator is responsible for writing and delivering the content for their segment.

Although the faculty has changed in the years since the programme was launched, the faculty on the first two cohorts was the same. It comprised two educators with 15+ years' experience, two with five to ten years' experience, and two with less than five years' experience.

I am not so reductionist as to distil efficacy as an educator down the number of years served; we are not, after all, craftsmen (or at least, not in the 'time-served' apprenticeship definition of the term). But it could be assumed that more years of teaching practice (and practise) would result in a wider repository of knowledge and skill to draw on and a wealth of tried and trusted approaches to suit a variety of situations.

The contrary appears to apply in this circumstance. The approaches to lesson planning, session structure and engagement are vastly different among these three pairs of educators. Those with the most years of teaching practice took a very teacher-led, information-driven approach. Their sessions were based around a deck of PowerPoint slides which contained all the information learners would receive within the session, and the educators would talk through the slides dotting in occasional activities for the learners to engage in. One such activity was a distilled version of Honey and Mumford 'Learning Styles' questionnaire (Honey & Mumford, 1982). The learning outcomes for the qualification stipulate learners must be introduced to learning styles and so by way of introducing them, learners complete the questionnaire themselves to discover their own 'preferred learning style'. The overall aim of the activity being that by identifying your own among the four preferred styles, learners will gain a deeper understanding of how they contribute to someone's learning experience.

Once learners have identified their own style, they are asked to consider a one-hour session on communication skills and identify some techniques they could adopt to meet the needs of people with different learning styles. At no point during this session are the learners asked to consider learning styles critically. Much like my discussion of dual professionalism as a concept, there is an intuitive appeal to learning styles that is easy to succumb to. On first completion of the Honey and Mumford questionnaire many learners can be heard passing comments like "oh yes, that's DEFINITELY me". Most learners in the AET sessions were identified as visual

learners and therefore their task to consider a session on communication styles resulted in countless suggestions of including non-verbal communication techniques and including videos in the learning material.

In the session I facilitated, I also included learning styles but approached it from a very different angle. Knowing that the learners had already attended the previous session and completed the Honey and Mumford questionnaire,

I asked them to spend ten minutes reading through an abridged version of Coffield's 2004 critical review of learning styles (Coffield, 2004). Following the ten minutes of reading, learners would then be divided into two groups: one group in favour of using learning styles, and one group against. The two groups would then engage in a ten-minute free debate where a learner would be given 60 seconds to argue their case, then another learner would provide a counterargument, and on until everyone had been given an opportunity to contribute. The purpose of hosting the debate in this way was to encourage learners to think critically about a subject and debate it from a position they did not necessarily agree with, i.e., they may have been debating against the use of learning styles but still consider them useful in practice, or vice versa. My lesson plan did not deviate from the indicative content for the course; we were asked to introduce learners to learning styles. At no point did the learning outcomes stipulate that we had to advocate their use.

Another aspect of the delivery of the AET that differed between practitioners was the basic structure of the sessions. The educators with the most years of experience approached the session in a typically linear fashion. They structured a deck of PowerPoint slides that would be delivered across the duration of the session starting at slide one and progressing linearly until they reached the end. This is a common approach in taught sessions and was considered an easy way to structure sessions in such a way that any other educator could pick it up at a moment's notice without complication. The PowerPoint-based presentations included interactive elements, and learners were invited to complete questionnaires and discuss topics etc., however, the format and pace of the session was always the same.

I (an educator with only around five years of experience at that point) was keen to dispense with the PowerPoint deck altogether and introduce the learners to an alternative way of delivering. I had seven distinct aspects of theory / practice I was

required to cover, so I designed them all as entirely independent twenty-minute segments. I then set up a voting poll online with each of the segments listed, and at the start of the session I asked learners to vote on which topic they wanted to learn about first. Once I had delivered the segment on that topic, I would remove it from the voting options, ask learners to vote again, and repeat until all sessions had been delivered. Breaking up the standard linear pathway through a session made this far more interesting for me as a facilitator of learning. I had also structured the segments in such a way that my input was minimal, and it was largely learner driven. As already described, the segment on learning styles involved an engaging debate, the segment on experiential learning invited learners to spend fifteen minutes in small groups researching the experiential learning in order to present a 90 second 'elevator pitch' to the other groups on what they understood it to be.

A colleague – whom I was mentoring at the time – sat in on the session as an observation for her PGCE studies and was very complimentary about the democratic, learner-driven approach I had taken to session design and how the different activities had introduced learners to a variety of delivery approaches and interaction options.

I produced a detailed lesson plan and comprehensive trainer notes in lieu of a PowerPoint presentation so that anyone would be able to deliver this session. On audit of the programme once the second cohort of learners had completed, I was advised by managers that I would have to put it together in a PowerPoint slide deck because that's what is expected, and that's the only way other practitioners would be able to deliver the session in the event of my absence. I was taken off the faculty for unrelated reasons before the third cohort commenced, and the session was completely redesigned.

4.1.4 CE Development Day

A colleague and I pitched a project idea to our senior managers: the digital competence of educators within the Trust doesn't meet the changing needs of education in the wake of the COVID-19 pandemic and we should run a programme of continuing professional development activities to address this. The project

received high praise and was unanimously accepted as a business priority, and we were asked to pilot the programme with a target group of educators.

Another colleague 'Donna'*, had been doing some organisational development (OD) work with the clinical educators (CE's) so it made good sense to work alongside them and further the impact on the knowledge, skills, and confidence of the CE's.

Donna had arranged a Development Day for the CEs shortly after and so I invited myself along with two goals in mind: I would introduce the project to the CE's as an extension of the work Donna was doing with them, and I would take the opportunity to ask them some questions and gather some initial assessment data to give me an idea of their current digital competence so I could establish a starting point for the project that neither insulted nor alienated them.

I arrived at the venue at my allocated time however they were running slightly behind schedule, so I wandered around the room reading the contributions to the various flipchart sheets that were dotted around from activities earlier in the day. Questions around 'best practice' and 'key themes' arising from their first development day hung from walls and windows mosaicked with a rainbow of Post-It notes ranging from the enlightened to the bewildered.

One of the questions read "Reflecting on AET [Award in Education and Training], what key themes have you thought about / utilised since?". Some of the CEs in the room were brand new in post and hadn't attended the previous development day but seeing responses such as "What's AET?" should surely raise at least an eyebrow if not an alarm. Other Post-Its were more reassuring. "Ensuring the learner has learnt", "learning from other educators by watching them deliver training", and "what is our benchmark standard?" all made me nod in agreement as I did my lap of the room.

When my time came, I whipped out the iPad loaded with my 'elevator pitch' spiel aimed at getting the CEs excited about the project and started talking through my plans. I explained the purpose of the project, what I intended to do and how I intended to do it before moving on to introduce the initial assessment questions. I asked four questions for them to discuss in tables of up to six:

1. What training / CPD do you currently do specifically around the educator aspect of your job role? Extension question: How much of this is focused on digital skills?
2. What experience do you have of using digital tools and technologies in education? Extension question: In what ways has this changed / adapted / increased following the COVID pandemic?
3. Are there any challenges within your teaching, learning and assessment that you feel might be solved by using digital technologies? Extension question: Have you utilised any support mechanisms (peers, prof bodies etc.) to assist in adapting your teaching over the last 18 months?
4. In an ideal world, what could the Trust do to support you with developing your digital skills for education? Extension question: How would you generally find out about CPD opportunities / new technologies?

I asked them to note down all their ideas and comments in a notepad so that I could take that information away and start to construct the CPD programme based on the information given.

My plan failed at the first hurdle. Within the first minute of discussing the first question I was called over to two tables to explain what 'CPD' was and then what I meant by 'CPD specifically around the educator aspect' of their roles. In answer to the first question, one of the tables wrote that their only CPD was attending the clinical educator days (the very event they were at), and another simply wrote "no digital training at all". Another wrote "no training on how to teach?", while one of the tables misunderstood the question and listed all of the development they do as part of their Nursing and Midwifery Council Revalidation with no mention of anything education related.

I meandered back and forth as these pseudo-focus-groups continued, and the conversations I overheard did not appear to improve. I had allocated ten minutes per question to discuss each in as much depth as possible, however barely 20 minutes in two of the tables had already discussed all they could and were finished writing, choosing instead to sit in awkward silence or discuss some other topic at length. At the time I was more concerned with checking the progress of some of the other groups and responding to questions, but with hindsight, this group sitting in awkward

silence is both disrespectful and concerning. This group included two of the more experienced CEs in the room, and so I (perhaps foolishly) assumed that they would have plenty of experiences to draw upon and would engage in lots of discussion around what practice looks like in their area and how the plans I had described might help drive education practice forward. With hindsight I should have given them some additional discussion prompts to fill in the remaining time, however I had already included extension questions by way of a 'stretch and challenge', and the other groups were in need of my attentions.

The work that Donna had been doing with this group up to this point had included the standardisation of lesson plans and more recently some work around the benchmarking of professional standards expected of the clinical educating staff. At least half of the group had no formal education-based qualification at this point so ideas around lesson planning and professional standards in teaching felt like more advanced concepts in the overall scheme of their practice as educators. When I had first pitched the idea for this project to the senior management team they requested that the pilot be carried out with the Clinical Educators as it was thought they would benefit most from it – the implication being that the workforce development officers already possess the knowledge and skills I was proposing to develop – however, when I left the development day and headed back to the office I couldn't help but feel that the work I was doing with them felt like trying to put the roof on a house that was only just getting its foundations built. The clinical educators were only just being introduced to education theories and concepts, and many had very little practical experience of educating, and there I was, talking to them about digital education skills.

4.1.5 Teaching fellows: Introduction to TEL

I received a call one day from a Medical Education colleague who was responsible for the education and training of the clinical teaching fellows; junior doctors who engage in one year fixed-term posts to obtain a postgraduate qualification in medical education. He was keen to have a representative deliver a presentation to the cohort on Technology Enhanced Learning to introduce them to concepts around the

integration of technology in education and how they could make practical use of technologies in their own teaching.

I accepted the offer to present and asked some questions about specific content he wanted me to include, and what level I should pitch it at. He assured me that this was a group of very intelligent teaching fellows who were well-versed in education concepts and terminology and that I could pitch my session at a reasonably high level. He also assured me that the learners were used to working with a VLE (virtual learning environment) and had delivered some sessions in the online environment before.

I did what I do best; I went away and researched some good topics for discussion and put together a hopefully informative session that would scaffold their existing knowledge from a technology perspective and made sure not to use patronisingly simple language and concepts.

I started the session off with a discussion of the debated differences between pedagogy and andragogy. Almost as soon as I began delivering the session there was a raised hand.

Me: "Aah yes, a question, brilliant!"

Teaching fellow: "What do you mean by 'pedagogy'? What's that?"

I knew immediately that the rest of the session would be a disaster. I had been assured that the group understood education concepts and terminology, yet they were asking what pedagogy means. As an experienced educator, pedagogy was the *first* concept I was introduced to.

The remainder of the session did not go as planned. I think I bamboozled a lot of teaching fellows that day.

4.2 Data analysis

Once all six interviews were fully transcribed the process of data analysis was started. The method chosen for this was thematic analysis (TA) popularised by Braun and Clarke in their 2006 paper *Using Thematic Analysis in Psychology*. In the paper they offer a framework for the theory, application, and evaluation of thematic

analysis as a valuable tool for qualitative research across disciplines. Their paper gained a substantial number of citations and led to the publication of their 300+ page book on TA in 2021. In the book they set out six phases of TA:

1. Familiarising yourself with the dataset
2. Coding
3. Generating initial themes
4. Developing and reviewing themes
5. Refining, defining and naming themes.
6. Writing up

(Braun and Clarke, 2021, pp. 35-36)

The first phase - familiarising yourself with the dataset - was perhaps the trickiest for me. The guidance suggests “reading and re-reading your data (and, if working with transcripts of audio data, listening to the recordings at least once)” (*ibid*, p. 35), but due to the inferior quality of my audio files this was more frustrating than immersive. Instead, I read each interview several times and made minor alterations to the transcriptions to make the text more readable. Whilst purists may think of this as doctoring the data, my alterations extended only to the removal of vocal disfluencies and hesitations; for example, umms, aahs, repetition of words as a speaker constructed their thought fully etc. to leave only the full sentence intended by the speaker. I am clearly prone to these myself as many of the alterations were to my own speech where I tend to begin each sentence three times before managing to get the rest of it out. My mother used to tease that my brain could not keep up with my mouth, and after reading the raw transcripts, I fear she was right.

The process of making these minor alterations served as a more fruitful alternative for immersing myself in the data than manual transcription would have been. The process of making changes meant reading and re-reading sections multiple times to figure out the best way to remove any disfluencies and construct the sentences to make them more fluent and this gave me the immersion in the data that technology-driven transcription had denied me. During the interviews I was primarily focused on noticing interesting points the interviewees made, and ensuring I covered relevant questions and topics so reading the transcripts multiple times was both a fascinating

and frustrating experience as I noted yet more interesting points I would have loved to probe further with the interviewees.

The second phase of the data analysis according to Braun and Clarke is the coding. I opted for an analogue route for this. I printed each transcript, and a copy of my narrative accounts lined up six assorted colours of my favourite highlighter pens and began working through each, highlighting, and making rough notes of interesting points. Research suggests that learning is generally more successful on paper versus on screen and that reading from paper is more beneficial for extracting ideas and abstractions from texts (Baron, 2021), so annotating paper copies of the interview transcriptions was the favoured option for me. There was a brief interlude where I attempted to use coding software thinking it may be a more efficient way of collating codes and theming, however within 30 minutes of using the software it became very apparent that this was not the solution for me and so I returned to my paper copies and highlighters. I found that when trying to read on screen I was skimming the text rather than reading it making it far less effective than paper-based review. Despite being a learning technology specialist, it is sometimes the old-fashioned technologies that prove the best.

I must admit, I find the name 'coding' quite an interesting choice to describe this process. Essentially, codes are annotations the researcher adds to the data to begin to make sense of it; but 'coding' has an air of academic ostentatiousness that cannot be conveyed otherwise. Braun and Clarke note that codes are heuristic devices that the researcher uses to foster our engagement with the data, and that there are no right or wrong codes (2021, p. 59). They also identify a distinction between semantic and latent coding; the former capturing the more explicitly expressed meaning, and the later focusing on deeper and more implicit meaning (*ibid*, p. 57-58). These lie on a continuum however, and so it is important to note that coding will not necessarily be one or the other, and a combination of both at differing points on that continuum is to be expected as some pieces of data naturally lend themselves more towards a deeper understanding than others. Armed with these reassurances, coding can be carried out in a way that is comfortable and natural for the researcher without fear of *doing it wrong*.

On the first couple of passes, broad, largely semantic codes were highlighted. Discussion points such as the definition of professionalism, the perception of educators, and interviewee's routes into education were noted. As more passes of the data were made, the codes became more numerous and focused in on shorter pieces of text. By the fourth pass I had run out of space on the printed pages to add additional comments and so I re-printed the transcripts with only half a page of text per sheet by adding larger spaces between paragraphs. I then transferred my annotations onto the new versions in the newly created space making them far easier to read. Braun and Clarke had recommended printing the transcripts with wide margins to facilitate note-making (*ibid*, p. 65) however there was still insufficient space and so this re-printing afforded me the opportunity to consolidate those initial scribbles into more coherent labels.

At this point I knew that any additional passes of the data would result in such minor tweaks that they were in fact unproductive. As Braun and Clarke note, "Coding can be alluring – it can draw you in and make you want to stay. It can tempt you to feel you *need* to go on coding, *ad infinitum*." (*ibid*, p. 71) and so I was pleasantly surprised when I realised that I had reached a point of satisfaction with the coding phase.

The next stage was to collate those annotations and begin developing themes from them. Using Braun and Clarke once again as a template, I stuck some static-charged whiteboard sheets on to the wall in my home office and transferred all the codes onto the sheets by hand, grouping them into categories based on associated topics. I noted that Braun and Clark shared a photograph example of this stage where the codes had been transferred onto pieces of paper (*ibid*, p. 80), and whilst I considered using sticky notes in a similar method, I decided that penning them directly onto the sheets would be more productive for me so that I could more easily duplicate codes into different categories. I also considered the sustainability of using hundreds of sticky notes, and the practicality of them inevitably getting misplaced or falling off the wall and being ripped to pieces by Dave the cat given his penchant for paper.

The literature around thematic analysis describes the six phases as distinct processes, suggesting that you would complete each one fully before moving on to the next. In reality, during the coding stage I was already beginning to make links

between pieces of information and constructing a mental map of the data that would ultimately end up on my wall spread across hundreds of handwritten annotations. This is not to say that the process is somehow condensable or that shortcuts are possible, but from my own experience, some of the phases inevitably bled into one another and the mental processes involved overlapped allowing easier transitions between some stages. Braun and Clarke are careful to warn researchers against getting too attached to early themes as there is still much to do in terms of analysis (*ibid*, p. 79), however the links at this stage were purely categorical and helped make swifter work of clustering the hundreds of codes compiled across my six transcripts and several narrative accounts.

From these codes, around thirty categories were identified that ensured (as far as possible) that no codes were squeezed into an area they did not belong. There was overlap, and some codes were duplicated and put into more than one category. From those categories, twenty-one sub-themes were selected which were then distilled down into four overarching themes as shown in the table below.

Braun and Clarke suggest that for a doctoral thesis, up to six themes is appropriate (Braun and Clarke, n.d.), so my five themes meet their guidance nicely.

Sub-themes	Overarching theme
Self-recognition of CPD as an activity	Unconscious autodidacticism
The value of informal COPs / corridor chats	
Evidence of action research without realising	
Perception of profession: teacher/trainer/educator?	Educators' vs the Org: the battle for appreciation
Deskilling of education practice in the NHS	
Organisational and other-departmental perception of educators	
Reactive versus proactive engagement in CPD	
Educators want acknowledgement / support for CPD	

Educators' struggle to be seen as valued	
Organisational priorities never lie in education	
CPD as an individual responsibility that must also be supported by the organisation	
Organisation CPD offering as a token / 'tick box' activity	
Change management struggles among educators	Stale practice
Quality control issues	
Stale practice of individuals	
Old-fashioned practices	
Apathy-creep	
Emphasis on subject knowledge over education knowledge	<i>Techné versus craft</i>
Pride in their role as an educator	
Teaching as a skilled profession	
Technocratic views of education	

4.3 Multiple Coders

There is a debate in the field of qualitative research about whether a single coder is sufficient to yield results that are dependable, or whether using multiple coders results in more trustworthy themes (Keene, n.d.). This is referred to as 'inter coder reliability' (ICR). As discussed earlier in this chapter, the use of the term 'reliable' is less favourable in qualitative research with 'dependable' being a preferred term. Referring to data as 'dependable' acknowledges that in qualitative research - where the data are subjective - the reliability/dependability does not lie in the accuracy of the data, rather in the dependability of the processes taken to obtain it. O'Connor and Joffe (2020) acknowledge that the term 'reliable' is still more conventionally

associated with quantitative methods and that this may be a contributing factor in the debates.

I had been immersed in this research for almost four years at the point I carried out the thematic analysis. A convincing argument could have been made that after conducting an extensive literature review, conducting six interviews, and documenting several narrative accounts my thoughts were already biased towards the types of categories/themes I would expect to find. As alluded to in the chapter three section on my role as an 'insider researcher' I am already acutely aware of the issues associated with my research questions and have an insider perspective of the issues and challenges faced by educators in the NHS, which could be an issue when justifying my findings and defending my research.

One way to mitigate some of this potential bias is to recruit a multiple coder approach where at least one other person who is ideally unfamiliar with the work carries out the coding process and the results are compared with those of the researcher. Of course, as already discussed, data analysis is a far larger process than just coding, however the coding stage lays the foundations on which the themes are constructed, and it is arguably easier to recruit additional parties to conduct some degree of coding than it is to have them carry out the later stages of thematic analysis which are more time-consuming and complex.

The need for multiple coders is much debated among qualitative researchers. Those in favour suggest that it assesses the "rigour and transparency of the coding frame and its application to the data" (O'Connor & Joffe, 2020) and provides a "reliability check" for qualitative researchers (Cresswell & Cresswell-Báez, 2021). It is also suggested that ICR acts as an external quality signal that can persuade readers of the trustworthiness of the research and the diligence of the researcher (*ibid*, p. 3). For some studies, the findings of the research may have significant real-world consequences, e.g., policy making, therefore the dependability and trustworthiness of the process is imperative and could benefit greatly from the additional transparency.

ICR also attracts objection, however. Those less fond of it often cite an undermining of the interpretative agenda as a common objection (O'Connor & Joffe, 2020). Most interpretative research by its very nature rejects the idea of one definitive 'reality' and

dissenters suggest that ICR is an attempt to show results as being 'true' in some way (*ibid*, p. 4). True objectivity is an unrealistic goal in qualitative research and ICR is seen by some as a futile attempt to achieve it (*ibid*, p. 4). Flick suggests that a limitation of ICR is that it, "relies on the standardisation of the coding process and the idea of converging results rather than on discovery of variation in coding" (2018, p. 542). Some of this dissent is levelled at the approach being adopted from quantitative research without consideration for its appropriateness for qualitative studies (Keene, n.d.).

As a relatively inexperienced researcher I gave this matter some considerable thought. Although I was confident in the thematic analysis I had done and was pleased with the outcomes, I equally did not want hubris to weaken the research. Saldaña suggests that using multiple coders casts a wider analytical net and can provide a "crowd-sourcing reality check" (2021, p. 53), and whilst the use of the term 'reality-check' could be considered a semantic faux-pas when discussing interpretive research, this was an instance of reflexivity I deemed worthy of pursuit.

With that in mind, I opted for a 'multiple coder light-touch' approach. I recruited three individuals with no deep knowledge of my research other than an occasional one-sentence mention of it in general conversation and asked them to read the raw transcripts. Their instruction was to read as many as they were willing to volunteer their time for and simply highlight anything they found interesting in any way. They could add notes if they wished, but in the interests of not monopolising their time, highlighted words would be sufficient. Once they had completed the task, we would all get together and systematically document the results.

