Fitness for purpose in vocational higher education:
relationship between entry requirements and student
attainment in Occupational Therapy degree programmes.

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Summary

This thesis explores the relationship between the level of entry requirements and subsequent student attainment on Occupational Therapy degree programmes. It questions the justification for the continued rise in the level of entry qualifications since the early 1990s. It also considers whether students' personal qualities should be seen as equally important when considering entry to a vocational programme.

The thesis begins with a review of the evolution of Occupational Therapy as a profession and considers the development of training courses from diploma through to degree validation. A range of literature is discussed in relation to the role of qualifications in education and training including degrees in the training of professionals and issues of professional competence.

An empirical investigation, using quantitative and qualitative methods was conducted of the relationship between entry requirements and student attainment at an English university where an Occupational Therapy degree programme has been placed since 1991. A questionnaire survey provided details of the students' entry qualifications which were then considered alongside evidence of students' progress and attainment during the programme and their final degree classification. Interviews were conducted with lecturers at the university and employers of the new graduates.

The findings of this thesis did not find any academic rationale to support the rise in entry qualifications. Rather, the results indicate that had the entry standards been strictly adhered to, a high percentage of students would not have been eligible to train. Furthermore, the thesis establishes that more importance should be given to the role of interviewing prospective students.

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Diagrams and Tables

Introduction

When I commenced my training to be an occupational therapist in 1973, the entry qualification was five pass grades at the General Certificate of Education (GCE) at Ordinary level to include English, Mathematics and a science subject.

When I began teaching Occupational Therapy in 1989, the entry qualification for occupational therapists had risen to two Advanced GCSEs (A levels) at any grade. Since then the entry requirement has been raised to three A levels at grade C and the course has changed from a diploma to an honours degree.

Occupational Therapy has always been viewed as a profession for those who like working with people. I am concerned, therefore, that academic qualifications are now viewed as the sole means of screening applicants, whereas a students personal skills are of equal importance in determining their future performance as effective therapists. There seems to be a change of emphasis from selecting someone with the appropriate personal skills, and the ability to succeed in training, to picking students who are likely to excel academically.

The whole nature of the occupational therapist's role has changed in the twenty years since I qualified. The period of time patients spend in hospital has been, in many cases, more than halved, and patients who previously had been assessed as being unable to live outside the confines of large mental health hospitals have been moved into the community. This has affected both the training and the experience offered to students. We are now in the process of educating the professionals of the future, and it is hard to anticipate just what changes may occur in the next twenty years. (Green 1988) We have to equip students to be adaptable and be able to react

to and shape the profession of the future. It is therefore vital that we recruit students not only capable of passing the course, but of becoming responsible and professional therapists.

This thesis sets out, therefore, to investigate whether the inflation in entry requirements is warranted. My principal research questions are:

1. Are the entry qualifications too high? Do prospective students really need three A levels at grade C to become effective therapists?

2. Is there any difference in the way students perform based on their entry qualification?

3. How much importance is being placed on the student's personal skills when selecting future therapists?

4. Are the employers noticing the change when recruiting newly qualified therapists?

5. Are the newly qualified staff meeting the exacting standards of health care?

6. Is the grade inflation simply a reflection of increasing competition between universities?

Since I embarked on this research the government policy has changed, with objective three of the Governments policy for Education until 2006 being to increase the numbers of 18-30 year olds in higher education to 50% (DFES 2001). Whilst this will not be a main focus of this study, this, together with the Governments commitment to increase the number of health professionals, is an important factor in the selection of future students.

This study starts by exploring the routes of the professional training considering the history of the profession, and particularly of Occupational Therapy education. It then considers the changes which have taken place since the move from diploma qualification to degree in the assessment of therapists. This is done in Chapter One. The overall move to the degree course from the Diploma course will be considered in the light of work undertaken by Dore's (1997) thesis of credentialism. The educational meaning of qualifications (with particular reference to professional qualifications), the selection and recruitment process, and the importance of competence will all be highlighted and discussed in Chapter Two.

In order to explore the impact of the changes on the people who train and employ Occupational Therapists, my study included an empirical investigation. The details of the methodology are presented in Chapter Three.

The results of the empirical study are presented in Chapters Four, Five and Six. Chapter Seven provides concluding remarks and recommendations for policy making.

Chapter One: History of Occupational Therapy

Introduction

In this chapter I will examine the history of the profession. This chapter considers the range of definitions which have been used to describe the evolving profession to provide the reader with a clear understanding of how the profession has developed. The chapter focuses on the development of educational training considering the move from a nationally set diploma to an all degree profession. The chapter considers the changes, which have taken place in the selection criteria, used as the professional qualification have changed.

Professional History

Occupational Therapy is a profession which has its routes in America. In order that Occupational Therapy can be understood it may be helpful to consider the following definitions. George Barton, an American architect, first used the term *Occupational Therapy* in 1914 and is therefore thought to have founded the profession (see Reed & Sanderson, 1980; Hopkins & Smith, 1988; and Turner et al, 1992). The description he gave to Occupational Therapy was:

> ...to divert the patient's mind, to exercise some particular
> set of muscles or limb, or perhaps merely relieve the tedium
> of convalescence. (Hopkins & Smith, 1988, p.21)

Reed and Sanderson (1980) note that the first formal definition of Occupational Therapy was written in 1922 by H.A.Pattison, M.D. who described it as:

> ...any activity mental or physical, definitely prescribed and
> guided for the distinct purpose of contributing to, and
> hastening recovery from, disease or injury... (Reed and
> Sanderson, 1980, p.2)

There are now a number of recognised definitions of Occupational Therapy. It is felt the reason for this may be because therapists can work with patients suffering from physical and psychiatric conditions, with all age groups, both within hospital and the community, and latterly as private consultants after qualifying. Therefore one definition does not fit all areas of work.

The following definition was contained in a report, which was commissioned by the College of Occupational Therapists (COT) in 1989 to look at the future of the profession:

> Occupational Therapy is the assessment and treatment, in conjunction and collaboration with other professional workers in the health and social services, of people of all ages with physical and mental health problems, through specifically selected and graded activities, in order to help them reach their maximum level of functioning and independence in all aspects of daily life, which include their personal independence, employment, social recreational and leisure pursuits and their inter-personal relationships. (Blom-Cooper, 1989, p.14)

The report found that there was much confusion about the role of an Occupational Therapist. The above description was meant to try to clear the confusion. However, one of the problems was the use of words like *"activity"*, *"occupation"*, *"craft"* and *"skills"* which are used in definitions of Occupational Therapy, but not defined, as these are the tools a therapist uses to do her job. Macdonald et al, in 1970, stated that there were five headings under which "activities" which were therapeutically used could be placed. These were:

> *Personal activities* of daily living e.g. dressing, washing, toileting, bathing etc
> *Expressive and creative activities* e.g. art and craft work
> *Intellectual and Educational Activities* e.g. these are activities which can not be termed productive, hobbies games competitions etc.

> *Industrial and Vocational activities* e.g. preparation for a
> return to employment, household tasks, gardening, crafts
> etc.
> *Recreational activities* e.g. to include physical and general
> recreational activities. (Macdonald et al, 1970, pp.23-28)

Therefore the use of activity, occupation, craft, and therapy, would mean that the

therapist would be therapeutically using these to assess or treat the patient in the

ways described above.

The Blom-Cooper report (1989) recognised that one description did not fit all areas

of Occupational Therapy and suggested the following for a general description and

short definition:

> Occupational Therapy is the exercise of skill, care and
> judgement in assessing the degree of a person's mental
> disorder or physical disability, and treating such a person
> accordingly, by selecting and utilising appropriate activities
> of that person's normal pattern of life.
> Such activities may be modified or applied to the
> defined problem of either the individual with the specific
> disorder or disability, or the group to which that
> individual belongs.
> The activities, modified or unmodified, are designed
> to achieve progress towards the attainment of maximum
> independence for the individual in the appropriate
> environment. (Blom-Cooper, 1989, p.15)

The College of Occupational Therapists updated the definition in 1993, in the

Standards, Policies and Proceedings, Curriculum Framework for Occupational

Therapists document, and gave the following definition:

> Occupational Therapy is the treatment of people
> with physical and psychiatric illness or disability
> through specific selected occupation for the purpose
> of enabling individuals to reach their maximum
> level of function and independence in all aspects of life.
> The occupational therapist assesses the physical,
> psychological and social functions of the individual,
> identifies areas of dysfunction and involves the
> individual in a structured programme of activity
> to overcome disability. The activities selected will

> relate to the consumer's personal, social cultural and
> economic needs and will reflect the environmental
> factors which govern his/her lifestyle.(COT, 1993,Oct., p.2)

This definition seems to encompass the core knowledge and skill of therapists

which Blom-Cooper described in his report under four main headings:

> Knowledge of the intelligence, physical strength,
> dexterity and personality attributes required to perform
> the tasks associated with a whole gamut of paid and
> unpaid occupations and valued leisure pursuits.
> The professional skill to assess the potentialities and
> limitations of the physical and human environments to
> which patients have to adjust and to judge how far these
> environments could be modified and to what cost to meet
> individual need.
> Pedagogic skills required, first to teach people how to
> acquire or restore their maximum functional capacity, and
> second to supervise and encourage technically trained
> instructors and unqualified assistants in their tasks of
> implementing and monitoring therapeutic
> recommendations.
> The psychological knowledge and skills to deal with
> anxiety depression and mood swings, which are the
> frequent aftermath of serious threats to health or of
> continuing disability, and to motivate or remotivate those
> with temporary or persistent disabilities to achieve their
> maximum functional capacity (Blom-Cooper, 1989, pp.15-
> 16)

There are separate definitions for Occupational Therapists working within the

European Community and world-wide. The definition recognised by the World

Federation of Occupational Therapists (WFOT) is:

> Occupational therapy is the treatment of physical and
> psychiatric conditions through specific activities in order
> to help people reach their maximum level of function
> and independence in all aspects of daily life.(COT, Oct
> 1993, p.2)

With this large number of definitions it can be seen that there is still much

confusion as to the role of the Occupational Therapists. The training of the

therapists still includes the use of practical activities although this element of the

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training has been substantially reduced. The description by Blom-Cooper on pages 5-6 is in my opinion the most accurate definition to deal with the variety of settings and scope of Occupational Therapy today. However the profession is still evolving and changing in line with the health service and therefore it is important that the description is regularly considered and updated.

Development of a profession

Macdonald et al (1970) refers to "treatment by occupation" being recorded to have been used as early as "before 600 BC by Aesculapious". At this time, the occupation was being referred to as "songs and handiwork". They go on to cite Galen who, around AD 130-200, was promoting:

> ...treatment by occupation suggesting such activities as digging, ploughing, fishing; house, ship, or plough building in fact anything by which a skilled or unskilled worker could gain employment...(Macdonald et al, 1970, p.4)

Hopkins and Smith (1988, p.17) reports that Caelius Aurelius of Sicca in the 5th Century:

> ...recommended a careful regimen for convalescents that included walks, reading, theatre performances and throwing the discus. Travelling, especially by sea, was described as useful for treatment...

Hopkins and Smith consider the influences of 18th & 19th Century medicine on the development of the Occupational Therapist, and quotes several men who advocated the use of occupation as a way of improving the health particularly of the insane. She identifies Phillipe Pinel who in 1786 introduced this way of working with patients in the Bicêtre Asylum in France. They identify him as the first person to "medically prescribe use of work". He is reported as saying:

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> ...rigorous executed manual labour is the best method of securing good morale and discipline. The return of convalescent patients to their previous interests, to the practice of their profession to industriousness and perseverance have always been for me the best omen of final recovery... (ibid)

The first mention of "work" being used in a therapeutic way in England was by Samuel Tuke, an English Quaker who used the work of Pinel in the retreat Asylum in York in the early 1800's (ibid).

Until 1780 there was no mention of treatment which could be identified with Occupational Therapy in a physical setting. However, Hopkins et al identifies Clement-Joseph Tissot, who was a physician in the French Cavalry, and who advocated the use of:

> ...crafts and recreational activities for disabilities of muscles and joints following disease or injury...(ibid, p.18)

Adolf Meyer was a psychiatrist who practised at the end of the 19th Century and he was a great believer in the use of occupation in the treatment of mentally ill patients. He described the patient's illness as "a problem of living", and he felt that the treatment for mental illness should be "a blending of work and pleasure that included both recreation and productive activity". Hopkins and Smith (1988) states that Adolf Meyer's philosophy of care is one of the first demonstrations of "occupational therapy".

The early part of the twentieth century saw a number of people identifying the need for a profession which would treat patients using activity. Hopkins and Smith (1988) identify Susan Tracy, a nurse, as a "Founder of the Profession" of Occupational Therapists. Whilst undergoing her training, she identified that

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patients were happier when on bed rest if they were given some "occupation". She

later worked in the USA in Boston in the field of mental health where she again

felt that occupation was necessary, and consequently she developed a course to

"prepare instructors for teaching patients" (ibid, p.19).

Susan Tracy followed the philosophical ideas of John Dewey, who stressed that an

occupation is a concept which balances the intellectual and the practical

components of experience. The reason why Dewey's ideas were so important to

Susan Tracy is because the profession's philosophical underpinning is around the

use of occupation or as Turner et al (1992, p.6) notes:

> Purposeful activity can be defined as tasks or experiences
> in which an individual actively participates...The use of
> activity also implies that the individual is active that he
> participates in the occupation or task that is being used. It
> reflects the belief that man is an inherently active animal
> who when in a state of well being will normally work, play
> and take care of himself.

Eleanor Clarke Slagle, a trainee social worker in Chicago, is thought to have run

the first school to train Occupational Therapists (ibid). She initially started to train

as a social worker but she became interested in a course called "curative

occupations and recreations" at the "Chicago School of Civics and Philanthropy",

and later ran similar courses.

William Rush Dunton Jr is regarded as being the "Father of the Profession". This is

because as a psychiatrist he advocated the treatment of patients using "occupation"

(Hopkins and Smith, 1988, p.21). He wrote a text book in 1915 titled,

Occupational Therapy – A Manuel For Nurses and was also one of the founder

members of *The National Society for the Promotion of Occupational Therapy*. In

March, 1917, and in September, 1917, he was elected president of the society, a post which he held for two years. In 1918 the society changed its name to the *American Occupational Therapy Association.*

During the First World War, "Occupational Therapy aides" were trained in America on courses lasting from 6-12 weeks (ibid). These courses were only available to people who were over the age of 25 and had some theoretical and practical knowledge of crafts. These short courses closed after the War and were replaced with courses to train Occupational Therapists (ibid, p.23).

In 1925, a Philidelphian trained therapist, Miss Peg Fulton, was the first qualified therapist to work in the United Kingdom and she took up a post in Aberdeen (Hume & Lock, 1982).

Educating Occupational Therapists

The first Occupational Therapy training course to be run in Britain was introduced in Scotland in 1936, using a Canadian syllabus, and lasting two and half years, but the course stopped when World War Two started (Hume and Lock, 1982).

The first school in Britain to train occupational therapists was Dorset House which was founded by Dr Elizabeth Casson in 1930 in Bristol. Dr Casson first became interested in Occupational Therapy whilst working with patients who had psychiatric conditions. She said that the first time she saw Occupational Therapy was in Scotland, which may well have been the result of the course identified above and then later when on holiday in America (Casson, 1955).

The Association of Occupational Therapists in England was established in 1936, and the first public examinations of the English Association were held in 1938 (Macdonald et al, 1970, Jay et al, 1992). The Association established a national syllabus and examination system to ensure that diplomats reached a minimum standard.

The Second World War saw an interruption in the training of therapists with schools being moved or closed and the establishment of a "War emergency diploma" course in 1943 (Jay et al, 1992). This was a shortened course which was open to people who had some form of medical qualification. During the war there was a change from Occupational Therapy being predominately in psychiatric hospitals as these hospitals were closed and re-opened as physical hospitals to allow the increasing number of war injured victims to be accommodated. It was planned that the War Diploma would finish in December 1943. However, this was changed owing to the increasing demand for therapists, and it was renamed "The 1943 Certificate" (Macdonald, 1957). The War Diploma and The 1943 Certificate gave a "partial qualification to mature people with useful training and experience not necessarily in the medical field" (ibid). Many of the people who undertook this training, and later by undertaking further training, increased their qualification to the full diploma.

There were now four classifications of qualified therapists according to the qualification they achieved:

- The full diploma-dual or single (qualification in physical or psychological work)

- The War emergency diploma (for those with some medical qualifications)

- The 1943 Certificate (for those with some medical qualifications)

- The Auxiliary Certificate (partial qualification for mature people)

Students who studied for the single qualification took a common first year

followed by a division into physical or psychiatric speciality depending on their

interest. The Second World War left soldiers with a number of both physical and

psychological problems, and it is felt that this may have been the reason that the

course covered both aspects with the option to do the single qualification being

removed. By the 1950's, all courses covered both the physical and psychiatric

specialities and the courses were now of three years duration. At this time, the

Association of Occupational Therapists determined the syllabus and set all the

examinations.

In 1951 the Cope Report was published. The Cope Committee had been requested

by parliament to consider:

> ...the supply and demand, training and qualifications of
> certain medical auxiliaries employed in the National
> Health Service... (AOT, March 1963, p.3)

The committee recommended:

> ...the setting up of machinery to maintain registers, to
> recognise schools, course and examinations, to keep under
> review supply and demand, to provide for joint consultation
> and co-ordination etc.(ibid, p.4)

In 1960, *The Professions Supplementary to Medicine Act* was implemented which

provided for:

> ...the establishment of a Council, boards and disciplinary
> committees for certain professions supplementary to
> medicine... the registration of members of those
> professions, for regulating their professional education and
> professional conduct and cancelling registration in cases of
> misconduct; ...(ibid, p.4)

The Registrar of the Council Supplementary to Medicine, in telling the

Occupational Therapists the benefits of registration, explained that:

> Now you have been given control over your education in
> a way in which you never have before, and you will now be
> able yourselves to set your own standards. You will be able
> to set your standards for entry and all through the whole
> education process. (ibid, p.6)

In October 1968, the Editorial of the journal of *Occupational Therapy* considered

State Registration saying that "...it is surprising how little is known about it by the

majority of practitioners" (Tapsfield, 1968, p.17). Amongst the principle functions

of the Board was listed "...to promote high standards of professional education..."

The editorial goes on to say:

> In order that it may carry out its educational work, power is
> given to the Board, first, to approve qualifications for entry
> into training and examinations leading to a registrable
> qualification, and thirdly to approve the schools or other
> places where approved courses are conducted. (ibid)

In 1962, Lord Geddes, then the President of the Association of Occupational

Therapists, raised the shortage problem of therapists in the House of Lords. He

attributed this to the poor salary and the profession being predominately female

(Geddes, 1962).

By March 1963, there were seven recognised training schools offering courses in

Occupational Therapy but only two accepted male students. In July 1963 Miss

Rook, Principal of Liverpool's Occupational Therapy School, was a speaker at a

Symposium discussing "Looking Ahead to the Future". Miss Rook said :

> ...we must be ruthless about discarding ideas and practices
> which have become obsolete... (Bright et al, 1963, p.11)

She would seem to echo the concerns that the syllabus was not flexible enough to

cope with the changes and she went on to say:

> There seems to be a general tendency in all aspects of
> education to keep adding to the curriculum without looking
> carefully to see what could be discarded in order to ensure
> that it did not become so overloaded that it ceased to serve
> any useful purpose... (ibid)

Whilst Miss Rooks comments are valid Foster (1986) acknowledges that the

problems existed because the syllabus was prescriptive, allowing nothing to be

removed (Foster 1986).

In 1966 the Council of the World Federation of Occupational Therapists (WFOT)

produced a report on the, *Education of Occupational Therapists*, which noted that:

"...professional education in any country, should do more than provide practising

persons."(WFOT, 1966, p.7)

A letter to the *Occupational Therapy Journal*, in July 1971, in response to an

article titled *Examinations* in a previous journal, expresses the concerns of Miss

Rook. The letter was entitled *Professionally educated or technically trained?* Miss

Rook says:

> We do not want occupational therapists who have not
> been "trained" and "examined". I do query whether the
> methods of examination presently in use are the best which
> could be developed to ensure that graduates leaving our
> schools are professionally educated, not just technically
> trained. (Rook, 1971, p.17)

She claimed that at the moment:

> ...it appears that "the tail is wagging the dog", with the
> whole emphasis during training on ensuring that the
> students are capable of passing examinations which are
> geared only to those subjects which can be examined easily
> by means of a written or viva voce examination.(ibid)

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She concluded by registering her concern that this will not produce students who have "developed their full potential"(ibid).

In 1972, the Council for Professions Allied to Medicine (CPSM), after reviewing the training, produced a report titled *Future Education and Training of Occupational Therapists*. This made recommendations for changes to give more autonomy to the training schools to develop their own courses. Concurrently, the Association of Occupational Therapists and the Scottish Association of Occupational Therapists set up an independent working party to consider the changes which were necessary for training therapists. A subsequent report made many suggestions, one of which was that courses should be able to meet the demands made by changes such as legislation in the profession. The main recommendations were:

♦ The schools should be left considerable freedom in the detail of their interpretations of syllabi.
♦ The first and second year examinations should be replaced by continuous assessment.
♦ The teaching of management and communication skills should be considerably increased.
♦ Occupational Therapy as a professional discipline should form the core of the curriculum.
♦ The final award of the Diploma in Occupational Therapy should be achieved by students passing final examinations set by the Association and proving competence to practice in Clinical placement.
♦ Viva voce examinations should be abolished as formal assessment and a much greater emphasis should be placed on clinical placement assessment.(Foster 1986)

The recommendations at this stage were not acted upon, but in 1974 there were a number of modifications made to the National Health Service (NHS) which affected Occupational Therapists' training. Also in 1974 the Association of

Occupational Therapists which represented England and Wales amalgamated with the Scottish Association to form the British Association of Occupational Therapists (BAOT). This change meant that any changes to the training of Occupational Therapists would also affect the Scottish schools.