My additional coders have no prior experience of research of any kind. They all volunteered as friends who were keen to help with my research. Below is a brief resumé to highlight their credentials. I include their academic experience, although admit that it has little relation to their understanding of the task at hand or the academic process as a whole.

Volunteer #	Employment	Experience of teaching / delivering education	Academic experience
1	NHS managerial	No	Level 3
2	NHS administrative / technical	NVQ assessor	Level 3
3	Private org skilled manual	No	Bachelor's degree

The recruitment of these volunteers was largely based on convenience. A further three individuals also offered their help and with different demographics and backgrounds they may have offered different insights to the data, however the availability of their time and the coordination involved in getting them together to discuss the results made them a less convenient choice. Ultimately, these three additional coders were sufficient to achieve the desired outcome. The rationale in using a multiple coder approach was not to in any way 'prove' the accuracy of my coding and theme generation, but more to confirm that I had not biased my coding through my own experiences in the NHS as an educator and as someone who has spent four years researching the very topic. As mentioned at the start of this chapter, authenticity, credibility, and trustworthiness are more prized virtues in qualitative research therefore if such a small amount of additional effort can aid in making my research more authentic, more credible, or more trustworthy, then it was worth doing.

Once the volunteers had coded the transcripts, we all assembled to compile the codes. Going through each page of a selected transcript in turn, my volunteers noted points that they found interesting. I was careful not to prompt any points, or make any leading comments, and only asked neutral, probing questions to ask them to expand on points so that I could accurately code their comments. I transferred the codes onto a large sheet of static whiteboard paper, and any time the code occurred again, or another volunteer agreed with a point, I added a star next to the code. We continued to do this through two full transcripts before acknowledging that it would

take far longer than anticipated and stopping. The following day I mapped all remaining marked up transcripts onto the whiteboard sheet and then tabulated the results as shown below.

I then mapped the various codes against my five themes and found that of the thirty-seven codes identified, thirty-one matched my own sub-themes and mapped across to my themes with ease, as shown in the table below.

Code	Frequency
CPD as a means of craft	32
Org does not provide / support CPD	31
Stale practice without true 'craft' to back it up – not 'insiders'	29
Management agenda of E&T within the org	28
Perception of educators within the NHS	28
No formal requirement for CPD within the org/profession	23
Professionalism as a set of personal and/or professional values	23
Struggle with defining professional practice – i.e. teacher/trainer/educator	23
The value of COPs – enthusiasm (or lack of) from others	21
Stale ideas of education – org sees no direct benefit in CPD "they're doing fine"	21
Skill of teaching versus subject matter expertise	20
Quals in teaching – the NEED for <i>techné</i> over craft	18

Conflict over the need for <i>techné</i> over craft – qualifications vs experience	18
Educators want support from the org with CPD	17
Reactive practices from educators and the org	16
'tick box' exercise – no value in genuine E&T	15
<i>Techné</i> vs craft	15
Heavy focus on clinical within NHS	14
Education as a secondary role / latter consideration	14
Serendipitous CPD	13
Quality control in ed'n/the org	12
Org supports CPD... sort of...	11
Fire-fighting CPD	11
Routes into education	10
Quantifiable CPD e.g. mandated hours or recording of all CPD	9
Varied roles within teaching	8
Value of CPD to the educators "takes too long" / "isn't worth it"	8
CPD not recorded, but sees the value in doing it	8
Corridor convos	4
The recognised need for education specialists over SMEs	4
Evidence of old-fashioned practices in the org	4
Perception of CPD in different orgs	4
Progression routes for clinical staff	3
Learner voice (lack of)	1
Mentoring as a form of CPD	1

Struggle to prioritise CPD / quals (work/home life balances)	1
No value in recording CPD	1

Key
Unconscious autodidacticism
Educators' vs the org: The battle for appreciation
Stale practice
<i>Techné vs craft</i>

5. Discussion of themes and findings

5.1 Introduction

This chapter discusses the findings and key themes from analysis of the data in the study reported in chapter four.

Chapter four also describes the processes of data analysis as well as how data were coded, thematically analysed and themes and findings identified. In chapter four I also explain how I endeavoured throughout this process to analyse and report the data with as much honesty, authenticity, truthfulness, and trustworthiness as I could. Chapter four also foregrounds the judgements that I made in the process of data analysis and how and why I made them. This was done in the interests of making these as transparent as possible to you, the reader so that you could judge the extent to which I have been successful in my pursuit of authenticity and trustworthiness in this research.

In this chapter, I discuss in detail the themes and findings emerging from chapter four and the meanings I have made from them.

5.2 *Techné versus Craft*

During the semi-structured interviews, participants were asked questions about what they think it means to be a 'professional' in any capacity, as well as how they would describe their own professional practice. These questions yielded markedly different responses; however clear themes can be identified.

When questioned about what it means to be a 'professional,' standards and qualifications were mentioned on multiple occasions. One respondent said:

"I personally think it's a set of values, personal values as well as a set of aligned potentially standardised professional standards... I think I hold more weight personally to things like the Education and Training Foundation's 2014 Professional Standards than, for example, a teaching qualification"

(Interviewee 1)

This interviewee shows a contradiction in their response. Their initial description ties professionalism to Aristotle's intellectual virtues. The idea of personal values as a proxy for professionalism has close links with the Aristotelian concept of praxis as discussed in chapter 2. The interviewee then extends their response to include mention of professional standards and qualifications. This highlights the strong grip that technical-rational thinking has on practitioners. Many practitioners are lured into following a thin list of standards that are essentially meaningless and that simply cannot account for the endless permutations of context, experience, attitude, and motivation that exist among practitioners nationwide.

On the question of 'professionalism,' another offered:

"I suppose it would be something where I consider it would require additional training, experience or education to be able to do, and it's something that requires continuous practice... practice will constantly evolve and requires, er, attention" (Interviewee 2)

Although aspects of personal behaviour and decorum are mentioned, in the data these were more in relation to emulating standards set by someone else or something external to themselves, for instance:

"I think you need to act in a professional manner... I guess following the cultures and the values in the organisation we work in comes with that as well" (Interviewee 3)

All these responses are grounded in practice, but some more pragmatically than others. The concentration of responses on following values, standards and even gaining qualifications to see themselves and others as 'professionals' points towards a very technical-rational, value-judgement of the concept of professionalism. Following a set of 'professional standards' set by a collective of people who are likely themselves considered 'professionals' in the subject does not necessarily allow someone to also count themselves as a professional in that subject. This is akin to following a recipe and declaring yourself a chef.

This application of logical positivism is part of the *Enlightenment* legacy we have been left with in the wake of the Scientific Revolution. Thinkers in the *Enlightenment* era rejected metaphysics, religion, and superstition. They contended that everything

in the world was objective and measurable and could be explained in practical terms (Hampson, 1990). They advocated the application of scientific problem-solving methods to get 'the answer' to empirical and social questions.

In the context of this research, technical-rationality and functional analysis are employed by a national self-appointed organisation in the analysis of the roles and responsibilities of health professionals to derive a set of professional standards.

Such technical rational views reduce the practice of education to techniques, recipes and skills and elevate them above practical wisdom (*phronesis*), a job well done for its own sake (*praxis*), the traditions and values of craft, and what we mean by 'good work.' The upshot of the joint application of technical rationality and functional analysis is that education practitioners and CPD professionals find themselves caught in the grip of an instrumental, clockwork, technical-rational universe in which they are expected to demonstrate compliance to a reductive set of atomised professional standards in terms of (often one off) performances which can then simply be ticked off as evidence of professional competence. The strength of this stranglehold is such that practitioners become fixated (or perhaps conned?) into following a thin list of atomised, decontextualised standards that are essentially meaningless. The existence of such standards diverts practitioners' attention away from genuine practice (and practise). As discussed in chapter two, Sennett emphasises that skills begin as bodily practices and that, "technical understanding develops through the powers of imagination" (2008, p. 10). Here Sennett brings to the fore how practice and craftsmanship cannot be dictated by another in the absence of context via a set of rules or recipes to follow. A key problem here as Sennett (2008) points out is that the mechanical and paralysing complexity of such atomised and decontextualised standards render them meaningless and inoperable.

Practitioners working in government-funded organisations such as the NHS and education institutions must of course be accountable for proving value for money for the funding they receive from the public purse. What then becomes important is how the regulations, and standards are derived, articulated, and assessed. At this point what we mean when we speak of "good quality work" becomes pivotal. Sennett (2008) draws attention to how obsession with perfection and endeavours to provide

a traceable audit trail in the event of error or catastrophe becomes a recipe for failure.

This is certainly appreciable in the medical and clinical professions within the NHS, and Sennett acknowledges that, “Insistence from the top of the NHS on correct procedure indeed improved treatment of cancer and heart disease while the same command from the top drove down quality in treating less grave chronic medical conditions” (2008, p. 243) While quality-driven work in the discipline of education has no direct life-or-death consequence it does have important consequences for the lives and life chances of learners and so is arguably therefore a different but relevant comparator.

Despite the difference between medicine and education, education is often accountable to the same treatment as medicine in relation to the articulation and measurement of standards of performance and achievement. The practice of education has been relegated to a limited and limiting discourse which prizes technique and easily measurable skills and knowledge over the traditions and values of various kinds of knowledge, skills, qualities of mind and character (Sennett 2008, Dunne 2005) involved in the acquisition and development of skilled practice and craft. In chapter two, I explore the work of Coffield in relation to this very issue. Education has shifted from being, in the Victorian era a practice, the purpose of which was to prepare the working classes for a life of respecting their social superiors, to that of a ‘social leveller’ in a modern era of international competitiveness, standards league tables, touted as preparing the future workforce for a changing (digital?) world (2011, p. 16).

This is certainly a shifting dynamic. However, the underlying purpose of schooling has remained the same: educate the entire population up to a quantifiable and testable minimum standard across a range of subjects in order to make people useful to society. Debates abound concerning the purpose of education and methodologies adopted in achieving its purpose. For example, the favour of academic subjects over the arts, continuing to group children arbitrarily by age resulting in mixed abilities being taught to a strict curriculum estimated as appropriate for their age, and the frequency of standard attainment tests (SATs). The political shape of education has an obviously direct impact on the way teaching is

practiced. A teacher's mandate is to ensure that every student achieves at least the minimum standard irrespective of that student as an individual, their strengths, weaknesses, preferences etc. Teaching then becomes a constrained profession, shackled by the inflexibility of the system as well as imperatives to account for the uniqueness and individuality of people – equality rather than equity.

I digress slightly but attempt to show that through some kind of political or societal osmosis the limitations imposed in compulsory schooling by the need for standards and achievement, and the inevitability of winners and losers, programmes teaching, and education also exist beyond school in organisations such as the NHS despite practitioners in each not being accountable to the same standards. The overall conceptualisation of teaching, irrespective of situation or context appears to have become one of rigid practices and bureaucratic hoops that practitioners in the NHS are expected to jump through.

In 2000, the then Teacher Training Agency (TTA) launched a £7m advertising campaign with the slogan "Those who can, teach" (BBC, 2000). The campaign included TV adverts showing young teachers utilising modern and innovative teaching practices, mostly involving science experiments, which awed and amazed the pupils watching intently. The campaign was an attempt to address teacher recruitment issues in England and Wales at the time, and highlighted things like increased pay for newly qualified teachers and the opportunities for progression at an earlier stage than other professions.

The underlying message of the campaign, however, is that teaching is some kind of inherent ability that you either have or you do not have; that teaching is a vocation or 'calling' of sorts that a person feels compelled towards. The literature suggests otherwise. Indeed, people may have a natural lean towards teaching as a career path in the same way that many are drawn towards health care professions. However, from the teachings of Aristotle to modern day treatises by Sennett (2008) and Kneebone (2020), teaching, we learn, is a practice and a skill that takes time to develop and embed which requires continuous practise and development to maintain.

There is an oft misinterpreted concept thrown around in contemporary learning circles that it takes 10,000 hours of practise to become an expert in anything. This

concept is taken from Gladwell's 2016 book *Outliers: The Story of Success* in which he attempts to build on the work of Anders Ericsson. Ericsson had written extensively about 'deliberate practice' among team sportspeople and expert musicians and concluded in his 1993 work that, "Many characteristics once believed to reflect innate talent are actually the result of intense practice extended for a minimum of 10 years" (Ericsson, Krampe & Tesch-Römer, 1993). The paper refutes the idea that talent can be innate citing that, "Only a few exceptions, most notably height, are genetically prescribed" (*ibid*, p. 400). There is also no mention of the number of hours required to become expert. The paper in fact focuses far more heavily on the psychology of deliberate practise and the intrinsic motivation involved in dedicating over a decade to such an activity. The use of the term *deliberate practice [sic]* is an important one in the context of this thesis. It highlights a notable difference between what could be termed passive experience and active practise (or practice). This distinction reminds me once again of the quote from Shibumi (Trevenian, 1979) about the artisan boasting of twenty years of experience when in fact they have one year of experience repeated twenty times.

Many of the interviewees in this study suggest that CPD was done on an *ad-hoc* basis when the need arose during their daily duties, rather than as voluntary activity they did irrespective of need. Using Ericsson's work as a lens, their engagement with CPD cannot be considered deliberate practise. Instead, better understood more of a means to an end which they would not otherwise do. When asked if they did any planned CPD or if it is all ad-hoc, one interviewee offers:

"Ad-hoc. I have no objectives as an educator so there's nothing that I have, or need to do to enable me to do my job" (Interviewee 4)

Another said:

"It's mostly just serendipity at this point... it hasn't been only that, but for a little while now that has been the majority of it." (Interviewee 2)

That one interviewee considers that they had no need to engage with any kind of CPD simply because they had no objectives as an educator is highly indicative of the level of regard given to their profession by both them and their employer.

But now, returning to the works of Aristotle and Sennett, with only passive experience and little in the way of deliberate practise, *praxis* – ‘doing for the common good’ – is nowhere to be seen.

Extending the line of technical-rational thinking, one of the interviewees describes CPD as a thing to be measured and used as a gauge of their practice:

“I don’t feel like I do enough [CPD]. Or certainly I don’t feel like in the last 12 months I’ve done enough” (Interviewee 2)

However, later in the interview, the same interviewee offers:

“... you just do it naturally and it doesn’t necessarily [inaudible] a recorded format.” (Interviewee 2)

Another describes CPD as needing to be a more organic automatic process as described by interviewee 2:

“I think gone are the days, you know, that CPD would have to be a face-to-face sit-down session for half a day... we’ve got to get to that place where CPD should be something that we can look up on the internet and it could be, little sessions that you can just access that’s been recorded... it shouldn’t have to be an onerous task.” (Interviewee 5)

These opposing accounts and opinions – sometimes from the same practitioner – suggest a conflict of sorts between CPD being seen as a measurable act and it being an organic and unconscious part of the continuing improvement of practice. In Aristotelian terms, this raises issues of *techné* versus craft.

5.2.1 Consequences to Dual Professionalism

A key issue that stands out from this first theme is the dichotomy of the educators’ descriptions of what it means to be a ‘professional’, and the lack of genuine, authentic engagement with their craft as educators. One interviewee cited a lack of engagement due to not having any objectives as an educator and this should raise alarm bells from both sides of the fence. It is indicative of the way in which education is perceived within the organisation and raises questions about the validity of the ‘dual professional’ debate. Practitioners clearly see themselves as educators but

perhaps do not see it as an aspect of their practice that needs attending to unless specifically highlighted. We shall return to this matter later in the chapter when discussing the other themes, but for now, dual professionalism is lessening in significance as discussions of what practice is and how individuals and organisations frame and support it come into greater focus from the data.

5.3 Communities of Practice

The educators I interviewed for this research all talk about frequent engagement with continuing professional development. Many of them, however, note that engaging in a development activity was often not a purposeful or conscious decision, rather a perchance or serendipitous occurrence which they would not consciously acknowledge or would not necessarily mentally frame as CPD. One interviewee notes that:

“A lot of the time it’s incidental: you need to know about a thing, you find out after a couple of hours of research and finding out about the thing, then you do the thing...” (Interviewee 2)

Another interviewee even asked me for clarification as to what I meant by ‘CPD’:

“... when you say CPD, do you mean formal CPD or just like anything that would continuously professionally develop?” (Interviewee 1)

This ambiguity is indicative that professional development is seen a continuum. At one end of this continuum sit formal courses, qualifications, and activities actively ‘branded’ as CPD. At the other end are the informal activities such as peer-to-peer conversations and lightbulb flickers of inspiration or ideas that occur while listening to a podcast or engaging in some other experience.

These peer-to-peer conversations are mentioned on several occasions by multiple interviewees and are hinted at as being of incredible value to the practitioners despite often not being named as professional development. So, although not mentioned specifically by name and not raised as a direct question, the concept of a community of practice (COP) – as discussed in detail in chapter two - makes innumerable appearances throughout the interviews reported in this study. It seems

that no discussion of continuing professional development is complete without a recognition of the golden thread of communities of practice. Within the narrative accounts in this research, experiences, and encounters in communities of practice, and the knowledge sharing and situated learning that takes place within them was mentioned on several occasions despite the practitioners never discussing them in such terms.

Lave and Wenger acknowledge this as a viable way for situated learning to occur. As mentioned in chapter two, in the same way that children learn through their interactions the same can be said of adults learning through socialisation and reflection (Lave and Wenger, 1991).

In chapter two I discuss at length the work of Wenger and his life's work on COPs in varying forms and to varying degrees. On analysing the data, it is notable how important a factor COPs are in shaping the professional practice of the NHS educators reported in this study as they work and practice in multi- and transdisciplinary places and liminal spaces (Sennett, 2008).

I have found through the course of my own practice that COPs are often misunderstood and clichéd phenomena. I have heard colleagues on occasion glibly discuss, 'setting up a community of practice.' As discussed in chapter two, this contradicts Wenger's original description and once again points to more technical-rational notions of practice in relation to the distortions in the discipline and practice of education.

The educators interviewed, in this study, however, make no specific reference to COPs. Instead, they hint at the value of informal networks of like-minded people with the shared interest of education. One interviewee says on the matter:

"I did a peer observation project as part of my PGCE and one of the things that I really found about that was how much and how valuable it is in terms of CPD in learning from other people, not just about their roles and what they're doing, but about, like how they do things and problems that they've had, and issues that they've encountered as resolved." (Interviewee 1)

This is in fact a useful example of Wenger's extension term *constellations of practices* (1998, p. 126-33). Interviewee one describes carrying out a peer

observation with a school nurse teaching on the use of epi-pens. This spans practices and discourses as the school nurse is furnished with the opportunity to learn from peer observation by an educator, as well as how the educator is reciprocally able to learn from the observation of a peer delivering education from a different discipline.

In similar fashion, Interviewee 5 notes the value in peer-to-peer discussions at the outset of the COVID-19 pandemic when all training had moved to online delivery. They offer the following observation:

“... being in an area where you were down the corridors so I could down to the TEL office and be like, “I’ve got this I’m really stuck on how to get this across”, like “it’s just not sinking in”, or “what do you think”, and then [response from TEL team] “oh, why don’t you do this activity?” or “have you thought about delivering in that way?”...” (Interviewee 5)

Although they refer to being in shared physical space as being a benefit, the underlying comment relates more to having the availability of an almost ongoing liminal space where practitioners can *bounce ideas* off each other to learn and progress their practice.

Less than one minute later the same interviewee comments:

“I think gone are the days, you know that CPD would have to be a face to face sit down session for half a day / a day. You’d have to come out of your place of work, and it be quite an onus to get on with it, you’d have to fill in a form... Well now, we know ourselves – we did it in a team meeting, we had half an hour to do it. And it did engage people, people have took [sic] it away and people have used it and been seen as a benefit to the team, but also to you as a person.”

This quotation has been used earlier in this discussion but warrants repetition for its relevance to this point. There is an excitement in the tone of voice in the quotes reported above when I listen to the original recordings. I can sense the enthusiasm of the educator at experiencing these shared learning opportunities with their peers. Whilst I am reluctant to fall down the murky rabbit-hole of the slippery concept of identity, it is worth highlighting the role of COPs in the creation of a person’s sense of belonging and the nurturing of their qualities of mind and character. Wenger writes

extensively about engagement as a source of identity and its impact on belonging (1998, p. 173-87). I relish my engagement in and experiences of COPs, whether they identify themselves as such or not.

In this study, enthusiasm for these opportunities to engage was not universal. In early 2020, barely weeks before the UK was in lockdown with the first wave of pandemic, I travelled with one of the interviewees to London to attend the annual Learning Technologies Conference. The conference is Europe's biggest and most sought-after to attend for the industry, so we made the most of the experience. In their words:

"It was a multiple day conference attended. Lots of information gathered, lots of potentially useful and exciting ideas from that." (Interviewee 2)

On return from the conference, we collated our notes and prepared to share the experience with colleagues. This is the interviewee's account of what happened:

"Upon getting back, off the back of that we made an attempt to share that information and tried to run specific sessions where we could talk about our findings, go through them in detail, really kind of get other people as excited about them as we were, and again, weren't given any real formal time to do that, and certainly there wasn't any interest from our leaders, so I think we'd come back expecting to at the very least be asked to communicate our findings, and the best I can describe it as disinterest."

In the opening chapter of 'Cultivating Communities of Practice: A Guide to Managing Knowledge' (Wenger, McDermott & Snyder, 2002) note that, "It is not communities of practice themselves that are new, but the need for organisations to become more intentional and systematic about "managing" knowledge..." (*ibid*, p. 6). Barely a few paragraphs later they suggest that "... many organisations have no explicit, consolidated knowledge strategy" (*ibid*, p. 7).

Shortcomings and oversights in leadership in facilitating the sharing of valuable (both in terms of the potential benefit to other educators and in the tangible cost of employees attending the conference) knowledge and learning highlight a potential failing in the understanding of these shared knowledge exchanges. In my own experience as a practitioner, benefits lie not in the passive act of repeating what was learned, but in the discourse that inevitably follows such activities. Often, when

colleagues called by my office for casual chats about sessions or asked for advice on the use of technologies in learning, the discussions would lead to a myriad of creative ideas and would scaffold passing thoughts into more robust one's worthy of further exploration or experimentation. In fact, one of these casual peer-to-peer discussions was the genesis of this very thesis.