The first Occupational Therapy School to be sited in an institute of higher education was opened in 1971 at the Salford College of Technology.

In 1975, a report was published on research into training for the Remedial Professions. The report gave a summary of students' attitudes. One of the responses for Occupational Therapy students indicates the desire for a degree qualification and:

> ...that the syllabus was overloaded limiting study time, holidays and opportunity for choice of subject or study in depth. (Johnson & Paterson, 1975, p.238)

Students felt they were putting in the equivalent, if not more, effort to many students who were receiving degree qualifications.

The BAOT published a new syllabus in 1976 which recognised the recommendations of 1973. Assessment was to be internal with externally moderated subjects, and there were to be changes to the course content. Whilst the majority of schools had welcomed the first change, there was a demand for a more radical change.

In 1977, the BAOT applied to be registered as an independent trade union. This move was in line with other medical professions. The need for a recognised

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organisation which would be responsible for training at pre and postgraduate level was acknowledged. Following much discussion, the College Of Occupational Therapists (COT) was formed. The COT set up a Pre-registration Educational Committee, and combined with members of the Occupational Therapy Board at the CPSM, "to prepare and develop a new three year course of training which would meet the recommendations of the CPSM and the Gay Report" (Foster 1986).

In 1977 Miss Rook suggested:

> ...Occupational Therapy courses will have to be pruned in some way and we may have to accept courses at two or three levels...(Rook, 1977, p.235)

She also considered the future challenge of meeting the needs of students and patients:

> It seems difficult to meet both those needs in the traditional three year diploma course and it becomes imperative that we as a profession look for effective ways of deepening and enhancing our expertise, so that we can attract to the profession not only the "doers" but the "thinkers" who will blaze a trail for those who follow. ... We need to see the diploma course for what it is, a very basic educational course, which provides a platform from which the therapist can advance in his/her profession by means of a variety of post graduate courses with clinical and education biases, to suit the needs and interest of all therapists. (ibid, 1977, p.236)

Miss Rook would seem to be suggesting here retaining the diploma course, with the degree course and other specialist courses as postgraduate qualifications. She seems to be implying that more is needed than just people who can do the job, "the doers" to those who will create new advances and move the profession forward "the thinkers". She recognises that change had taken place, but would seem to be suggesting that it had not gone far enough, a view supported by an article in the Occupational Therapy Journal:

> Recently it has become increasingly obvious that a new
> approach in the educational field is necessary, in the view
> of the changes that have taken place in the profession since
> the syllabus was last revised, and the overloading that has
> occurred by incorporating new material without removing
> that which has become outdated. (Collins, 1977, p.305)

In 1978 the CPSM commissioned Averil Stewart to undertake a study of learning

resources in the UK. She was appointed to a post of Education Officer for the

CPSM and then spent a week in each school talking to staff and students. The areas

considered were: Syllabus; Integration of theoretical with practical; Course

organisation; Methods; Facilities; Students; Staff, Staff/Student Relationships;

Clinical Practice; and Feedback and Assessment (Stewart, 1980).

The main findings of this study were:

1. the enormous variation that exists between schools, with the resulting need to
    share and learn from others;
2. the high wastage rates and how best to meet the demands for more qualified
    therapists;
3. the overloaded syllabus and the requirements of the present 3-year course
    creating an urgency for the implementation of the College of Occupational
    Therapists'
4. new syllabus and validation scheme;
5. the shortage of appropriate clinical practice resources and the problems of
    integrating the academic and practical components of the course;
6. the present emphasis on training rather than on education and preparation for a
    career of continuing learning and adaptation, thus suggesting a need for a
    change of attitude.(ibid, p.5)

Averil Stewart's report was very critical of the syllabus, which she felt may explain

the high drop-out rate as students had "overloaded timetables"(ibid). Tutors from

the training schools, visited by Stewart, largely welcomed the report. However one

area of criticism was voiced by the spokesperson for this group who commented:

> ...one particular criticism of the report as it is presented.
> The information avoids identifying schools. To a
> representative number of tutors urging us to evaluate and
> share information and comparisons and then to preserve the

anonimity of schools within the factual information
constitutes as irritating anomaly. (Wilson, 1980, p.53)

The group was disappointed at the lack of individual feedback and felt that it was a

missed opportunity. But perhaps it was not possible as the Stewart report

highlighted that there were "enormous variations between the schools" but there

was a "richness in variety" and she felt this was of benefit to the profession.

(Stewart, 1980, p.3) The chairman of the Occupational Therapy Education Board,

Mrs Eileen Bumphrey, however supported some of Averil Stewart's findings

saying:

We fully agree that the syllabus is at present too full
and too rigid... (Bumphrey, 1980, p.79)

She indicated the need for further work to be done to ensure that changes were

made as soon as possible, but suggested that these discussions should be between

the Occupational Therapy Board of the CPSM, and COT because of their

involvement in the process of validating the professional education.

In November 1979, The Profession Supplementary to Medicine Education and

Training Committee, published a report entitled *The Next Decade*. Under a section

on "Manpower and Demographics" it said:

...The most important and certain change is that by the late
eighties the UK will have passed from surplus to dearth in
the 16-24 year age group, particularly the more
academically skilled. School leavers now compete for
training places; presently trainers and employers will
compete for trainees. The effect on recruitment of graduate
careers for the supplementary professions may well be
crucial. (CPSM, 1979, p.13)

They defined a professional degree as:

... The distinguishing feature of a profession is skill,
whether intellectual, social or manual, the practice of which
is dependent both on long training and mastery of a
complex body of knowledge. When as now this body of
knowledge reaches a level where entry standards for
professions are comparable with those for universities, a
case for a professional degree emerges. (ibid, p.10)

The following points were listed in favour of degree courses:

- ▲ to develop professional knowledge systematically into a more adequate basis for practice and thus to strengthen claims to professional autonomy which are based on substantial corporate responsibility for such knowledge;

- ▲ to establish a sound academic base for research, to improve effectiveness and efficiency, and to cope with rapid technological change and growing complexity of organisation;

- ▲ to provide a firm basis for career-long continuing education;

- ▲ to maintain and enhance corporate status and academic prestige to secure future recruitment to meet likely health "needs";

- ▲ to keep up with improved general educational achievements and maintain educational status;

- ▲ to provide for personal development of those of matriculated standards who must, in increased proportions, be recruited to the professions if the NHS is to be assured of the general ability required in ordinary practice;

- ▲ to keep pace with improvements in international standards of qualification;

- ▲ to affect, in the interest of better services, the quality of interaction with collaborators in other professions. (ibid , p.8)

The points for the degree seem to be mainly concerned with the academic status of

the profession, identifying the knowledge and research base as being important.

Other issues which are highlighted as being important, are to do with parity

amongst fellow professionals and the international status of the qualification.

These were the points listed against, however it reported that these came primarily

from those outside the professions:

- degree studies alone are no guarantee of the necessary empirical approach;

- demographic change between the early 1980's and early 1990's particularly in the comparative size of the 16-24 year age group, may make the relative attractiveness of degrees and thus the career and recruitment prospects unpredictable;

- restricting entry solely to those of degree entry standard will unnecessarily inhibit the supply of those less academically skilled who nevertheless have all the additional required traits of manual dexterity, social skill and dedication to caring vocations;

- improvements with interaction with other professions will only be secured if the arguments for degrees convince those professions that improvements in patient's service will result;

- if graduates are required only for teaching and management they can be trained as graduate entrants. (ibid, pp.8-9)

As can be noted, the points against are to do with getting the "right person for the

job" not just the highest achievers. This point, is echoed by Mary Green, an

Occupational Therapy tutor who wrote in April 1980:

> What are our aims in seeking degree qualification? Are we
> looking for better status; will degrees make us better
> practitioners; are we seeking better career opportunities;
> and a qualification recognisable to the outside world?
> (Green, 1980, p.113)

She goes on to say:

> ... first degrees are the cheapest way of getting degrees, but
> there is an argument for keeping the cost of basic training
> low and providing what might come to be considered
> essential-network of continuing education for those in
> work. ... A first degree for everyone may narrow our sights
> not only on student intake, but on our picture of the
> profession as a whole. (ibid, p.115)

Joan King (1980) supported Green and argued:

> The essential and most pressing requirement, then is to
> decide what should be included in a basic training
> programme and what should be left out. In other words,
> there is a need to determine the basic level of competence
> to practise in occupational therapy within the framework of
> an evolving educational system. (King, 1980, p.191)

In June 1980, a draft proposal for a new 3-year course, was presented to the Council of the BAOT, by the pre-registration committee and CPSM Occupational Therapy board (see Foster, 1986, p.16). The proposal said:

1. Allow schools to design their own curricula within a very broad framework.
2. Allow the schools to assess their own students with external moderator support.
(Foster 1986 p.16)

It would therefore seem that the arguments of the educationalists who had identified an overcrowded curriculum had been heard, and that finally they were being allowed to shape the education to meet the needs of new diplomats.

These proposals were adopted by the Council and the CPSM and sanctioned in 1981, and the new course became known as "Diploma 81". A COT report (COT, 1981) recommended emphasis on certain areas of the curriculum content, and emphasised the needs of the elderly, the mentally ill, people with learning difficulties and people with substantial physical dysfunction. Once again the report was emphasising the need for the courses to reflect current practice. The issue around the course becoming a degree had not been resolved, as the report also raised the question of whether the course should be a degree course. The CPSM were considering a post registration degree course, but the COT set up "a research and degree committee whose brief it was to consider initial degree status versus end on degree" (Foster 1986).

Baird et al (1982) summarised the degree issues as follows:

Table No 1

Against the Degree	For the Degree
The patient would receive less caring and practical treatment from over-academic practitioners.	The patient would receive a better service from an OT more aware of the theoretical basis of her work: more able to assess problems from a range of perspectives: to propose and implement new treatments: and to critically evaluate the results of her work. There should be no reduction of the elements necessary to produce a caring and practical therapist in a professional degree course and when validating such a course this must be an important consideration.
The Profession would be split between degree and diploma holders with a consequent down-grading for the latter	The profession must move at a faster pace, develop its theoretical and scientific base. Such courses will provide a basis from which this can happen. Only then can the status of the profession be enhanced with its members becoming more responsible for their treatment and equivalent qualified to their colleagues. Both degree and diploma qualified therapists must be State Registered in order to practise. This should continue to be the most important professional requirement. Any change to a degree level qualification will have to happen over a number of years. It must be recognised that those who qualified at diploma level successfully completed a most exacting course.
The Student who might have a commitment to care and practical competence might be excluded from training on academic grounds.	The Student must at present have good academic ability both to obtain a place on an Occupational Therapy course and to successfully complete it. In a degree level course the students would receive an education and training to a level commensurate with their entrance qualifications and comparable with opportunities available to them outside Occupational Therapy.
The Training Schools might find it difficult to staff and resource degree level study	The Training Schools would become more clearly part of a higher education system which is in itself becoming more vocational and applied. For many schools, as it is beginning to happen, those would be achieved through a linking with a local university or college of higher education.

(adapted from Baird et al, 1982, p.22)

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The need for the professional qualification to be become a degree is obviously strongly supported, with more justification supporting than those against. The justification for the degree is centred on the academic status and knowledge base with concerns being aroused about the qualities of the individual practitioners and the raised criteria for entry excluding potentially good therapists.

Following all the discussions and consultations which had taken place, the COT Validation Board set a deadline of 1986 for validation for the Occupational Therapy Schools, and the National Examinations would be abolished in all subjects by 1988. This board also defined the role of moderators, whom they said should have considerable experience of assessing students either in higher education or in clinical practice.

The new degree courses allowed teaching staff to design courses to suit their own particular interests, whilst meeting the required standards set by the COT. The teaching staff were also able to determine the way these courses would be assessed. Many schools opted for a process of continual assessment and moved away from the examination system as this, they felt, did not allow the students to demonstrate understanding and encouraged superficial learning.

In 1987 the COT set up an independent body to review and report on the current state of Occupational Therapy. The Committee, led by Louis Blom-Cooper QC, was given the following brief:

> To review the existing activities and future demands upon and the resources available to the profession of occupational therapy, having regard to the social demographic and epidemiological trends into the twenty-first century, and to report with recommendations. (Blom-Cooper, 1989, p.9)

The report recommended that:

> ...the academic level attained by those who gain the
> diploma in Occupational Therapy...-is at least as high as
> that achieved by students taking ordinary degrees in
> English or Scottish universities and polytechnics... (ibid,
> pp.62-3)

Blom-Cooper identified that a degree qualification may not be attractive to

everybody who wanted to be a therapist and he was concerned "that it may deter

some of the mature women who are currently attracted to the profession"(ibid

p.63). However as other professions had developed degree programmes, he felt that

this would be the correct direction for the Occupational Therapy profession.

In 1991, the central funding for Occupational Therapy, which had come from the

Department of Health, was devolved to the Regional Health Authorities. The report

recommended that there should be "multi-disciplinary schools and colleges

covering more than one profession with strong HE links..." and was aimed at

protecting "non medical education and training".

A report, published by the Education Department of the COT in May 1994, called

Devolved, Diverted, Disappeared, highlighted the fact that student numbers were

being cut and attributed this to the devolvement of the Occupational Therapy

budget to Regional Health Authorities (COT, 1994). The regions now allocated

funded training places based on the perceived need within their geographic area,

and unfortunately the figures were not always correct and this resulted in 236 fewer

places in 1993 compared with the figures from 1991. This reduction in funded

places increased the competition for places.

By 1992 all colleges had moved over to degree programmes. Initially courses varied with some being validated at Ordinary Degree Level and some Honours Degree level. These anomalies have been corrected when courses have been revalidated, and now all courses are at Honours degree standard, the only exception being some accelerated courses for students who already have a degree.

Entry Qualifications

The change from the diploma qualification to degree has resulted in a change in emphasis when selecting students. Initially, when selecting students for the diploma, students were selected who had the qualities required to train as a therapist and were capable of undertaking higher education. The focus for degree students is to consider those who are likely to achieve academically and have the qualities required to train as a therapist. This section will therefore consider the evolution of the entrance qualification.

Betty Collins, an ex-Principal of the first Occupational Therapy School, said that initially the students trained were those who were the "...daughters of doctors, solicitors and vicars – the daughters of professional classes who otherwise would have stayed at home...".(Millar, 1992, p.6). She went on to say that this was not surprising as people "thought it was a finishing school"(ibid). Jay (1992) writing about the Diamond Jubilee of the profession, commented on the type of people who were originally eligible for training for some of the earlier qualifications:

> In England there were two further courses: a War
> Emergency Diploma which was a shortened diploma course
> for people with previous qualifications such as nursing or
> physiotherapy, and the 1943 Certificate to give partial

qualification to mature people with art craft or teaching experience. (Jay, 1992, p.254)

In the Association of Occupational Therapist's journal in December 1945, an advertisement quotes the entry qualification of St Andrew's Hospital School of Occupational Therapy as follows:

> ...Students must be not less than 18 years of age and have reached an educational level of School Certificate standard. A personal interview is essential.

In 1950, Sidney Licht, a doctor, explained the benefits of selecting the right students by actually "doing the job":

> The best aptitude test for the job is the job itself. Some people who earn Honours in school are less suited to OT than those who are just above average. The brilliant student is frequently over ambitious and may soon become unhappy in a job which requires so much patience and presents so many obstacles. (Licht, 1950, p.19)

At the time Sidney Licht wrote this, the colleges were asking for students who had reached the age of eighteen and to have completed secondary education.

In April 1950, an advertisement for the Occupational Therapy Centre and Training School in London says:

> Admittance is by entrance examination only and a personal interview is required before acceptance A scholarship of £210 and a bursary of £80 are advertised in "The Times" and "The Daily Telegraph" in January of each year. (p.49)

This was one of the first schools to advertise recruitment to the course by a personal interview, and the only course at the time to advertise scholarships and bursaries for the purpose of recruiting students.

Mary Smith Rose writing in 1955 in *Occupational Therapy* said:

> ...the attitude of teachers and parents is too often that Mary Jane will be suited to OT because "she is good with

her hands" and not academically clever enough to manage a
University course... (Smith Rose, 1955, p.147)

She went on to caution that this attribute is not enough and careful selection is

necessary. In December 1957, the Derby School of Occupational Therapy

advertised in the Journal saying "a personal interview is essential and the first three

months are probationary"(p.4).

This supported the work of Marie Louis Francisous who visited the United

Kingdom in 1960 to do *A Study of the Education of Occupational Therapists in the*

United Kingdom. She found that the entry qualifications were:

> ...following completion of secondary school requirements
> and after the minimum age of eighteen years. Minimum
> educational requirements are established for all schools by
> an outside agency...in England it is the Association of
> Occupational Therapists... (Francisous, 1960, pp.23-4)

She went on to note that the colleges had:

> ...a probationary term for all students. This term of
> approximately three months is organised to give the student
> a broad orientation to his new profession and to give the
> staff opportunity to further evaluate his suitability and
> potentialities. ...Students found to be unsuitable are guided
> to look for outlets more suited to their abilities. (ibid, p.25)

In September 1960, St Andrew's School of Occupational Therapy, had raised its

entry standard from "have reached an educational level of School Certificate

standard", to "have obtained a good General Certificate of Education" (p.4)

By 1963, more colleges were stating their admission requirements and procedures.

They were not specifying formal qualifications but were using either "Entrance

Examinations" or "Personal Interviews" or both. This suggests that they were also

looking to find a particular type of person.

This method of selecting students is backed by a document produced by, The

Council of the World Federation of Occupational Therapists (WFOT) which gave

the following guidance:

> ...students should have completed the recognised standard
> secondary school education...and should be capable of
> doing advanced study on a university level. School and
> work records should be required. It may be desirable to give
> an entrance examination which would include personality
> as well as academic tests. A suitable personality is essential
> for success in occupational therapy; therefore personal
> references should be required and a personal interview held
> if possible. The minimum age for admission should be 18
> years. A complete physical examination should be required
> both mental and physical, is of the utmost importance.
> (WFOT, 1963, p.8)

This again indicated the importance of selecting the right person to train as a

therapist. By 1966 the WFOT had added the following:

> It is felt however, that selection should not be based on
> academic qualifications alone. Maturity and emotional
> stability, attitudes towards social responsibilities, and the
> ability to communicate are very important.
> (WFOT, 1966, p.9)

The need to select the right person for the profession is supported by an article in

the *Occupational Therapy Journal* in October 1969.The article discussed the

findings of a study conducted by Martin between 1963-6 on the "recruitment and

training" of five of the professions supplementary to medicine. One of the reasons

stated for this study was because:

> ...the future character of the profession is being determined
> now by the type of person recruited and the training they
> receive. (Martin, 1969, p.31)

Martin's study was conducted through a survey of both qualified therapists (n=395)

and students (n=172) drawn from most schools. The study highlighted that:

> The majority of recruits to occupational therapy come
> straight from school. Over 70% of the students in training
> were between 18 and 20 years whilst almost all the
> remainder were between 21 and 23 years. (ibid)

However, it was found that Occupational Therapy attracted more mature students

than the other paramedical professions. The educational background of both

qualified and students was identified. It was found that:

> ...47% of OT's and 48.8% of students had been educated in
> grammar schools ...44% of OT's and 35% of students were
> educated in private schools. (ibid)

It was felt that these figures supported the view that Occupational Therapy was a

"middle class profession"(ibid), particularly with the high number of students

admitted from private schools. The study considered the academic qualifications

when starting training and found that the highest number of qualified therapists had

either got a school certificate or matriculation (32.9%)(ibid). The next highest

qualified group of therapists was those who had passed "Some A levels and 5 O

levels (22.8%)"(ibid). However 15.2% of the qualified therapists had no entry

qualifications. For the students, the two highest qualified groups were, those who

a) had passed 5 O levels (41.8%) and b) some A levels and 5 O levels (41.8%)

(ibid). It was noted under these results that "students with A levels are

preferred"(ibid). Martin (ibid p.33) therefore summarised the typical recruit as

follows:

> ...to occupational therapy in the 1960s is a middle class
> girl educated at a grammar or private school, possibly
> having one or two subjects at advanced level, with relatives
> employed in the health service and attracted to
> occupational therapy by the scope for meeting and helping
> people.

The article concluded by saying that many students were disillusioned at the end of

training and for many the course was not what they had expected and attributed

some of this to the definition for Occupational Therapy which was felt to be unclear.

In 1968, the AOT wrote a document entitled *Information on Professional Prospects and Regulations Governing Membership of the Association and An Outline of the Syllabus of Course Leading to the Diploma*. In this the "Conditions for Admission to the Diploma Course" and the introductory paragraph seem to be reflecting a change:

> In selecting candidates for admission to a course of training..., the schools require evidence of certain educational attainments and personal qualities essential to a good practitioner of Occupational Therapy. Academic qualification is not necessarily the only criterion of selection. (AOT, 1968, p.4)

It would seem that the AOT were supporting a move away from academic qualifications and are supporting the need for the schools to move to using personality as well as academic standards as a means of selection. The document goes on to give some indication of what type of people should be considered and the form this should take:

> It is usual for candidates to be interviewed at a school before acceptance for training and the first month of the course are in all cases, probationary. Suitable candidates are those who have personal integrity, initiative and enterprise; tact and sound judgement; organizing and executive ability; and a sincere and genuine interest in people and in medico-social problems. (ibid, p.5)

In this document the AOT stated that whilst no specific subjects are required, English and a Science are normally expected and the document recognised the "Certificate of Secondary Education at Grade 1 ...as an alternative to the General Certificate at Ordinary Level"(ibid).

In 1972 the CPSM reported

> (a) If students are to complete in three years a course of the
> kind that has been outlined, there must not only be very
> careful selection on the grounds of personality and ability,
> but also a reasonable academic standard as well. At present
> there is a 5 "O" level entry, although some schools can and
> do require higher standards.
>
> (b) The age of entry is at present 18. This should not be
> rigidly applied and if candidates under the age of 18 are in
> all other respects suitable, the Board believes that they
> should be admitted for training... (CPSM, 1972, p.9)

The document went on to consider how to recruit more and retain those,

particularly married women, who had been trained.