Communities of practice – whether formal or informal – have the potential to add value to a practitioner's professional practice and to the organisation (Lesser & Storck, 2001). As a constructivist venture, COPs can encourage Vygotsky's concepts of the *zone of proximal development* and *scaffolding* which build on skills through a process of apprenticeship (Aubrey and Riley, 2019), as well as facilitating the cultivation of 'more knowledgeable others' (MKOs) in an arena where one individual has the potential to be both master and apprentice.

One such example of this is neatly illustrated in a mention of *my* practice by one of the interviewees. In March 2020, I was one of only two Learning Technology Specialists in the department, and with the sudden shift from analogue to digital methods of education provision and delivery, I was frequently approached by colleagues seeking advice and guidance.

"... we did the best that we could with the knowledge we had within the team. And I'm probably looking at you Carrie, you were very instrumental in growing people's confidence..." (Interviewee 4)

This interviewee has been a practising educator for far longer than I have and has expertise in aspects of education I would approach them for, for help and guidance with when needed, evidencing the collaborative, tacit reciprocity available in such COPs. As Wenger puts it, "[I]t is a pool of goodwill – of "social capital," to use the technical term – that allows people to contribute to the community while trusting that at some point, in some form, they too will benefit" (Wenger, McDermott & Snyder, 2002).

Data from this study suggest that these practitioner-led COPs are highly informal with no structure or framework behind them. This is congruent with Wenger's own definition when he describes them as, "... so informal and so pervasive that they rarely come into explicit focus..." (1998, p. 7). The practitioners involved in the community may not even identify it as such – no use of specific identifying

vocabulary was used throughout my interviews despite numerous references to participation in what was clearly a department-wide COP. There is, however, mention of a more formal and organised knowledge exchange organised by management.

On asking if there was ever an expectation on them to do any kind of CPD as an educator, one interviewee responds:

“It was discussed in a team meeting. Probably pre-COVID, I want to say pre COVID we had team meetings where it was what the expectation is we're going to start doing CPD so once a month, somebody in the team is going to deliver a session on CPD and it could be around something that you had seen or you found out a new piece of tech or whatever.” (Interviewee 5)

The same interviewee then describes some of the sessions that had been delivered before the pandemic shifted the priorities of the department and all non-essential training was ceased. I recall these sessions being delivered as I delivered two myself. One was on the use of the audience participation activity Plickers (information available at <https://get.plickers.com/>), and one on Wiley's work on renewable assessments (Wiley, 2016). Practitioners were given instructions to ensure that a 30-minute CPD session was delivered as part of each team meeting (which I believe was fortnightly at that point). Among the wider group of up to twelve practitioners who attended these meetings, only three (myself and two others) submitted session ideas. This lack of whole-community buy-in highlights the complexity in trying to cultivate a COP. As Wenger puts it, “A community of practice is not like a team that management can assemble unilaterally; its success depends too much on personal passion for coercion to be effective” (Wenger, McDermott & Snyder, 2002). It is clear from the quote above that one of the participants found the sessions of value and was able to recall what they had learned about, but why would they want to *deliver* a session? Delivery could be seen as a technical-rational response stemming from the notion that skills and experience can be *taught*. In this instance, pragmatism may have been more suitable as it starts with a real problem in practice. It allows the ‘problem’ to be investigated in context from the inside and results in the change in practice rather than a book on a bookshelf.

This separation of those who delivered sessions and those who did not, risks the breakdown of the group before it has even had a chance to get properly established. Participation in the COP relies on shared activities that allow participation of all levels; “Rather than force participation, successful communities “build benches” for those on the side-lines” (*ibid*, p. 57), or more symbolically “... successful communities build a fire in the center [sic] of the community that will draw people to its heat.” (*ibid*, p. 58). COPs rely on mutual engagement in a shared endeavour (Feilding et al, 2005) so perhaps having the same three practitioners ‘teaching’ sessions each time would begin to feel less like mutual engagement and more like a lecture.

5.4 Action Research

In chapter two, I explore the history and utility of action research as a mode of professional development for practitioners, and its roots in anti-technocratic topographies of practice. Although not mentioned by name, a pitfall I note in my review of the literature is that practitioners make several references throughout the interviews to practices which describe action research-type methods, or the need for self-reflective practices as a *de facto* means of the improvement of their practice.

Interviewees acknowledge being responsible for development of their own practice. However, many of them admit that a lack of organisational interest in *how* they were improving their practice results in their apathy and disengagement from externally imposed improvement practices.

One interviewee notes that on return from an education conference:

“... we had a few specific meetings where we went through with all of our colleagues about all of the things we’d seen and lists of suggestions of ways we could change practice and things we could look at, but without leadership buy-in it wasn’t really possible to progress a lot of the things. And some things were actively discouraged...” (Interviewee 2)

The reluctance of managerial teams to support practitioner-led improvements points to a possible lack of understanding of the value of practitioner knowledge and the prominence of its neglect in approaches to models of educational change and

improvement. The technocratic dimensions of a technical-rational world view reach out and grip our gaze once again, undermining the potential of practitioners as a viable - and valuable - driving force for wholesale improvement. This lack of engagement in the professional development of staff extends further into each practitioners' practice. When asked if their CPD is planned or more *ad-hoc*, one interviewee responded:

“Ad hoc. I have no objectives as an educator so that there’s nothing I have to do to enable me to do my job. There isn’t an expectation [to record CPD].”

(Interviewee 4)

However, earlier in the conversation, the same interviewee notes:

“... I think some of our educators are really quite challenged in some situations. Actually, continuing CPD would be better for them because I think years ago, they just got the qualification that they thought they needed and then they’ve stopped. And I’m kind of in on that, I got my degree in 2016”

(Interviewee 4)

Data from this study suggest that there is an evident disconnect here. As an educator I recognise the value in CPD activity, and I acknowledge that practitioners have the right and need to be more engaged and active in determining their own CPD. However, the lack of any requirement from the organisation results in slippage and apathy from the practitioners who come to rely on a ‘no news is good news’ attitude in which if no one questions their practice, all must be well.

This attitude is not universal among the interviewees. One educator, on being asked if they believe CPD is a necessary facet of referring to oneself as a ‘professional’ says:

“Ah well, you know what, probably prior to me moving into this job I would have been like “nah...” because once you know your stuff, once you’ve got the qualification, why would you? But actually, absolutely you definitely do because I think it can become quite insular and then your style... your skills...” (Interviewee 5)

This interviewee was relatively new to education practice at the time of interview and is one of the practitioners noted in my critical incident on the teaching methods

utilised in the Award for Education and Training. They evidence a level of enthusiasm for their practice that was notably dwindling in others. This may potentially be because they are new to educating (less than three years at the time the interview was conducted). However, it is important to note that this model of educational change and improvement may not be universally transferable across all interviewees. When discussing engagement with CPD, one interviewee admits, “where I expected the CPD to come from, it didn’t. So, I had to go and seek other ways” (Interviewee 1) before going on to discuss an occasion where they observed a peer delivering a session and reflecting on the observation. This educator is one of the most experienced (in number of years of practice) among the interviewees, yet they were the only one to talk of conducting voluntary CPD on their own *practice*, and not CPD on a subject they were asked to teach. They talked of an action research project they had conducted - admittedly as part of a qualification - which was already benefiting their practice and that they had used, recontextualised and put into action in their own sessions.

This educator, although very experienced in education delivery, was relatively new to the NHS at the time of interview (approximately two years) having previously worked at a local authority. Their description of how practitioners engaged and were expected to engage in CPD from their former employer was notably energetic. They described a highly democratic non-technocratic *practitioner as expert* model of professional development that occurred:

“So, we had a great system within the Council, where we had quality champions, so people who’d identified that they had strengths in that area. So let’s say we went out and did an observation and we saw someone who had a really key strength of stretch and challenge, we’d actually ask them to do some information workshops and actually just put that CPD on so rather than have this big, formal like, “OFSTED are coming in to tell you how to stretch and challenge”, we’d ask maybe a couple of people to just talk about strategies and run little workshops and then would run those maybe throughout the years” (Interviewee 1)

This strategy - of using the practitioner as insider - was noted earlier in this chapter by an interviewee who described a request from management to add CPD sessions

into team meetings. The crucial difference here is the lack of democratic co-production.

In the first example, the management team handed down an instruction for educators to deliver half hour CPD sessions within the monthly team meeting. In this arrangement, management is not involved in the topics being delivered or how they would benefit the educators, and no deep acknowledgement of the expertise of the practitioners (i.e., their individual strengths) is allowed to be admitted. The format of the sessions is also left to the discretion of those delivering, and as the interviewee noted, “the NHS is very behaviourist... often very chalk-and-talk” therefore the likelihood is that the sessions will take a similarly behaviourist format. Unfortunately, what may initially seem like a democratic action in involving the educators in constructing their own CPD reads more oligarchic in nature as a decree passed down from further up the hierarchy. The practitioners – as insiders – are the main people who will take their practice forward. In this example, the management team were attempting to establish a COP without an appreciation of what a COP is and the ways in which the community can make it successful (or not). Ultimately, making CPD an ‘event’ – such as the fortnightly meeting – means that it will only ever be a meeting. It becomes a highly technical-rational activity, ‘just tell people what they need to know, and the problem is solved’, way of viewing development which will never fully engage practitioners in what Bernstein termed a spirit of *communitas*; being in a place you want to be, with people who also want to be there, doing what you love (Bernstein, 2000).

In the second example, however, the model is far more genuinely democratic and operates in reverse from the first example. Here, a practitioner’s strength is identified first through a peer observation process, and they are then *invited* to host an informal workshop with their peer group to discuss ideas and strategies. McNiff notes a crucial part of action research as, “understanding what knowledge and skills are necessary for the task and whether you have them” and then “taking stock of your levels of expertise, and deciding how to improve any areas that need improving” (2016, p. 63).

This example also illustrates the potential value in Professional Learning Communities (PLCs). As discussed in chapter two, PLCs are a more purposeful in

their intention to develop practitioners in a collaborative forum that utilises collective responsibility and distributed leadership to drive improvements. Although the instruction for professional development came from management, the allocation of 'quality champions' and the distribution of responsibility for designing learning sessions to those who were considered to have strength in those areas evidences an understanding of the need for the distributed leadership described by Stoll (2013) and Frost (2014) in chapter two.

The example noted earlier in the chapter of the simpler instruction for practitioners to arrange among themselves to deliver CPD sessions to each other indicates a degree of good intentions from management, albeit ill-executed. Management freed up time in the monthly team meetings for practitioner led CPD and invited the practitioners to deliver sessions of their choosing. The sessions I delivered were selected because I thought my peers would find the topics useful and practical and they were topics I had recently covered in my postgraduate course, so the learning was fresh in my mind. As a keen advocate of professional development and lifelong learning - so much so that I am writing a PhD thesis on it - I jumped at the chance to share my recent learnings with my peers, however that level of enthusiasm for professional development had already waned in some and had almost atrophied in others. A dearth of engagement with contemporary research and learning in their practice is not likely to spark enthusiasm to deliver a peer-to-peer session in these educators, so unfortunately however well-meaning the request from management, it proved not to be sustainable beyond sessions from a couple of more enthusiastic and/or confident practitioners.

5.5 Educators versus the Organisation: the battle for appreciation

5.5.1 The impact of nomenclature

Another aspect of professional practice that is identifiable as a common theme in the data from the interviews is the way in which individuals frame their own practice as educators working in the NHS and the language they use to do so. Some contextual background is useful at this stage to lay out the fabric with which people's professional practices are woven.

Around half of the interviewees became educators *whilst* working in the NHS, rather than qualifying as educators and *then* joining the NHS. Although different NHS organisations may use different language and terminology, the Trust at which these educators are based uses the term *workforce development assistant/officer* to refer to staff with educating responsibilities in non-clinical roles, and the more widely used and commonly accepted terms of *clinical educator* and *teaching fellow* for those with clinical and medical educating roles respectively. Regardless of teaching-based qualifications or experience, none of the non-clinical workforce are referred to in a way that – according to commonly accepted terminology – identifies them as staff who educate. Terms such as: teacher, trainer, educator, tutor, instructor, faculty member etc., are rarely if ever used to describe these staff members. The generic nomenclature *workforce development* is used instead, possibly for its ambiguity and ability to describe a multitude of role types and experience levels, although this may also be partially attributable to the Agenda for Change (AFC) structure attempting to standardise some of these roles.

This ambiguity, however, is evident in the interviewee's responses to the question of how they frame their own practice.

One interviewee who specialises in technology enhanced learning, when asked how they would describe their role says:

“Self-identity in this particular role I’ve always found very strange... actually maybe I consider myself as something more educator adjacent in that I am providing education but a lot of the time it feels more like being, maybe an engineer” (Interviewee 2)

Another, who holds a Bachelor's degree in education responds:

“I think I would prefer to call myself a teacher than a trainer... But I think when you call yourself a teacher everyone assumes that you work in a school and that people who have the PGCE are the experts and teachers. I don't think my qualification is held in the same regard because it's post-16” (Interviewee 4)

Another offers a strikingly similar appraisal when asked if they would class themselves as a teacher:

“I wouldn’t say teacher, because for me teacher is like, school. Because I think teachers... for all that’s what we do... my title has never had that in it”
(Interviewee 5)

The interviewees struggled to select discrete terms to describe their professional role, with one explicitly citing the ambiguity of the term *workforce development officer* as a point of confusion and unfairness given that the title is also held by those in different teams who perform different duties related more to administration and support than education design and delivery. Professional practice is strongly mediated between employers and employees and is more complex and diverse than simply a job title (Crowley, 2014). However, the use of a generic title such as this has potential to ‘de-professionalise’ the role within the organisation out with the control and/or input of those carrying it out. As Crowley suggests, “individuals need to understand how their professional identity has been shaped and how that in turn influences their professional behaviours” (p. 4, 2014).

The idea that the educators themselves struggle with the identification of their professional roles could also be linked to the way educating is perceived and/or constructed within the NHS as a profession in its own right. I discussed in the opening chapter how funding for CPD within the NHS is mostly directed towards medical and clinical staff. Workforce Development budgets within many NHS organisations often only represent around 1% of their total annual spend (Newcastle Hospitals, 2024) (Gateshead Health, 2023). This ‘pot’ of funding may include all monies for continuing workforce development as well as all workforce development activities meaning that priority areas may receive a lion’s share of the available monies. Educators themselves may be overlooked for investment in favour of supporting front line medical and clinical staff, or – as has happened in recent years – investment in leadership and management programmes for senior and very senior level staff aimed at improving cross-system working or refreshing organisational cultures.

The perceived value of educators within the NHS can also be illustrated in the recruitment process. Some of the interviewees mentioned the standards that are required by the organisation for the recruitment of educators to the position of ‘Workforce Development Officer.’ The post they are most commonly referring to is a

Band 6 within the Agenda for Change (AFC) structure; for context, a newly qualified nurse enters the NHS at Band 5 and would be considered a senior staff nurse at Band 6. Bands 5 and 6 typically require a university degree (Lamb, 2017) with bands seven and above typically asking for postgraduate qualifications. While working as a Workforce Development Officer I often delivered recruitment training to groups of staff who would be involved in the recruitment and interviewing process. The training suggested that a clause stating 'or equivalent experience' be added to the qualification requirements of non-clinical or medical roles to ensure that the net was cast more broadly and did not exclude highly experienced people from applying.

Adding this clause resulted in diversity within the Workforce Development team, with one interviewee commenting:

"... the requirement now to the Workforce Development Officer seems to be that you need a degree. That is the benchmark. However, having said that, we do have Workforce Development Officers at different levels who are teaching, who definitely don't have a degree in teaching. However, they maybe have been exposed to education, and shadowed and co-delivered that they have experience. So, it's whether or not you deem experience as comparable to having a qualification." (Interviewee 4)

Another interviewee expanded on the requirements of the role:

"It [the in-house Level 3 Award in Education and Training] was offered through current employment, actually it was mandatory because whilst I have a degree, and I have multiple years of experience I didn't have the formal [teaching] qualification so there was a necessity to get a formal qualification..." (Interviewee2)

The differing levels of experience and formal qualification within the team was also highlighted by another interviewee who added this personal observation when discussing their recent enrolment on a Level 5 teaching qualification via an apprenticeship route:

"... what is it? Imposter syndrome? I definitely feel I was experiencing that. Working alongside lots of other people who had lots of different formal qualifications where mine's a lot of historical experience rather than pieces of

paper to say I can do it... I had my Level 3, but everyone else coming in has got degrees.” (Interviewee 5)

These three comments suggest that whilst the organisation has put measures in place to ensure equity in the recruitment of qualified (both in experience and education) staff for the roles on offer, there is still a perception of hierarchy or greater value placed on those who are formally rather than experientially qualified. Whilst the organisation has made efforts to make recruitment more equitable, comments from the interviewees suggests that they question this; if applicants are offered the opportunity to evidence experience in lieu formal qualification, it is now explicitly clear how this is quantified as comparable and/or equivalent.

And so here the head of technical rationality rears itself once again, but this time it appears to stem mostly from the educators themselves than from the organisation. In chapter two I discuss ideas around craftsmanship and the development of practice over time rather than something to be measured or quantified. Dunne (2005) and Sennett (2008) both explore the notion of a person’s practice as something that takes time and dedication to develop. Crucial to this, is the distinction between deliberate practise versus unreflective experience as documented by Ericsson (2008). As discussed in the ‘*techné* versus craft’ segment, Ericsson’s work was on the acquisition of expert performance such as musicianship and chess, but the principle remains the same; “Once a professional reaches an acceptable skill level, more experience does not, by itself, lead to improvements” (*ibid*, p. 992). The response from the educators as well as the organisational measures they mention would seem to suggest that formal education and practical experience are not seen as comparable, with the former being valued ultimately more than the latter. The organisation is open to recruiting based on *equivalent experience* but then mandates that all educators complete a minimum education-related qualification. However, this is only applicable to the Workforce Development Officers. One interviewee who worked in a clinical setting had also completed the in-house Award in Education and training, and comments:

“At the time... it was voluntary participation... it should be some sort of benchmark for education for educators because, you know, we need that knowledge and we need that, those tools to equip us for our role [...] there

should be requirement that that was done. You know, maybe within a year of becoming an educator, I think it's fundamental to the role" (Interviewee 6)

Data from this study suggests that this hotchpotch of guidance, requirements, and recommendations across different departments and distinct roles only adds to the confusion over whether educating as a profession in its own right is valued within the NHS. The data would also suggest that the ambiguous nomenclature given to educators in the NHS contributes to a whitewashing of the skill and experience held by these practitioners, and the favouring of academic qualifications over experience and evidenced deliberate practise compounds the matter with a cloaked accusation of incompetence to those practitioners with years of active experience.

5.5.2 Appreciation of practice

Another undercurrent of note throughout the interviews is the 'conflict' between practitioners and organisation. In using the term conflict, I do not, of course, refer to actual warfare, but rather the disaccord, or clash between organisational and practitioner priorities and the struggle some of the practitioners have with how their practice is appreciated. Throughout the interviews practitioners volunteer that they did not feel wholly valued for their skills in the field of education, nor did they always feel that education was considered a priority by the organisation.

One interviewee observes:

"[The department] isn't really run on the basis of how successful it is... In general, I don't think it's run by experienced educators" (Interviewee 1)

And another said:

"I think we've [the department] fallen off our pitch a little bit... I think the organisation has progressed so much. I think recently that we've been slightly left behind." (Interviewee 4)

It is evident from the data discussed above that practitioners feel education as a discipline in its own right is not valued, and only when it is discussed in relation to medical or clinical practice is it given any substantial amount of consideration. One interviewee, when asked if they think education is seen as a 'profession' by their organisation, says.

“I think maybe those who sit in medical education, the role that they do is seen within that area as professional... I think it depends on your leaders to see how other people look at you. And I don't think we have that. It's not equitable across the board within education.” (Interviewee 5)

In chapter two I describe the adoption of organisational development approaches within the NHS and the publication of an NHS OD ‘manifesto’ of sorts in 2021. The acknowledgement within that report of the lack of infrastructure within NHS organisations to develop high performing learning and development teams could be a contributing factor in the inability of workforce development to establish themselves from a position of expertise (NHS England, 2021). The report suggests that “delivery is often siloed and not offered universally” (2021, p. 42). The lack of consistency echoes the sentiments from the interviewees, some of whom offered examples of instances where their expert knowledge in education has been ignored in favour of the opinions of other professions:

“There are lots of other times when you're essentially told “no, these people are the clinicians, just do what they say” and therefore we have to just create... educational interventions without any input from us as educators, taking essentially an engineering role” (Interviewee 2)

Another gave a more concerning example:

“I wouldn't tell people that I wasn't a nurse advisor until the end of the session. And I always felt that because if I told people that I didn't actually... I wasn't actually a [nurse advisor] they would totally dismiss me” (Interviewee 1)

This interviewee had explained earlier that they were specifically brought into the team for their education specialism as the team had recognised that someone with specialist education knowledge could potentially achieve more in that role than someone with subject matter expertise. This was not a standard view of education within the organisation however, with the same interviewee also noting that:

“... the culture of education within the organisation and how that's viewed, it's very much a secondary part of people's jobs... someone once said to me “Oh, I'd love to do all that fluffy stuff you do...” But yeah, that fluffy stuff that's taken

me two years to get a qualification in, that I'm highly qualified to do."

(Interviewee 1)

The undervaluing of education as a profession is not unique to the NHS. In chapter two I explore some data from a 2018 global analysis of the status of teachers which showed that in the UK, teaching as a profession is viewed as a personal supportive role similar to that of a social worker (Dolton *et al*, 2018). Teaching did not rank highly for its public perception of the profession when compared to other countries like Malaysia and China.

As discussed in the section 'The impact of nomenclature' above, NHS educators struggle to be perceived as teachers and are often seen as a kind of 'lowly cousin.' If teachers rank poorly for public value of the profession, then NHS educators are surely beset with the same condition.

In chapter two, I also touch on the impact that some old-fashioned education practices may still be having on an organisation like the NHS. In such organisations, where teaching and learning are not the primary activities, and equivalent qualification and/or experience in a teaching capacity is not (necessarily) a pre-requisite for the provision of learning, there is a real possibility that contemporary education practices may be overlooked or ignored in favour of outmoded or even obsolete pedagogy and methods.