From the 1970s until the implementation of the degree courses, the entry

qualifications changed very little. The changes of asking for an A level were

perhaps more to do with controlling the number of applicants rather than feeling

that a raised academic standard was necessary. Research undertaken between

1970-3 by Brown at the Glasgow School of Occupational Therapy found that the

majority of applications came from the 17-19 age group (Brown, 1975). However,

Muir Gray in 1975, recommended that students should have a year "to refresh"

themselves after A levels and suggests that students are more mature after work

experience and therefore better able to cope with the professional training.

Research undertaken by Hood and McKenzie in 1979 argued that the selection of

students "presents a great problem" and that:

> ...criteria which have been used in schools during selection
> have included, father's occupation, physical appearance,
> schools attended etc. (Hood and Mckenzie, 1979, p.84)

Towards the end of the 1980s an emphasis on A' Levels was seen to develop and when *Diploma 81* was started a number of schools requested that students had two subjects at A' level but did not stipulate the grade.

Since the introduction of degree courses, the academic entry standard has increased in spite of this comment in the Blom-Cooper Report of 1989:

> ...we consider that the profession should not vary – either
> by increasing or by lowering – the entry requirements for
> its school leaver recruits....encouragement to mature
> women to join the profession. In this instance we suggest
> the waiving where necessary, of the academic achievements
> of school leavers. (Blom-Cooper, 1989, p.65)

The reasons for the increase are, in some cases, due to the academic standards of the university which validates the Occupational Therapy course. Until the mid 1980s students applied to each Occupational Therapy college and each school produced a prospectus with its entry requirements. By the mid 1980s most were asking for two A' levels, with a minority of schools stating grades and subjects. The COT introduced a clearing system which required all students seeking places at an Occupational Therapy college to send a completed application form to the COT. Students ranked their choices in order of their preference and the forms were then sent to the college of their first choice. If the college did not want that student, the papers were sent back to the COT who then sent them to the next choice. This process was repeated until no choices were left. This system meant that the colleges were much better at predicting their entry numbers as, unlike the UCAS system, students could not hold places in reserve. The only year colleges had a problem with this system was the year when there was a change-over and both systems were operating in 1991.

Entry qualifications have increased year by year. In the first year of the degree

course, the entry qualification was the same as for the diploma, which was 3 passes

at A' level, and this standard was uniformly adopted by all the colleges. After the

change to the degree, each college changed its entry qualifications. The entry

qualifications for 1999 indicate the variety in the standards requested. Whilst one

school is asking for two passes at A' level another is asking for 20 points from two

or three A' levels which works out at either two A's or a BCC. However the reality

is still that schools, when faced with exam results, are prepared to take students

who have achieved a standard of 12 points at A' level.

In my university, entry qualifications have risen steadily. Applicants in 2001 are

required to have:

> ...a minimum of 5 GCSE's including English, Mathematics
> and a Science at grade A-C and 3 A levels grades C.C.C.
> **OR** BTEC National Diploma with 5 distinctions in year 2,
> together with A level Human Biology Grade C
> **OR** GNVQ in Health & Social Care with Merit together
> with A level Human Biology Grade C
> (COT, 1999, p.7)

(See full table of entry qualifications for all UK courses in Appendix 3)

Syllabus and Assessment

The earliest available syllabus is for 1945, which was introduced after the

Association of Occupational Therapists was formed. Prior to this, courses were

either based on those run in Canada or America, with some designed by therapists

practising in Britain. The 1945 syllabus remained in operation until 1948 and

included the following subjects: Basic Anatomy; Basic Physiology; Psychology;

First Aid; Departmental Management; Medicine & Surgery; Applied Psychology;

Psychopathology; Psychiatry; Occupational Therapy Applied to Psychiatric

Conditions; Physical Medicine & Orthopaedics; Occupational Therapy Applied to Physical Conditions; Two Basic Crafts; Eight optional Crafts 24; and Fieldwork Education. This was the highest number of separate subjects which were identified in any of the subsequent syllabi. The syllabi for the period 1948-59 are not available, as documentation was not kept by the College of Occupational Therapy. The 1959 syllabus identifies that a reduction in the subject areas had taken place with only 13 identified subject areas being listed. Some of this was due to combining topics such as Anatomy & Physiology and dropping First Aid and Medicine and Surgery. One major addition is that of Occupations and Techniques and their use as treatment, as this was seen to be one of the Occupational Therapist's core skills. One possible reason for listing them as separate subjects in the 1945-48 syllabus is that it covered the needs of a number of qualifications (War Emergency Diploma, 1943 Certificate, Full diploma dual or single and the Auxiliary certificate) and therefore subjects were studied to a different depth. There was also a great emphasis on craft-work and the number of crafts in which a student had to be proficient in order to qualify. Some of this may have been because society used crafts as a means of relaxation, and also because society made things rather than buying them for example clothes following wartime clothing rationing. The basic Crafts covered included: basketry; bookbinding; carpentry; design; needlecraft; weaving; and spinning.

Changes were evident from 1959 onwards. This was the last syllabus to specify the high number of craft skills and again this possibly reflected a societal change. From 1968, the syllabus changed the emphasis from skills in doing the craft to students having an ability to adapt the craft to suit a person's rehabilitation needs.

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A number of the subjects appear under different titles. For example "Biological Sciences", covers Anatomy, Physiology and Functional Anatomy and "Behavioural Sciences" includes Sociology and Psychology. The actual content for some of the subject areas remained the same. However, the syllabus also reflects the medical advances, which have been made in, for example, the area of Medicine, Surgery and Orthopaedics.

One of the areas introduced to the course in the late 1980s was "research". This changed the teaching method to one of "student centred learning" encouraging the students to undertake some research in an area of particular interest to them. It also recognised the increasing need for therapists to be able to provide evidence that their role in rehabilitation was required.

National Assessments

This section considers the range of assessments which have been used to assess the students' academic abilities in the variety of qualifications which have existed.

Occupational Therapy courses have had an evolving assessment regime. The diagram in appendix 2 shows the way the course has developed.

The academic elements of the course were assessed by means of examination until the introduction of Diploma 81. From the introduction of national examinations in 1945 all the students nationally sat the same examination paper. The only areas that were assessed separately were the practical skills element and the fieldwork education. Students were required to produce large portfolios to demonstrate the

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acquisition of the craft skill to the require standard. The fieldwork education was assessed on a national assessment form, which was introduced by the College Of Occupational Therapists. In order to be assessed as being competent the students were required to undertake many more hours in the fieldwork setting than is required today. This area will be considered later in the chapter.

In the 1970s another type of assessment was added to the National Diploma Course a "vice voce". Students were required practically to demonstrate their skills as a therapist under examination conditions.

Diploma 81

This provided the academic institutions with the power to design and validate a programme which applied a nationally set syllabus to an individually designed programme and to determine the type of assessments used. A number of schools opted to move away from a system which only used exams to assess student's knowledge, and instead used a greater variety of assessments. The overall standard was maintained by a system of external examiners. The National body appointed external examiners whose role it was to ensure that national standards were maintained. This system is still in operation today.

This was the first time OT had had a research project as part of the syllabus and assessment, and this moved the diploma closer to being identified as meeting the requirements for degree status. It moved the course away from a philosophy of learning and applying knowledge, to one of developing, extending and critically analysing information and thereby building a theoretical knowledge base. This

move once again reinforced the need for the profession to consider whether the diploma was the appropriate qualification. The Councils for the Professions Supplementary to Medicine (CPSM) in *The Next Decade* describe a degree as:

> ...an intellectual achievement in comprehending and logically articulating an abstract and complex body of knowledge. The distinguishing feature of a profession is skill, whether intellectual, social or manual, the practice of which is dependent both on training and mastery of a complex body of knowledge. When as now this body of knowledge reaches a level where entry standards for the profession are comparable with those for universities, a case for a professional degree emerges. (CPSM, 1979, p.10)

As the entry requirements for Diploma 81 course were now at a minimum of two A levels (which was also the entry standard for a number of degree courses) there was considerable pressure to consider the move to establishing a degree course. (See appendix 1)

BSc (Hons) in Occupational Therapy

The Degree courses also allowed programmes to design their own courses and determine their own style of assessment around a nationally set curriculum framework to meet national standards. The validation of the course was undertaken by the COT, CPSM, and the University's academic standards board, and the course had to satisfy the requirements of all parties. The degree course was first validated in 1991. The degree courses had to demonstrate academic progression through each year and this was a change form the diploma course which had allowed students to study the same modules in different years of their training.

The degree course was able to keep many of the assessment procedures which had been implemented as part of the Diploma 81 course. The types of assessment which encouraged peer assessment were included into the programme but the main

focus of assessment was more academic with the majority focusing on assignments or examinations.

The degree course is only validated for a set period of time and therefore changes have been made since the first validation.

The course determined to keep the fieldwork education element of the programme integrated into the programme at the same time of year as the Diploma 81 course. One of the main reasons for this was to have two sets of students out at the same time whilst the transition from one programme to another may have proved to be impossible because of a shortage of good placements. It was also felt that the timing of these placements allowed the students the opportunity to apply the knowledge they had learnt and to be able to implement their learning from the clinical field into the programme of study (see course diagram on the next page).

BSc (Hons) in Occupational Therapy

STAGE ONE	Professional & Related Practice: 2 Assignments	OT Professional Studies: Examination	Behavioural Sciences: Assignment

Creative Use of Self: Assignment	Clinical Sciences: Exam & Assignment	Fieldwork Education: Report & Assignment 11 weeks	Anatomy & Physiology: Examination

STAGE TWO	Research Methods: Assignment	OT & the Individual: Assignment	Theoretical Frameworks: Assignment

Practice of OT: Group Portfolio	Management & Social Policy: Assignment	Fieldwork Education 2 Report & Assignment 10 weeks	Therapeutic Activity: Assignment

STAGE THREE	Fieldwork Education 3: Report & Assignment 10 weeks	Occupation- The Relationship between Health & Lifestyle: Assignment

Independent Study:	Critical Issues: Presentation & Poster	Option Module Assignment	Human Performance & the Environment: Assignment

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Occupational

Therapy

Fieldwork Education

One of the biggest changes which has taken place is in the area of Fieldwork Education. The first change is to the number of hours students were required to undertake in order to qualify for their qualification.

In 1945 the syllabus required students to complete 3,600 hours of Fieldwork experience (Syllabus, AOT, 1943, p.17). Whereas students in 1943 for the full qualification undertook 48 weeks of fieldwork experience (1,400 hours). The degree students are required to undertake a minimum of 1,000 hours of practice which is the amount stipulated by WFOT (World Federation of Occupational Therapists) and consequently only have 31 weeks of fieldwork experience.

In 1943 mature students (those over 25 years of age) were allowed to undertake less hours. Under the new degree regulations no change is made to the number of hours required on the grounds of either a student's age or experience.

Fieldwork Education is a formally assessed part of the degree course and consists of two discreet parts with the higher of the two marks being given to the student's performance as assessed by their Fieldwork Educator on placement. The second part is an academic piece of work, which in the first year of the course is also marked by the Fieldwork Educator. This was not a requirement of the diploma courses.

Each individual programme since the Diploma 81 qualification was introduced has designed its own assessment form as it was felt that the national form which had

been used by all the schools would not fit with the individually developed programmes.

The university where the study took place includes the Fieldwork mark as part of the degree classification for year two and three. Many of the universities have not been able to include their Fieldwork grade as part of the degree classification and have either left this out altogether or had it as a separate comment in brackets following the degree title e.g. BSc (Hons) in Occupational Therapy (Distinction). The criteria remain the same which means that all students have to achieve a competent standard on Fieldwork Education. However, the fact that each university has a different form and a different set of criteria means that we may all be assessing or not assessing certain aspects of the student's performance. This could mean that students could pass or fail depending on the tool by which they are being assessed.

The ability of students on fieldwork with reference to their academic abilities and their competence will be considered in chapter four.

Chapter Two: A Nature and Purpose of Qualifications: Literature Review

Introduction

This chapter examines the literature which is pertinent to this study. The review starts by considering the work of Dore (1997), which is a key text around which this research is based. The second area to be considered is the range and purpose of qualifications used both as a selector to higher education and to a professional qualification. The third area considers the changing student profile in higher education and considers the needs of mature students and their access to higher education. Selection of Occupational Therapy students is included in the next section and considers the balance between academic capabilities and professional potential. The raised entry qualification is the next section to be considered, exploring the issues around the role and developments in vocational qualifications along with the impact on professional education. The importance of personal skills in the training of an occupational therapist are considered in the next section and consideration is given to how these are learnt. The following section considers the changes which have taken place in the assessment process and the impact the changes have had on training. The perspective of the employers and the impact of a shortage of therapists on recruitment is the next area to be considered. Finally I examine the role of "competence" in the training of therapists:- what is meant by "competence", and how it is assessed.

Dore's (1997) seminal book *The Diploma Disease* analysed the changes which have taken place in society's attitudes to education and noted in particular what he called "qualification escalation". He defined this as a "steady fall in the job-getting

value of any qualification" (ibid, p.ix). He highlighted the fact that more people are entering universities than previously and, whilst he felt that this puts Britain on a par with Europe and America, he was concerned that this is a contributary factor to the "qualification spiral" (ibid, p.xii). Dore argued that professional qualifications had been forced into this academic spiral and suggested that this may have been due to the Thatcher government's policy of the competitive market making jobs, which were previously viewed as "safe" and "jobs for life", subject to short term contracts pay and conditions (ibid, p.xiv).

Dore considered how the universities might select suitable applicants and describes the use of A level entry grades as being a "rough and ready" system. He did however feel that the previous system in which "luck, personal connections and favouritism"(ibid, p.xiii) were responsible for the allocation of university places was on the decline. Dore felt that the "diploma disease" is something which affects societies and not individuals. He considered that one of the causes is that "bureaucratic organisations ...rationalise their recruitment process on educational records" and said that this led to "the steady fall of the job-getting value of any... qualification"(ibid, p.ix). The points which Dore raised relating to entry qualifications and the raising of professional qualifications will be explored in more detail in this chapter.

Dore identified that people who have degree qualifications are now employed to do jobs which previously had no requirement for an academic qualification. He noted that this had not resulted in any change in the payment prospects or job conditions of that post. He considered that it is an increase in "cognitive ability" which had

been sought where the standards were being raised, but felt that there were many jobs still available for those where "personal characteristics"(ibid, p.xxiv) were more important. This did not seem to consider those professions where both are important. The escalation, which Dore identified, is affecting the caring professions where people who have degree qualifications are filling a number of the unqualified posts. Dore has not identified that there are a number of people who have been caught in this qualification spiral where their first qualification becomes worthless and therefore have had to embark on further study as highly qualified mature students. This will be considered in more detail.

Dore suggested that the purpose of academic assessments in vocational qualifications must be clear, as the use of examinations may prevent the students from using the knowledge they have gained and put too much emphasis on passing examinations. He elucidates that the choice of the candidates with the better academic record is likely, as this too suggests that these are the brighter students and whilst he is referring to employers the same is likely of universities. He did, however, criticise the "competitive examination-tailored" system, which he considered, would discourage further learning in later life. (ibid) There is a requirement for all professionals to keep up to date and consequently to be actively involved in continuing professional development and this will therefore be considered.

Range and purpose of qualifications

A number of qualifications have been identified as providing an academic entry qualification for the programme and these will be considered below:

School Certificate

The first academic qualification identified as an entry standard into professional training was the School certificate which was stated by Broadfoot (1996) to be the national qualification in England and Wales in 1917. This was an examination which required passes in a minimum of five subjects one from each of the following sections: English; languages; science; mathematics; and either music or a manual subject (ibid, p.174).

Broadfoot identifies that the practical subjects were considered less important. It is interesting to note this as at the stage when this qualification was being considered a high percentage of the professional qualification was centred around the acquisition of practical skills.

The school certificate raised the status of assessment by means of examination and *The Consultative Committee Report of 1911* discussed the effects of examinations on the pupils and pointed out that:

> ...examination place a premium on the reproduction of knowledge, passivity of mind and a competitive or even mercenary spirit and by contrast do not encourage independent judgement, creative thinking, true learning and criticism. (ibid, p.175)

The skills which the examination system developed may have been useful to the prospective therapist in the passing of the academic element of the training as at this stage the course was predominantly assessed by examinations. However

examinations do not encourage independent judgement and creative thinking both of which are vital skills for a therapist.

The 1911 report questioned the value of examinations but Broadfoot comments that this suggestion to move away from the formal examination was refused and therefore feels that this sealed the importance of assessment by means of examinations. Eggleston (1984, p.19) comments that the implementation of this examination influenced the school curriculum; content; teaching methods; and evaluation. The development of this new public examination became an "instrument of social selection and determined what counts as knowledge in the school system" (ibid). This certificate was viewed very much as a school-leaving certificate and was an assessment of pupils' ability to cope with a university course. Pupils who passed their school certificate with credit in, "five subjects" (ibid, p.49), were said to have matriculated.

Although Occupational Therapy colleges were asking for students to "have reached an educational level of School Certificate standard", or to "have obtained a good General Certificate of Education" (St Andrews School, 1960, p.4) they were not actually insisting that students passed it. Requesting students to have the school certificate did ensure that students had covered English, Maths, and some Science to a basic standard. Most of the colleges at this stage were interviewing their students, a method of selection which will be covered in more detail in later in this chapter.

The General Certificate of Education – Ordinary Level (GCE or O Level)

This qualification replaced the school certificate in 1951 and "was aimed at the top 20% of school pupils usually 15 and 16 year olds" (Mackinnon et al, 1995, p.151). The grading system was no longer a merit, pass or fail, as it had been for the school certificate but now had an alphabetical grading system from A (being the highest) to E (the lowest pass grade). Students identified the subjects they wanted to study, but this was conditional to these being taught by the schools. Students were not required to study particular subjects and therefore there was no longer a core group of subjects as had been the case in the school certificate. This was felt to provide the opportunity for more students to achieve at least one pass grade (Broadfoot, 1996). However in Occupational Therapy there was a requirement for students to achieve a pass grade in English, Mathematics and a Science subject.

Wood (1985, p.35) discusses "the importance of external assessment in making qualifications credible" and says:

> The English GCE exam... won respectability in large part
> because 'great play was made of the impartiality and
> fairness to candidates (and teachers)' which external testing
> guaranteed, and 'because when internal assessment was
> conceded, care was taken to contain the influence it could
> have on the final grade' (Wood, 1985, p.33).

Wood felt that employers were influenced by the high regard which was given to examinations by universities and the professions and therefore viewed them positively. Gipps (1994, p.35) highlights that teachers felt under considerable pressure to ensure that students achieved the grades required to continue in education or move to employment and that this in turn affected "the style and content of teaching in secondary schools".

It was felt that the examination was leaving some students without an academic

qualification at the end of their schooling and therefore a lower qualification called

the Certificate of Secondary Education - (CSE) was introduced.

Certificate of Secondary Education - (CSE)

The Beloe Committee was set up in 1958 (Broadfoot, 1996) to consider an

extension to the GSE examination to enable the examination to cover children who

had failed the 11 plus examination and therefore were often not able to, or capable

of, taking the GSE examination. Many of the educational reformists were

disappointed that the committee had neither been able to "abolish public

examinations" or "include the whole population" (ibid, p.186) in the assessment.

A new qualification, the CSE, was introduced in 1965 and was "aimed at the top

60% of school pupils" (Mackinnon et al, 1995, p.151). The aim was to provide

these students with a pass in at least one subject (Broadfoot, 1996). The grading

scheme of the CSE was numerical 1-5, with grade one being the highest and being

equivalent to an O Level pass grade 5 (Eggleston, 1984) and was therefore

considered as an acceptable entry qualification for Occupational Therapy.

Broadfoot (1996, p.186) identifies the CSE as being very different from the GCE

as:

> First unlike the mainly university-run GCE boards, the CSE
> boards were regionally based and explicitly designed to be
> teacher-dominated so that they were sensitive to, and able
> to respond to local needs.

The aim of the CSE was to provide relevant information for employers and

motivate all pupils (ibid).

Schools would often enter students, who they considered at risk of failing the GCE for both the O level and the CSE exams. Broadfoot (1996, p.187) identifies this as creating "administrative and curricular problems". Schools did this to ensure that a student gained a qualification. The curricular problems were caused by the difference in the ways the courses were examined and the material to be covered. The CSE assessments were internally set and assessed by the teachers, who felt that they were now more in control and therefore welcomed this change.

However because the public "set great store by externality" and felt internal assessment was "abhorrent" (Bowes and Whitty, 1984, p.185), they therefore valued GCEs more than CSEs. Eggleston (1984, p.30) considers that some of this could be as a result of the backing of the more "prestigious universities" for the GCEs. He reports that the academic subjects traditionally taken as GCEs are viewed more highly, that achievement of five or more subjects at one time is preferable, and that written exams are valued more highly than practical assessment, continuous assessment, or course work (ibid). He said that these were not a formal "written guide" but said "teachers, employers, parents and students quickly learn the simple general rules" (ibid, p.30). Some Occupational Therapy programmes required students to achieve a number of subjects at one sitting.

General Certificate of Secondary Education- (GCSE)

The O levels and CSE course were replaced by the GCSE course in 1988. Nuttall (1990, p.143) saw the original aim of the GCSE:

> ...to create a comprehensive examination system for a
> comprehensive educational system, to reduce divisiveness
> and to reduce the difficult choices that had to be made,

mainly by teachers about which examination, CSE or O level, a young person should enter.

One of the reasons for introducing a new examination was because of the reports by Her Majesty's Inspectors (HMI) (1979 and 1988) of the "stultifying effects of public exams on the secondary system" (Gipps, 1994, p.3). "Sir Keith Joseph's aim was to get 80-90% of 16 year olds up to the level previously deemed average" (ibid, p.89). The introduction of the GCSE was meant to simplify the system by introducing one qualification and was supposed to include the best from both systems. Macfarlane (1993, p.20) said, "the GCSE curriculum consists of a range of basic subjects, the majority of which all pupils study".