One interviewee describes the reaction on returning from an internationally renowned conference and wanting to share ideas for improvement. This quotation has been cited in the 'Communities of Practice' section of this discussion, but I deemed it to also have relevance to this part of the discussion:

"... off the back of [the conference] we made an attempt to share that information and tried to run specific sessions where we could talk about our findings, go through them in detail, really kind of get other people as excited about them as we were, and again, weren't really given any formal time to do that, and certainly there wasn't any interest from our leaders, so I think we'd come back expecting to at the very least be asked to communicate our findings, and at best I can describe it as disinterest." (Interviewee 2)

The interviewee voices a mix of disappointment and frustration at the response from leaders in the organisation, going on to say:

“It takes away your autonomy... You’re going to a thing where you’re supposedly going to be part of a melting pot of ideas... the overall message there seemed to be it was lip service all along. There wasn’t really any point to that apart from being able to say they had sent someone there.” (Interviewee 2)

This notion of ‘lip service’ is echoed through a few comments made by the interviewees. One notes that whilst they had been approached and actively encouraged by a manager to enrol on a formal leadership apprenticeship course, once that manager had moved on to a different role, the level of ongoing support they received waned and there was no consistent approach to supporting them with a workplace mentor:

“I’m on my third workplace coach so there hasn’t been a lot of consistency from the start of the programme, which hasn’t helped because I haven’t had someone following the pathway, following my progress... different people have different ideas, so things haven’t always carried through if you like...” (Interviewee 3)

The initial encouragement the interviewee received to enrol on the apprenticeship could have been driven more by the financial gain to the organisation than the investment in staff development. Since 2017, the UK Government has imposed an ‘apprenticeship levy’ on any UK organisation with an annual wage bill of over £3 million at a rate of 0.5% of that bill (Access Training, 2023). Organisations can recoup levy money by either employing people into apprenticeship roles, or by funding existing staff to complete apprenticeships. Opening these opportunities to existing staff seems initially like a win-win. The organisation gains in terms of financial reimbursement for the placement – this can be up to £21,000 depending on the course and level (GOV.UK, 2023) – as well as benefitting from the additional knowledge and experience the practitioner gains through the course, and of course the practitioner benefits from the additional skills and knowledge and the opportunities afforded for progression as a result.

This win-win seems like an ideal situation, and several more employees within the department were enrolled onto apprenticeship courses for the 2021/22 academic year including another of my interviewees, who notes with hindsight that support in making the right development decision for them was lacking. When asked why they chose an apprenticeship route, they respond:

“I had that conversation with [apprenticeship co-ordinator] like I want to progress, but I don’t know what’s available... Me and my other colleague who’s doing it with me are looking at actually what were the other options, and having those different conversations, but it’s knowing who to have the conversations with [...] because without knowing it, [I was] kind of sold on this apprenticeship and I possibly could have done a different course.”

(Interviewee 5)

Practitioners were not only affected by ill-advised support in deciding the best development opportunities for individuals. One interviewee also notes a poor understanding from managers of the impact that organisational decisions during the COVID-19 pandemic had on their studies:

“... all study leave was cancelled, so I wasn’t able to attend university sessions, so for the best part of either the first or second year, I can’t remember which, I didn’t go to any of the classes, so I had to have extensions in for all of my modules. So, I wasn’t getting the experience of work that I should have been getting to coincide with the programme” (Interviewee 3)

Whilst the pandemic proved a challenging time for individuals and organisations, practitioners felt the impact of reactive decisions:

“There was no structure as to “okay then, so we need to train so many educators to do this,” it was basically “okay, everything is cancelled, priority stuff still has to go ahead. You, you, and you change your sessions to fit delivering [online]” ... there was no proper structure and I think it relied on people saying, “I don’t have a Scooby Doo [rhyming slang for ‘clue’] so someone will have to show me”” (Interviewee 4)

This disaccord with professional development opportunities being provided but practitioners not being adequately advised or supported was felt more acutely in wider discussions of professional development opportunities.

One interviewee notes some contention in their own opinions during discussions concerning the provision of CPD in the organisation:

“In terms of do they support it? If you go to them with a study leave request, if you ask for funding to go on particular courses then they might grant it. To be fair, I think generally they probably do... Part of me wants to say “oh, they don’t offer things” but the reality is that actually things are offered, but I feel the scope is somewhat limited” (Interviewee 2)

This thought is echoed by another interviewee. When asked if they see much CPD happening within the department they respond:

“Like I said before about politics, it’s about them conversations and where to find them and how to access that, because it’s just not readily done... within the department I don’t think it’s good.” (Interviewee 5)

Earlier in their interview when asked if they had been asked by their organisation to do any CPD they comment:

“It was discussed in a team meeting. I would want to say pre-COVID we had team meetings where it was the expectation is “we’re going to start doing CPD, so once a month somebody in the team is going to deliver a session on CPD”” (Interviewee 5)

They then note that these intentions had quickly fallen by the wayside:

“And obviously we did have the pandemic, but then, when you’ve got things like OFSTED coming in, and you’re looking at your CPD I was like “oh...”” (Interviewee 5)

The real dichotomy under scrutiny here is where the responsibility is seen as lying for engagement with CPD, and indeed the interviewees were themselves often divided. I asked most of the interviewees the same question: where or with whom does responsibility lie for engaging with CPD? The responses I received were:

“Well, I would say, me. I don’t really think... yeah... like there isn’t anyone else to do it. You can only further your knowledge by seeking the CPD, you can ask for it, and if people don’t give you, it then you can just look elsewhere for things... I personally think that it is [the organisation’s responsibility to provide CPD], but [they] don’t have any quality assurance processes in place, so the Trust isn’t in a position to provide what I would say is personalised and applicable CPD” (Interviewee 1)

“It’s my responsibility. You have a professional commitment and requirement to maintain your own CPD. There are elements of it you should be doing yourself as a matter of course, but within education, how much is there to learn and know about. So equally, from a leadership point of view, the organisation should be providing guidance... ideally it would be on the employer to decide the direction of travel for [development areas] and to mandate some of those things” (Interviewee 2)

“I think that’s a good question. I think it relies on the individual because they kinda need to want to do it I suppose. And they should take ownership of CPD. I would say the majority of the emphasis will be on the individual, but there is an element of the organisation has to support their development” (Interviewee 3)

“I think it’s twofold... I think that we [the department] should be providing regular CPD opportunities... I think as a senior team [the department] should be responsible for that. And for me, the job was an educator then part of, some of my objectives should definitely be around my practice... I think it should definitely be part of the expectations around appraisal and objective setting. It isn’t embedded.” (Interviewee 4)

“I think it shouldn’t be an individual [responsibility], I think it should be an expectation, but I think that it should be more easily accessible... it shouldn’t be a chore to access CPD sessions” (Interviewee 5)

“Currently, I think it lies with me. I don’t think... You know, because there’s not that formal thing like the nursing practice that you have to do it... So I take that responsibility fully on myself at the moment. With support from the Trust of course.” (Interviewee 6)

The general opinion from the educators, therefore, is that professional development is their own responsibility; they accept ownership for their practice and therefore charge themselves with maintaining it. Where the division occurs is that they also believe that as an employer of 'qualified' (I use the term to include education and/or experience) educators whom they expect to learn and apply new skills as the education landscape changes - e.g., the use of different delivery methods during the COVID-19 pandemic - there should also be an expectation from the organisation to provide or facilitate opportunities for professional development and to encourage participation albeit on a voluntary basis.

As already mentioned in the 'unconscious autodidacticism' section of this chapter, many of the educators are engaged in communities of practice, and this can certainly be a valuable source of CPD for many. In chapter two I explore Wenger's work around the use of communities of practice in organisations, and noted his suggestion that practitioner-led communities of practice are "unlikely to achieve their full potential" without support and cultivation from the organisation, and that failure to do so will result in stunted communities existing within sub-teams or along friendship lines (Wenger *et al*, 2002, p. 13). This suggests that the COPs that the practitioners create and engage in could offer further and more long-lasting benefit if carefully nurtured and supported by the organisation.

5.5.3 Consequences to Dual Professionalism

This theme is perhaps most relevant to the discussion of dual professionalism. The educators evidently want to be acknowledged for their role as educators but are somewhat torn between feeling that the organisation does not value education as greatly as it should and acknowledging that the responsibility for that lies mostly with themselves. In this situation the dual professionalism debate so prominent at the beginning of my research journey continues to fade into irrelevant obscurity as the complexity of the situation comes more greatly into focus. The debate here is now far less about the extent to which educators working in the NHS engage with education-specific professional learning and development, but rather how education as a discipline and practice is framed, cultivated, and carried out in organisations like the NHS that are not routinely thought of in terms of their education delivery.

5.6 Stale Practice

Another of the themes identified during analysis of the data is what I have referred to as 'stale practice.' Many interesting points were raised through the interviews regarding the 'continuous' aspect of CPD with several of the interviewees making observations about the currency of their own practice and that of others.

As discussed in chapters one and two there is usually no formal requirement for educators to regularly update their knowledge or skills, irrespective of the sector in which they work. Organisations may issue recommendations relating to practitioners' professional development, and some may make a more formal requirement such as hours per set period, however I have not heard of any such requirement within NHS circles. Practitioners therefore have no obligation or requirement to engage in any form of development in relation to their practice as educators.

Colquhoun and Kelly (in Cowley, 2014) note that "... there is often an abrupt disjunction when the legitimated activity of initial teacher training stops, and the process of CPD starts" (*ibid*, p. 55), and this is an interesting point to notice. Most of the educators interviewed for this research had not undergone the *initial teacher training* that Colquhoun and Kelley refer to, but I will consider whatever education-related qualification or training they have taken as comparable. During *teacher training*, learners are typically guided through the process of discovery and are introduced to a wide range of information and resources (this was certainly my own experience during my PGCE studies), but on completion of those studies, newly qualified practitioners are often left to fend for themselves in terms of professional development, or "are handed a menu of largely irrelevant events put on by their employer that they are required to attend" (*ibid*. p. 55). This also differs depending on what organisation and in what capacity or role the newly qualified individual is employed in. Studies carried out on CPD reviews from the now-defunct Institute for Learning also suggest that organisation-provided CPD is often considered by the practitioners as irrelevant or poorly timed (*ibid*. p. 55). This suggests that much of the professional development offered to practitioners has little value or meaning to them (Timperley, 2011).

We must consider the impact that this dearth of individualised and/or meaningful learning activities has on newly qualified educators and their engagement with professional development in their ongoing careers. As Colquhoun and Kelly note, “Professional learning and then development of that learning should be about ‘active involvement in learning’” (in Cowley, 2014).

Across the interviews, there was talk of this relationship between active engagement with learning/CPD and currency/relevancy of practice. A quote from one of the interviewees helps to explain this better:

“... we’ve all worked with people who, especially when people come towards the end of their careers, within a few years, who don’t undertake any CPD, and you see their practice fall behind...” (Interviewee 2)

During a discussion around the requirements of educators in relation to CPD one interviewee remarks on how easy it could be to become complacent and think, “*well, I know my job, I know what I’m doing*” ...” (Interviewee 3), but then remarks that such a situation could result in ‘Groundhog Day’ where the same actions are repeated without acknowledgement of such mindlessness. When asked whether they see stale practice in their work setting they respond:

“Absolutely. I think you get into a comfort zone. It’s a kind of reluctance and resistance to change... if they’re told to do something or it’s suggested that this might be an improvement, they’ll take that on board, but they don’t actively seek to improve themselves or continually professionally develop.” (Interviewee 3)

The suggestion from this interviewee is that stale practice is an active choice; a conscious decision to not engage in professional development of any sort, however some interviewees suggest that it may occur more by stealth, resulting from poor organisational practices:

“I think we’ve fallen off our pitch a little bit... I think the organisation has progressed so much. I think recently that we’ve been slightly left behind... I don’t even think we’re terribly good at evaluating our teaching sessions. So, for all I know my teaching practice could be absolutely stale as!” (Interviewee 4)

Further comments are offered by other participants:

“[The department] isn’t really run on how successful its education is... In general, I don’t think it’s run by experienced educators... If we didn’t have the expert knowledge, I’m not sure they’d notice” (Interviewee 2)

“People are in a bit of a rut, but... they don’t know how or where or what... people have been there for so long, because they haven’t had to do any CPD they’ve just pootled along, delivering the same style.” (Interviewee 5)

Without intending to suggest that it was a positive time, the onset of the COVID-19 pandemic in early 2020 serves as a useful lens through which to explore this idea of stale practice and its consequences to both practitioners and the organisation.

The interviews were carried out while periods of local and national lockdowns were still taking place and practitioners were still adjusting to major changes to their day-to-day work. The most major change to affect the interviewees was the sudden need to utilise technologies to deliver training in lieu of the traditional classroom-based face-to-face methods previously favoured by the organisation. Several interviewees offer accounts of how well this adoption had gone:

“Somebody in the department is really, what’s the word I’m gonna use? Hates technology then. I can’t think of a better word, but they do, they really hate it. So that was identified pre-pandemic, always been known that if there was anything other than click-through PowerPoint they would absolutely categorically step away from it... then the pandemic hit... and it threw this one person in a huge, huge backspin, whereas actually... if [they] were supported to do a bit more CPD it’s not seen as an onerous task, then that wouldn’t have had a massive impact on [them] through the pandemic. But because it wasn’t and still isn’t the problems still persist.” (Interviewee 5)

Another talks more broadly about the overall approach to how the department dealt with the sudden changing needs resulting from the pandemic:

“Certainly, we were thrown into a bit of a tailspin when COVID started... It was very much reactive It wasn’t planned. There was no structure as to “Okay then, so we need to train so many educators to do this,” it was basically “okay, everything is cancelled” (Interviewee 4)

One interviewee offers a more diplomatic appraisal:

“It was very reactive rather than proactive. I think I was proactive myself, but I think as an organisation it was very reactive... I don’t think we were very proactive in seeing what we can do as an organisation to support our staff, particularly the education side of things from the off at the onset of COVID.”
(Interviewee 3)

And when asked how they see the educators changing their practice to ‘keep up’ with the pace of change they respond:

“Well, I think it goes back to the CPD. I think anyone who’s not tech savvy would need additional support... Obviously, digital learning isn’t for everybody, it doesn’t suit everybody’s learning needs, so we, as practitioners, we need to look at how we overcome that and what we’re delivering or whatever service we’re providing across different mediums that would suit all our employees and prospective learners.” (Interviewee 3)

The term ‘reactive’ was mentioned on several occasions throughout the interviews when talking about the COVID response. It would seem with the benefit of hindsight many of the interviewees believed that more could have been done pre-pandemic to begin preparing the educators for changes in delivery methods and ensure that digital awareness and improvements in digital skills were at least starting to be considered.

A difficulty arises here in that whilst the COVID-19 pandemic was mostly unforeseen (some might argue that a worldwide pandemic of the scale of COVID-19 was predicted by several people in the decades leading up to 2020 (Greger, 2006), the technologies that were ultimately utilised by educators as a result of the pandemic had been available to them for some time and could easily have been adopted sooner, if not trialled and decided against for whatever reason.

The discussion of *stale practice* would be incomplete without revisiting the review and discussions from chapter two about what a *practice* is. Dunne’s description of practice as knowledge, skills and qualities of mind and character that develop collaboratively, cooperatively, and cumulatively over time is strongly relevant, and certainly much of the literature and data from this study support Dunne in this. Dunne

notes however, that, "... it stays alive only so long as [its genuine practitioners] sustain a commitment to creatively develop and extend it..." (Kemmis, in Carr, 2005, p. 153). This raises some cause for concern within the data. Some of the interviewees make self-contradictory comments in relation to their practice and that of their peers. Across the six interviews, there are multiple mentions from practitioners of seeing stale practice among their peers – whether this be from educators with extensive experience or from those relatively new to practice. The perceived effect(s) of this stale practice on the educators and learners was not explored given time constraints and the parameters of this research. However, it could be suggested that the practitioners making the comments see this as a negative; that stale practice is detrimental to the overall education provision of the team and to the educators themselves. In the very same discussions, many of the same educators also then admit to only engaging with activity to develop their practice on an ad-hoc basis as and when needed. This might be seen as a kind of 'stale practice by stealth.' Whilst for some educators this may be an active choice – two of the interviewees offer comments that suggested a fellow educator had knowingly lost interest in the currency of their practice– it may also occur without the practitioner being cognizant of it.

There is also another slight discord within the data. Whilst most of the practitioners indicate that their practice development was mostly an ad-hoc venture, when discussing the events surround the onset of the COVID-19 pandemic, there were flashes of enthusiasm and interest as they discussed moving their practice to different mediums and engaging in discussion and learning with their peers.

"... technology has played a big part in my role in a way that it never has before, also, because of COVID I'm very reliant on technology at the moment for the programmes that are delivered in education that I'm providing to staff"
(Interviewee 3)

And this quote, which is also included in the Communities of Practice discussion but warrants repeating for this discussion:

"We did the best that we could with the knowledge we had within the team. And I'm probably looking at you Carrie, you were very instrumental in growing people's confidence..." (Interviewee 4)

And finally:

“I remember having conversation coming down and being like right, well, so we’re having to do this virtually now. So, I came to your team like well, what’s some sort of good tips I need to be thinking about...” (Interviewee 5)

Whilst this still constitutes ‘*ad-hoc*’ development due to the circumstances surrounding it, the practitioners were evidently more engaged during this time and were willing to get involved in these new ways of working. This notion is discussed further in the section related to communities of practice, however the link between the communities of practice and active engagement in development activity is evident in the data.

One of the narrative accounts documented for this thesis discusses a programme of work I had started whilst in my role as a learning technology specialist – Digital Educators - aimed at upskilling the educators in terms of their digital skills. In collaboration with a colleague, I had pitched the proposal to the senior management team who were very enthusiastic and asked us to run a pilot programme with the Clinical Educators, citing them as having a greater need for the development than those in the Workforce Development team. As documented in the critical incident, when the pilot group were initially introduced to the project and asked to provide responses to a series of questions aimed at helping design a custom programme for them, it became apparent that whilst the programme was aimed at improving their digital skills *as educators*, many of them lacked the experience and skills *as educators* on which the programme would build. When reporting this update back to management I used the analogy of trying to construct the roof on a house that is only just having its foundations built.

The management team had made two critical errors in judgement here. Firstly, they had assumed that clinical educators had the foundational knowledge of education as a discipline on which to build supplementary digital knowledge. Secondly, they assumed that the educators within the workforce development team not only had sufficient expertise of education, but that *because* they had expert knowledge of education that they would by extension also have sufficient digital skills.

These assumptions could suggest one (or both) of two possibilities. Either there is a latent lack of awareness of the skills and knowledge held and used within the team,

or there is a disparity in perceived value of the two teams, i.e., the clinical educators are in some way seen as 'more important, or 'more deserving' of the development activity that the Digital Educators project would offer. Neither is a good option. Both are indications of a disconnect between the management team and the practitioners at the 'coal face.'

Whilst I could easily make a case that management teams ought to have a clearer picture of the practitioners and how engaged in practice they are, I feel that would be omitting half of the story. As already discussed, the practitioners are also responsible for their own practice, that which Dunne claims is "... alive in the community who are its insiders..." (in Carr, page 153) and so the responsibility for development lies equally in practitioners' own practice, reflection upon that practice, and involvement in the community which collectively identifies areas for development. Management teams should not, however, be exonerated from responsibility for the development of their educators, but data from this study would suggest that there are no mechanisms in place to identify stale practice at earlier junctures.

Pring (in Carr, 2005) discusses teaching as a moral practice and suggests that "Teaching, then, reflects the very moral divisions of the wider society – and teachers, in making choices about the content of learning or about the ways of promoting learning, are inevitably caught up in the moral debate." (2005, p. 199). Evidence of stale practice among educators is suggestive then, of an unfortunate misplacing of that morality and a dispassion for the practice of education, whether consciously recognised or not. As discussed in chapter two, Carr refers to 'internal goods' of education such as a sense of the wider public good, well-educated students, or the restoring of a patient's good health (2005) that are present and evident in 'genuine practitioners.' However, as I suggested, above technical competence and virtuous practice do not always go hand in hand therefore these practitioners are then caught in a no man's land where they are neither insiders nor outsiders in practice.

I discuss several times throughout this thesis, Dunne's quote from Carr (2005). However, it is worth reiterating Dunne's definition of practice here:

"[Practice] is alive in the community who are its insiders (i.e., its genuine practitioners). and it stays alive only so long as they sustain a commitment to

creatively develop it and extend it - sometimes by shifts which at the time may seem dramatic and even subversive.”

(2005, p. 152-3)

On identifying the theme of stale practice during my work on chapter four I had this quote echoing through my head and was confident that I would reference it as evidence that stale practice means these educators are not insiders / genuine practitioners. I am now inclined towards leniency on behalf of the practitioners. It is important to note that being an insider / genuine practitioner or an outsider is not an either / or choice, nor is it a static label. I suggest that practice is a continuum along which a practitioner travels. At times they may be more invested in their practice and engage more fully with it, but at other periods it may drop out of focus as other priorities take centre stage. In other words, stale practice need not be a nail in the coffin for a practitioner. When discussing the changes that occurred to their practices during COVID, some of the interviewees describe having to learn new aspects of practice, and although it was a stressful time for us all – as a learning technologist at the time my own workload more than quadrupled almost overnight due to the sudden move to online learning – the practitioners talk about these changes as a thing that positively impacted their practice, encouraging new skills and new ways of working. Data from this study suggests that practice can ebb and flow throughout a practitioner’s career dependent on a myriad number of factors, therefore finding ways of engaging practitioners more genuinely in their practice or reigniting their interest in education as a craft is key.

5.6.1 Consequences to Dual Professionalism

If the ‘Battle for Appreciation’ theme highlighted the potential irrelevance of the dual professionalism debate, the ‘Stale Practice’ theme served only to add weight to the suggestion. The genesis of this research was borne out of my own practice and the realisation that on completing my PGCE my practice had evolved to incorporate a new element that would change how I continued to learn and develop into the future. I was curious to discover how other practitioners in the same position as I dealt with that and made sense of their own practice(s). The interviewees did not, however, seem to echo my own ideas. Despite acknowledging their roles as educators, many

only engaged in professional development related to subjects they were educating on, giving little or no attention to developing themselves as educators. The notion of the 'dual professional' then, is therefore once again relegated to irrelevance as the discussion turns more prominently to how educators and their organisations can be encouraged to engage more authentically and holistically with education practice, rather than whether, or to what extent they engage with or encourage one aspect or the other.

6. Conclusion and Recommendations

6.1 Introduction

This concluding chapter provides a summary of the key findings of this research in relation to the research aims and questions detailed in chapter one. It presents an outline of the contributions to knowledge from this research and how it adds to and deepens understanding of the theory and practice of models of educational change and improvement in education, and in the professional learning in this field of study. The limitations of the research are also discussed briefly, where not already detailed in chapter three. Recommendations for further / future research are made regarding how this research could be built on to further in the future. Finally, a brief résumé of what I have learned from this research is included before the closing summary.

6.2 Summary of Key Findings and Recommendations

Earlier in my work on this thesis I had assumed that in writing this final summary I would list out several practical and tangible recommendations in response to the original research questions that could be put into effect in an organisation such as the NHS. Having now spent several years on this research I see the error in my original thinking. Early on I was quick to fall into the technical-rational trap of assuming that the problems within the NHS in relation to the professional practice of educators had dogmatic solutions that could be put into neatly numbered lists. I was viewing practice and engagement in practice as a 'thing' to be measured, prizing knowledge and technical expertise (*techné*) over the longer-term accumulation of practical wisdom (*phronesis*).

Rather than attempt to distil down over four years of research into an overly technocratic list of 'steps' for an organisation to take, I can instead now step back to look more pragmatically at the wider frame in which this research is situated and made recommendations based on the issues arising from the recurring themes in the data derived from the interviews and narratives of the educators themselves as well as the documented personal narrative accounts from real-world practice.

Key Finding 1: The Concept of Practice

The first key finding from this research, evident across all themes is that the concept of practice in general and education practice in particular is not well understood or being taken seriously in the NHS. Practice, and models of educational change and improvement are not being given sufficient attention. Instead, practice and models of educational change and improvement are being reduced to instrumental and tokenistic gestures of learning and development that do little to support the professional learning of the NHS specialist staff and the development of the CPD for educators in the NHS.

Several of the interviewees note that despite CPD being discussed, supported, and even offered by their organisation, it often seemed disingenuous with little apparent desire or expectation on the part of the organisation to benefit from the value it offers. This lack of interest appears to have operated as a demotivator for the interviewees who, throughout their interviews, speak about their practice with a cocktail of enthusiasm, frustration, and apathy. The educators who participated in this research speak of a lack of value placed on their expertise or in the proactive support and development of their professional learning and their professional practice. Dunne describes 'genuine practitioners' as being insiders who are dedicated to the advancement of their practice (in Carr, 2005, p. 153), and although many of the practitioners contributing to this study talk of engagement with their practice, the lack of perceived value placed on their profession from inside the organisation appears to have led to a degree of apathy and frustration among the practitioners.

Recommendation 1:1

If education practice in the NHS is to be taken more seriously, and educators encouraged towards becoming (or re-becoming) true "insiders" (Dunne, in Carr, 2005) who are committed to developing the practice and improving outcomes for their learners, then senior managers within NHS organisations must be charged with creating the conditions for that to happen. Education teams must take a conscious step away from the technical rationality that typically dominates their thinking. Models of educational change and improvement which favour technical-rational

perspectives, skills, and standards over the values and principles underpinning the acquisition and development of different forms of knowledge, skills, qualities of mind, and character, and the advancement of practice and craftsmanship are doomed to predictable failure (Sarason, 1990). Educators should be supported to engage in their practice in naturalistic ways that have catalytic potential to benefit the organisation and the thousands of learners they support. Educators in this study appeared to *want* to be more engaged in their practice. However, their responses suggest that they feel their roles are not valued or respected sufficiently to warrant the effort.

Recommendation 1:2

During discussions with my supervisor, she notes that, “Anyone who takes pride in their practice does not let bad practice go unattended” (Gregson, 2024). These practitioners still have pride in their individual practice. Most of them talked enthusiastically about education and professional development, but many, in discussions about their colleagues and the wider organisation voiced concern about the overall interest in and quality of education practice.

For this to be addressed, educators must be supported in realising the internal goods intrinsic to their practice, and organisations and/or departments must create conditions that enable authentic communities (or constellations) of practice to flourish and thrive without the obligation to quantify them or put a ‘value for money’ assessment against them.

Key Finding 2: Beginning with Ourselves

Where finding one was more concerned with the concept of practice from the organisation’s perspective, finding two takes the perspective of the practitioners. The recommendation in finding one noted that the educators interviewed for this research appeared to *want* to be more engaged in their practice, and whilst the organisation plays a significant role in the facilitation of that engagement, the practitioners volunteered that they are equally responsible for their own practice. There were hints throughout the interviews that, although clearly still invested in their practice, some of

the practitioners lacked a clear appreciation of what their practice *really is* and how to develop it. They equated practice improvement with organised events and scheduled development sessions, disregarding their own lived experiences and the deliberate practise they engage in daily.

The practitioners interviewed indicated that they engaged in a lot of ‘*ad-hoc*’ development, that is, development as and when needed for the particular activity they were engaged in at the time. This point will be expanded further in key finding three and recommendation three related to autodidacticism. This practice development was acknowledged as CPD by the educators, but there was little recognition of the value it brought to their practice, with many of the interviewees seeming to suggest that it was a means to an end rather than deliberate practise which, over time, develops and evolves, adding to the rich experience and *mastery* of their practice as educators.

Recommendation 2:1

For education practice to be truly taken more seriously within the NHS, practitioners also need to address their own underlying and prevalent assumptions about how practice is supported in their organisations. Education practitioners in the NHS are education practitioners just like any others so there is a need to embrace their valued position in the education of others. They must champion the wealth of experience that is held amongst them and their peers and take their experience seriously as a mechanism for and driver of change, quality, and improvement of education in the NHS. Experience needs to be taken seriously, and practice needs to be taken more seriously. As quoted in chapter two, Hunt comments that “[practitioners] have likely been professionally socialized [*sic*] to rely on expert authority rather than [their] own experience.” (1987, p. 3) and this is what needs to change. Hunt’s book is titled ‘Beginning with Ourselves’, and this has been my mantra throughout my work on this thesis. Practitioners must start with themselves (ourselves). We are the holders of our practice. We should not be reliant on scheduled ‘CPD sessions’ to improve it, or – worse yet – to tell us how to improve it. We need a deeper understanding of what our ‘practice’ is, how it develops, and how it improves across time, as well as physical and social spaces.

Key Finding 3: Autodidacticism / empty credentialism

One aspect of practice that is quite clear in the data is the notion of ‘empty credentialism’; the view that “credentials have become the currency for employment” (Collins, 1979) with no credible justification behind such a notion. Practitioners interviewed for this research noted varying attitudes within their organisation towards earned credentials and their perceived value in practice. Despite recruitment practices making outward shows of a steer away from credentialism – by advertising vacancies with an “or equivalent experience” clause in person specifications – internal practices contradicted this by insisting that all educators complete a minimum level of formalised training.

One practitioner even notes that they had been a practicing educator for several years, and on completing the formal training course they realised that they were already aware of most of the theories and tools taught in the course and had been actively using them in practice. This could suggest that the organisation was unaware of the extant knowledge and skills of their educators and relied on credentialism and qualification tally sheets to evidence competence.

On finding out about my doctoral studies, several people have implied that I must be ‘really clever’ to be doing a PhD; this is, in my opinion, a gross misunderstanding of ability versus motivation. My experience throughout this research is that doctoral study is not simply about academic ability and is equally about a commitment to the learning journey and the research itself. Had my practice not involved university qualifications it would have been developed and improved regardless, yet my skills and experience would likely have been deemed less valuable by prospective employers who – for the most part – conflate qualifications with knowledge and skill.

Recommendation 3:1

As mentioned in recommendation 1:1, there is a need for education and senior management teams to step away from the technical-rational mindset that dominates their thinking about education practice, but this also extends to the way they attribute value to the knowledge and skills of practitioners. The idea that standards and formal

qualifications are more valid or valuable than deliberate practise and experience is contradictory and devalues the practice of education. Education teams and senior managers must openly acknowledge, accept, and appreciate that the professional practice of educators takes a variety of forms, all of which can be equally beneficial to the practitioners and the organisation if viewed equitably. Education managers must step away from technocracy-led models of practice development and instead embrace and support the autodidactic engagement of educators and work on appreciating that the true practice of educators is not a static thing to be measured, rather it is complex, made up of varying aspects of a person's personal and professional lives, and develops over time (Dunne, in Carr 2005) rather than as a result of having attended X, Y, and Z courses.

Key Finding 4: COPs / JPD

The practitioners interviewed for this study did not appear to engage with each other on a regular basis about the problems they experience in their practice. Some informal discussions were mentioned, but most of the practitioners seemed to operate in isolation dealing with issues ad-hoc on their own as and when they arose.

When interviewees did mention collaborative practice, they did so with enthusiasm, mentioning the mutual benefit in working together on solutions. When people find a problem at work that they need to solve, they do it together because it is a REAL problem that people have to address. Whether recognised or not, this is when a community of practice comes into being, however the common misunderstandings around what communities of practice are, how they come into being, and what their purpose is can mean that they are so poorly supported and/or managed that they fail to achieve their potential.

Recommendation 4:1

Following on from the previous three findings and recommendations, practitioners and education managers must work to gain a more authentic understanding of how collaboration works in real practice. If communities of practice are to be encouraged and /or supported, they must have an authentic purpose so that they can have a life

and a genuine energy. True communities of practice are fallible and can be transient which is what makes them so genuine. They are not a corralling of people into one room once a month to discuss practice, they are organic collaborations among practitioners who are dealing with *real* problems that are grounded in *real* practice.

The 'problems' that practitioners are dealing with do not conform to a monthly scheduled meeting therefore practitioners must be given freedom and feel empowered to respond to these real problems and work together on ways to improve their practice in ways that are genuine and authentic to their individual situations. They must be given the space (liminal and physical) to engage in communities of practice and in joint practice development that benefit them in real-time, rather than to a schedule according to when a room is available.

Recommendation 4:2

If management teams and practitioners are to consider recommendation 4:1 above, I make one final – but arguably crucial – recommendation. Changes in practice, and the development of authentic communities of practice or joint practice development approaches take time. Practice development is not a thing to be ticked off a list by delivering X number of CPD sessions in a year. There is certainly a place for development sessions, but the development does not take place within the session itself, it is rooted in the practice (and practise) that follows the session. As Broadhead and Gregson noted, “When a student practises with *phronesis*, their experience is not simply repeated without reference to the unique contexts in which events occur; knowledge based on previous experience is adapted and recontextualised.” (2018, p. 20). Practitioners should be granted the time to put learning into practise, and to test out theories, concepts, ideas multiple times during the course of their practice in order to promote productive and sustainable practice.

6.3 Conclusions

The four key findings and recommendations listed above all relate to the same overarching finding: education practice needs to be taken more seriously, and practitioners need to be supported as the experts in their field and the true agents of

change. The data in this study show that practitioners benefit from working collaboratively on issues grounded in real practice, but that when those collaborations are formalised or forced into a scheduled timeslot the authenticity falls apart and the community fails to make real progress. The dual professionalism debate so prominent in my mind at the beginning of my research journey now seems somewhat obsolete when looking at the findings from the data. Unless education practice is given the attention it needs and practitioners are supported to engage with their practice and craft, discussions of dual professionalism are unproductive and arguably futile.

Education practice and education practitioners therefore need to take pragmatic stock of how practice is supported and developed in their organisations and consider the recommendations above as a means of encouraging genuine dialogue and development among educators.

6.4 Contribution to knowledge

When I first embarked on this research journey, I did not fully appreciate what an uncommon position I was starting from. It seemed that academic-level educational research was uncommon in the NHS, but it is only on reaching this conclusion, over four years later, that I appreciate how much of a rarity it is. During my time working on this thesis, despite having presented at conferences and had an opinion piece published in a national education magazine, I have encountered only a small handful of other researchers working in the NHS whose focus is solely on education-related topics. I appreciate then, that there is a long way to go towards educational research becoming more commonplace and 'mainstream' within the NHS, but I believe this thesis provides a valuable contribution to knowledge within the field of educational research of non-standard educators. In the four years I have been working on this research I have engaged in countless conversations with other academics and professionals from all corners of education research and practice and have promoted education-based research within the NHS at any opportunity that presented itself. I believe this may be one of the first – if not THE first – piece of academic research focused specifically on educators within an NHS setting not from a medical or clinical perspective, and for that I believe the contribution of this research to a potentially

emerging area should not be understated. This thesis will contribute to paving the way for educational research within the NHS and other underrepresented educational professionals.

This research also helps provide new insights to critical thinking around the notion of dual professionalism. Educational research has long been subject to and accepting of the intuitive appeal of dual professionalism and this research provides a more in-depth and critical analysis of this notion and the consequences of deferring to its appeal. The question is no longer how educators engage with educator-specific professional development, but rather how do they frame their practice as professionals, how does their practice develop and grow over time, and how do they engage with their practice in beneficial ways.

Through this thesis I have explored models of professional learning, models of educational change and improvement including key features of CPD in building capacity and promoting productive and sustainable collaborative practices. Within the NHS setting this thesis offers important insights into understanding models of change and how practice improves professional learning. Practice cannot be viewed as a static or binary concept. As noted throughout the thesis, Dunne considers practice as a set of activities, “that has evolved cooperatively and cumulatively over time” (Dunne, in Carr, 2005, p. 153) and this extends beyond the more traditional ‘communities of practice’ (CoP) way of thinking.

Professional practice is more accurately described using Wenger’s (1998) phrase, “constellations of practice” which embraces multiple CoPs as a mode of professional development. A critical analysis of traditionally described models of professional learning such as this is particularly appropriate to the NHS which boasts over 350 different job roles, any of whom may have education responsibilities in some form over the course of an individual’s career. This thesis offers insights into what professional practice looks like in a diverse organisation such as the NHS and more importantly, how that practice is improved from the inside by its practitioners, and the extent to which it is, or is not, supported by its management teams and organisational policies and infrastructures. It also provides strong critique of the concept of ‘dual professionalism’ and the consequences of deferring to its appeal. Education managers – and practitioners, to an extent – have long been subject to

the intuitive appeal of 'dual professionalism', but there is an inherent problem with separating practice in such a binary way. To do so ignores the constellations of practice that surround us in our professional practices. Our lives are constructed of myriad woven threads of lived experience, and to ignore the overlapping influence of those strands throughout and across our personal and professional lives is to do a disservice to the craft of education.

This thesis also highlights the need for a more pragmatic, rather than rationalist, view of how education practice and educational improvement happen. Marcuse's postulations of a 'technical rational world view' (1941) are based upon rationalist logic that sees practitioners as problem-solvers who use scientific theories and techniques in their arsenal. This thesis adopts a more pragmatic view looking at the practical and experientially evidenced ways in which practice improvement occurs rather than dictations based on reason and assumed logic. It provides an honest and trustworthy account of practitioners' thoughts, feelings, and experiences of their professional practice as educators working in the NHS.

During this research, I have taken several opportunities to present findings and related topics at conferences and more, and I give particular thanks to my supervisor and to the University for the moral and financial support to dip my toes further into the world of educational research and scholarship. I admittedly could – and perhaps *should* – have done more and participated to a greater extent in the conference and professional group circuits. Cost was a considerable prohibiting factor, however. Once travel, accommodation, and conference registration fees are considered, presenting at an in-person conference can cost upwards of £600. Cost aside, full-time work, a global pandemic, and the loss of a parent during my studies proved sufficient to cope with alongside my studies and so I concentrated my efforts on the research, taking my supervisor's advice to consider such things on completion of the thesis.

A full list of the research outputs is included as an impact grid in Appendix C.

6.5 Limitations of the research

One limitation of this research is the sample of participants. As discussed in chapter three, qualitative research does not assert generalisability, rather transferability, however a small sample size comprising individuals I knew on a personal level could prove limiting in terms of transferability over three of the types of transferability named by Coe *et al* (2017): occasions, participants, and contexts. Additionally, the narrow spread of participants across all education-related roles within the NHS potentially limits the findings to a narrower scope.

The scope of discussions during the interviews is a potential limitation. This was my first experience of conducting qualitative interviews for thematic analysis. Although I feel the interviews went well and resulted in lots of wonderful and rich data, as mentioned in chapter four, on commencing coding of the transcripts I recognised several opportunities where further probing or more skilled questioning could have added to that richness. My expertise as a qualitative interviewer will develop over time with deliberate practise, however for the purposes of this research I must acknowledge that it may have limited the scope of the discussions.

6.6 Potential for future research

I see this thesis as merely the starting point. As already discussed, education practice is not greatly researched within the NHS and from the research I have conducted in this thesis, I see potential to explore aspects of it in greater depth.

As discussed in chapter five, it is evident from the thematic analysis that practitioners engage in action research-like activity yet are not supported or encouraged in this endeavour. This is a potential area for further research both in terms of the professional practices of the educators, and the impact of this on learners.

Additionally, communities of practice are a recurring and a strong theme within the data. I am reluctant to fall into the trap of relying on such terms in suggesting potential further research, however I can see that research into how practice development occurs among practitioners would add to the body of knowledge and shine lighter on education practice in arenas of practice such as the NHS.

Finally, this thesis is limited to a small number of educators based in a localised region of the North East of England. As discussed in chapter three, the qualitative nature of this research means that its findings are not generalisable therefore it cannot be inferred that the findings would be the similar if the research were conducted in a different region or with a different sample of educators. Additional research should be encouraged within the NHS to gain a wider perspective of education practice across all four UK home nations and beyond.

6.7 What I have learned from this research

Although I had made a start on the literature review, chapter one was the first chunk of writing I did for this thesis. It was certainly not completed in one run of effort, and in fact, I revisited it several times during my time on this research. As the literature review progressed, I became aware of new and interesting factors that had a contributing effect on the topics and issues at play in the research and so I regularly revisited chapter one, adding future background and context, and updating information as it either became out of date or contexts changed.

Through the process of writing and adding to chapter one, I learned a great deal about where the genesis of this research truly lies. The idea for this research started during my PGCE studies when I began to understand that completing the teaching qualification would change my professional practice irrevocably and for the better; that far from being the endpoint of my qualification (in the truest sense of the word) it was merely the first signpost on a potentially endless journey of learning and development. On joining the NHS in 2018, I was struck by how differently the practice of education was perceived organisationally and I wanted to find out more from the educators themselves about how they attribute value and purpose to their professional practice.

Although I considered this the reason for my interest in conducting this research, on writing and researching chapter one, I acknowledge that my interest runs deeper than simply how the educators engage with their practice. It also extends to the local political and economic factors that impact education provision within the NHS and how – and to what extent – management and executive teams support them through budget and workforce development allocations. The research I did for chapter one

into the socio-economic picture of the region was fascinating to me and is certainly something I wish to explore further.

Chapter two – the literature review – had a tremendous impact on me and has undoubtedly been the aspect of this thesis that has most greatly facilitated my growth in confidence and acceptance of myself as a qualified researcher. With several invaluable book and author recommendations from my supervisor I delved deeper into aspects of practice than I would have been able to independently and was able to look on models of professional learning first introduced during my PGCE studies with fresh and far more critical eyes.

Without meaning to sound hyperbolic, chapter two changed my opinion of professional development. I have long been an advocate of the idea of ‘continuing professional development’ and for many years prior to my education studies I kept an annual log of CPD activities, proudly stating in performance appraisals that I had completed x number of hours of CPD in the preceding year. My work on chapter two has shown me how naïve that younger version of myself was, and how simple it was for me to fall into the trap of technical rationality where I thought the way to ‘do CPD’ was to attend webinars and sessions and keep a record of it all in a quantitative table that I could whip out as ‘proof’ of my dedication to my development. I appreciate more clearly now that CPD is not a ‘thing’ that you do once you have finished the initial qualification, it is an almost ethereal thread that is woven into every aspect of a person’s practice; a never-completed journey of growth and learning.

I could have easily extended chapter two to twice its length. There is an incredible amount of literature I could have gone into even greater detail on, and much that I did not cover at all. Countless additional recommendations have been made by my supervisor and there are dozens of books on my shelves patiently waiting for their margins to be graffitied as I pore over them enthusiastically. I feel as if chapter two sent me spiralling down a rabbit hole of discovery that has introduced me to a world of knowledge about the discipline of education and my own practice as an educator. As one of the main conclusions of this thesis is that education practice is not well-understood or not taken seriously enough within the NHS, this serves to further highlight to me that gaining qualification is barely the beginning of one’s professional practice and can be the starting point of a beautiful and lifelong journey of discovery.

Chapter three was undoubtedly my most difficult to complete. Despite a portion of my original undergraduate degree being in philosophy, the ontological and epistemological underpinnings seemed difficult for me to grasp. I have previously completed a master's degree in educational research methods, and prior to that I have partially completed a master's in social research methods and found the methodology modules to be inconsistent and incompatible leading to a tremendous confusion over ontological and epistemological approaches. Thankfully, through this thesis I have succeeded in gaining a much clearer perspective on my philosophical position and realise that the terminology introduced in previous courses is unnecessarily esoteric. A simple approach certainly proved to be the most meaningful.

The section within this chapter on the 'insider approach' was incredibly enjoyable to research and write and highlights my growth as a researcher during this thesis. Prior to writing it, I had assumed that being an 'insider' was a negative and that I ought to somehow conceal or barricade off that side of me as the researcher to avoid any negative impact it may have on the data. It was truly refreshing to acknowledge my position and shed the shackles of the 'neutral vessel' (Coe et al, 2017), instead appreciating the knowledge and experience I bring to the research as an insider and as an asset.