Nuttall (1990, p.144) identified three distinctive features:

> It is governed by an elaborate set of national criteria.
> ... all examinations should differentiate.
> ... every course and examination should contain an element of work done during the course as well as a set-piece examination at the end.

This combined the assessment feature of both the GCE (examinations) and the CSE (coursework). This shift from an exam focussed assessment to one which used more creative modes of assessment, including coursework, fitted with change in the Occupational Therapy assessment from a nationally examined course to the Diploma 81 course which used a variety of assessments.

Gipps and Murphy (1994, p. 217) supported this move from the strict use of examinations as a mode of assessment, identifying that teachers had recognised that not all children produced their best performance under "pressurised timed test conditions". They expanded that the inclusion of coursework "provided opportunities to measure valued aspects of students' achievement that traditional measures could not cater for" (ibid, p.211). Gipps (1994, p111) puts forward the

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parent's view of coursework as "far more demanding over the whole year, than is the classic four week cram". The fairness of this assessment was questioned as it was felt that it may advantage those children who would have access to books and computer at home and parental help and support, whilst others wouldn't. This is a consideration for Occupational Therapy, as the profession has often been viewed as one which selects students form the higher social classes and therefore high achievement in these assessments would support that trend.

The GCSE made a major change to the type of assessment used to administer the exam:

> ...the shift was the move away from the norm-referenced to a more criterion-referenced assessment. Criterion-referenced assessment was considered to provide the 'users' of the education system (e.g. pupils, parents, employers, etc.) with a more detailed and informative breakdown of pupils' competencies. A norm- referenced assessment only indicates individuals' success in relation to their peers and not in terms of the knowledge, understanding and skills achieved by those individuals. (ibid, p.217)

This change could have affected the number of students who would now have reached the entrance standard as potentially more students could have reached the pass standard. Gipps (1994, p.89) says that this change was made because of concerns over the standards of different examining boards. It was hoped that "a single consistent, system of clearly defined grades" would result in some standardisation of results (Orr and Nuttall, 1983, p.89).

Finegold (1993, p.39) said that successes in GCSE were the "single best predictor of whether young people will continue in post compulsory education" He identified that the introduction of continuous assessment and course work had "significantly increased" the number of pupils gaining five or more passes. However this may

also have been due to the change from norm-referencing to criterion-referencing allowing pupils to pass if they met the criteria for the grade, and assigning them the grade their work deserved. This was also mirrored by a similar change in the Occupational Therapy programmes which also moved to a criterion-referenced system of assessment.

The grading system of GCSEs is an alphabetical system with A to G grades counting as a pass. Edwards (1996, p.8) reports the introduction of the grade of A* to provide a higher grade to indicate excellence. This completed the grading scheme and gave an overall number of eight pass grades. The grades of A* to C count as being equivalent to an O level pass and the grades of D to G equivalent to a CSE pass. Within this system there are still set bands. A student can sit an examination at the Higher level (A* to D) and present work at the standard of an E Grade and therefore be awarded a U (unclassified) result and no certificate. Equally a student who performs above the level of the assessment e.g. B level when sitting a C to G standard would only be credited with a grade C (Nuttall, 1990, p.145). Therefore the original intention to provide a qualification open to all has not been met.

Torrance (1997) identifies that we are expecting more from the school system and says that standards are rising. He notes that we are expecting 30% more children to achieve the standards that were once only considered a possibility for the top 20% the "élite" and on "...syllabuses and examinations that stress the understanding and application as well as the recall, of knowledge" (ibid, p.328).

The increase in the pass rate has resulted in more people remaining in the educational system. These students have been assessed in a very different way and are able to use their knowledge rather than just recite it because of the variety of assessment methods used. These changes have also been a requirement of the Occupational Therapy programmes, which has moved from just repeating information to understanding, application and critical analysis.

The GCSE statistics are also highlighting gender issues and highlighting an improvement in the girls' grades, particularly in coursework. Cresswell (1990, p.297) who, when considering "English, Maths and Integrated Science", found that "girls' average coursework marks were higher than the boys' in every case". Elwood (1995, p.297) identified that, although the coursework element in the assessment had been reduced, "the girls' superiority of performance was not correspondingly reduced". Clarke and Trafford (1995, p.297) found that one of the reasons that girls were better at coursework was because of the skills it demanded. They identified these as being "conscientious and neater". This improvement in marks for the female students is interesting, as the majority of the applicants for Occupational Therapy are female.

Warrington and Younger (1996, p.22) said when discussing attitudes to work:

> ...boys had less positive attitudes to school work and to homework than did girls, were much less attentive in class, had lower standards of behaviour, and were more reluctant to embark on extra work.

These problems may well be impacting on the admission of students to the Occupational Therapy course, as the male/female ratio has been lower over the last five years. The issue of gender is explored in more depth later in this chapter.

General Certificate of Education – Advanced Level (A Level)

Advanced level qualifications, referred to here as A level, have traditionally been

viewed as the entry qualification for university education, but equally there has

been much criticism of the narrowness and lack of their vocational relevance

(Green, 1995). The A level examination replaced the Higher School certificate in

1951(Edwards et al 1997). This qualification allowed students to study subjects

separately and was considered to be "associated with selective preparation for

'middle-class' (professional and managerial) employment" (ibid, p.9). Students

undertaking this examination would normally have successfully studied four or five

GCSEs (Dearing, 1996d) and achieved grade C or above. The reported restriction

on who can study the A level being based on GCSE examination results, seems to

support the findings of Broadfoot (1996, p.32) who describes the role of

assessment as including both aspects of competition and competence:

> The extreme importance of certification as an influence
> both on educational practice and on the wider society
> emerges from this 'gate keeping' role, by which it can open
> and close doors for individuals to future life chances. …in
> theory it allows free competition based on academic ability
> and industry and thus is regarded as the fairest basis for the
> allocation of opportunities for high status or remunerative
> careers.

Young (1998, p.117) comments that initially only 3% of those who stayed on at

school after school leaving age took A level qualifications, whereas in 1995, 70%

of 16-18 year olds who stayed at school were reported to be taking A levels (ibid).

This increase is attributed to the fact that there are less jobs available for those

without academic qualifications and an increase in political support for the A level

system and young people continuing education. Dearing (1996, p.28) considered

the high demand to be attributed to the "high standing" the course has "with

students, parents and higher education". Reuter (1995, p.14) considers that there

should be no surprise at their popularity and demand as they are viewed in the highest possible light both by higher education and employers and suggests they are "...gold standard" with "pristine quality" and an "international reputation" The Crowther Report (1959) considered the education of boys and girls between the ages of 15-18 and was asked for recommendations about the place of examinations below General Certificate of Education Level (Mackinnon et al, 1995). It found that "the education of the ablest" as being "what the English system does best" (Edwards et al 1997, p.2). This report followed the 1954 Gurney Dixon report which had considered the relationship of the father's occupational status on pupils' performance (ibid). Both these reports recommended that children should be encouraged to stay on at school and continue their education after the minimum school leaving age. It would appear from the percentage increase taking A level examinations that this has happened. Edwards et al (ibid) suggests that to stay on at school has become the normal thing to do and expounds that this may be because they have no where else to go, again citing the falling job market as a reason for this. However it may also be as a result of the Governments targets to have 55% of 19 year old achieving level 3 qualification by 2004 and for 50% of 18-30 year olds to be in higher education by 2006 (DFES, 2001, p.14).

The Crowther report in 1959 supported specialisation for students in the sixth form whereas the Dearing report in 1996 questions the relevance of this. The Crowther report defended the view that "students learn to think best by having to specialise in two or three subjects at Advanced level" (Young, 1998, p.110) and that "able students were subject minded and therefore A levels were the ideal curriculum" (ibid, p.124). Young (ibid, p.121) stresses that an important area, which is often

overlooked, is the "educational role" of A levels which is "to provide a way of giving students access to specialised knowledge and the concepts and skills that go with it".

Smithers (1994, p.355) explains that A levels which replaced the university entrance examinations " were designed to pick out those who could be educated to high standard in a short time with few drop-outs" and cites this as the reason why we have an "efficient and effective higher education system". He considers that criticism of A levels acting as a "barrier to university entrance" or that they "bear no relation to degree performance... are false"(ibid). He considers that any changes to the present system should include "independent external assessment" (ibid, p.362) as he observes that employers trust this system and therefore concludes that:

> The 'gold standard' of A levels may lie less in what is
> covered or how it is covered than in its monitoring capacity.
> The paradox with which we began may arise from A levels
> being valued less for themselves than as an examining
> process.

Huddleston and Unwin (1997, pp.36-7) stress that the critics still prefer the traditional linear A levels to the modular A levels because it provides a:

> ...more effective measure of a candidate's ability as it tests,
> within one final examination, all the skills knowledge and
> understanding which the candidate has gained over the
> whole programme. (ibid, p.37)

Whilst Young (1998, p.126) identifies "no actual evidence that modular syllabuses or course assessment led to lower standards". Tattersall (1996, p.28) considers that the modular assessments were in some respects more demanding taking an examination so soon after beginning the sixth form studies. That the examination is up to 50% longer than those of linear students, which means that more of the syllabus can be tested. This seems to suggest that these A levels are harder as more

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of the content is being examined. The Occupational Therapy course is also modular with assessments occurring within eight weeks of commencing the programme and therefore students who have taken modular A levels may be better prepared.

Students normally study three subjects at advanced level, and a number of students will have studied a subject which is covered as part of the first year syllabus (for example biology or psychology). Beard and Hartley (1984, p.96) suggest that this can result in:

> ...boredom among the better qualified students, who are apt to use their energies in some other direction.

However this could also provide them with an advantage.

Reid (1972, p.84) considered that the volume of work covered in the A level syllabus meant there was little time left for "activities aimed at producing a balanced personality". This supports the need for the assessment of suitable occupational therapy students to be more than just a paper exercise as we are requiring balanced individuals.

The A Level qualification has changed since this thesis started and therefore will not be included within it, as the qualification will not have been used to gain entry to the programme.

Business and Technology Educational Council - (BTEC)

The BTEC course was formed in 1983 and as a response to the "shortage of technicians and highly qualified office staff" (Wolf, 1995, p.11)

The BTEC National qualification was designed as:

> ...a real alternative for students, many of whom were
> expected to be as able and ambitious as their A level
> contemporaries but who were also assumed to want their
> studies to be more practical and to have a direct bearing on
> their future employment.(Edwards et al, 1997, p.4)

Wolf (1995, p.11) describes the awards as being "essentially vocational" and

containing "large amounts of general education" in areas of "business and finance

and identifies the reason for their increased popularity being that they are perceived

as:

> ...a less academically demanding alternative to A level,
> which offers chances of progression and which does not
> overly prescribe a definite vocational choice.

These qualifications are described by Abbott and Huddleston (1995, p.38) as

requiring:

> An integrated and multi-disciplinary approach in their core
> modules. The emphasis is on the application of knowledge
> to realistic...working environments rather than purely on
> the understanding of theoretical concepts. The development
> of work-related skills are an important feature of the
> programmes. Assessment which is based on coursework
> assignments, may be developed in conjunction with
> employers.

The inclusion of work experience in the BTEC National Certificate provides

students with many of the skills of communication and gives the opportunity to

experience a range of professions including working in the caring professions as

part of the course. This provides the students often with relevant experience prior

to applying to the Occupational Therapy course.

The course includes less formal teaching sessions, instead using student centred

learning approaches. Rumney (1989, p.2) says it is important to use all methods of

teaching and therefore says "there is still place for the didactic teaching and rote

learning-so-called proper teaching"(ibid). He feels that this can be applied to assignments and advises that:

> Assignments help students learn and should not therefore
> be viewed solely as vehicles for assessment. On the
> contrary the assignment as a vehicle for assessment is
> subordinate to its role as a facilitator of learning. Indeed,
> assignments are according to BTEC, a central component of
> any good student centred approach to learning because:
> "Teachers are freed from the role of "information
> dispenser" and enabled to become managers of the learning
> process" (ibid)

This view of using assignments as a means of learning makes the idea of assessing

the piece of work and attaching a grade to it very difficult. This feels particularly

difficult when the grade required for entry to the programme is distinction in five

areas of second year work. This is the highest grade possible as the BTEC only has

three grades, pass, merit, and distinction. The standard for entry on to the degree

programme is set very high and therefore this may account for why students

possessing a BTEC qualification are in the minority.

Smith et al (1995, p.132) quote a BTEC tutor as saying:

> ...that universities were now demanding more and more
> 'distinctions', regarding a 'pass' as equivalent to a 'fail',
> although he acknowledged that grade inflation had been
> taking place and universities might be trying to correct it

It is understandable that the admission tutors raised the grade if grade inflation was

taking place. However if the level remains at the highest achievable, then surely

they are pushing the students into using the course to gain high academic

achievement instead of for personal growth which is of equal importance to

prospective therapists.

In spite of the benefits of the experiential learning techniques used on the BTEC courses, students who successfully complete the course are said to feel that "the BTEC qualification is inferior to A level"(Rainbow, 1993, p.8).

However research undertaken by Roberts & Higgins (1992, p.55) questioned why "BTEC students tend to get lower results in their degrees than A level students?" The BTEC students acknowledged that the A level students were better at writing essays. This may have been one of the reasons for their "poorer results". However, could this have been because of the change of emphasis from learning as opposed to assessment in the marking of assignments?

General National Vocational Qualification – (GNVQ)

The GNVQ was introduced in September 1993 and therefore the first students did not enter training with this qualification until 1995.

The GNVQ at Intermediate and Advanced levels are offered in such subject areas as "Art and Design, Business, Health and Social care, Leisure and Tourism, and Manufacturing" (Mackinnon et al, 1995, p.155). The number of students applying to universities with a GNVQ are still in the minority and many courses require students to have an A level. Spours (1993, p.164) says that:

> ...the proposed equivalence of the GNVQ and NVQ at
> level 3 to three A levels at any grade suggests that
> vocational achievement at what ever grade is not worth
> more than an E grade at A level...GNVQ are to be full
> blown (700-900 hour) vocational award...or combined with
> one A or two AS level. This would appear to be a much
> more labour-intensive route to an Advanced Diploma than
> the attainment of three A levels at any grade.

Spours makes a valid argument that by requiring students to top up their qualification to make it admissible, then we are placing a high workload on them

and more than was originally intended and in fact we are possibly setting them up to fail. The requirement for entry to the occupational therapy programme is for students also to study one A level. This is concerning when considering Spours comment and may account for the small numbers of students accessing the programme with this qualification.

Edwards et al (1997, p.13) considers that:

> An Advanced GNVQ is intended to be worth the same as two A level passes as a qualification for entry to higher education or a specialised vocational training or employment with a Merit or Distinction equivalent to higher grades of A level pass.

They go on to say that:

> A level and Advanced GNVQ represent sharply contrasting ways of selecting and organising knowledge. A level is made up from a collection of separate academic subjects, each chosen by the student within the constraints of what the school or college can offer and what future employers or admission tutors may expect or prefer. Breadth or balance in that choice may be desirable, but neither are required. ...By comparison GNVQ represents knowledge and skills 'regionalised' into 'areas of application' (Bernstein 1990:3)-that is selected primarily because of their presumed relevance as preparation for employment within a particular vocational field. ...They are typically described as suiting those who prefer more practical and collaborative and less desk-bound modes of working- (Chorlton 1994:89).(ibid, p.15)

It seems confusing to be suggesting to the students that they should study both courses when they require such different approaches. It seems that not only are the subjects to be studied "constrained" by what the "admissions officer may prefer", but also the type of course which will provide it. Nash (1995, p.9) found that 20% of students taking a GNVQ course were also taking an extra A level. He found that 49% of students not taking an extra A level also progressed to degree course.

Smith (1997, p.26) raises the question "Do those who can, do A levels and those who can't, do GNVQ?". She says that:

> Some students with very high GCSE grades choose GNVQ, and some decide on the more vocational option because they have one outstanding talent, such as art and design and know already that they want to progress this with a career in mind... But many - and these include the most able – are attracted by a course that will afford them more opportunity for developing their learning individually... as one which builds in work experience in their vocational area.

She says that in her institution students need the same number of GCSEs to enrol on either the A level course or the GNVQ course. She continues that ideally it would be possible to "mix A level or GCSE modules and GNVQ units" (ibid). However, as noted above, this may not be ideal because of the way the courses are delivered. Soloman (1996, p.9) spoke to students who had experienced A level work and then transferred to GNVQs and they came up with the following. GNVQ was more relevant, practical, used less theory and encouraged independent working. It was therefore considered to be more understandable. A Levels were considered to be more academically focused but with a lighter workload.

Some of the skills mentioned would certainly be advantageous to the Occupational Therapy programme. Certainly the ability to work independently is a skill required of university students, and the fact that it has a work based content would make it highly relevant to parts of the Occupational Therapy programme.

The rise in the entry qualifications has not so far been fully researched by the occupational therapy profession. Therefore it is necessary to consider whether the therapists who are being trained are competent practitioners and not only interested in becoming researchers or teachers.

Changing student profile

Universities were initially seen to be available only for the privileged few and therefore this section will examine the changes which have taken place to the student profile between 1996 to 1999. The change is described by Dore (1997, pp. xii-xiii) as:

> ...a matter of increasing numbers flocking to universities and being encouraged to do so by a system of university funding which encouraged universities to expand the number of places available, even if that meant admitting students well outside the range of what hitherto been considered to be university-educable levels of ability. The proportion of the age group entering university has approximately doubled to 30 percent in the last decade...

Dore (ibid, p.xv) is referring to the period 1976 to1996 and attributes these changes to the Thatcher government which he says made the "public sector like the private sector" by introducing competition. The increased numbers of students in higher education has however meant that there has been a change in the social class of students applying for a university place. It is no longer just the privileged "elite" who can afford to fund pupils through private education but has opened up the field of higher education to those who meet the academic standards whatever their financial status. Watson and Taylor (1998, p.27) comment on the slowness of this process and highlight that the gap in some cases has widened. The majority of the "changes in the student population have taken place in the new universities..." (ibid, p.39) whereas the traditional universities have taken "more of the same in terms of student background and age profiles". This is an interesting point as the study is undertaken at a "new university" and therefore it will be interesting to see if this assumption is correct. Wagner (1995, pp.19-20) however, reports that the "system has become mass in size but remains elite in its values". Smith & Webster (1997, p.12) suggest that there is a decline in the residential university because of

the "prohibitive cost to students". They consider that this is altering the student applications for higher education with an increased number of local students applying to universities in their locality, thus increasing the "stay at home trend". Smith and Webster (1998) consider that those most affected by this are the mature students as "the better-off still send their children" to university at 18-19 (ibid).

Dore (1997) links the university entrance system with secondary education back to 1868 and says that schools were "judged...by their success in sending pupils to universities"(p.20). The main change he felt, was around 1960 when the sixth forms and the GCE qualifications became the selection hurdle for university education (ibid, p.21). However, Torrance (1997 p.328) still considers that the success of schools is still judged by the pupils' achievements. Dore (1997, p.x) states that: "examinations clearly have their uses...They provide informative feedback to teachers on how effective their teaching has been". This coupled with the introduction of "league tables" has placed both the students and the teacher under pressure. Black (1998, p.31) questions the relevance and fairness of a system which makes no allowance for schools that are selective, or non-selective; in suburban or inner city areas. He suggests that a fairer system maybe to compare the students against their own personal achievements rather than against other students who may have had privileges.

The increased awareness and focus on examination results was meant to raise standards. The universities were already receiving more applicants from students wishing to pursue courses in higher education because of unemployment and they have coped with the increasing number of applicants by raising their standards.

Dore (1997, p.28) refers to this as "competitive bidding for the "pool of ability" between professions" and feels that this "can lead to anticipatory raising of entrance standards". He considers it to be the responsibility "of all professional bodies ...to protect their professions from slippage of their effective recruitment range down the ability distribution" (ibid, p.27). He suggests a way of preventing this happening is to "raise the entry requirement" (ibid). Unfortunately this ultimately could lead to requesting unrealistic entry qualification in order to maintain recruitment.

Lowry (1992b, p.1352) provides an example of this when she highlights the use of examination grades to limit the number of eligible applicants to medical school. She cites the entry qualification required for a student to cope academically with the course as three C's at A level, whereas the majority of Medical schools make offers of 3 A's. Lowry identifies that "students with only moderate academic achievement can cope well with the course and often have more to offer in terms of personal skills, attitudes and experience". This is perhaps worrying as Lowry is therefore suggesting that the students we are recruiting are capable of training to be doctors.

Fulton and Ellwood (1989, p.39) found that admission tutors felt that "rising A level points indicated not so much a rise in demand... as rising quality" at the same time as admitting a low correlation between these higher results and any increase in performance in their degree studies. The admission tutors here are only considering a person's academic potential and are not considering the extra skills, which Lowry (1992b) refers to, as often skills which come with experience and maturity. The personal skills she identifies are vital to train a competent therapist.

Access Courses

A high proportion of mature students enter the occupational therapy programme

with an Access Course qualification. Access courses started in the late 1970's with

a request from the Department of Education and Science (DES) to seven local

education authorities to set up special courses for mature students:

> ...who possessed 'valuable experience but lack the
> qualifications required' (Department of Education and
> Science 1978b). The courses were to prepare students for
> entry to higher education. (Brennan, 1989, p.54)

Access courses are provided for the mature students who have been out of

academic study for a number of years. Initially they were set up to "provide a

mechanism for the recruitment and training of black professionals for jobs in

teaching and social work in their own ethnic-minority communities" (ibid).

Brennan (ibid, p.59) states that the number of courses has rapidly expanded from

11 to 400 in a decade. They are usually provided by the colleges of Further

Education and are seen as a route in to Higher Education.

Access Programmes are described by Kerton (1996, p.135) as:

> A response to a demand for more supportive, sensitive and
> appropriately designed programme for adults wishing to go
> on to degree-level study.

Wheeler and Birtle (1993, p.84) describes the aim of the access course as:

> ...intensive with as much emphasis on study skills and
> confidence building as on academic subjects. The main
> advantage of Access Courses is that they are specifically
> geared towards adult learners.