I sincerely hope it is not a blunder of etiquette to admit that a lot of chapter four was a lot of fun to write. My research into the documentation and use of personal narrative accounts as a valid source of data was fascinating. I had previously been referring to them as 'anecdotes' and therefore assuming them unreliable or untrustworthy until my supervisor highlighted my inexperienced folly. Giving myself the green light so-to-speak to legitimately write about and record lived human experience gave authenticity, honesty, and a sense of trustworthiness to my thesis. The opportunity to flex my narrative writing skills was thrilling and I found the experience of documenting a selection of unique incidents incredibly enjoyable. Accepting and appreciating this form of data collection allowed me to see beyond interviews and focus groups as the only credible ways of recording qualitative data.

In comparison to some of the other chapters in my thesis, chapter five seemed an easy write. A substantial amount of work had been done to that point in the literature

review and in the collection and thematic analysis of data, so chapter five spilled onto digital paper with relative ease. The preparatory work in distilling down themes made it relatively straightforward to discuss them, directly referencing interviewees and related literature.

In chapter six I learned to slow down my thinking and to treat data with care and respect. As already noted, the me from four years ago would have written a list of tangible and practical findings and recommendations, however the data painted a far more thoughtful picture than that, and so I took a step back from my analysis sheets, and from chapter five, and looked at what the data was really showing. I admit that sounds trite, but it was worth taking the time to carefully consider chapter five and make sure that my four years of work on this research remains an honest and trustworthy account of education practice in the NHS.

My most significant learning point from this research is that I really, truly enjoy the process. When I was in high school about to choose options for my GCSEs, all of the pupils were asked to complete a lengthy questionnaire that – it was claimed – would help you identify career choices based on the subjects and learning areas you liked most. My top three careers were: journalist, researcher, veterinarian, and I was most drawn to researcher. Even then, back in my teenage years I was drawn to the idea of research, and now, on reaching these final few weeks of my PhD studies I can only imagine what my teen self would make of me now. I set my sights on completing a PhD at some point during my undergraduate studies with The Open University and I recall asking a friend at the time who had just completed his doctorate studies whether he thought I should go for it. He didn't directly say no but tried to emphasise how much dedication it would take and how much personal time I would have to sacrifice for it. These two personal tales make it so much clearer now the genuine passion I have for learning and for the practice of education. It is my hope that my doctorate is only the beginning of a continuous journey of research, learning, and discovery. And if my research has taught me anything, it is that such ambitions begin with ourselves.

Closing summary

This research aimed to critically examine and discuss the nature and levels of engagement with models of change, continuing professional development, and professional learning among educators working in the NHS.

The central questions were as follows:

1. How do NHS-educators regard their own professional learning and related CPD in relation to their professional knowledge and practice in the discipline of education?
2. Do NHS-educators individuals see education-specific CPD activity as a personal or an organisational responsibility?
3. How do dual qualified educators in the NHS conceptualise their professional practice as both a subject matter expert and an educator?

Through qualitative analysis of personal accounts from a group of such educators it can be concluded that the professional development of this group of NHS educators is dealt with in overly technocratic ways on the part of the organisation, and in ad-hoc and isolated ways by the practitioners who often did not recognise their deliberate practise as professional learning development or appreciate their professional practice as a craft.

With my key findings and recommendations, I hope to provide a way for educators and education management teams to engage in dialogue about education practice and consider more pragmatic – rather than rationalist – ways to enable practice development that are rooted in the real problems that the educators experience.

Despite the limitations of this research in terms of the sample population and diversity of roles within the NHS, this thesis provides useful insight into educators within the NHS that could prompt discussions about education practice in the NHS more widely. Educational research within the NHS is uncommon and so this thesis will not only contribute to a growing body of research around education practice within the NHS but will also contribute to the field of knowledge around education practice more broadly.

7. References

- Access Training (2023) *The Apprenticeship Levy*. Available at <https://www.accesstraining.org/the-apprenticeship-levy-faqs> (Accessed 17/12/2023).
- Ackermann, E., (2001) Piaget's constructivism, Papert's constructionism: What's the difference. *Future of learning group publication*, 5(3), p.438.
- Adams, R., (2011) Exploring dual professional identities, the role of the nurse tutor in higher education in the UK: role complexity and tensions. *Journal of Advanced Nursing*, 67(4), pp. 884-892.
- Alexandrou, A. and Swaffield, S. eds., (2014) *Teacher leadership and professional development*. Oxon: Routledge.
- Anderson, L. W., Krathwohl, D. R., (2001) *A Taxonomy for Learning, Teaching and Assessing: A Revision of Bloom's Taxonomy of Educational Objectives: Complete Edition*. New York: Longman.
- Aubrey, K., Riley, A., (2015) *Understanding and Using Educational Theories*. London: Sage.
- Aubrey, K. and Riley, A., (2019) *Understanding and using challenging educational theories*. 2nd Edition. London: Sage.
- Barbour, R., (2014) *Introducing Qualitative Research: A Student's Guide 2nd Edn*. London: Sage Publications.
- Baron, N.S., (2021) *How we read now: Strategic choices for print, screen, and audio*. Oxford: Oxford University Press.
- Baron, N.S., (2021) *Why do we remember more by reading in print vs. on a screen?* Available at <https://bigthink.com/neuropsych/reading-memory/> (Accessed 17/12/2023).
- BBC, (2000) *New Drive for More Teachers*. Available at: <http://news.bbc.co.uk/1/hi/education/998448.stm> (Accessed 17/12/2023).
- BBC News, (2016) *Theresa May backs Osborne's 'Northern Powerhouse'*. Available at: <https://www.bbc.co.uk/news/uk-politics-37129381> (Accessed 30/10/2023).
- BBC News, (2019) *Election results 2019: Conservatives take Blyth Valley*. Available at: <https://www.youtube.com/watch?v=Je356pnZxfl> (Accessed 30/10/2023).
- Bernstein, B., (2000) *Pedagogy, Symbolic Control and Identity. Theory, Research, Critique*. 2nd ed. New York: Rowan & Littlefield Publishers, Inc.
- Blakie, N., (2007) *Approaches to Social Enquiry 2nd Edn*. Cambridge: Polity Press
- Blanco, C., (2023) *Dear Duolingo: Why is spoken language so hard to understand?* Available at: <https://blog.duolingo.com/why-is-spoken-language-so-hard-to-understand/> (Accessed 17/12/2023).

- Bloch, C., (2002) 'Managing the emotions of competition and recognition in academia' in: Barbalet, J., (ed) *Emotions and Sociology*. Oxford: Blackwell.
- Bondi, L., Carr, D., Clark, C., Clegg, C., eds., (2011) *Towards professional wisdom: Practical deliberation in the people professions*. Hampshire: Ashgate Publishing Ltd.
- Bloom, B.S., (1956) *Taxonomy of educational objectives. Vol. 1: Cognitive domain*. New York: McKay.
- Bosshardt, W., Lopus, J.S., (2013) Business in the Middle Ages: What Was the Role of Guilds? *Social Education*. 77(2), pp 64–67.
- Braun, V., Clarke, V., (n.d.) *Answers to frequently asked questions about thematic analysis*. Available at <https://cdn.auckland.ac.nz/assets/psych/about/our-research/documents/Answers%20to%20frequently%20asked%20questions%20about%20thematic%20analysis%20April%202019.pdf> (Accessed 17/12/2023).
- Braun, V. and Clarke, V., (2006) Using thematic analysis in psychology. *Qualitative research in psychology*, 3(2), pp. 77-101.
- Braun, V., Clarke, V., Weate, P., (2016) *Using thematic analysis in sport and exercise research*. In B. Smith & A. C. Sparkes (Eds.), *Routledge handbook of qualitative research in sport and exercise* (pp. 191-205). London: Routledge.
- Braun, V., & Clarke, V., (2021) *Thematic Analysis: A Practical Guide*. London: Sage Publications.
- Britannica, (2023) *Topic: Sisyphus*. Available at: <https://www.britannica.com/topic/Sisyphus> (Accessed 02/01/2024).
- Britten, N. (1995) Qualitative research: Qualitative interviews in medical research. *British Medical Journal*, 311, pp. 251–253.
- Broadhead, S., Gregson, M. (2018) *Practical Wisdom and Democratic Education: Phronesis, Art and Non-Traditional Students*. Cham, Switzerland: Palgrave Macmillan.
- Brooks, R., Te Riele, K. and Maguire, M., (2014) *Ethics and Education Research*. London: Sage Publications.
- Bruce A., Beuthin R., Sheilds L., Molzahn A., Schick-Makaroff K. (2016). Narrative research evolving: Evolving through narrative research. *International Journal of Qualitative Methods*, 15(1)
- Bryman, A., (2016) *Social research methods*. Oxford: Oxford University Press.
- Bubb, S., Earley, P., (2010) *Helping staff develop in schools*. London: Sage Publications.
- Byrne, D., (2003) *Interpreting Quantitative Data*. London: Sage Publications.
- Cambridge Dictionary (2022) *Critical*. Available at: <https://dictionary.cambridge.org/dictionary/english/critical> (Accessed 17/12/2023).

Campbell, D., (2013) *Mid Staffs hospital scandal: the essential guide*. Available at: <https://www.theguardian.com/society/2013/feb/06/mid-staffs-hospital-scandal-guide> (Accessed 01/08/2020).

Care Quality Commission, (2019) *The Newcastle upon Tyne Hospitals NHS Foundation Trust Inspection report*. Available at: <https://api.cqc.org.uk/public/v1/reports/ccb7e2a6-e6c5-4bf3-8b59-23cb6573b553?20210115070031> (Accessed: 05/11/2023).

Care Quality Commission, (2024) *The Newcastle upon Tyne Hospitals NHS Foundation Trust Inspection report*. Available at: <https://api.cqc.org.uk/public/v1/reports/87a09ba4-e168-41ea-bcff-58d444105d71?20240124122737> (Accessed 30/01/2024).

Carlton Training, (2019) *Level 3 Award in Education and Training*. Available at: <http://www.carltontraining.co.uk/training-courses/instructor-training/level-3-award-in-education-and-training.html> (Accessed 04/08/2019).

Carr, W. ed., (2005) *The Routledge Falmer Reader in Philosophy of Education*. London: Psychology Press.

Carr, W., (1995) *For education: Towards critical educational inquiry*. New York: McGraw-Hill Education.

Centre for Cities, (2023) *Cost of living tracker: How is the cost of living crisis affecting cities and large towns?* Available at: <https://www.centreforcities.org/data/cost-of-living-tracker/> (Accessed 30/10/2023).

Chan, S. W., Tulloch, E., Cooper, E. S., Smith, A., Wojcik, W., Norman, J. E. et al (2017) Montgomery and informed consent: where are we now? *BMJ*, 357 :j2224 doi:10.1136/bmj.j2224

Cheung, M., (@MeIC_LnD) "OD in "simple" terms is about service improvement through people ... managing change (development initiatives that engage & motivate the workforce) ... ensuring the organisation is prepared for the future?" 27/07/2018 08:13. Tweet.

Clark, T., Foster, L., Sloan, L., Bryman, A., (2021) *Bryman's Social Research methods 6th Edn*. Oxford: Oxford University Press.

Coe, R., Arthur, J., Hedges, L.V. and Waring, M., (2017) *Research Methods and Methodologies in Education*. London: Sage Publications.

Coffield, F. and Borrill, C., (1983) Entree and exit. *The Sociological Review*, 31(3), pp. 520-545.

Coffield, F. ed., (2000) *The necessity of informal learning (Vol. 4)*. Bristol: Policy Press.

Coffield, F. (2004). *Learning styles and pedagogy in post-16 learning: A systematic and critical review*. London: Learning and Skills Research Centre.

- Coffield, F., Costa, C., Müller, W. and Webber, J., (2014) *Beyond Bulimic Learning: Improving Teaching in Further Education*. London: Trentham Books.
- Coffield, F., Williamson, B., (2011) *From Exam Factories to Communities of Discovery: The democratic route*. London: IOE London
- Cohen, L., Manion, L. and Morrison, K., (2018) 'Action research' in Cohen, L., Manion, L. and Morrison, K., *Research Methods in Education 8th Edition*. Oxon: Routledge, pp. 440-456.
- Cohen, L., Manion, L. and Morrison, K., (2018) *Research Methods in Education* 8th Edn. Oxon: Routledge.
- Colbourne, M., (2022) *Brain Gain*. Available at: <https://www.lsh.ie/explore/research-and-views/view-points/2022/jan/brain-gain> (Accessed 30/10/2023).
- Collins English Dictionary, (2024) *Definition of time-served*. Available at: <https://www.collinsdictionary.com/dictionary/english/time-served> (Accessed 28/02/2024).
- Collins, R. (1979) *The credential society*. New York: Academic Press.
- Commons Select Committee Health and Social Care, (2018) *The Nursing Workforce*. London: Parliament.uk.
- Complete University Guide, (2023) *Subject League Table 2023: Medicine*. Available at: <https://www.thecompleteuniversityguide.co.uk/league-tables/rankings/medicine> (Accessed 30/10/2023).
- Connelly, F. M., Clandinin, D. J., (1990) Stories of Experience and Narrative Inquiry. *Educational Researcher*, 19(5), pp. 2-14.
- County Durham and Darlington NHS Foundation Trust, (n.d.) *Aspirant Leaders Programme*. Available at: <https://www.cddft.nhs.uk/working-for-us/e-learning-for-cddft-staff/cpd/aspirant-leaders-programme.aspx?style=normal> (Accessed 05/11/2023).
- County Durham and Darlington NHS Foundation Trust, (n.d.) *Working for us*. Available at: <https://www.cddft.nhs.uk/working-for-us.aspx> (Accessed: 05/11/2023).
- Creswell, J.W. and Báez, J.C., (2021) *30 essential skills for the qualitative researcher*, 2nd Edition. London: Sage Publications.
- Crowley, S. ed., (2014) *Challenging professional learning*. London: Routledge.
- Curry, D., (2024) *Microsoft Teams Revenue and Usage Statistics (2024)*. Available at <https://www.businessofapps.com/data/microsoft-teams-statistics/> (Accessed 18/02/2024).
- Davies, P., (2012) 'Me', 'me', 'me': The use of the first person in academic writing and some reflections on subjective analyses of personal experiences. *Sociology*, 46 (4), pp. 744-752.

- Deakin, H., Wakefield, K., (2014) Skype interviewing: reflections of two PhD researchers. *Qualitative Research*, 14(5), pp. 603-616.
- Denscombe, M., (2014) *The good research guide: for small-scale social research projects 5th Edition*. New York: McGraw-Hill Education.
- Denscombe, M., (2021) *The good research guide: For small-scale social research projects, 7th Edition*. New York: McGraw-Hill Education.
- Department of Health, (2005) *A Short Guide to NHS Foundation Trusts*. London: Department of Health Publications.
- Dewey, J., (1916) *Democracy and Education: An Introduction to the Philosophy of Education*. New York: The Macmillan Company.
- Dewey, J., (1938) *Experience and Education*. Illinois: Kappa Delta Pi.
- Dolton, P., Marcenaro, O., Vries, R.D., She, P.W., (2018) *Global teacher status index 2018*. London: Varkey Foundation.
- Dudovskiy, J., (n.d.) *Positivism Research Philosophy*. Available at: <https://research-methodology.net/research-philosophy/positivism/> (Accessed 05/02/2024).
- Dudovskiy, J., (n.d.) *Ontology*. Available at: <https://research-methodology.net/research-philosophy/ontology/> (Accessed 27/02/2024).
- DuFour, R., DuFour, R., Eaker, R., & Many, T., (2006) *Learning by doing: a handbook for professional learning communities at work*. Bloomington Indiana: Solution Tree
- DuFour, R., Eaker, R., (1998) *Professional Learning Communities at Work: Best practices for enhancing student achievement*. Bloomington Indiana: Solution Tree.
- DuFour, R., DuFour, R., Eaker, R. (2008) *Revisiting professional learning communities at work: New insights for improving schools*. Bloomington Indiana: Solution Tree.
- Duke University (n.d.) Because I Said So: Effective Use of the First-Person Perspective and the Personal Voice in Academic Writing. Available at: <https://twp.duke.edu/sites/twp.duke.edu/files/file-attachments/first-person.original.pdf> (Accessed on 17/12/2023).
- Dunne, J., (2005) *Educational Policy*. In W. Carr, *Philosophy of Education* (pp. 143-160). Oxon: Routledge.
- Dworkin, S.L., (2012) Sample Size Policy for Qualitative Studies Using In-Depth Interviews. *Archives of Sexual Behaviour*, 41, pp. 1319–1320.
- Easterly, W., (2014) *The tyranny of experts: Economists, dictators, and the forgotten rights of the poor*. New York: Basic Books.
- Eaton, P. T., Carbone, R. E., (2008) Asking those who know: a collaborative approach to continuing professional development. *Teacher Development*, 12(3), pp. 261-270.

Education and Training Foundation, (2018) *The Dual Professional Toolkit*. London: Education and Training Foundation.

Education and Training Foundation, (2019) *Education and Training Foundation: Homepage*. Available at: <https://www.et-foundation.co.uk/> (Accessed 01/08/2020).

Education and Training Foundation, (2020) *Education and Training Foundation: Professional Standards*. Available at: <https://www.et-foundation.co.uk/supporting/professional-standards/> (Accessed 01/08/2020).

Ericsson, A.K., (2008) Deliberate practice and acquisition of expert performance: a general overview. *Academic emergency medicine*, 15 (11), pp. 988-994. <https://doi.org/10.1111/j.1553-2712.2008.00227.x>

Ericsson, A.K., Krampe, R. T., & Tesch-Römer, C. (1993) The role of deliberate practice in the acquisition of expert performance. *Psychological Review*, 100 (3), pp. 363–406. <https://doi.org/10.1037/0033-295X.100.3.363>

ESR, (2020) *000 Educator Hub 07 - Continuing Professional Development as an Educator*. Available at: <http://www.esrsupport.co.uk/catalogue.php5?m=showCourse&ID=81347> (Accessed 31/08/2020).

Everett, C., (2012) *Training budgets first to be cut due to unclear business value*. Available at: <https://www.hrzone.com/talent/development/training-budgets-first-to-be-cut-due-to-unclear-business-value> (Accessed 31/08/2020).

Fazaeli, T., (2013) Lecturers are dual professionals in need of continuous development. *Education Journal*, 159, pp. 10-11.

Fielding, M., Bragg, S., Craig, J., Cunningham, I., Eraut, M., Gillinson, S., Horne, M., Robinson, C., Thorp, J., (2005) *Factors influencing the Transfer of Good Practice* (report). Available at <https://dera.ioe.ac.uk/id/eprint/21001/1/RR615.pdf> (Accessed 15/03/2024).

Flanagan, J.C., (1954) The critical incident technique. *Psychological bulletin*, 51(4), p.327.

Flick, U., (2018) *An Introduction to Qualitative Research* 6th Edition. London: Sage Publications.

Francis QC, R., (2013) *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*. London: Her Majesty's Stationery Office.

Francis-Devine, B., (2020) *Poverty in the UK: Statistics*. London: House of Commons Library.

Fulcher, G., (2014) *Multiple-choice items: The social science of the multiple-choice test*. Available at: <https://languagetesting.info/features/mc/items.html> (Accessed: 05/11/2023).

- Gateshead Health NHS Foundation Trust, (2023) *Annual Report 2022-2023*. Available at: https://www.gatesheadhealth.nhs.uk/news/resources_type/annual-reports/ (Accessed 26/02/2024).
- Gibbs, G., (1988) *Learning by Doing: A guide to teaching and learning methods*. Oxford: Further Education Unit Oxford Polytechnic.
- Gilbert, N., (2011) *Researching Social Life 3rd edn*. London: Sage Publications.
- Gladwell, M., (2008) *Outliers: The Story of Success*. Boston: Little, Brown and Company.
- Glaser, B. G., Strauss, A. L., (1967) *The Discovery of Grounded Theory: Strategies for Qualitative Research*. Chicago: Aldine.
- Gov.uk (n.d.) *Apprenticeship training courses*. Available at: <https://findapprenticeshiptraining.apprenticeships.education.gov.uk/courses?keyword=&levels=7> (Accessed 17/12/2023).
- Gov.uk, (n.d.) *Apprenticeships: What is an apprenticeship*. Available at: <https://www.apprenticeships.gov.uk/influencers/what-is-an-apprenticeship> (Accessed 17/12/2023).
- Gov.uk (n.d.) *What qualification levels mean*. Available at <https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels> (Accessed 18/02/2024).
- Gov.uk (2016) *Northern Powerhouse Strategy*. Available at https://assets.publishing.service.gov.uk/media/5a81966ded915d74e33ff056/NPH_strategy_web.pdf (Accessed 04/02/2024).
- Greener, I., (2011) *Designing Social Research: A Guide for the Bewildered*. London: Sage Publications.
- Greger, M., (2006) *Bird Flu: A Virus of Our Own Hatching*. New York City: Lantern Books.
- Gregson, M., Pollard, A., Nixon, L., Spedding, T., Gregson, M. and Pollard, A. eds., (2015) *Readings for reflective teaching in further, adult and vocational education*. London: Bloomsbury Publishing.
- Gregson, M., (2024) *MS Teams tutorial*, 13 February.
- Gregson, M., (2024) *MS Word comment on: Carrie Anne Walton draft thesis chapter 2*. 6th March.
- Guba, E.G. and Lincoln, Y.S., (1989) *Fourth generation evaluation*. London: Sage Publications.
- Gutmann, A., Thompson, D.F., (1998) *Democracy and Disagreement*. Boston MA: Harvard University Press.
- Hackett, K., (2019) *CPD Budgets: nurses to get personalised professional development budgets*. Available at: <https://rcni.com/nursing-standard/newsroom/news/cpd-budgets-nurses-to-get-personalised-professional->

development-funds-152801#:~:text=Every%20nurse%20providing%20NHS%20services,from%2084%20million%20this%20year (Accessed 31/08/2020).

Halpern, E.S., (1983) *Auditing naturalistic inquiries: The development and application of a model*. (Doctoral thesis). Indiana University.

Hampson, N., (1990) *The Enlightenment*. Vol. 4. London: Penguin.

Hargreaves, D., (1998) *Creative professionalism: The role of teachers in the knowledge society*. London: DEMOS.