It is important to recognise that very often the main problem for students who

attend Access Courses is a severe lack of confidence both personally and

academically.

Tight (1993, p.64) writes in criticism of Access courses:

> The typical access course involves one year of full time
> study or two years part-time study and requires no formal
> qualifications for entry. Yet many, perhaps most, mature
> students who are seeking entry to further or higher
> education already have some qualifications (indeed some
> have the minimum higher education entry requirements),
> and almost all have a good deal of experience and
> understanding. Many of these do not need to undertake an
> access course in order to demonstrate- whether to
> themselves or to their receiving institutions- their ability to
> cope with further or higher education.

Tight's view may well be supported by many academics. However, for the students

who lack confidence in their abilities, it is perhaps a useful route back into

studying. For some students it is helpful to have advice over study techniques and

advice at this stage may reduce the problems later. Green and Percy (1991, p.142)

acknowledges this to be the case but says in defence of these students:

> ...certain students are very capable and could quite easily
> move to a degree course, whereas other students may have
> an equal capacity but need to develop confidence.

They say a number of students face emotional and academic problems when they

start the Access course and therefore it is perhaps preferable to face these prior to

starting a professional training course (ibid).

Mature Students:

Mature students, those aged twenty-one and over, in most universities are offered

lower admissions targets. Roderick (1993, p.8) says that:

> In comparison with standard age students, many of whom
> may have moved into higher education with little thought,
> mature students have taken positive (and often difficult)
> decisions to go into higher education. Mature students take
> up higher education primarily because of their interest in
> the subject but most important secondary reason being
> career aspirations.

Many mature students entering Occupational Therapy training have previously

worked in unqualified positions whilst gaining the necessary entry qualifications,

Elsey (1993, p.9) found in a study of Nottingham University students in 1982 that:

> Mature students felt that their experience gave them an
> advantage over younger students. They felt they were more
> knowledgeable and widely read, had a better appreciation
> of practical applications and a more critical approach. Their
> attitude was underpinned by a clear idea of their aim at
> university and they were highly motivated-resulting in their
> working harder and being better able to sustain their
> interest.

The group of students which had been surveyed were thought to have been quite

privileged. One third had got qualifications high enough to attend university

straight from school, but most had stayed on at school and on leaving school had

worked in non-manual jobs, with only a minority being described as working class

(ibid).

However, Thomson (1996, p.5) quotes research undertaken by the National

Institute for Adult Continuing Education, who had interviewed 21 mature students,

and found that "...they often suffer acute shyness in the face of 'fantastically

brainy' teenagers". They attributed this to the gap in education, being in the

minority and class difference. None of the interviewees said they would have

described "themselves as shy" but concluded that this improved over a period of

time when they started to receive positive feedback in the form of marked pieces of

work. Considering the high academic standard required of the standard entrant

students, their feelings of inadequacy are hardly surprising as many would know

that they do not possess the equivalent academic qualifications. Richardson (1995,

p.15) felt that:

> ...higher education will actually be enriched by the
> admission of mature students, since it will provide school
> leavers with an opportunity to learn by example from the
> mature students' superior approach to learning.

He was considering the mature students' approaches to studying and academic

performance and although he said that it was presumed that they lacked the basic

study skills, it was found that they tended to "adopt a deep approach or meaning

orientation to their academic work". Woodley (1981, pp.98-9) identifies problems

which exist for older students. Amongst these he says that older students feel they

may have "poorer memory" and a "decline in learning ability". He says that,

"capacity, interest and energy and time are the key determinants". This may well be

true for some of the mature students who are already highly qualified when they

start the course. Mills and Molloy (1989, p.54) investigated the "impact of non-

standard entrants upon a programme of Higher Education" they also found that

mature students brought many benefits to the course and in conclusion wrote:

> ...our experience suggests that the maturity, commitment,
> self discipline and determination of older students, as well
> as their valuable life experience...can compensate more
> than adequately for any presumed deficiencies in formal
> educational qualifications.

This supports the recommendations made by Blom-Cooper (1989, pp.59-60) who

in a section of his report on "recruitment, preparation and qualification"

recommended that the entry qualifications for mature students should be

"suspended". The report said that "...mature women...have acquired the kind of

experience, wisdom and skills which are needed in the caring professions" (ibid).

Access courses are reported by Benn & Burton (1994, p.94) to have been:

> Phenomenally successful in attracting women...The results
> of a national survey of Access courses in 1992 showed that
> 68% of Access students were women...

This is a significant factor as the profession as a whole is female dominated and the number of mature students (those over the age of 21 when starting the course) has increased in the last ten years.

Whilst the students may have the necessary skills to undertake the degree programme, without the right attitude towards study and learning, it would be difficult for them to succeed. Therefore, if the course can help to address the previous poor experience of education and help to address the subsequent lack of confidence, then the students are more likely to be successful.

Craik and Alderman (1998, p.473) considered what had attracted mature students into a career in Occupational Therapy. They found that while a number of studies had taken place in America prior to their study, none had taken place in the U.K. Their study took place at Brunel University and included students who were in their second or final year. For the purpose of their study they defined "mature" as over the age of 30 at the start of training. The results found that the students had had some contact with the profession over a period of approximately 7 years during which time the students had "upgraded their academic qualifications" (although they found that "a third of the students were already educated to degree standard"). One of the reasons cited for not entering the profession earlier identifies that a third of the students had not known about the profession when at school (ibid, p.477). This is a problem which the professional association is attempting to resolve with improved marketing to school leavers.

Goldbeck-Wood (1996, p.313) considers recruitment to medicine and asks the question "is academic achievement at 18 too blunt a discriminator?" Her article

considers that this may "excludes people who are educationally disadvantaged". However she echoes one of my concerns that "academic criteria may select the "wrong" kind of person ("narrowly scientific") or even fail to select the "right" kind ("caring communicators")" (ibid). The article advocates the inclusion of mature students, but highlights many of the difficulties facing them including "heavy financial burdens, domestic commitments and huge opportunity costs" (ibid, p.314). They describe the mature students as "studying the tough way" and said it required "motivation, tenacity and commitment".

Howard and Watson (1998, pp.244-8) compared the "traditional and non-traditional entry routes" for occupational therapists. Their study included two consecutive cohorts with a total of 47 students, 27 in the first cohort and 20 in the second at the University of East Anglia. The key variables were age; GCSE score; A level score; Final degree mark; A level biology; and first year physiology results. The research found "no statistically significant relationship between the entrance variables of: age; GCSE score and A level score; and final degree mark"(p.247).

Smith & Saunders (1991, pp.17-8) considered mature students entrance into higher education with particular reference to part-time study and identified that their lack of "standard entry requirements" had been a "major concern". They considered that to focus on students' entry qualifications to predict a good degree award was perhaps not placing the emphasis in the right place and consideration should perhaps be focused on exit standards and the skills which the students depart with.

This seems to be acknowledging the potential for learning rather than assuming that those who have the highest entry qualifications will automatically prove to be the best students.

Using qualifications for selection to Occupational Therapy courses

The different focus and aims of the variety of entry qualification which can be used to gain entry into the professional programme and the nature of the students they attract, has served to enhance the programme, as the students have been able to share their learning, personal and working experiences. Hodkinson and Issitt (1995, p.9) argue that the problem with:

> ...academic entry and training into the professions is that it is exclusive. Training was not primarily about performance but about membership... full-time academic professional entry makes access to the professions more difficult for those groups in society who do less well in the British education system, including working class and ethnic minorities.

It may be that these problems still exist, as the numbers entering training from a working class or ethnic minority background form the minority of the student cohort particularly as 18 year olds straight from school. It is not proven whether this has been for academic reasons in the case of ethnic minority students or because of cultural restrictions which would make it difficult to practise as an occupational therapist. Whilst the profession has presented literature in a range of languages this has not resulted in an increase of student numbers. Colston (1994) explored the policies Occupational Therapy courses applied to applications from minority groups and highlighted that admission to the courses of these minority groups varied between one and 20% (p.399). She highlights that more work needs

to be undertaken to ensure that the students from minority groups are allowed "equal opportunities" when applying for admission onto training courses.

With regard to the students from working class backgrounds, this group of students has always been under-represented, as the profession was initially for daughters from the professional classes. The profession is also predominantly female. Whilst many attempts have been made to try and encourage an increase in applications from male students they remain in the minority. Many reasons have been suggested for this, and most have been to do with the salary scale but as the same scale is applied to physiotherapy, which has at least an equal number of males and females, it is perhaps more to do with the content of the course. Dent-Brown (1990, pp.229-31) undertook a piece of research looking at the number of men entering Occupational Therapy training between 1985-88 and found that out of a total of 3440 training places, only 262 were male. The study noted that the highest number had entered in the final year of the study and therefore it was hoped that this increase would continue. The figures showed a higher percentage of male students on the in-service courses and these would normally be mature students.

The fact that certain groups of society are under-represented in Occupational Therapy leads us to the question of whether the raising of entry standards is preventing the under-represented groups from gaining the standard required. A second concern is whether the high academic standards required means that we are rejecting suitable students. Whether it is necessary to raise the entry qualifications is still to be answered. The Blom-Cooper report (1989, p.63) felt that by raising the qualification to degree level may mean that some students may be deterred from

applying whilst others may become interested because of its degree status. The recommendation was that the qualification should become a degree but the entry qualifications should not be raised. Whilst the degree status was achieved by all courses, the entry qualifications for all courses were also raised. Watson (1992, p.4) considers that the views of the professionals often differ from those of the educationalist and that the professionals may be less willing to be flexible on entry standards feeling that these may have an "impact on exit standards" (ibid).

Bale (1998) and Broadfoot (1996) both acknowledge the stress that students are subjected to, to gain high grades for entry to university courses. Broadfoot considers that the stress is increased by inaccuracies "differences between markers and difficulty of questions" which Broadfoot claims are some of the "more obvious causes of inaccuracies"(ibid, 1996, p.13).

Selection of Occupational Therapy Students

The selection of students is undertaken through the UCAS system. The application forms all have school references and prediction of academic grades. Carvel and Anthony (1996, p.2) say that:

> Universities' offer of conditional places are based largely
> on schools prediction of the student's likely A level score.
> Applicants have to guess which institutions are most likely
> to accept them, rather than where they want to go.

They go on to say that more than 50% of the predictions are too high which leads to a high number of students being involved in the clearing process. That students who achieve higher grades than predicted are not allowed to "trade up" unless they take a year out.

The current system means that the universities are missing students who do not apply, because they do not expect to reach the required entry standard as stated in the prospectus.

The system requires universities to make offers of places through UCAS. These can be tagged offers, requiring the student to get a given grade in a given subject e.g. grade C in biology. A request that the student should get a set number of points from their A level subjects e.g. 12 points (A=10, B=8 C=6 etc.). Lastly a graded offer can be made not tagging grades to subjects e.g. CBC. Occasionally students can gain admission through the clearing system after they have received their results.

It is an unfortunate fact that by the time the students receive their results, decisions have already been made about places at universities, based on the information UCAS sends out at the beginning of the week the results are released. Anomalies are noted on these sheets e.g. students being graded in exams for which the university is unaware from their UCAS sheets they were entering. It is therefore understandable that mistakes can be made both in the entering of the results on to the computer system and also for the examiners marking the work. Unfortunately it is unlikely whether the current system could be flexible enough to take account of these mistakes.

Clark (1994, p.24) stresses the importance of selecting the right people for a "professional training course" because:

> Once safely embarked on a course, the student or trainee
> has a high probability of reaching a professional

qualification, as only a small proportion fail their course or withdraw.

Whilst Clark's work is about selection is for social work profession, what is said applies to occupational therapists as the failure rate and the number of students who withdraw from training is very small.

Taylor (1997, p.110) explains that:

> Selection is the first assessment point where the power of assessors is paramount... Selecting students takes on heightened importance in professional education because it is making a public statement about the kinds of applicants who are or are not appropriate for education for a particular profession.

Taylor considers the importance of making the "right choice" and the "role of gatekeeping to the profession":

> In contrast to higher education generally where criteria may be defined only in terms of propositional knowledge, professional courses are likely to be seeking applicants who also have personal attributes which signal potential suitability for a particular profession, and relevant experience which provides the applicant with a basis of understanding of what the profession entails. The concern is to select an applicant with appropriate potential and to avoid admitting someone who is manifestly unsuited for a particular course... (ibid)

Howard and Watson (1998, p. 245) suggest that to admit students by just using "academic attainment... could result in students who are competitive and single minded" and feels that these qualities are "undesirable" for occupational therapists.

One way of being able to meet prospective students prior to admission is by having interviews as it is during this time that it is hoped to identify those who would be "manifestly unsuitable"

Interviews

A number of universities who select occupational therapy students' use the interview as a means of selecting the "right" student for training after screening the UCAS forms. The interview looks for evidence that the students have the required academic entrance qualifications, knowledge of the profession and communication skills. The universities within the Trent Regional Health District must interview all students being admitted for training following the publication of the Clothier Report (1994). The sponsoring authority wrote to the training school and stated that all students <u>must</u> be interviewed prior to being offered a place. The report had been as the result of an enquiry into the deaths of children at a hospital in the region and the practice of a member of nursing staff. The report highlighted that the member of staff was suffering from a personality disorder which it was felt may have been evident at interview.

The course in this study uses group interviews of 10 to 12 students with an academic member of staff and a clinician. The group interview is felt to be a cost-effective way of selecting students and provides the opportunity to observe students' interactions with their peers. However the disadvantage is that it is impossible to ask, in-depth, questions of all the participants. Candidates were previously asked to attend for a day when they took part in a group activity; a group discussion; and then had an individual interview. This took place prior to the course gaining degree status and was felt to be too time consuming, with no evidence of its value and therefore it no longer takes place.

Richards and Stockhill (1997, p.49) when describing interviews for prospective medical students says:

> Academics and careers advisors may and do argue about the usefulness of an interview in the process for selecting future medical students and doctors, but those on the receiving end, the candidates, are unanimous in the belief that the interview is somewhere between daunting and dreadful.

For many students it is the most difficult situation to be in. They are desperate to make the right impression and secure the offer of a place but have so little time in which to do this. My experience is that it makes a considerable difference when they are interviewed. Many occupational therapy programmes use the group interview system and therefore if the students have experienced this interview format previously, it can make a considerable difference to their performance. Therefore those interviewed first may perform less well than those who have had previous experience of group interviews.

Why use interviews? Richard and Sockhill (1997, p.49) describes it as an "opportunity to test the students' awareness of what they are letting themselves in for"(ibid). It is necessary for interviewees to demonstrate that they understand what occupational therapy is, and that they show they have the motivation to become a therapist by having spent time with therapists. The course is vastly over subscribed and therefore we would, wherever possible, like to avoid admitting a student to the programme who leaves because it is not what he/she thought it would be.

Coombes and Bennett (1983, p.29) considered why "teachers have an interest in selection". They concluded that it was because:

> ...are concerned with problems they encounter with
> training or perceive in the profession which they believe
> can be redressed by better selection.(ibid)

All staff are involved in the group interviews and their willingness to participate

may be for the reasons Coombe and Bennett (ibid) have identified.

A number of studies have been undertaken investigating both the value of the

interview as a predictor of academic and fieldwork success. Bridle (1987, p.113)

compared three methods of students' selection in an Occupational Therapy

programme in Canada. Bridle acknowledged that the selection process was

"complicated by the fact there are many more applicants than there are places in

these programs"(ibid). The selection methods used were "academic scores, random

assignment and interview". Bridle identifies that these methods were designed to

"screen for characteristics and attributes they thought desirable"(p.114). The

attributes included the following:

> ...initiative; interpersonal awareness; empathy; ability to
> listen and facilitate others; leadership; interest in and
> demonstrated ability to relate well with other people;
> knowledge of occupational therapy; flexibility; self
> awareness; motivation to become an occupational therapist;
> assertiveness and creativity. (ibid)

The candidates in this study were selected over an eight-year period using one of

the three selection methods. The results showed that "candidates selected on the

basis of academic achievement maintained good academic scores throughout their

university careers" (ibid p.116). The study also found that the random group did as

well as the interview group and therefore concluded that "the personal interview

may not be worth the time it takes to administer". However, the figures identify

that those students interviewed performed slightly better on their fieldwork

education than either of the other two groups and therefore would perhaps support

the view of the importance of personal skills.

Vargo et al (1986, p.211) considered that interviews were being used as a means of selection because of the importance placed by occupational therapists on interpersonal skills. Their research was undertaken in Canada over a three-year period and included 139 students who completed the three-year course between 1980 and 1983. Vargo et al says that prior to 1977 applicants were admitted to the programme in Occupational Therapy at the University of Alberta "on the basis of high school requirements and an acceptable interview with a member of staff". During the study students were given an interview and academic score prior to admission. The results did not support the findings of Bridle (1987) and concluded that interviews were no more helpful in predicting academic or clinical success than grade point average.

The skills that are being sought in an interview may be difficult to identify in such a short period of time when it can take some people longer to settle than others. Some of the characteristics being considered may well develop with age and maturity and therefore it could be that the mature age group is unfairly advantaged. Nevin (1979, p.91) recognises the need for skills in interviewing to ensure that the candidate is given the best opportunity but raises the following issues:

> ...the interviewer is likely to favour candidates with a high,
> relatively high, social background. The boy or girl from
> such a background is more likely to have the confidence
> and assurance needed to make a good showing at interview.
> Nor should we forget that schools coach pupils in interview
> techniques. So...the candidate being interviewed gives
> what he or she thinks (and probably with justification) are
> the acceptable responses.

This is difficult to avoid when we aim to assess, at interview; knowledge of the profession; communication skills; and interests. This means that students who have

been prepared for interview, both by having had the opportunity to try out practice interviews and undertaken courses which involve discussion groups may well be seen to be advantaged. This would then question the fairness and validity of interviews as a tool for selection.

Goldbeck- Wood (1996, p.313) argued when considering applications to medical school, that the range of qualities required should include academic, personal and maturity, but questions how we can determine what skills future doctors will require, and therefore feel that selection is still a "lottery". The changes in medicine, which have affected medical training and therefore the selection of suitable candidates, have also impacted on other paramedical professions including occupational therapy.

Raised entry qualification

The move to raise entry qualifications level for occupational therapy went against the recommendations of the Blom-Cooper report. Vang (1994) remarks, with regard to the training of doctors, that the entry qualifications are related to the governmental policy, and the amount of places it is prepared to fund. It considers that the government is more concerned with quantity not quality, considering this to be the responsibility of the university. Perhaps the variety of entry requirements for the different Occupational Therapy programmes are dictated by their universities. (see appendix three)

Fulton and Ellwood (1989, p.39) suggests that the elevated entry qualifications are not to do with the "rising demand " but "rising quality" when considering entry

into higher education. Brennan (1989, pp.52-4) however suggests that there are four factors, which need to be considered. Firstly he suggests that departments are measured by the students they select and therefore the better the students, the better the department. Secondly, he feels that the offers of a place should be on the grounds of "hard work" and "good results". Thirdly, he argues, that there should be awareness of the group of students as a whole to ensure that there are students from a range of age, gender and cultural backgrounds. Unfortunately this is likely to be missed when the equity approach is followed. Fourthly, if the course or the establishment is not in demand, then there may be difficulty in filling the places.

Wolf (1995, p.45) explored the link between "academic measure and vocational performance" and quotes the work of Wood who suggests that:

> Educational qualifications have long been favoured as a strong sign of potential success. It is believed that early academic endeavours must translate itself into late occupational endeavour. The absence of any compelling evidence in support of such a belief has done nothing to dampen it (Wood, 1991, p.217)

Wolf considers the problems in being able to prove or disprove this statement is because follow-ups are only done on those who are successful and not on those who do not succeed. Equally now there are degree classifications in Occupational Therapy little is done to identify if the level of award achieved affects the career opportunities of the graduates.

Cavanaugh (1993, p.109) not only questions the use of academic grades in the selection of students for professional training courses, but also questions whether academic institutions are the right place to train professionals as:

Professional education is profoundly influenced by the
culture of academic institutions because the education
programs are situated within the larger bureaucracy of
higher education. (ibid, pp.109-10)

She considers that the demand on the institutions to undertake research and

generate new knowledge and publish results detracts from the importance of being

a good teacher and instead "serves to facilitate research productivity"(ibid, p.114).

She suggests that this "does not lend itself well to the development of flexible

integrated learning that students need to function effectively in complex and

dynamic professional practice environments" (ibid). She says we are wrong to

assume that students possess these skills as she considers that they have been

focused on achieving entrance to higher education. She reminds us that

"professional education is responsible for preparing aspiring professionals for a

lifetime of practice, commonly without further formal academic training" (ibid).

This is true of occupational therapists many of whom will not receive any further

academic training following qualification. It is therefore imperative that they have

the skills to cope. However with the range of working opportunities open to the

graduates it is impossible to train them for every eventuality and therefore it is only

possible to furnish them with core skills. These skills are transferable and have to

be applied in each situation and it is the responsibility of the individual to identify

and rectify any knowledge deficit. Ozar (1993, p.169) states that:

All professionals are obligated both to acquire and to
maintain the expertise needed to undertake their
professional tasks, and all are obligated to undertake only
those tasks that are within their competence.

Taylor (1997, p.45) considers that many students now bring skills to their training.

This she feels applies particularly to mature students and whilst these skills are not

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in the form of paper qualifications, they comprise personal experiences which are relevant.

Occupational Therapy a vocation or a profession?

People who entered the career of Occupational Therapy in the early years viewed it as having a vocation. The training is classed as vocational as it prepares students for working as an Occupational Therapist (Ilott and Murphy, 1999, p.127). Because of the requirements to work with people who are physically or mentally ill, it was felt that it required a particular type of person and therefore much research has been undertaken to investigate the type of students applying for training and succeeding on the course. Sabonis-Chafee and Hussey (1998, p.6) describe the personality best suited to being an occupational therapist as being someone who:

> …genuinely likes people and relates to both individuals and small groups…demonstrates the ability to handle their own personal problems and feelings before trying to help others…shows commitment and dedication…interest in continually maintaining competency…empathises with clients but yet expects and demands effort from them…has a strong constitution…interest in teaching…flexible…and adaptable

Occupational Therapy like a number of health professions was said to be a vocation because of the "dedication" required. Lowry (1992b, p.1352) says that it is an expectation of a medical course that students will want to be a doctor after training rather than just going to university to study medicine. This is certainly a question, which is asked of the occupational therapy students at interview. Seigrist (1994, p.4) considers that it is because the professions "affect public interest and common welfare" that governments and legislation take an interest in their control. A profession is defined as:

> …a particular sort of full time occupation, the practice of which presupposes a specialised (and possibly scientific)

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educational background. Specialised education allows the
professional to secure practical and theoretical expertise
relevant to his or her field as well as to acquire general
knowledge and a sense of ethical values. (ibid, p.4)

This very broad definition would be applicable in its broadest sense to occupational

therapy.

Waddington (1985, pp.650-1) compiled a checklist of "characteristics of

professional activity":

1. possession of a skill based on theoretical knowledge;
2. provision of training and education;
3. testing of competence of members;
4. organisation;
5. adherence to a code of conduct; and
6. altruistic service; (Watson, 1992, p.2)

Certainly all this list applies to the occupational therapy profession. Eraut (1994,

p.14) says that professions "depend to a significant extent on their claims to unique

forms of expertise". He claims that professions need to present their knowledge in

this way in order to be recognised as professions:

* carrying the aura of certainty associated with
  established scientific disciplines (or if that is
  unconvincing, establishing strong links with university-
  based social and behavioural sciences;
* sufficiently erudite to justify a long period of training
  preferably to degree level for all with specialist
  postgraduate training beyond that for some; and
* different from other occupations. (ibid)

Eraut identifies the problems associated with being based in an academic

establishment and training professionals in "propositional knowledge" which is

defined as "practical know how" (ibid, p.15). This is supported by the work of

Mattingly and Fleming (1994) who undertook a study on Clinical Reasoning to try

and identify how therapists think in practice. They "differentiated this from

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"theoretical reasoning" as they found that some occupational therapists would sometimes identify "clinical reasoning as the application of theory to practice" (ibid, p.9). However they felt that this was not the case and identified theoretical reasoning as being:

> ...concerned with the general, with what one can reliably predict will hold true in any specific case or with what will give useful insight into a broad range of particular situations. (ibid)

Clinical reasoning in occupational therapy is defined as :

> ...not simply scientific reasoning, matching conditions to therapy choice; it went beyond that to a complex practical reasoning aimed at determining "the good" for each particular client. (ibid, p.13)

Eraut (1994, p.15) and Mattingly and Fleming (1994, p.23) both refer to the importance of "tacit knowledge". Mattingly and Flemming describe it as "an essential part of what makes a person expert or proficient" and "contributing to the expertise of the individual" but not " to the collective knowledge of the profession"(ibid). It is therefore not possible to teach this in the university setting, but rather to be acquired in the clinical field.

Becher (1994, p.166) considers the role of professional status and concludes that the social standing of professions is important and much of this is confirmed by the public viewpoint and the professional status a degree qualification provides. Dore (1997, p.26) agrees with this and feels that a "university graduation carries prestige". He justifies this because of its early relationship with the "upper middle classes". Dore claims that the status a degree has is in relationship with other qualifications that have or have not been awarded this level. Wolf (1995, p.39) refers to this as the "qualification spiral" that:

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> ...once they have started they tend to be self-fuelling for a
> long time. The more occupations become graduate entry,
> the more others feel under pressure to do so-to attract good
> entrants and for reasons of status and public respect... The
> same thing happens at other levels of the spiral- more A
> levels, more certified skills more postgraduate diplomas.

Eraut (1994, p.100) emphasises the two reasons why professional occupations have

moved into higher education as being because:

> ...getting a degree entry route established validates the
> professional claim to specialist knowledge base and hence
> to professional status. Second, recruitment through the
> higher education system is critical for sustaining, let alone
> improving the relative quality of a profession's intake.

Whilst the essence of this quote is true for the occupational therapy profession, the

move to higher education was as the result of a government white paper *Working*

for Patients Education and Training (Working Paper 10) which changed the

funding arrangements and recommended strong links with higher education. The

recognition of the qualification, by achieving degree status and wanting to attract

the more highly qualified students, whilst being an aim does not necessarily include

the important personal skills that are required by professional therapists, which is

why the interview process is extremely important. Many of the more highly

qualified students prior to the degree course being available studied for a degree

first and then did a two year accelerated diploma course in occupational therapy.

Barnitt (1993, p.402) considers the occupational therapy professions' move from

diploma to degree status and deliberates that the development of degree

programmes took place at a time when the "research and theory base" of the

courses was being strengthened and suggests that this was a move from "training to

education". She describes this as:

> The training aspect which encompassed knowledge
> acquisition and professional skills was not to be lost, but
> educational aspects of professional practice which
> emphasised reflective thinking, independent learning,
> research and problem solving, all leading to an innovative
> and autonomous professional, were to be enhanced. (ibid)

Dore (1997, p.24) describes this need to pack more and more into qualifications.

He raises two important issues. The first is that educational maturity has been

interpreted into a need for higher and higher entry qualifications. One aspect of this

is the demand for the best possible applicants from a reducing number of school

leavers. Perhaps this is because, academically, the qualification of occupational

therapy is seen as being challenging because of the amount which is being covered

within the professional degree qualification. The second is the idea of the

professional preparation taking longer. This is not the case as the Occupational

Therapy degree is actually shorter than the diploma course. When the change from

diploma to degree was investigated, an option considered was to retain the three-

year diploma course and have an optional fourth year for students wishing to gain

degree status. Unfortunately the funding was not available to extend the course and

it was felt that this two-tier qualification might be divisive. However when

compared to a subject specialist degree it is longer and therefore many colleges

have to run their programmes into the holiday period in order to fit in both the

fieldwork hours and academic studies.

Personal skills and Approaches to learning

Goldbeck-Wood (1996, p.313), when discussing medical education, considered that it was extremely difficult to select the personal qualities required at school-leaving age, and that if students have developed these by the end of training, this may be more to do with "nurture", through the training, as opposed to them being naturally present. This would seem to be suggesting that the focus should be on the academic qualification and not on the personal qualities required. It seems to imply that the personal qualities can be learnt through the course.

Because a lot of the skills that are necessary in order to become a competent professional are personal skills, it is worth considering how these are learnt. Taylor (1997, p.23) describes the start of professional training as involving a "major transition" evoking feelings of " excitement and anxiety". The straightforward academic base can certainly be taught by lectures or even students directed/ self taught. However, Taylor identifies the need for:

> ...students...to become aware of the way they see
> themselves and others, and be open to revising those
> assumptions and perceptions if they are not consistent with
> professional knowledge and values. (ibid)

Taylor considers that as educators:

> ...we have an ethical if not contractual obligation to help
> students learn effectively. There is at times a tendency to
> think our role ends once we have provided the students with
> what we, and/or the governing professional bodies, think
> they should know. (ibid, p.24)

Therefore not all of the personal skills that are required to make a proficient therapist can be taught using traditional methods. If students are to be able to make

maximum use of the learning opportunities it is important that they have a clear

understanding of what is expected of them and are therefore able to benefit.

Taylor notes that with increasing class sizes there is a tendency to have to move to

the lecture format to cope with teaching large groups. However, where self directed

learning forms part of the teaching style, then students will require help to be able

to make this transition smoothly without experiencing "self doubt, anxiety or

becoming angry and attacking", as these are identified as causing blocks to

learning. This is felt to be worth spending time and effort over as the students are

felt to be highly motivated to succeed when first commencing their training.

Assessment

Assessment at under graduate level has changed both in its purpose and in the

numbers that are being assessed since the introduction of the General Certificate of

Secondary Education examination in 1988. The change was to try and motivate

students by positive achievement. The examinations were designed to "allow

candidates to show what they could do" (Gipps, 1994, p. 43)

Gipps (1994, p.4) highlights that:

> ... different forms of assessment encourage via their effect
> on teaching different styles of learning. If we wish to foster
> higher order skills including application of knowledge,
> investigation, analyzing reasoning and interpretation for all
> our pupil's, not just the élite, then we need our assessment
> system to reflect that.

It is a requirement of the professional training courses that students should have a

working knowledge on which to build. This involves a depth of understanding and

an ability to apply knowledge rather than an ability just to reproduce or recite it and

therefore studying in this way should prepare students for the programme.

Gipps further identifies the important role which motivation plays in assessment.

Examinations are stressed as being a significant motivating factor:

> ...they provide the pupils with a powerful incentive to
> work, just at the age when they are becoming resistant to
> parental and teacher control...(ibid, p.42)

This seems to go some way to accounting for the accelerating entry requirement

standards. The pressure both from the national reporting of standards and the

competitive element of knowing how others are doing, may account for the

increases in highly qualified students at entry to degree programmes. Watson and

Taylor (1998, p.33) comment that the "increased volume of entry to examinations

seems to be accompanied by rising levels of achievement". Watson and Taylor

highlight that this shift in qualifications has also taken place in higher education

"from a lower to an upper second" in degree qualifications. They consider whether

this rise in qualifications is justified but attribute some of this rise to the "diversity

of students experience". Gipps (1994, p.44) does however place a cautionary note

on the benefits of motivation as this is said to have the opposite effect on those

students who do not succeed. The standard of the degree qualifications achieved by

the cohorts will be monitored over the four-year period in which this study takes

place.

Taylor (1997, p.108) identifies three different types of assessment which underpin

professional education:

> 1. It must bear a direct relationship to the way professional
>   practice is assessed in the work place.

2. It should encourage independent and interdependent learning and staff, self and peer assessment.
3. It should provide a balance of formative and summative assessment.

This move from nationally set examination systems to first Diploma 81 and then the degree qualifications allowed this change to take place. Boud observes that "assessment by staff is the norm in higher education", however stresses the importance of students gaining skills of self-assessment as these are described as a " key foundation to life long learning" (Boud in Taylor, 1997, p.109). This shift from an exam-focussed assessment to one which used more creative modes of assessment, including coursework, fitted with change in the Occupational Therapy assessment from a nationally examined course to the Diploma 81 course which used a variety of assessments. Gipps and Murphy (1994, p.217) felt that the move from the strict use of examinations as a mode of assessment was in recognition that not all students produced their best performance under "pressurised timed test conditions".

Watson and Taylor (1998, p.68) report a 70 % rise in the number of students enrolling for undergraduate programmes in "professions supplementary to medicine" between 1983-94. One of the reasons suggested for this increase is not that there was a sudden interest in these careers, but that they were careers which would provide employment and therefore allow the students to pay off their debts more quickly. This makes the selection of the right individuals for training even more important as the personal skills required to be a professional practitioner can not be substituted by academic ability.

Hodkinson and Issitt (1995, p.19) also attribute the rise in student numbers to the high unemployment and industrial progress, which has seen many jobs disappear but feel an additional factor may be the students' increase in confidence provided by success in the GCSE system. The high unemployment rate also accounts for the increase in mature students who train immediately following a first degree as they are unable to find employment and those who train via access routes, again because they have been unable to secure employment. The performance of students with a first degree will be considered in chapter four

A number of studies have been undertaken to attempt to predict which students will perform well in degree courses. (see Sharp 1994, Barnett & Lewis 1963, Austwick 1960 & Peers & Johnston 1994) In occupational therapy courses, this is complicated by the professional element which is assessed in the clinical field. Peers & Johnston (1994) considered the relationship of A levels and degree awards. The study was longitudinal and covered the period of time between 1954 and 1983 in both polytechnics and universities over a wide range of degree courses and professional qualifications. It is therefore difficult to be sure that the results apply to occupational therapy. Whilst the results did show a correlation between A levels and degree performance this was low, and was affected by both the academic institution and the subject studied. It was therefore concluded that other factors also influenced students' performance and that attention should be paid to students' learning styles. The more varied the students' previous learning experience, the more difficult it was to predict their performance. Studying unfamiliar subjects which had not been studied at A level was also felt to affect the predictability of degree performance. This is particularly relevant for Occupational therapy as there

is not a qualification at under-graduate level which prepares students for every area of the course and therefore this would fall within the area described by Peers and Johnston as being difficult to predict performance.

The needs of employers

The Blom-Cooper report (1989, p.63) recommended that the profession became degree entry and cited other professions which had recently revalidated to become degree professions. It was felt that to fail to take this action would result in the profession being "left behind" and this it was felt would affect recruits to the course. The report was written at a time when a shortage of therapists was being highlighted by the profession. The needs of the employers seems to be only considered around the areas of recruitment and retention. Borikar and Goodban (1989, p.392) consider the recruitment problem and identify that there were:

> 10,309 State-registered occupational therapists in the
> UK...with 300 post being advertised each week in the
> British Journal of Occupational Therapy.

The article highlighted the problem that was being faced by the South East Region of recruiting and retaining their staff. The article considers both ways of improving recruitment and retention of staff, highlighting the need for childcare facilities and areas over which they had no control such as the cost of housing. The problems of a shortage of qualified therapists is still a problem as *Therapy Weekly Guide* (1998-9, p.23) identifies that newly qualified therapists "skills are in greater demand than ever". Therefore the need to select the right therapists for training is very important in order to reduce the attrition rates to a minimum.

Wallis (1987, p.301) suggests that:

The demand for occupational therapists has far exceeded
the numbers available to work: in a largely female
profession many retire after a very short working life to
raise families although the current rate of return is now far
higher than it was a few years ago. (p.301)

This leaves employers competing for a small workforce and therefore often means

that occupational therapists are promoted very quickly into senior posts. Posts for

newly qualified staff are often left vacant particularly if they are advertised after

the date when graduates have finished training and have secured their first jobs.

The workforce planning numbers, on which the bursaries for training therapists are

based, are unreliable, as they do not take account of therapists working in the social

services departments and the private sector. They require the employers to predict

the number of therapists required in three years (the time it takes to train

therapists). Employers, who are not directly responsible for the Occupational

Therapy staff, and therefore have little knowledge of the impact of planned

expansions on the Occupational Therapy workforce, often alter the figures

supplied. All these factors mean that there is often a shortfall in the number of

graduates who qualify and the number of jobs which are available. This has the

benefit of every graduate being guaranteed a job on completion of the course it also

means there is always a shortage.

Goodlad (1984, p.10) suggests that the professions act as "gatekeepers" as he feels

that the admissions to higher education are unrepresentative of the population. The

"gatekeeping" also takes into account the number of therapists required. Whilst

employers are consulted, they are reliant on the funding being available to train the

required number of therapists. This puts the employer in a weak situation to be able

to select applicants for posts as there is a reluctance to leave posts vacant as this may result in patients left untreated and posts being lost or filled by other professionals.

A number of studies have looked at the needs of new staff in an effort to recruit and retain staff. Parker (1991) considered the "needs of newly qualified Occupational Therapists" The study followed students from three Scottish courses who qualified in 1986. She cites the work of Greensmith & Blumfield (1989) who felt that:

> ...there may be an increase in the level of discontentment within the occupational therapy profession. They identify occupational therapists who appear to be most at risk of leaving the profession. They consider one such group to be those working at basic grade level: they may be working in a department where there are vacancies and their career expectations are not being met. (p.167)

Parker (1991) expresses concern over the problems of retaining staff and feels that the professions should do "everything in its power to be attractive and to remain attractive to new recruits" (p.167) However she concludes that:

> The changes in personal and professional status inevitably result in changes in working relationships for new therapists. They are no longer anxious and fearful about the marks or grades course tutors and clinical supervisors will award them for assessed work or clinical performance. They are no longer closely supervised by a clinical supervisor and therefore do not receive as much feedback (if any) on written and verbal reporting, patient treatment and general professional behaviour. (ibid)

Kenyon and Ilott (1997) followed up students who had completed an "In-Service Diploma Course". This course recruited mature students who were working as Occupational Therapy assistants who studied the course on a part time basis over a four-year period. They followed the students through into their first posts and received feedback from both the students and their employers. The majority of the

differences highlighted between the graduates from the full time and in-service routes were positive, including staff being more experienced, confident and more resourceful. The two negative aspects were the written work and analytical skills. This course was a separate course and therefore some of these factors may have been due to the teaching methods employed.

There seems to be little published as to what employers require of newly qualified therapists, or whether their needs are met. The *Therapy Weekly Guide* (1998-9, pp.46-7) gives advice for how students should present on their first interview. The advice is provided by experienced clinicians who are involved in recruiting newly qualified staff. The article involves advice on how to complete the job application and CV and the importance of the pre-interview visit. The article contains specific advice on dress, suggesting they should be "smartly" dressed. They consider the skills and abilities which the newly qualified therapists should demonstrate:

> ...clear ideas about their self development and a
> commitment to learn new skills...good communication
> skills and be able to answer questions articulately whatever
> their knowledge base might be...
> *Personal qualities*...honesty, confidence, insight in to own
> strengths and weaknesses and good communication...

The article stresses that the newly qualified therapists will not be expected to know everything, but demonstrate a willingness to explore their knowledge deficits.

One of the reasons for the lack of written documentation on the requirements of the employers may be because of the close links that exist between the courses and the employers through the fieldwork education elements of the course. This means that the educational establishments constantly receive feedback about the capabilities of their students in the clinical field and provide the future employers

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with a means to request changes to the courses. The revalidation of the course

every three to five years also provides the employers with the opportunity to

became involved with the planning process at their local educational

establishments.

It has often been a concern expressed that graduates are not able to make the

transition from being a student to being an employee and Burke (1991, p.26) found

that:

> Employers often find graduates strong on subject
> knowledge and analysis but lacking in the personal skills
> and the understanding of working life which would make
> them fully effective people ready to take responsibility
> forward effectively with others...

These were the areas which were identified as strengths by the Kenyon and Ilott

study (1997) cited earlier. Adamson et al (1998) quote the work of Huebler (1994)

who says that American hospital administrators and managers:

> ... who work closely with new graduates in physiotherapy,
> occupational therapy, nursing, psychology and speech
> pathology are dissatisfied with the skills of newly recruited
> allied health professionals, particularly in the areas of
> practical clinical skills and managed care in a changing
> health care environment. (Huebler, 1994, p.174)

Cavanaugh (1993, p.107) highlights some of the criticism around "preparing

graduates for professional practice" and cites the following as reasons why this

may be happening:

- ❖ Use of only a small proportion of knowledge and skill
- ❖ Consumerism and professional accountability are
  changing the nature of professional practice
- ❖ Professional education's failure to be responsive to the
  different nature of non academic, service orientated
  practice environments

Cavanaugh explains that some of the problems are caused by the educational system's inability to present the reality of practice. Some of these problems may also be as a result of the diversity of practice available to newly qualified therapists, which may account for them only using a small amount of their knowledge.

The failure rate in the experiential part of the training is low so we would have to assume that the therapists we are selecting and training are suitable. However a number of therapists both leave the profession to have children and never return, and an increasingly high number choose to move and work abroad and these figures are not collected. One of the reasons why therapists are thought to have left the profession is because they have suffered from "burnout". This is described by Alsop & Ryan (1996, p.76) as being:

> ... characterised by negative views about the profession or
> the place of work. They work ineffectively or even
> unsafely. They may be actively resistant to any forms of
> change and may even appear to dislike the clients and may
> make derogatory remarks about them...

Unfortunately, to date, no research has been undertaken to consider why therapists leave the profession and therefore there is no indication as to exactly why therapist leave. The only figures kept are those of registered therapists which may not reflect those working or residing in this country.

One concern often expressed is that we may be training people to a very high level who then have to perform tasks well within their capabilities which may lead to boredom, particularly when Lowry (1992b, p.1352) is suggesting they are academically capable of training to be doctors. Dore (1997) considered this and

identified professions which had moved to graduate entry which perhaps did not

warrant it and also highlighted the fact that as there are so many graduates, many

are undertaking jobs below the level to which they are trained just to be in

employment. Whilst this is not the case for occupational therapists, there are not

many therapists employed in research posts and yet all graduates have been trained

in undertaking research. The profession has seen a shift as a lot of the jobs that

were previously undertaken by qualified staff are now done by unqualified staff but

under supervision. Whilst some of this may have been done to use the resources in

the most cost effective way, perhaps some of this has happened because the

therapists did not gain job satisfaction from the routine and ordinary tasks.

The study will explore with employers the extent to which universities are

providing employers with the type of graduates they require

Competence

The professional standards of validation by both the academic and professional

bodies ensure that this takes place. Taylor (1997, p.124) says that:

> In professional education, the issue of certification assumes
> a level of significance which may not be the case in higher
> education generally. Assessment at the stage of certification
> or accreditation is primarily for the profession and society
> as a whole, to designate the students as ready to practice.

The issuing of the certification or a licence to practice is when the student has

completed the entire course and is said to be competent to practice. This is defined

by Messick (1984) as:

> Competence refers to what a person knows and can do
> under ideal circumstances, whereas performance refers to
> what is actually done under existing circumstances.
> Competence embraces the structure of knowledge and

abilities, whereas performance subsumes as well the
process of accessing and utilising those structures and a
host of affective and motivational, attentional and stylistic
factors that influence the ultimate responses... (in Eraut,
1994, p.178)

If the student fails to reach these standards, Taylor (1997, p.124) highlights that

failure may be on academic or professional grounds "related to skills attitudes or

values" and that the failure will mean that the student will be unable to practice.

All students who successfully complete the course are deemed to be competent to

practice. Of course there are degrees of competence, as defined by Dreyfus &

Dreyfus (Eraut, 1994, p.124) and as many of the skills used by therapists are

personal, and relate to their individual experience, no two graduates are the same.

However, it is a requirement of the training that the therapist are "fit for purpose",

in that they are competently able to assess and treat patients under the supervision

of an experienced therapist.

Furnham (1988, p.84) defines competence to practice medicine as:

..being properly or legally qualified with an adequacy,
capacity or sufficient skills. The major concern, then of
assessors of professional competence is whether all the
appropriate and necessary skills are developed and taught,
and secondly, whether the assessment is fair, objective and
the most appropriate way to measure competence.