Harris, I.M., McNeilly, H., Ward, D.J. *et al.* (2024) The Clinical Teaching Fellow role: exploring expectations and experiences. *BMC Med Educ* **24**, 213.
<https://doi.org/10.1186/s12909-024-05207-6>

Harvey, L., Knight, P., (1996) *Transforming higher education*. Bristol PA: Open University Press.

Harwood, T., Clarke, J., (2006) Grounding continuous professional development (CPD) in teaching practice. *Innovations in Education and Teaching International*, 43(1), pp. 29-39.

Health Education England, (2019) *Careers*. Available at: <https://www.stepintohenhs.nhs.uk/careers> (Accessed 31/08/2020).

Health Education England, (2020). *Programmes*. Available at: <https://www.e-lfh.org.uk/programmes/educator-hub/> (Accessed 31/08/2020).

Hennink, M., Hutter, I., Bailey, A., (2011) *Qualitative Research Methods*. London: Sage Publications.

Hoffmann, P (2023) *How to become a clinical nurse educator in the UK: A Guide*. Available at: <https://nursesgroup.co.uk/clinical-nurse-educator> (Accessed 22/09/2024).

Holford, A., (2017). *Students with BTECs do worse at university - here's how we close the gap*. Available at: <https://www.theguardian.com/higher-education-network/2017/nov/29/students-with-btecs-do-worse-at-university-heres-how-we-close-the-gap> (Accessed 31/08/2020).

Honey, P. and Mumford, A., (1992) *The manual of learning styles* (Vol. 3). Maidenhead: Peter Honey.

Hord, S.M., (1997) *Professional learning communities: Communities of continuous inquiry and improvement*. Texas: Southwest Educational Development Laboratory.

Hunt, D.E., (1987) *Beginning with ourselves: In practice, theory, and human affairs*. Pennsylvania: Brookline Books.

Illich, I., (1971) *Deschooling Society*. Middlesex: Penguin Education.

Institute for Government, (2022) *Timeline of UK government coronavirus lockdowns and restrictions*. Available at: <https://www.instituteforgovernment.org.uk/data-visualisation/timeline-coronavirus-lockdowns> (Accessed 18/02/2024).

Institute for Learning, (2012) *Professionalism: Education and training practitioners across further education and skills*. Available at: https://set.et-foundation.co.uk/media/110497/2012_10-lfL-professionalism-paper.pdf (Accessed 31/08/2020).

Irwin, T., (2019) *Nicomachean Ethics*. Indiana: Hackett Publishing.

Ixer, G., (1999) There's no such thing as reflection. *British Journal of Social Work*, 29(4), pp. 513-527.

Jagger, C., (2014) *Future health trends in the North East and how they might be supported or disrupted by policy changes*. London: Government Office for Science.

James, A., (2018) Planning and Conducting Interviews and Focus Groups. Available at: https://srhe.ac.uk/downloads/public/event-presentations/301_SRHE_CPD_Interviews_and_Focus_Groups_website_copy.pdf (Accessed 19/02/2024).

Joshi, K.R., (2018) Critical incidents for teachers' professional development. *Journal of NELTA Surkhet*, 5, pp. 82-88.

Kaplowitz, M. D., Hoehn, J. P., (2001) Do focus groups and individual interviews reveal the same information for natural resource valuation? *Ecological Economics*, 36(2), pp. 237-247.

Kara, H., (2015) *Creative research methods in the social sciences: A practical guide*. London: Policy Press.

Keene, D., (n.d.) *Spotlight on Qualitative Methods: Do I Need Multiple Coders?* Available at <https://iaphs.org/demystifying-the-second-coder/> (Accessed 17/12/2023).

Kelly, F.J., (1916) The Kansas Silent Reading Tests. *Journal of Educational Psychology*, 7(2), p.63.

Kennedy, A., (2005) Models of continuing professional development: A framework for analysis. *Journal of In-Service Education*, 31(2), pp. 235-250.

King, N., Horrocks, C., (2010) *Interviews in Qualitative Research 1st Edition*. Los Angeles: Sage Publications.

Kirsch, G., (1994) The Politics of I-Dropping. *College Composition and Communication*, 45 (3), pp. 381-383.

Kneebone, R., (2020) *Expert: Understanding the Path to Mastery*. New York City: Viking Press.

- Koch, T. (1994) Establishing rigour in qualitative research: The decision trail. *Journal of Advanced Nursing*, 19, 976–986. <https://doi.org/10.1111/j.1365-2648.1994.tb01177.x>
- Krathwohl, D.R., (2002) A revision of Bloom's taxonomy: An overview. *Theory into practice*, 41(4), pp.212-218.
- Kvale, S., (1996) *InterViews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks, California: Sage Publications
- Lamb, R., (2017) *Your World: I Want to Work in Healthcare but Uni isn't for Me*. Available at: <https://www.yourworld.com/uk/news/i-want-to-work-in-healthcare-but-uni-isnt-for-me> (Accessed 17/12/2023).
- Lave, J. and Wenger, E., (1991) *Situated Learning: Legitimate peripheral participation*. Cambridge: Cambridge University Press.
- Leonard, L., McCutcheon, K., Rogers, K. M., (2016) In touch to teach: Do nurse educators need to maintain or possess recent clinical practice to facilitate student learning? *Nurse Education in Practice*, 16(1), pp. 148-151.
- Lerner, H. M., (n.d.) *Obstetrics and Gynecology: Shoulder Dystocia*. Available at: <https://www.cancertherapyadvisor.com/home/decision-support-in-medicine/obstetrics-and-gynecology/shoulder-dystocia> (Accessed 17/12/2023).
- Lesser, E.L. and Storck, J., 2001. Communities of practice and organizational performance. *IBM systems journal*, 40(4), pp.831-841.
- Lewin, K., (1946) Action research and minority problems. *Journal of social issues*, 2 (4), pp. 34-46.
- Lewis, L., (1999) *Teacher quality a report on the preparation and qualifications of public school teachers*. Available at: <https://nces.ed.gov/surveys/frss/publications/1999080/> (Accessed 17/12/2023).
- Lieberman, A., Miller, L., (2008) *Teachers in professional communities: Improving teaching and learning*. New York: Teachers College Press.
- Lincoln, Y.S. and Guba, E.G., (1985) Establishing trustworthiness. *Naturalistic Inquiry*, 289 (331), pp. 289-327.
- Lincoln, Y.S. and Guba, E.G., (1985) *Naturalistic Inquiry*. California USA: Sage Publications.
- Lincoln, Y.S. and Guba, E.G., (1986) But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New directions for program evaluation*, 1986 (30), pp. 73-84.
- Lucas, B., Claxon, G., Webster, R., (2010) *Mind the gap: Research and reality in practical and vocational training*. London: Edge Foundation.
- Lynch, M., (2000) Against reflexivity as an academic virtue and source of privileged knowledge. *Theory, Culture & Society*, 17(3), pp. 26-54.

Mack, H.G., Sandhu, S.S., Filipe, H.P., (2016) Developing educators for continuing professional development. *Canadian Journal of Ophthalmology*, 51(3), pp. 196-200.

Majid, M. A. A., Othman, M., Mohamad, S. F., Lim, S. A. H., and Yusof, A., (2017) Piloting for interviews in qualitative research: Operationalization and lessons learnt. *International Journal of Academic Research in Business and Social Sciences*, 7(4), pp. 1073-1080.

Marcuse, H., (1941) Some social implications of modern technology. *Studies in philosophy and social science*, 9(3), pp.414-439.

Martin, G., Stanford, S. and Dixon-Woods, M., (2023) A decade after Francis: is the NHS safer and more open?. *BMJ*, 380.

Maslow, A.H., (1943) A theory of human motivation. *Psychological Review*, 50(4), p. 370.

Matthews, B., Ross, L., (2010) *Research Methods: A practical guide for the social sciences*. Harlow: Pearson Education Ltd.

McAteer, M., (2013) *Action Research in Education*. London: Sage Publications.

McMahon, M., Forde, C. and Dickson, B., (2015) Reshaping teacher education through the professional continuum. *Educational Review*, 67(2), pp.158-178.

McNiff, J., (2016). *You and your action research project*. London: Routledge.

McNiff, J., (2017) *Action research for professional development 2nd edn*. Dorset: September Books.

McNiff, J., Whitehead, J., (2002) *Action research: Principles and practice 2nd edn*. Oxon: Routledge.

Microsoft, (n.d.) *Record a game clip on your PC with Game Bar*. Available at: <https://support.microsoft.com/en-gb/windows/record-a-game-clip-on-your-pc-with-game-bar-2f477001-54d4-1276-9144-b0416a307f3c> (Accessed 19/02/2024).

Milgram, S. (1963) Behavioral study of obedience. *Journal of Abnormal and Social Psychology*, 67, pp. 371-378.

Minister of State for Further Education, Skills and Lifelong Learning, (2012) *Professionalism in Further Education*. London: Department for Business, Innovation and Skills.

Montgomery, A., Doulougeri, K. and Panagopoulou, E. (2021) 'Do critical incidents lead to critical reflection among medical students?', *Health Psychology and Behavioral Medicine*, 9(1), pp. 206–219. doi: 10.1080/21642850.2021.1899827.

Morgan, D., (1997) *Planning Focus Groups*. Thousand Oaks, California: Sage Publications Inc.

Morris, J., (2023) *CQC suspends Newcastle Hospitals NHS Foundation Trust's 'outstanding' rating*. Available at: <https://www.bbc.co.uk/news/uk-england-tyne-67302741> (Accessed 30/01/2024).

Mortimer, J., (n.d.) *Joint Practice Development: a different approach to CPD?* Available at: <https://repository.excellencegateway.org.uk/Jamie%20Mortimer%20-%20Research%20Report.pdf> (Accessed 29-03-2024).

Moss, W. and Eckhardt, R., (1995) The human plutonium injection experiments. *Los Alamos Science*, 23, pp. 177-233.

Moylan, C. A., Derr, A. S., Lindhorst, T., (2015) Increasingly mobile: How new technologies can enhance qualitative research. *Qual Soc Work*, 14(1), pp. 36-47.

Murphy-Latta, T., (2008) *A Comparative Study of Professional Development Utilizing the Missouri Commissioner's Award of Excellence and Indicators of Student Achievement*. University of Kansas.

National Health Service, (2020) *We are the NHS: People Plan for 2020/21*. London: NHS.

Neill, A.S., (1918) *A Dominie's Log*. London: Herbert Jenkins Ltd.

Newcastle University Press Office, (2013) *Closing the gap in health inequality: pioneering simulation*. Available at: <https://www.ncl.ac.uk/press/articles/archive/2013/09/closingthegapinhealthinequalitypioneeringsimulation.html> (Accessed 30/10/2023).

NHS Digital, (2020) *NHS Workforce Statistics May 2020*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/may-2020> (Accessed 31/08/2020).

NHS Do OD (@NHSE_DoOD). "One of the things we've learned, is that the definition and the application of OD are different (but you need to understand both). So saying what it is doesn't always describe what it does. The definition of a cake doesn't tell you how it tastes, or what kind of cake it is." 26/07/2018 16:25. Tweet.

NHS Employers, (2020). *Preceptorships for newly qualified staff*. Available at: <https://www.nhsemployers.org/your-workforce/plan/workforce-supply/education-and-training/preceptorships-for-newly-qualified-staff> (Accessed 31/08/2020).

NHS England (2016) *Board papers Annex B* [online]. Available at: <https://www.england.nhs.uk/wp-content/uploads/2016/10/private-board-item4-appx-b-mar-15.pdf> (Accessed 05/11/2023).

NHS England, (2021) *The future of NHS human resources and organisational development report*. London: NHS.

NHS England (2024) *NHS Workforce Statistics - May 2024*. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/may-2024-> (Accessed 22/09/2024).

NHS Improvement, (2019) *Performance of the NHS provider sector for the year ended 31 March 2019*. London: NHS Improvement.

NHSE Do OD (@NHSE_DoOD). "That's right though, our friend @Cheungjudge describes OD as a 'scavenger' discipline." 26/07/2018 10:18. Tweet.

NHS Leadership Academy (n.d.) *Programmes to help you grow as a leader*. Available AT: <https://www.leadershipacademy.nhs.uk/programmes/> (Accessed 05/11/2023).

NHS Leadership Academy (2016) *NHS Leadership Academy Business Plan*. Available at: https://www.leadershipacademy.nhs.uk/wp-content/uploads/dlm_uploads/2016/07/NHS-Leadership-Academy-Business-Plan-11617.pdf (Accessed 05/11/2023).

NHS Leadership Academy (2022) *Regional Academies – History: Annual Report 2020/22*. Available at: <https://annualreport.leadershipacademy.nhs.uk/history/regional-academies/> (Accessed: 05/11/2023).

Nicolaidis, A., Poell, R.F., (2020) “The only option is failure”: Growing safe to fail workplaces for critical reflection. *Advances in Developing Human Resources*, 22 (3), pp. 264-277.

Northumbria Healthcare NHS Foundation Trust (n.d.) Working for Us. Available at: <https://www.northumbria.nhs.uk/about-us/our-people#88d108af> (Accessed 05/11/2023).

Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017) Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1). <https://doi.org/10.1177/1609406917733847>

Nursing and Midwifery Council, (2016) *First report shows the introduction of revalidation is a success*. Available at: <https://www.nmc.org.uk/news/press-releases/first-report-shows-the-introduction-of-revalidation-is-a-success/> (Accessed 31/08/2020).

Nursing and Midwifery Council, (2019) *What You Need to Do*. Available at: <http://revalidation.nmc.org.uk/what-you-need-to-do.1.html> (Accessed 04/08/2019).

Nyumba, T. O., Wilson, K., Derrik, C. J., Mukherjee, N., (2017) The use of focus group discussion methodology: Insights from two decades of application in conservation. *Methods in Ecology and Evolution*, 9, pp. 20-32.

O'Connor, C., Joffe, H. (2020) Intercoder Reliability in Qualitative Research: Debates and Practical Guidelines. *International Journal of Qualitative Methods*, 19. <https://doi.org/10.1177/1609406919899220>

OECD (2022) *Education at a Glance 2022: OECD Indicators*. Available at <https://doi.org/10.1787/3197152b-en> (Accessed 17/12/2023).

Office for National Statistics, (2020) *Employment in the UK: August 2020*. Available at: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/employmentintheuk/august2020> (Accessed 06/02/2021).

Office for National Statistics, (2020) *Labour market in the regions of the UK: August 2020*. Available at:

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/regionallabourmarket/august2020> (Accessed 06/02/2021).

Office for National Statistics, (2021) *Life expectancy for local areas of the UK: between 2001 to 2003 and 2018 to 2020*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/lifeexpectancyforlocalareasoftheuk/between2001to2003and2018to2020> (Accessed 30/10/2023).

Office for National Statistics, (2022) *Health state life expectancies, UK: 2018 to 2020*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2018to2020> (Accessed 30/10/2023).

Office for National Statistics, (2023) *Education, England and Wales: Census 2021*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/bulletins/educationenglandandwales/census2021> (Accessed 30/10/2023).

Office for National Statistics, (2023) *Labour market in the regions of the UK: September 2023*. Available at:

<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/regionallabourmarket/september2023> (Accessed 30/10/2023).

Office for National Statistics, (2023) *Population Estimates: CT21_0164_Census 2021*. Available at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/adhocs/1612ct210164census2021> (Accessed 30/10/2023).

Office for National Statistics, (n.d.) *International Geographies*. Available at:

<https://www.ons.gov.uk/methodology/geography/ukgeographies/eurostat> (Accessed 30/10/2023).

Oliver, D., (2020) David Oliver: Silencing NHS staff who speak out is sheer stupidity. *BMJ*, 369.

Oliver, D.G., Serovich, J.M. and Mason, T.L., (2005) Constraints and opportunities with interview transcription: Towards reflection in qualitative research. *Social forces*, 84 (2), pp. 1273-1289.

Onwurah, C., (2019) *What has the 'northern powerhouse' actually done for the people of the north?*. Available at:

<https://www.theguardian.com/commentisfree/2019/jun/24/northern-powerhouse-investment-george-osborne> (Accessed 30/10/2023).

Osterman, K., Kottkamp, R., (1993) *Reflective Practice for Educators: Improving schooling through professional development*. Newbury Park California: Corwin Press Inc.

Paine, T., (1776) *Common Sense* (pamphlet). Philadelphia: R Bell

- Palmer, B., Rolewicz, L., (2020) *The NHS Workforce in Numbers*. Available at: <https://www.nuffieldtrust.org.uk/resource/the-nhs-workforce-in-numbers> (Accessed 06/02/2021).
- Pearson Education Ltd., (2020) *About BTEC*. Available at: <https://qualifications.pearson.com/en/about-us/qualification-brands/btec.html> (Accessed 06/02/2021).
- Peck, E. ed., (2005) *Organisational development in healthcare: approaches, innovations, achievements*. Oxon: Radcliffe Publishing.
- Peel, D., (2005) Dual professionalism: facing the challenges of continuing professional development in the workplace? *Reflective Practice*, 6(1), pp. 123-140.
- Pino Gavidia, L. A., & Adu, J. (2022). Critical Narrative Inquiry: An Examination of a Methodological Approach. *International Journal of Qualitative Methods*, 21. <https://doi.org/10.1177/16094069221081594>
- Plowright, D., (2012) An integrated professionalism in further education: a time for phronesis? *Journal of Further and Higher Education*, 36(1), pp. 1-16.
- Prospects, (2023) *PGCE*. Available at: <https://www.prospects.ac.uk/jobs-and-work-experience/job-sectors/teacher-training-and-education/pgce> (Accessed 04/02/2024).
- Quinio, V., (2023) *Cities Outlook 2023: Solving the UK's inactivity crisis*. Available at: <https://www.centreforcities.org/blog/solving-the-uks-inactivity-crisis/> (Accessed 30/10/2023).
- Quinlan, K. M., (1998) Promoting faculty learning about collaborative teaching. *College Teaching*, 46(2), pp. 43-48.
- Raymond, J. C. (1993) I-Dropping and Androgyny: The Authorial I in Scholarly Writing. *College Composition and Communication* 44 (4): pp. 478-483.
- Richards, J.C. and Farrell, T.S., (2005) *Professional development for language teachers: Strategies for teacher learning*. Cambridge: Cambridge University Press.
- Rivera, J.D., (2019) When attaining the best sample is out of reach: Nonprobability alternatives when engaging in public administration research. *Journal of Public Affairs Education*, 25(3), pp. 314-342.
- Robboy, C.A., (2002) Lost in translation: The hazards of applying social constructionism to quantitative research on sexual orientation development. *Journal of Homosexuality*, 42(3), pp.89-102.
- Roberts, C., (2011) *Vocational paths: alternative routes to the top*. Available at: <https://www.theguardian.com/career-skills/vocational-paths-alternative-routes-top> (Accessed 04/02/2024).
- Roberts, C., (2023) *Quality of life index: The best UK cities to live and work in 2023*. Available at: <https://www.totaljobs.com/recruiter-advice/quality-of-life-index-the-best-uk-cities-to-live-and-work-in-2023> (Accessed 30/10/2023).

Robson, C. and McCartan, K., (2016) *Real world research* 4th edn (ed.). Malden, MA: Blackwell Publishing.

Rosenholtz, S.J., (1989) *Teachers' workplace: The social organization of schools*. Boston: Addison-Wesley Longman Limited.

Roulston, K., (2010) *Reflective interviewing: A guide to theory and practice*. London: Sage Publications.

RSA, (2010) *RSA ANIMATE: Changing Education Paradigms* [Sir Ken Robinson]. Available at: <https://www.youtube.com/watch?v=zDZFcDGpL4U> (Accessed 06/02/2021).

Ryle, G., (1945) Knowing how and knowing that: The presidential address. *Proceedings of the Aristotelian society*. 46, pp. 1-16

Saldaña, J., (2021) *The Coding Manual for Qualitative Researchers*. London: Sage Publications.

Sandelowski, M., (1986) The problem of rigor in qualitative research. *Advances in nursing science*, 8(3), pp.27-37.

Sandelowski, M. (1995) Qualitative analysis: What it is and how to begin. *Research in Nursing and Health*, 18, 371–375. <https://doi.org/10.1002/nur.4770180411>

Sandelowski, M., (2001) Real qualitative researchers do not count numbers: the use of numbers in qualitative research. *Research in Nursing and Health*, 24(3), pp. 230 – 240.

Sarason, S.B., (1990) *The Predictable Failure of Educational Reform: Can We Change Course before It's Too Late? The Jossey-Bass Education Series and the Jossey-Bass Social and Behavioral Science Series*. California: Jossey-Bass, Inc.

Sather, S.E. ed., (2009) *Leading professional learning teams: A start-up guide for improving instruction*. Thousand Oaks California: Corwin Press.

Scales, P., Pickering, J., Senior, L., Headley, K., Garner, P., Boulton, H., (2011) *Continuing Professional Development in the Lifelong Learning Sector*. Berkshire: Open University Press.

Schön, D.A. (1983) *The Reflective Practitioner: How Professionals Think in action*. London: Temple Smith.

Schraer, R. (2018) *Is there a north-south divide in England's schools?* Available at: <https://www.bbc.co.uk/news/education-43544255> (Accessed 30/10/2023).

Seitz, S., (2016) Pixilated partnerships, overcoming obstacles in qualitative interviews via Skype: a research note. *Qualitative Research*. 16(2), pp. 229-235.

Senge, P.M., (1990) *The Fifth Discipline: The art and practice of the learning organization*. Redfern Sydney: Currency.

Sennett, R., (2008) *The Craftsman*. London: Penguin Books.

Sergiovanni, T.J. (1994) *Building community in schools*. San Francisco: Jossey-Bass Publishers.

Sergiovanni, T.J., (1994) Organizations or communities? Changing the metaphor changes the theory. *Educational administration quarterly*, 30 (2), pp .214-226.

Skelton, D., (2015) *Manchester isn't 'the north' – the real Northern Powerhouse should be Newcastle*. Available at: <https://www.telegraph.co.uk/news/politics/conservative/11903641/Manchester-isnt-the-north-the-real-Northern-Powerhouse-should-be-Newcastle.html> (Accessed 30/10/2023).