It is a concern that any assessment only assesses a small proportion of knowledge

and skill and that we may be assessing and achieving a competent standard in some

areas where other areas are not assessed and would not be of a required standard.

Alsop and Ryan (1996, p.187) quote the definition of the College of Occupational

Therapists as expecting a competent practitioner to be:

...critically reflective, proactive, innovative and adaptable,
capable of working both independently and as a member of
a team against a background of social, technical and health

care changes. This also suggests that competence embraces many personal qualities and skills and not just a knowledge base.

Ellis (1988) quotes the dictionary definition of "a sufficiency of qualification and capacity" and highlights that these are indicating that there are standards that must be adhered to which if not met would make someone "incompetent". It is expected that incompetent therapists would be identified before they qualify. However, the students are only able to be assessed on the essential core of information and only in limited settings in the clinical field and therefore there may be students who would not be considered competent in other clinical areas. This is supported by the work of Lloyd Jones et al (1986, pp.12-13) claims that:

> The tools of assessment are crude and imperfect and they often deal with factors that are intangible and very difficult to measure... At present we are only assessing a small fraction of what our students learn, and there is always the danger of emphasising one aspect because it is assessable and neglecting another because it is not.

Stengelhofen (1993, p.184) elaborates on this point and says that:

> We need to ensure that assessment of competence not only includes knowledge and skill but perhaps most important of all, that attitude is included. This is the most difficult element to assess, so the easiest to ignore... and hope and presume that it is present.

The assessment of the students' skills by the fieldwork educators is undertaken throughout their training as the students have fieldwork placements in each year of their course. Fieldwork educators seem to find it easier to assess the standard required to be competent in respect of their clinical skills, but much more difficult when it is the students' personal skills, for example, which are below standard, as this is considered to be much more subjective.

Ilott (1990, p.195) conducted research into the effects of failing a student on the fieldwork educator part of her PhD and found that one of the main reasons Fieldwork Educators would fail students was for:

- Lack of interpersonal skills
- Inappropriate attitude
- Irresponsibility
- Breaches of Confidentiality
- Failure to change or respond to feedback

She however concludes that:

> ...sometimes students are not failed because it is too painful for clinicians; seeing themselves as responsible for the student" learning, failing the student would mean that the clinical teacher has failed. (ibid)

She also considered that some clinicians might give students "the benefit of the doubt" if the placement was early in the training, hoping that the student would improve or if not would fail on a subsequent placement.

Fieldwork educators are trained by the educational establishments and are offered support when a student is failing. The provision of the courses and support offered to the fieldwork educators is written into the validated documents and therefore is validated by the professional body (COT), the CPSM and the University. Occupational Therapists are bound by a Code of Ethics and Professional Conduct. Students receive a copy of this at the beginning of their training. The Code is divided into five sections: Introduction, Clients Autonomy and Welfare, Services to Clients, Personal/Professional Integrity, Professional Competence and Standards (BJOT 1997, pp.33-37) The introduction to the code states:

> 1:1 The purpose of the Code is to provide a set of principles that apply to occupational therapy personnel at all levels. It is a public statement of the values and principles used in promoting and maintaining high standards of professional behaviour in occupational therapy. (p.33)

The College of Occupational Therapists set up a working party in 1979 to consider

criteria to measure competence to practice as the result of an initiative by the

C.P.S.M. The C.P.S.M. in their report *Professions Supplementary to Medicine*

Education and Training-the Next Decade defined competence as:

> ...possession of the knowledge, skills and attitudes
> enabling an individual to perform fully in a basic
> professional role. It includes performance of tasks and
> relationships with patients and co-workers which meet
> specific objectives of safety, effectiveness, efficiency and
> social acceptance in the environments normally
> encountered. (BAOT, Dec.1981, p.21)

Barnitt (1990, p.451) whilst considering what makes up the hard core of the

profession explores what is meant by knowledge, skills and attitudes. She considers

that:

> ...knowledge is constantly changing as research and new
> ideas emerge, knowledge itself cannot make up the hard
> core of the profession...
> ...skill base of the profession is, perhaps, more difficult to
> agree on than the knowledge base. In occupational therapy,
> the word skill is often used to describe a practical
> application, whether this be to people as in social skills, or
> to material and equipment as in woodwork or computers.
> ...attitudes are the mental position which a therapist holds
> and which are purportedly founded on the beliefs and
> values of the profession as a whole. (Barnitt, 1990, p.451)

Barnitt's definition seems to consider that whilst knowledge and skills are changing

that the attitude is the defining element which is fundamental to the profession.

Steward (1996, p.264) considers the "division between theory and practice". She

says that:

> Professions have encouraged the building of bodies of
> knowledge to justify their existence, defend the autonomy
> of their members and measure the competency of applicants
> for membership.

She highlights changes, which have taken place since the start of the degree courses, in Occupational Therapy, identifying this as a major shift of emphasis from practical skills to academic knowledge. She reports that at "an institutional and cultural level theory may become divorced from practice". She considers the "relationship between theoretical knowledge and practical knowledge and splits them into five key areas:

1. Practice is based on theory
2. Theory and practice coexist
3. Practice is theoretical
4. Theory and practice are indistinguishable
5. Theory is derived from practice

Steward attempts to link the knowledge (theory) and skills (practice) together and identifies ways in which they can work together and build on one another. Barnitt (1990) whilst acknowledging the importance of knowledge and skill discusses the importance of "thinking" and describes this as a link which holds knowledge, skills and attitudes together or separates them out. (p.452). Whilst Steward (1996) refers to this as reflection and highlights this as a way of generating theory from practice.

Hollis (1993a, p.49) in the first of four articles about "Core Skills and Competencies" acknowledges that "high quality technical competence is...an important part of technical expertise" but acknowledges that these change and therefore feels that:

> ...occupational therapists identify current competencies,
> however complex and difficult to isolate, and develop
> methods of acquiring new competencies in relation to
> changing needs

Hollis (1993b, p.181) in the fourth article in this series suggests "that competence must be unpacked into competencies and that these in turn should be expressed...in

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observable performances". She feels that this would give us standards both as educators to achieve and for therapists to measure both students and staff against in order to judge performance.

Hager & Gonczi (1996, p.18) identify that the use of competencies has been criticised for encouraging "minimum standards" to be aimed for and therefore "discourages excellence". They say that this is unlikely to happen but there will be degrees of competent from incompetent through to excellent.

McGaghie (1993, p.241) reports that:

> Most evaluations of competence for professional practice assume that professional fitness is stable and does not change.

However Curry et al (1993, p.257) identifies the need for professionals to up-date their knowledge and skills because of the changes identified to working practice and therefore quotes research which found that "professional competence declines quickly after initial certification". This is quite worrying when the trend is for newly qualified therapist to take on a rotational post which may mean that they are rotating every six months into very diverse areas. These therapists have little time to adjust to these new areas of work as they are required to carry caseloads and whilst they are supervised the teaching is often only as problems/deficits in knowledge are identified.

However Eraut (1994, p.10) acknowledges that professionals will be required constantly to update their knowledge through systems of Continuing Professional Development (CPD) or Continuing Professional Education (CPE) in order to

maintain professional standards. The finalisation of what this will mean for all the

Professions Supplementary to Medicine is expected to be part of the revision of the

1960 The Professions Supplementary to Medicine Act.

Green (1988, p.80) highlights the needs of the profession to train therapists who

have:

> ...high level problem solving...which commonly
> requires the synthesis of ideas from a variety of disciplines
> and ultimately judgement...which requires one to think and
> argue, back to first principles and in short to the point of
> authoritative uncertainty where what is known nor even
> knowable is even more important than that which is
> known..

This was written when the profession was moving to implement a new internally

assessed diploma course but it feels to equally describe the needs of graduates

today.

This chapter has highlighted the areas which will be addressed in chapters 4, 5 and

6 through the data collected from the student questionnaires and interview with

university lecturers and employers.

Chapter Three: Research

Introduction

This chapter outlines the methodological approach and research methods used in this study. The chapter begins with a review of other studies, which have considered the relationship between examination performance and university performance. The chapter then considers the approach which underpins the study. The chapter concludes with a description of the method implemented in the study with an explanation of the process.

Review of research to date:

Seventeen pieces of research have considered the relationship between entry qualifications and students' academic achievements. The first piece of research considered was the Robbins' report (1963) which considered the pattern of full time higher education in Great Britain. It was instigated because of the recognition that demand for places was going to exceed the supply. The report recognised the difficulty of "making the right choices" in selecting students for university and said that "perfection was unattainable". (ibid, p.83) The report considers that "school records" may provide a more reliable indication of ability than either "examinations or interviews" (pp.83-4). The report notes that it was normal for the universities to require three subjects at pass grades at A level even though this was not thought to be a predictor of success.

Billing (1973, p.827) undertook "a review of the literature concerning methods of selecting students for Higher Education", although he recognised that his sample

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was biased as he had only considered Science and Technology. He considered 52

research studies which had compared the "predictive usefulness of A levels with

that of other information about students" (ibid). Of the 52 studies, Billing identified

27 studies that had used a variety of standardised tests and two showed that A

levels were a useful indicator, but only if the sex of the students and subject studied

at A level were considered as variables. Of these two studies, only one considered

that it applied to the first year results and the other found that it was "an unsuitable

prediction in specific subjects" (ibid, p.834). The remaining studies describe

methods which were specific to their institutions, and, as none of these cover

occupational therapy, they do not apply to this thesis.

Billings cites the work of Nisbet and Welsh (1966) which considered failure rates

and suggested that these could have been reduced by raising the entry standard, as

32% of the failures were students who had the minimum entry qualifications.

However the report identifies that this would have meant, "excluding 69 students

who eventually obtained degrees" (Billing, 1973, p.836). Billing suggests that any

research of this nature was flawed if it did not consider the performance of those

not admitted to the course. He concludes by identifying that "it is not surprising

that A level results are the single best predictors of degree results" as both use

unseen examinations (ibid, p.838). Whilst this quote challenges the findings of the

Robbins' Report in suggesting that A levels can be used as a predictor of academic

performance, Billings considers that it is not a useful indicator of either students'

ability or potential as future employees. He considers the major disadvantages of

the use of A levels to be the "distorting effect on the school curricula and

cramming by pupils;" (ibid, p.837) and considers that this does not provide us with the innovative workers which employers will be seeking in the future.

Choppin et al (1973) considered the *Prediction of Academic Success* in research undertaken for the National Foundation for Educational Research. The research was carried out as a result of the recommendation made in the Robbins' Report to consider alternative ways of selecting students for higher education. The study looked at 7,000 pupils who entered university from school sixth forms in 1968. The students were tested for academic aptitude (TAA), together with school reports and A level results which were used to compare against students results. All the variables were better at predicting success rather than failure. The TAA proved the best predictor of first class honours degrees but did less well in other areas. The best predictor of first year performance and overall performance was the GCE A level but the O level and school assessments were better predictors than had been assumed. The report highlights that although A levels are the best predictor, they are still not good at predicting the actual classification. One of the problems identified by the researchers was the number of universities involved in the study and the problems with standardisation of entry qualifications, distribution of assessment grades and failure rates. It was felt that this made the statistical analysis difficult to quantify as the courses were both taught and assessed differently and there were only a small number of students both within universities and on individual courses within the same universities (ibid, p.63). The final result of this study was, therefore, that it did not provide an alternative system but may have been more successful if used by individual universities.

In 1969, Abercrombie et al published their research on the *Selection and Academic Performance of Students in a University School of Architecture*. A significant point to be made from this research was that:

> The grading of the academic record made from the candidate's application form and based mostly on GCE O levels is only marginally inferior as a predictor of performance in the degree course to that made after entrance when A levels have been taken. (Abercrombie et al, 1969, p.126)

In this thesis, the student's GCSE results have been collected and it will be possible, therefore, to see if these act as a predictor of academic ability.

Entwistle and Wilson (1977) published research titled *Degrees of Excellence: The Academic Achievement Game*. This attempted to identify a "precise model of student" and was divided into two studies: *The Aberdeen study;* and *The Rowntree Project*. Each study included details of school attainment, a test of academic aptitude or intelligence, and use of the Eysenck Personality Inventory. The research was conducted by undertaking "open interviews with students in universities and polytechnics" (p.157). In the final chapter on "Synthesis and Conclusion" they review the main areas of investigation namely "selection, guidance and choice". They argue that their results of selection:

> ... confirm other findings that high correlation between school and university measures are rare, and that wastage rates reflect interactions between characteristics of the student and the academic environment he encounters. (ibid, p.158)

Whilst the research states that in the absence of anything better, A levels results provide us with a "reasonable indication of degree performance" for mathematics and science courses, it found that in other subject areas "the correlation was too low to be useful" (ibid).

The research found that the TAA was only useful in certain areas, and identifies "languages" as one of these. However it considers a grading scheme to be used by head teachers in the Aberdeen project together with estimated A levels grades (p.158) to be useful and to some extent this is provided on the UCAS forms with the reference of the school. The report also highlighted the problems faced by students with the transition from school to university in terms of numbers, and different teaching styles. This highlighted the need for guidance and choice both prior to selection and following failure (ibid, pp.159-66). The issue around preferred learning style and assessment style will be considered in the questionnaire results in Chapter four.

Smithers (1994, p.355), in an article about *the Paradox of A levels*, describes GCE A levels as:

> ...the direct descendent of university entrance examinations. They were designed to pick out those who could be educated to a high standard in a short time with a few drop outs.

He says that A levels were "designed to help select people for higher education" (p365) and that they account for "four fifths of the entries to the former UCCA universities" (ibid). He claims that there is a relationship between "A level results and degree results". He says that:

> ...those who enter on good results are more likely to get the better degrees and those entering on poor A levels to do less well.(ibid, p.357)

He says we should not be surprised at this analysis as children are sifted according to the grades they get at GCSE and therefore only those who do well are allowed to study for GCE A levels whilst others are directed into the vocational courses

(p.357). Occupational Therapy courses need to select for both academic ability and personal skills, as both are required to become a competent therapist, therefore all entry qualifications are considered in Chapter four against the results of Fieldwork Education where the interpersonal skills are assessed.

Sharp (1994) in a paper discussing the selection of the right students for degree courses cites the work of Bourner and Hamad (1987) who had found like Smither's that the higher the A level grades the better the degree classification. Bourner and Hamad also considered the relationship between age and degree performance and found that there was an improvement up to the age of 40, but they found that students with previous diploma qualifications gained slightly higher results than those with A levels. Sharp's (1994) research looked at four intakes onto a four-year BA degree. His results showed that the first year success of the students was as a result of experience rather than academic qualifications and from then on the academic qualifications acted as a better predictor of success. However the main factor he noted was that of age, as he found that "older students tend to do better than their younger counterparts" (ibid, p.143). Mature students grades were considered separately but the difference may not be as great as maturity was classified as those aged 21 and over.

Peers (1994, p.23), in an article titled *Gender and age bias in the predictor-criterion relationship of A levels and degree performance*, cites work done by Rudd (1984) who reported no significant difference between men and women studying first degrees. Peers, however, goes on to identify the large increase in

mature learners and identifies the majority of these as being women. He says that

the A level examining system serves as:

> 1) a school leaving examination designed to test the work
> covered over the last two years,
> 2) a screening test for university admission and prediction
> of subsequent academic success. (ibid, p.25)

He highlighted that "in 1990 approximately 90% of entrants to universities had

been on the basis of A level results" (ibid, p.24). This large figure highlights the

importance of the A level grades as a screening mechanism for universities. Peers

stated that at Manchester University on selected courses women are admitted with

lower grades than men are. This is certainly not the case for Occupational Therapy

where women form the majority and men the minority. However, on the course

covered in this thesis, no difference in grading is allowed on the basis of gender but

there is a difference for students over the age of 21. Therefore the results of those

students are considered separately in chapter four.

Schmalz et al (1990) in their article, *The use of pre admission data to predict levels*

of success in selected Allied Health students, described how they had carried out a

study on students following graduation and found that written essays, undertaken

as an entrance examination, were found to be an accurate predictor for graduation

for Occupational Therapy students. The study included Occupational Therapy,

physicians assistants and physical therapy students at the University of Texas

School of Allied Health Sciences over a two-year period. There were a total of 283

students in the study and all of those in the study had either graduated or left the

programme. The research was undertaken by using data held by the establishment

in the form of records held on application forms. The essays were marked

independently by two staff with an average of the two marks being used. The study

recommends that other studies consider the institution attended, cumulative grade point average, the essay and quick scoring mental ability as these factors appeared to be the main predictors of successful completion.

Berchulc et al (1987) considered:

> ... grade-point averages, interviews, standardised test scores, letters of reference, auto biographical essays, personality/interest inventories and lotteries ... as selection factors. (ibid, p.245)

This study was undertaken on Occupational Therapy students in their first semester at a university in Texas. The findings considered how they had performed in that first period and found that essays and a "Quick scoring test of mental abilities" provided the best predictive value for the first year semester.

Mills and Molloy (1989, p.41) considered the impact of non-standard entrants and their degree awards at Bradford and Ilkley Community college which adopted an "open access, within external constraints to all its courses, and the facilitation of movement between its courses". They explained that the reason for this action was because:

> ... maturity and life-experience brought to such courses by these usually older students can more than adequately compensate for their lack of the normal entry qualifications.(ibid, p.43)

The study took place over a ten-year period and included 1012 students. In the first year only, the non-standard entrant was a minority. The research only included students who were enrolled on the Diploma in Higher Education between 1975 and 1980 which totalled 508 students. The research found that there were no significant differences between standard entrants and the non-standard entrants.

Richardson (1994) considered the academic performance and intellectual ability of mature students on two successive cohorts which included periods of practical work experience. He said that, as the standard entry qualifications are often waived for mature students, many "lack recent experience of formal education". However his findings suggested that "mature students who graduated were overall just as likely as younger students to obtain a good degree" (ibid, p.15).

Lowry (1992, p.1352) argues:

> If medicine was simply a degree course like any other there would be little need for elaborate selection processes.
> ...Most people however see the medical course as a vocational training. Applicants are expected to make medicine their career. Candidates are asked "Why do you want to be a doctor?" not "Why do you want to study medicine?"

The sentiment expressed in this quote is very similar to those which are felt by Occupational Therapists. When the degree courses were first suggested, one of the problems identified was that students may use the academic qualification as access to other careers. The questions which medical students are asked are similar to those which Occupational Therapy students are asked at the start of their training namely "why do you want to be an Occupational Therapist?" as opposed to "why do you want to study Occupational Therapy?" This is because Occupational Therapy is also viewed as vocational training. The problems Lowry identifies are also faced when training therapists:

> The only immediate requirement is to produce a graduate who can function as a preregistration house officer. This should enable an essential core of factual knowledge and clinical skills to be defined that all doctors should have mastered by the end of the course. (ibid)

This quote in some ways describes the newly qualified Occupational Therapists. This would be someone who has completed their basic training and therefore is competent. However, the students specialise following initial training, like a house officer in a hospital. The students are recruited into posts, many of which rotate, to provide the students with more experience. However, unlike doctors, the therapists do not have to undertake any formally assessed courses following their training. Lowry goes on to say that entrance to medicine has been given to "only the most gifted" (p.1352) and identifies this as being students who have obtained "3 grade A's at A level". She cites the Middlesex School of Medicine which accepts students who achieve 3 grade Cs at A level and quotes the sub dean who says that "we strongly believe C,C,C reflects the level of academic ability to follow the course" (ibid, p.1352). The article went on to say that it was more important to select students "who have the attitudes and learning styles that will help them to continue lifelong education"(ibid, p.1353). This again seems to agree with the philosophy both of the university, which quotes within its mission statement the need for lifelong learning, and the profession, who require staff to be professional and caring in their approach to patients. The article concludes by saying that:

> More effort should be directed to selecting for
> desired learning styles and less emphasis placed
> on academic success at school. (ibid, p.1354)

This also fits with the requirement of therapists whose professional code of conduct requires them to keep up to date and therefore it is equally important that selection should consider the learning styles.

One of the areas not addressed so far is that of the student's personality which Macdonald et al (1970) highlighted as being important. Bridle (1987) identified the

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following characteristics as being desirable in the selection of Occupational

Therapists:

> The attributes included initiative; interpersonal
> awareness; empathy; ability to listen to and
> facilitate others; leadership; interest in and
> demonstrated ability to relate well with people;
> knowledge of Occupational Therapy; flexibility;
> self awareness; motivation to become an
> Occupational Therapist; assertiveness and creativity
> (ibid, p.114)

The most recently published research considering "A degree in occupational

therapy: How do traditional and non-traditional entry routes compare?" (Howard

and Watson 1998) was carried out at the University of East Anglia. The entry

standard for A level students is set at a B and two C's, 4 distinctions and 3 merits in

the second year of a BTEC course, or an overall grade of 70% in an access course.

The study considered 47 students on two consecutive cohorts and collected the

following data: age in years at commencement of the course; GCSE score on

admission; A level score on admission; final degree mark & classification; A level

biology; and first year physiology assignment.

They did not find any significant trends in their results and felt that it therefore

supported:

> ...the idea of flexible and open selection process...to
> choose people who fall outside narrow qualification-based
> requirements for entry to a degree course but who may be
> good for the profession in the future. (ibid, p.248)

The most recent piece of research on the predictive entry-level skills for successful

studying in medical school has been undertaken in the Netherlands by Lindblom-

Yläne et al (1999). They ask the question "is it possible to predict which

students...will be successful in studying and become competent professionals?"(p.239). They highlight that applicants for medical school are selected by means of entrance examinations, but that this will not predict ability in all aspects of the course. The study considers 109 medical students who passed their entrance examination in 1988 and states that whilst:

> ...secondary achievement may be necessary but not
> sufficient predictor of success in a highly demanding
> profession because it tells us only about the knowledge and
> skills the applicant already possess. (ibid, p.243)

The conclusion considers that these entrance tests have limited predictive power and found that variables such as " study strategies, conceptions of learning and self-regulation skills"(p.254) played a progressively important role as highlighted in a follow up study (ibid). They highlight the consequence of selecting students who can only "rote-learn" and the importance of selecting good communicators.