Sky News, (2019) *Blyth Valley: Why lifelong Labour voters switched to Conservative*. Available at: <https://www.youtube.com/watch?v=mYzQzJ262Qw> (Accessed 30/10/2019).

Smithson, J., (2000) Using and analysing focus groups: limitations and possibilities. *Social Research Methodology*, 3(2), pp. 103-119.

Stenhouse, L., (1975) *An introduction to curriculum research and development* (Vol. 46). London: Heinemann.

Stoll, L., Bolam, R., McMahon, A., Wallace, M. and Thomas, S., (2006) Professional learning communities: A review of the literature. *Journal of educational change*, 7 (4), pp. 221-258.

Stoll, L., Brown, C., Spence-Thomas, K. and Taylor, C., (2017) Teacher leadership within and across professional learning communities. *Teachers leading educational reform* (pp. 51-71). Routledge.

Strunk, W., (1918) *The Elements of Style*. San Diego: Harcourt.

Summerhill School (n.d.) *Teaching at Summerhill*. Available at: <https://www.summerhillschool.co.uk/teaching-at-summerhill> (Accessed 17/12/2023).

Swinney, P., (2016) *Building the Northern Powerhouse*. Available at: <https://www.centreforcities.org/reader/building-northern-powerhouse-lessons-rhine-ruhr-randstad/introduction/> (Accessed 30/10/2023).

The Health Foundation, (2023) *Low life expectancy in the north east, and what to do about it – with Alice Wiseman and Professor Clare Bambra: Episode 28 of the Health Foundation podcast*. Available at: <https://www.health.org.uk/news-and-comment/podcast/low-life-expectancy-in-the-north-east-and-what-to-do-about-it> (Accessed 30/10/2023).

The King's Fund, (2023) *The NHS budget and how it has changed*. Available at: <https://www.kingsfund.org.uk/projects/nhs-in-a-nutshell/nhs-budget> (Accessed 30/10/2023).

The Newcastle upon Tyne Hospitals NHS Foundation Trust, (n.d.) *Our learning and leadership offer*. Available at: <https://newcastle-hospitals.nhs.uk/home/nmahps/our->

strategy/leadership/delivering-on-this-priority/our-leadership-offer-2/ (Accessed 05/11/2023).

The Newcastle upon Tyne Hospitals NHS Foundation Trust, (2019) *Second CQC outstanding rating*. Available at: <https://www.newcastle-hospitals.nhs.uk/news/second-cqc-outstanding-rating/> (Accessed: 05/11/2023).

The Newcastle upon Tyne Hospitals NHS Foundation Trust, (2020) *Project Lead - Clinical Skills Academy*. Available at: <https://www.jobs.nhs.uk/xi/vacancy/916136066> (Accessed 01/08/2020).

The Newcastle upon Tyne Hospitals NHS Foundation Trust, (2024) *Annual Reports and Statements of Accounts*. Available at: <https://www.newcastle-hospitals.nhs.uk/about/trust/publication-scheme/annual-reports-and-statements-of-accounts/> (Accessed 26/02/2024).

The Newcastle upon Tyne Hospitals NHS Foundation Trust, (2024) *Our Trust: What we do*. Available at: <https://www.newcastle-hospitals.nhs.uk/about/trust/who-we-are/> (Accessed 11/02/2024).

The Open University, (2024) *Open Learn: Critically Exploring Psychology 3.1 Positivism and Constructivism*. Available at: <https://www.open.edu/openlearn/health-sports-psychology/critically-exploring-psychology/content-section-3.1> (Accessed 27/02/2024).

The Royal College of Nursing, (2017) *[untitled teaching resource]*. Available at: <https://www.rcn.org.uk/-/media/royal-college-of-nursing/documents/publications/2017/april/pub-005736.pdf> (Accessed 01/08/2020).

The Royal College of Nursing, (2019) *RCN Employment survey reveals nursing staff stretched to breaking point*. Available at: <https://www.rcn.org.uk/news-and-events/press-releases/staff-survey> (Accessed 06/02/2021).

The Royal College of Nursing, (2020) *Considering a role within Education?* Available at: <https://www.rcn.org.uk/professional-development/your-career/nurse/career-crossroads/career-ideas-and-inspiration/education> (Accessed 06/02/2021).

The Royal College of Nursing, (2023) *Valuing Nursing in the UK*. Available at: <https://www.rcn.org.uk/Professional-Development/publications/valuing-nursing-in-the-uk-uk-pub-010-695> (Accessed 04/02/2024).

Thorne, S. (2000) Data analysis in qualitative research. *Evidence Based Nursing*, 3, pp. 68–70. <https://doi.org/10.1136/ebn.3.3.68>

Times Higher Education, (2023) *World University Rankings 2023*. Available at: https://www.timeshighereducation.com/world-university-rankings/2023/world-ranking#!/length/-1/sort_by/rank/sort_order/asc/cols/stats (Accessed 30/10/2023).

Times Higher Education: The Student, (2023) *Best universities in the UK 2024 - University Rankings*. Available at: <https://www.timeshighereducation.com/student/best-universities/best-universities-uk> (Accessed 30/10/2023).

Timperley, H., (2011) *Realizing the Power of Professional Learning*. London: Open University Press.

Tobin, G. A., & Begley, C. M. (2004) Methodological rigour within a qualitative framework. *Journal of Advanced Nursing*, 48, 388–396.
<https://doi.org/10.1111/j.1365-2648.2004.03207.x>

Trevanian, (1979) *Shibumi*. New York: Ballantine Books.

Tripp, D., (1993) *Critical Incidents in Teaching: Developing Professional Judgement*. London: Routledge Farmer.

University Hospitals Birmingham NHS Foundation Trust (2023) *Vacancy: Band 6 Clinical Educator*. Available at: <https://uhb.tal.net/vx/mobile-0/appcentre-ext/brand-4/candidate/so/pm/1/pl/3/opp/7023-Band-6-Clinical-Educator/en-GB> (Accessed 22/09/2024).

UK Government (n.d.) *Annex A: Local Government geography and history*. Available at:
<https://assets.publishing.service.gov.uk/media/5a79a3ace5274a684690b034/1622442.pdf> (Accessed 30/10/2023).

UK Government, (n.d.) *Northern Powerhouse: Ideas*. Available at:
<https://northernpowerhouse.gov.uk/ideas/> (Accessed 30/10/2023).

Van Manen, M., (1990) *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*. New York: State University of New York Press.

Walton, C. A., (@CarrieAWalton). “So... after much googling, discussing, twitter searching etc, my boss & I still have not managed to find a non-management-speak definition of Organisational Development. So I ask you, Twittersphere... What IS OD?... #FutureOD @NHSE_DoOD” · 26/07/2018 14:55. Tweet

Walton, C.A., (@CarrieAWalton) “I like “Helping organisations achieve their goals”. We found it difficult to pin down a definition because it seems like a really broad discipline - bits of L&D, bits of project management, bits of QI, bits of other stuff... 🤖” 26/07/2018 16:54. Tweet.

Waters, M., Wall, D., (2008) Educational CPD: An exploration of the attitudes of UK GP trainers using focus groups and an activity theory framework. *Medical Teacher*, (30), pp. 250-259.

Watterson, B., (1996) *There's Treasure Everywhere: A New Calvin and Hobbes Collection*. London: Warner Books

Welsome, E., (2010) *The Plutonium Files: America's Secret Medical Experiments in the Cold War*. London: Delta.

Wenger, E., (1998) *Communities of practice: Learning, meaning, and identity*. Cambridge: Cambridge University Press.

Wenger, E., McDermott, R.A. and Snyder, W., (2002) *Cultivating communities of practice: A guide to managing knowledge*. Boston MA: Harvard Business Press.

Wikipedia, (2023) *Blyth Valley (UK Parliament constituency)*. Available at: [https://en.wikipedia.org/wiki/Blyth_Valley_\(UK_Parliament_constituency\)](https://en.wikipedia.org/wiki/Blyth_Valley_(UK_Parliament_constituency)) (Accessed 30/10/2023).

Wikipedia. (2018). *Qualified Teacher Learning and Skills*. Available at: https://en.wikipedia.org/wiki/Qualified_Teacher_Learning_and_Skills (Accessed 17/12/2023).

Wiley, D., (2016) *Improving Learning: Toward Renewable Assessments*. Available at: <https://opencontent.org/blog/archives/4691> (Accessed 17/12/2023).

Wise, C., Bradshaw, P., & Cartwright, M., (2013) *Leading Professional Practice in Education*. Milton Keynes: The Open University and Sage Publications.

Woolfolk, A., Hughes, M., Walkup, V., (2008) *Psychology in Education*. Harlow: Pearson Education Limited.

Wordvice (2022) *Can You Use First-Person Pronouns (I/we) in a Research Paper?* Available at: <https://blog.wordvice.com/first-person-pronouns-in-research-paper/> (Accessed 17/12/2023).

World Health Organization, (n.d.) *Healthy life expectancy (HALE) at birth*. Available at: <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/66> (Accessed 30/10/2023).

World of Work, (2019) *Organizational Development: An Easy Introduction* [online]. Available at: <https://worldofwork.io/2019/02/organizational-development-an-overview/> (Accessed 08/04/2023).

Young, M.F., (1998) *The curriculum of the future: from the "new sociology of education" to a critical theory of learning*. Oxon: Routledge.

Appendix A

Invitation to participate – email wording

Dear Colleague,

My name is Carrie Walton, and I am a doctoral student at the University of Sunderland's Department of Education.

I am kindly requesting your participation in a doctoral research study that I am conducting titled: ***But you're a teacher too: a critical exploration of the notion of the dual professional and its consequences in practice.***

The aim of this research is to examine the nature and levels of NHS-educator engagement with professional learning and CPD activity through the narrative accounts of the experiences of multi-qualified individuals.

It asks:

1. How do NHS-educators regard their own professional learning and related CPD in relation to their professional knowledge and practice in the discipline of education?
2. To what extent do NHS-educators individuals see Education-specific CPD activity as a personal or an organisational responsibility?
3. How do dual qualified educators in the NHS conceptualise their professional practice as both subject matter experts (SMEs) and an educator?

The study involves completing basic demographic information and participating in an individual semi-structured interview of no longer than one hour which will be conducted via Microsoft Teams.

Participation is completely voluntary, and you may withdraw from the study at any time. The study is completely anonymous; therefore, it does not require you to provide your name or any other identifying information beyond the basic demographic information, all of which is non-mandatory.

If you would like to participate in the study, please read the Informed Consent information below, and reply to this email confirming you understand the conditions of participation and are happy to proceed. We can then arrange a mutually convenient time to carry out the interview.

Interview Consent Form

Research project title: *But you're a teacher too: a critical exploration of the notion of the dual professional and its consequences in practice.*

Research investigator: *Carrie Walton*

The interview will take no longer than 1 hour. I don't anticipate that there are any risks associated with your participation, but you have the right to stop the interview or withdraw from the research at any time.

Thank you for agreeing to be interviewed as part of the above research project. Ethical procedures for academic research undertaken from UK institutions require that interviewees explicitly agree to being interviewed and how the information contained in their interview will be used. This consent form is necessary for me to ensure that you understand the purpose of your involvement and that you agree to the conditions of your participation. Would you therefore read the accompanying information before agreeing to participate:

- the interview will be recorded, and a transcript will be produced.
- the transcript of the interview will be analysed by Carrie Walton as research investigator.
- access to the interview transcript will be limited to Carrie Walton and academic colleagues and researchers with whom I might collaborate as part of the research process.
- any summary interview content, or direct quotations from the interview, that are made available through academic publication or other academic outlets will be anonymized so that you cannot be identified, and care will be taken to ensure that other information in the interview that could identify you is not revealed.
- the actual recording will be securely retained by Carrie Walton until final submission of the PhD thesis (Spring 2023), at which point any copies of it will be deleted.
- any variation of the conditions above will only occur with your further explicit approval.

All or part of the content of your interview may be used;

- In academic papers, policy papers or news articles
- On my website and in other media that I may produce such as spoken presentations
- On other feedback events

By replying to this email and agreeing to be interviewed I agree that;

- I am voluntarily taking part in this project. I understand that I don't have to take part, and I can stop the interview at any time.
- The transcribed interview or extracts from it may be used as described above.
- I don't expect to receive any benefit or payment for my participation.
- I can request a copy of the transcript of my interview and may make edits I feel necessary to ensure the effectiveness of any agreement made about confidentiality.
- I have been able to ask any questions I might have, and I understand that I am free to contact the researcher with any questions I may have in the future.

Contact Information

This research has been reviewed and approved by the Sunderland University Research Ethics Board. If you have any further questions or concerns about this study, please contact:

Carrie Walton
Carrieanne.walton@gmail.com
07307 418398

You can also contact Carrie's supervisor:
Professor Maggie Gregson
maggie.gregson@sunderland.ac.uk

If you have any further concerns around the ethics of educational research, please refer to the current Ethics and Guidance documents published by the British Educational Research Association (BERA): <https://www.bera.ac.uk/resources/all-publications/resources-for-researchers>

Appendix B

Interview Guide

- Introduce myself
- Purpose of interview and research
- Duration
- You are free to not answer any question, just state and we will move on.

INTERVIEW QUESTIONS

- Tell me about your role/experience/history as an educator.
- What do you think it means to be a 'professional'? *not just as an educator
- How would you describe your professional identity / practice?
- What is your understanding / conceptualisation of the CPD requirements of a teacher? Particularly in relation to dual professionalism?
- In what ways do you feel CPD is necessary for teachers/educators to be considered 'professionals'? Explain your response.
- Where/with whom do you see the responsibility for CPD lying? i.e., do you feel CPD is an individual responsibility, or should employers provide the minimum requirements to maintain currency/registration?
- Tell us about your own CPD activities and how you maintain currency both as an education, and as a subject specialist?
- How do you decide on/select CPD activities to carry out?
- How is your CPD planned / sought out, or is some serendipitous?
- Is your CPD activity recorded?

Appendix C

Impact Grid

ETF - SUNCETT Customised Programmes 2019 - 2024

Please note that these are indicators of immediate/interim impact and that this grid is still a 'work-in progress'

Name of practitioner	Carrie Anne Walton
Programme	PhD
Email address	carrieanne.walton@gmail.com
Telephone number	07307418398
Institution	
Address of institution	
Title of research	<i>But you're a teacher too:</i> a critical exploration of the notion of the dual professional and its consequences in practice

Impact	Dates	Description	Comments
Learning Technologies Annual Conference, London	11 – 12 th February 2020	Conversations with the Conference Director – Don Taylor – regarding my research and the positive impact it could have on both educational research within the NHS and wider industry.	

		Don is interested in me presenting a session at a future conference, or a Summer Forum when the research is further through	
Learning Technologies Annual Conference, London	11 – 12 th February 2020	<p>Conversations with the presenter of Learning Now TV – Nigel Payne – regarding my research and the positive impact it could have on both educational research within the NHS and wider industry.</p> <p>Nigel expressed an interest in interviewing me for a future show about L&D in the NHS and how the NHS is commonly overlooked as a place for educational research to happen.</p>	
Education and Training Foundation Annual Conference (virtual)	6 – 7 th July 2020	<p>Researcher contribution</p> <p>Produced a poster presentation with accompanying three-minute audio commentary.</p> <p>Abstract published in the conference book of abstracts.</p> <p>Gave 15-minute presentation of my research to all conference delegates</p>	<p>Approximately 100 delegates in attendance.</p> <p>First time presenting the research.</p>
NHS Workforce Development Team Meeting	25 th August 2020	Presented a segment on CPD to the team	Quite contrary to my research really – presenting a session to educators on CPD.
NHS Workforce Development Team	Longer term	As a result of my ongoing enthusiasm for CPD and now my research, department managers have taken a more serious interest in the CPD activities of the educators within the department and are in the early stages of putting together a more formal programme of CPD that will be available to all staff.	

Invited to talk on the 'Women Talking about Learning' podcast	October 2020 (airing 1 st Dec 2020)	Invited to speak on the WTAL podcast on the "evidence-based practice" episode. Engaged in a 30-minute discussion with another L&D professional about evidence and why it's important in practice.	
Invited to talk on the 'FE Research Podcast' talking about my research	Recorded January 2021	One hour discussion with the hosts about my research, and the importance of practitioner research in general.	
International IPFREC conference	July 2021	Presented on my thesis at the conference	
ETF 'Ed Tech Mentor' award	August 2021	Awarded a £1000 grant from the ETF for conducting a three-month ed-tech mentoring piece at my place of work	
ETF Mentoring Skills award	October 2021	Awarded a £6000 grant for conducting a six-month 'Mentoring Skills for New Mentors' programme at work	Had to surrender the grant as I left the organisation in December. As far as I'm aware the organisation did not continue with the programme.
ARPCE conference	July 2022	Presented 'Challenging the notion of the 'dual professional': what can we learn from the teachings of Aristotle' at the ARPCE Conference in Oxford	
Society for Education and Training 'InTuition' journal	September 2022	Feature article published on NHS educators	Several people made contact with me after the article was published wanting to have conversations about educational research in the NHS.

Scottish Educational Research Association conference	November 2022	Presented 'Waving from the side-lines: The Struggle for Inclusion of NHS Educators' at the annual SERA conference	
SERA ECR Network Convenor	January 2023 – December 2023	Volunteered as ECR Network convenor for SERA. Grew membership and established a series of ongoing events.	Withdrew as convenor due to a change in personal circumstances.
Book chapter proposal accepted	December 2023	Proposal for book chapter accepted for EERA book provisionally titled "Re-Membering Education: Temporally Inflected Approaches to Edges of Inquiry"	Unfortunately, submission deadline for the chapter draft was 31 st March 2024 which clashed with the completion date for my thesis.

Appendix D



Application 006701

Section A: Applicant details

Date application started:

Thu 26 March 2020 at 11:36

First name:

Carrie

Last name:

Walton

Email:

Carrie.Walton@research.sunderland.ac.uk

Programme name:

SUNCETT ETF Customised MPhil

Module name:

SUNCETT ETF Customised MPhil

Last updated:

05/08/2022

Department:

School of Education

Applying as:

Student

Research project title:

Dual-identity: An examination of engagement with educator CPD among non-standard educators

Similar applications:

- not entered -

Supervisor

1. Supervisor

Name

Email

Dr Lawrence Nixon

lawrence.nixon@sunderland.ac.uk

Risk Assessment

Suitability

Adheres to BPS Code of Human Research Ethics (2021)?

No

Takes place outside UK?

No

Involves NHS?

No

Healthcare research?

No

ESRC funded?

No

Involves adults who lack the capacity to consent?

No

Led by another UK institution?

No

Involves human tissue?

No

Clinical trial?

No

Social care research?

No

Risk Assessment

Does the study involve participants who are potentially or in any way vulnerable or who may have any difficulty giving meaningful consent to their participation or the use of their information?

No

Are participants to be involved in the study without their knowledge and consent (e.g. through internet-mediated research, or via covert observation of people in public places)?

No

Will the study require the co-operation of a gatekeeper for initial access to the groups or individuals to be recruited?

No

Does the research methodology involve the use of deception or activities which are conducted without participants' full and informed consent at the time the study is carried out?

No

Are there any significant concerns regarding the design of the research project?

No

Does the research involve any of the following groups?

- a. children under 18 years of age?
- b. vulnerable adults (eg people with learning or communication difficulties)
- c. individuals who have a dependent or subordinate relationships to researchers
- d. people in custody (eg young offenders or people in prisons)
- e. individuals unable to give consent
- f. individuals involved in illegal activities
- g. therapeutic interventions

No

If the proposed research relates to the provision of social or human services is it feasible and/or appropriate that service users or service user representatives should be in some way involved in or consulted?

No

Are there payments to researchers/participants that may have an impact on the objectivity of the research?

No

Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?

No

Could the study induce unacceptable psychological stress or anxiety or cause harm or negative consequences beyond the risks encountered in normal life? Will the study involve prolonged or repetitive testing?

No

Will the study involve discussion of sensitive topics? For example (but not limited to): sexual activity, illegal behaviour, experience of violence or abuse, drug use, etc.)

No

Are drugs, placebos or other substances to be administered to the study participants or will the study involve invasive, intrusive or potentially harmful procedures of any kind?

No

Will research involve the sharing of data or confidential information beyond the initial consent given?

No

Is there ambiguity about whether the information/data you are collecting is considered to be public?

No

Will the research involve administrative or secure data that requires permission from the appropriate authorities before use?

No

Will the research involve the use of visual/vocal methods that potentially pose an issue regarding confidentiality and anonymity?

No

The Data Protection Act 2018 will apply to any data-processing activities entailed by this research. Is there any cause for uncertainty as to whether the research will fully comply with the requirements of the Act?

No

Are there any particular groups who are likely to be harmed by dissemination of the results of this project?

No

Do you have any doubts or concerns regarding your (or your colleagues) physical or psychological wellbeing during the research period?

No

Will the research involve accessing security-sensitive material, such as material related to terrorism or to violent extremism of any kind, including, but not limited to, Islamist extremism and far-right extremism?

No

Summary

This research aims to examine the nature and levels of engagement with educator-specific CPD activity of a sample of dual-professional individuals working as educators in any capacity within an NHS Trust in the North East of England.

Through personal accounts gather by conducting approximately twenty individual qualitative interviews, the research will address the ways in which these dual-professionals attribute value and purpose to CPD for their role as educators. It will also consider the ways these individuals make sense of their professional identities as both educators and subject matter experts. Finally, it will hope to uncover where the responsibility is seen as lying for the provision of CPD; with the individual or an employer.

This research will explore the attitudes towards CPD activity of educators and the levels of engagement of individuals highlighting the efficacy of CPD and the potential impact on quality of education delivery.

Section G: Declaration

Signed by:

Carrie Anne Walton

Date signed:

Wed 3 June 2020 at 11:59

Official notes

- not entered -

Notifications

Your application (006701 Carrie Walton) has been approved.

[View decision](#)

Thu 9 July 2020 at 13:20

You submitted your application 006701 Carrie Walton.



Wed 3 June 2020 at 11:59

You submitted your application 006701 Carrie Walton.



Thu 2 April 2020 at 08:48