The review of the relevant research studies demonstrates that many academics have attempted to prove that there either is or isn't any relationship between academic qualifications and how students perform at university. Some have found relationships between particular aspects of the student's entry criteria either academically or personally to do with gender or age. Many of the professional qualifications, which have considered these factors, have also been concerned with how these factors relate to the development of professional skills. Although much has been written from an academic stance, little has been considered from an employer's point of view and in my research I have attempted to cover this important perspective (see chapter six).

Impact of the research to date on the Study

The research reviewed in this chapter leaves a number of questions unanswered

and it is intended to attempt to answer a number of these within this study.

The majority of the studies which have been undertaken have been across a number

of programmes so there are difficulties in finding any commonality in the results. A

number of studies only considered the A level entry qualification and not the range

of qualifications which are now available to students entering university. Finally,

no study has considered whether the students' employers are satisfied with the

selection and education process.

The following issues have informed the design of my research:

♦ Billings (1973) observed that the use of unseen examination at A level and

degree level education may account for a correlation between examination

marks. In contrast the Occupational Therapy course only has two examinations

in the three-year programme, and only one paper is unseen. Therefore if there is

a relationship it is not attributable to examination technique. Billings also

questioned whether employers would find the students on graduating

"innovative workers". This study will include interviews with employers in

order to explore this issue.

♦ Choppin (1973) felt the results of his study were affected by the fact that

students were followed from sixth form to a variety of universities and that the

standardisation of courses could not be guaranteed. I have based my study in

one institution and therefore this factor will be eliminated.

♦ Entwistle and Wilson (1977) concluded that science subjects at A level acted as

a predictor of degree results on science courses. Although the Occupational

Therapy degree is classed as a science-based subject it includes many other subjects within the programme and therefore it will be interesting to see if this factor is proved or disproved. Entwistle and Wilson also considered the learning environment and differing teaching styles. These issues are explored and the results will be presented.

♦ Schmulaz et al (1990) considered the use of essays written as part of the selection process. In this study students have to have passed GCSE English and therefore this factor will be examined to see if there is any relationship between them and the degree award.

♦ Berchuluc et al (1987) considered there were numerous factors to consider when selecting students. Some of these factors will be identified when interviewing both the university lecturers and the employers to identify the criteria they are working to.

♦ Smithers (1994) felt that A level students were bound to succeed as they had been selected at GCSE stage as being academically capable of undertaking higher education. This study will also consider the non-standard entrant who under Smithers' criteria would not have been selected.

♦ Sharp (1994) observed that age was an influencing factor, with students with diplomas achieving more highly. This study will be able to consider the relationship of age to academic ability.

♦ Peers (1994) and Richardson (1994) remarked on the influence of gender on results. Student intake on the course included in this study is predominantly female and therefore the results would not be significant. Peers (1994) also considers that standards of examination boards and factors such as modular A level could affect the results neither of these factors will be able to be explored.

- Mills and Molley (1989) explored the role of maturity as a factor and the performance of non-standard entrants. These factors will be examined in this study.

- Lowry (1992) considers that students' learning styles are a factor that should be considered at selection, and this will be considered in my study.

- Bridle (1987) highlights the importance of personality in selecting therapists. This study will examine the process of selection and whether the employers are satisfied with the newly qualified employees. As the personality attributes are assessed on the fieldwork element of the course, this will also be examined.

- Howard and Watson (1998) compared A level students and BTEC students in select areas of an Occupational Therapy course. This study will extend this to cover the whole course and include four cohorts.

Research Design

All research is said to start with the question "why do it?" (Edwards and Talbot (1994, p.4). My research started with a concern over the rising entry qualifications for the profession of Occupational Therapy. This rise in entry standards seemed to be more to do with keeping up with other institutions' entry standards rather than the need for increased academic abilities of the students. I therefore, decided to undertake research to see if the rise was academically or professionally justified. Denscombe (1998, p.3) says that:

> The process of putting together a piece of good research is not something that can be done by slavishly following a set of edicts about what is right and wrong. In practice, the social researcher is faced with a variety of options and alternatives and has to make strategic decisions about which to choose... Each choice brings with it a set of advantages and disadvantages. Gains in one direction will bring with them losses in another and the social researcher has to live with this.

As Denscombe has highlighted, there are a number of different approaches that could have been used to approach this piece of research. Some of the options which have been open to me have been because of my position as an employee at the university where the study was undertaken. This has placed me in the position of undertaking this piece of research as an "insider". Robson (1993, p.296) identified that there were advantages and disadvantages to this role. The advantages highlighted are those of easy access and has certainly been the case here as my position has allowed me access to student data and to both staff and students. A key disadvantage is that the researcher's employer may unduly influence the research. This has not been the case with this study, as the only limitation being placed upon me was a clause in the letter sent to the students (see appendix no.4) which did not allow me to explain in full my reasons for undertaking the research. This is explained in more detail on pages 140-2.

There were a number of advantages in carrying out the study at the institution where I am employed which will be considered later. I also considered undertaking this research on a national basis or at more than one institution and the reason for not doing this are considered in the methodology for the study.

The type of research method, chosen was that of a case study. Edwards and Talbot (1994, p.44) describe a case as being "an individual, a group or an institution" and for the purpose of this study the case is the institution. Denscombe (1998, p.30) describes a case study as having features which can be found in other approaches but says that it is the combination of them which makes it unique. Denscombe says there are six key features:

Depth of study- It is particularly important to consider the detail of what is being studied as opposed to the breadth. The fact that only one institution is being considered and only one programme provides the opportunity for greater depth.

The particular- The consideration of only one course of occupational therapy selection and training allows for just one area to be considered.

Relationships/processes- The consideration of entry qualifications and assessment results cannot be considered in isolation from the selection methods used and those people involved in them. This also provides the opportunity for consideration of professional competence and suitability of graduates.

Holistic View- A case study research allows consideration of wider factors which may influence the results which may be lost with other research methods which focus on specific factors.

Natural setting- This research has been undertaken without requiring any artificial situations to be set up. The questionnaires which students have completed have only questioned them on factual information. The exam results have been collected at committees normally attended by me, and the interviews have been with staff who either are or have been involved in the interview process.

Multiple sources/multiple methods- Denscombe (ibid) sees this as one of the strengths of the case study that it allows the researcher to use a variety of methods. In this study both quantitative and qualitative methods have been used.

Edwards and Talbot (1994, p.48) consider that there are advantages and disadvantages to using a case study designs. They consider the advantages to be: the in-depth focus; the ability to capture the complexities; and that it provides readable data. The disadvantages are that: it can be intrusive; it is situation and time

bound; it requires the collection of high quality data; time involved and researcher bias. Robson (1993) also considers the problems faced when undertaking insider research particularly in a hierarchical organisation when interviews are being carried out with managers. These problems were not experienced as the research was being supported and funded by the institution and therefore there was a willingness to participate. The problems of time were a factor which was harder to overcome as the interviews were mainly carried out in my own time as initially there were staff shortages and therefore little research time was available. The researcher bias was a concern and therefore both the questions in the interview and the questionnaires were discussed and piloted to try and ensure that bias was minimised.

This research could have utilised a number of different methods. I could have done an entirely qualitative piece of work interviewing students to gain the details of their entry qualifications, their views of the selection process and the academic assessment. Whilst this could have provided very interesting information, I wanted to consider a larger group so that as many cases as possible could be considered to ensure that the results achieved were valid. To have included less than the whole cohort could have resulted in the results being skewed.

The research could equally have been conducted entirely by using quantitative data tools. The students and staff could have been issued with questionnaires. The students' questionnaires could have been extended to consider their views of the selection process. However that lies outside the scope of this current study.

Equally I could have interviewed the students and issued questionnaires to the staff. In view of the numbers involved and the type of data required from each group, it was decided to interview the staff to provide qualitative material and issue questionnaires to the students to gain quantitative material. The details of the process will be discussed in the following sections.

Methodology for the Study

The research presented here took place at the university at which I am employed and will only consider students who are accepted on to the three year full time B.Sc.(Hons) in Occupational Therapy. One of my reasons for this choice of venue is that, in order to consider the effects of entry qualifications on students' academic results, I would need to be given access to this information and this may have proved difficult in other institutions. All the Occupational Therapy degree courses in the UK are different with internally set and marked assessments, and therefore the only comparison available would have been with very general areas (for example final degree classification). I therefore decided to undertake a study at one university, but on four separate intakes of students from 1992-1996 in order to create a longitudinal dimension.

I also wished to consider the selection process to see if there are any changes which could or should be made to this procedure. I aimed to determine what kind of students are being selected and what factors are seen as important. Unfortunately it is impossible to follow up the students who are rejected, as their application forms are not kept by the course following rejection.

Finally I wanted to consider the employer's perspective and to see whether they consider that the university is selecting the 'right' students and whether the degree adequately prepares them for the job they have to undertake on qualifying.

Development of a Research Approach

Initially, I planned to base the study on a quantitative analysis of student performance and entry grades. It was quickly realised that this would leave a number of questions unanswered, for example were the right students being selected and were they able to do the job at the end of their training. It therefore became necessary to consider what steps could be taken to fill the gaps and the involvement of academic staff and employers in the research became necessary. This is termed as *triangulation* by Edwards & Talbot (1994, p.46) who describe it as:

- The use of several methods to get a purchase on the case;
- The gathering of information from several participants in the case;
- The use of more than one researcher to gather information on the case.

They say that triangulation can be a mixture where "at least two methods are used to get information on three perspectives on the event" (ibid, p.47). Cohen and Manion (1997, p.233) consider triangulation as a prevention of bias which may be caused by relying on one method of data collection. Depoy and Gitlin (1993, p.22) suggest that it "strengthens the creditability of one's findings", whereas Polgar & Thomas (1995, p179) consider that:

> There is no single 'correct' research method to answer a
> research question. Indeed 'triangulation' of methods is
> sometimes used to try and answer the same research

question, so that the answer can be demonstrated not to be an artefact of the method used.

Denscombe (1998) considers the advantages of this method to be an increase in the data gathered and consequently an improvement in the research but feels that there would ultimately be a sacrifice in the depth that can be undertaken if one method was used.

The use of a number of different methods, Denscombe (ibid) suggests, allows the data collected to be corroborated and can enhance validity. He does not suggest that it proves that the researcher has got it right but that the results may be more valid than if one method is used.

Data was gathered from three different sources:

♦ Collection of data from students – questionnaires.

♦ Collection of data from university lecturers– semi-structured interviews.

♦ Collection of data from employers – semi-structured interviews.

Collection of data from students

There are approximately 70 students in each full time cohort and although there are other routes through the programme, only the full time students were used in this research. This means that approximately 280 students' entry qualifications and academic results were to be considered.

Individual interviews, were considered as options for gaining the information from the students on their entry qualifications. The advantages and disadvantages of the various methods will now be considered.

I had previously tried to collect information from student files and had noticed many sets of conflicting information from the UCAS application forms and the form completed at the clearing stage. I had also noticed that on some the information I required was either missing or not collected in the format I wanted in the student files. I decided, therefore, to use a questionnaire. Munn & Drever (1995, p.2) describe the advantages as being:

- Efficient use of time
- Anonymity (for the respondent)
- The possibility of a high return rate
- Standardised questions

Time is a large consideration both to myself as a researcher, working full time, and also being aware of the demands on students' time at a stage of their academic programme when they are either undertaking research or writing up dissertations. A questionnaire was the most time efficient method to collect the information I required. The information I was asking for meant that a number of students needed to check this against examination certificates and therefore using a questionnaire was likely to be more accurate than an interview where a person's memory may be suspect.

Whilst Munn & Drever (1995) view anonymity as being very important, it was not possible to offer the students this option as it was necessary for me to be able to match their form to the assessment results. It was therefore only possible to assure them of confidentiality of the presentation of results. This may have been a reason for some students not completing the questionnaire.

It was not necessary to post the information to the students because they are on site. Although I did not personally hand them out, as the university wanted the

distribution to be via the normal contact procedures. It is felt that contact in this way may increase the chance of higher return rate than is normally associated with postal questionnaires (Brown & Dowling, 1998, p.68).

It was necessary to have a standard set of questions to ensure that a common set of data would be collected.

Perspectives of the University staff

I wanted to gain the perspectives of university staff who were involved in the selection of students (both those who had a managerial responsibility and those who were involved in the interview process). I also decided that it was important to include staff who were no longer involved in this process to see if there were changes in the type of students being selected for training.

I initially considered a questionnaire, as this was the method of collection being used in another area of the study. However, I was keen to explore a series of issues in depth, something which would be difficult to achieve in a questionnaire. I considered the option of observing students being interviewed for places, but was concerned that this may increase the stress for students. I considered the idea of videoing these sessions, but again felt this may be intrusive and difficult to review as there would be between 8 and 12 people involved and therefore impossible to review more than just the verbal responses. Had it been possible to video the sessions, it would have been necessary to review the tapes with the interviewers to ensure that a clear understanding was being gained from what was observed thus extending considerably the whole process.

I considered the idea of interviewing all staff involved in student selection as a group but felt that as some of the staff involved are senior to others, they may not have thought their views could be freely given. Anderson (1990, p.244) when describing focus groups indicates that these work best when there is "a mix of relative strangers" and says "there is a particular danger dealing with intact groups which have evolved a life and personality of their own".

I have therefore decided to use individual interviews with the university staff in order to be able to explore the information in depth.

Employer's Perspectives

Again, initially questionnaires were considered as a method. However this would have meant that the questions asked would have had to be very factual and would not have allowed the respondents to express their feelings, concerns or observations. Because of the diverse nature of the profession, to send questionnaires to every employer would have meant that the data collected would have been very difficult to analyse.

It was decided, therefore, to undertake interviews with a selection of employers who regularly take students on placement and recruit basic grade occupational therapists, and have done so for a period of approximately ten years. This was to ensure that they have employed students with both a diploma and a degree qualification. The employers were selected from a variety of fields to ensure that there was a spread of working experience so that this factor could be considered when exploring employer's comments.

Questionnaire Survey

The distribution of the questionnaire was subject to my university's procedure for research projects. Initially the scheme was discussed with the Occupational Therapy programme leader and verbal permission was received. Bell (1993, p.53) explains:

> Some institutions and organisations insist that all requests from students wishing to carry out a research project must be agreed by a senior officer. In most cases the head of a school or college will have the authority to grant or refuse access, but clearing official channels is only the first stage in the process.

The documentation was then submitted to the degree course committee which is made up of all the academic members of staff, plus student representatives from each year and representatives from the profession. The procedure has been developed to try to protect students from being inundated with requests to take part in research. The committee required brief details of the study and a copy of the draft questionnaire and the supporting letter. Bell describes this as " negotiating access" and explains:

> No researcher can demand access to an institution, an organisation or to material. People will be doing you a favour if they agree to help, and they will need to know exactly what they will be asked to do, how much time they will be expected to give and what use will be made of the information they provide. (ibid, p.52)

The response was positive and the only suggestion was that the section on confidentiality should be strengthened on the questionnaire and in the supporting letter.

I followed Polgar and Thomas's (1995) guidelines for designing questionnaires. My initial aim in designing the questionnaire was to gather information about the

students' entry qualifications and therefore this required questions about qualifications attained in school or college, access courses and other qualifications. Further questions elicited information on: students preferred mode of learning and assessment; predicted degree awards; and advantages and disadvantages of study. The initial questionnaire was drafted to consider layout and length. Many changes were made both from the way the questions were asked, the ordering of the questions and the layout before a final draft was developed. Factors considered included: size of paper; paper colour; book format; single sheets; single or double sided.

These were important as I wanted the questionnaire to be attractive and easy to complete in order to receive the maximum response rate possible. The final copy was single sided white sheet with an accompanying letter on university-headed notepaper with an instruction sheet attached. It was felt that the inclusion of a letter on university-headed paper would attract the students' attention.

The questionnaire was designed to be for "self completion" which Verma and Mallick (1999, p.117) define this as being "...designed for the respondent to complete himself or herself with no researcher present".

Piloting the Questionnaire

Bell (1993, p.84) considers that:

> All data-gathering instruments should be piloted to test how long it takes recipients to complete them, to check that all questions and instructions are clear and to enable you to remove any items which do not yield useful data.

Two students, (who were not part of the Occupational Therapy course, but were at separate universities and in their third year) piloted the questionnaire. This supports

the ideals of Munn and Drever (1995, p.31) who suggest that people should be

picked who are sympathetic to your work but not included in the study. They were

able to comment on the general areas, including layout and time taken to complete

the form but were not able to comment on specific questions which related to the

Occupational Therapy course.

Bell identifies the following questions as providing useful feedback from piloting

the questionnaire:

1. How long did it take you to complete?
2. Were the instructions clear?
3. Were any of the questions unclear or ambiguous?
4. Did you object to answering any of the questions?
5. In your opinion has any major topic been omitted?
6. Was the layout of the questionnaire clear/attractive?
7. Any comments? (ibid, p.85)

Academic colleagues and my supervisor also provided feedback both on the layout

and wording of the questions. Consideration of all this feedback allowed the final

draft to be drawn up. (see Appendix No.6)

Analysis of questions

The following questions of "Name", "Year of Entry" and "Age" are all described

by Oppenheim (1992, p.132) as being "classification" questions. These are

described as being of a sensitive nature and therefore should come at the end of the

survey. However, for the purpose of my study, if the students were not prepared to

supply this information, then I would not be able to compare the data, and therefore

I made the decision to start with these questions. Polgar and Thomas (1995, p.133)

consider these questions to be of a demographic nature and consider they should be

placed first as they are easy to answer and serve as a "warm up" to what follows.

The reason for requiring the student's name was explained in the accompanying

letter. It was the only way of matching the students' academic achievements to

their assessment results. Most of the students had been prepared to provide this information but it is difficult to comment on whether this may have been the reason for any students not returning the questionnaire. The students had been assured of confidentiality both on the accompanying letter and at the end of the questionnaire.

The second question asked for the year of entry. As the research spans four intakes, this information was necessary to track results. One of the reasons for this is that students often intercalate into another year for a variety of reasons. This information would enable their results to be accurately matched and therefore mean that their data could still be considered.

The third question asked the students to indicate which of two age categories they were in at the start of their training. Students were asked to mark this as it determines the requirement of qualification for entry to the course. Consideration was given to dividing the band of 21+ further but this would not have provided any other significant factors against entry qualifications and therefore this was not done. Bell (1993, p.81) identifies this as a sensitive question to ask and confirms that to ask a category or banding rather than the exact age is preferable.

The next question asked for the total number of GCSEs or equivalent. This has caused come confusion. It was felt that because only certain subjects were asked for at GCSE level, it would be useful to have an overall indication of the number of passes. However some students have included CSE grade 1, others haven't, and therefore this number has not always appeared to be reliable. The next table asks for details of identified GCSE subjects. This section caused particular confusion as

students attempted to write in all subjects taken, although there was insufficient space provided to do so, instead of entering only those which had been requested.

The next question asked for details of where the qualifications were studied. The information on the venue for study was requested to see if there was any correlation with how well the students performed in their university assessments and was asked about each period of academic study investigated on the questionnaire. This question also asked about the time for studying for qualifications whether it was full, part time or combination of both.

Questions followed on A levels BTEC and GNVQs, Access courses and a section to cover any other qualification. All of these questions asked similar factual information about the grades obtained and are followed by questions on the venue for study and period time in which the study took place. Polgar and Thomas (1995, p.133) consider these questions to be "factual questions" and therefore consider them to be easy to answer. However Bell (1993, p.79) considers that the answers to these questions may be affected by memory and this may be affected by the length of time which has elapsed since taking the examinations. She considers that if respondents have to search for information they may be put off completing the questionnaire.

Question six explores the type of learning environment and is intended to consider this against the student's age and previous experience of studying. This question only allows the collection of a positive or negative response which may have been affected by the experience immediately prior to completing the questionnaire and therefore may not be an accurate representation of their view point. However it

does allow more than one to be selected. This fits into the category described by Bell (1993, p.77) as a "list".

Question seven asks the students to indicate what honours degree classification they think they will achieve. This question was asked to determine the ability of the students to self-assess as this is something they are required to do whilst on the fieldwork education part of their training. It was intended to find out whether students actually knew how well they were performing and whether they were in fact aiming for a particular degree classification.

The following question asks whether they intend to undertake any further academic study. I was interested to know whether the students had come on to the degree programme to practise as therapists or to gain entry on to another career and, once again, to consider whether age influenced whether students were intending to go on to further academic study. I asked for them to specify which course, as I felt this may demonstrate an emerging interest or indeed a deficit in training.

The next two questions ask for advantages and disadvantage of study at their age. These two questions are "open ended questions". They are described by Polger and Thomas (1995, p.130) as being able "to elicit more detailed responses". However, they do highlight that these responses may be difficult "to encode for data analysis". I have included these questions, as I particularly wanted to see if the two separate age groups identified different advantages and disadvantages. Students who were only just 21 years of age (and therefore did not see themselves as being mature) may have affected some of the results.

Question twelve asks the students to identify who has provided the support for them during training. This question is described by Bell (1993, p.77) as a "ranking" type of question: "...the respondent is asked to rank something in order". This question caused a lot of confusion with students assigning the same category to more than one section, not answering all of them and so on.

Question thirteen asks students to indicate the mode of assessment which was preferred, in order to discover whether their preference for a particular mode of assessment is reflected in their results.

The final question asks what subject has been the most useful to them during training. This concluding question was asked to see if this matched up with the preferred entry qualifications or if the students had identified any other qualifications which they felt had been more advantageous. These type of questions are described by Polgar and Thomas (1995, p.133) as being "opinion questions". They consider that these questions "should be positioned after demographic and factual questions" as they consider they require "reflection" (ibid).

Accompanying Letter *(See appendix No.4 for copy)*

Both Cohen and Manion (1994, p.97) and Verma and Mallick (1999, p.121) consider that the questionnaire should be accompanied by a letter in which the purpose or the aim of the study should be covered. This was covered in my letter in a limited way because my university did not want me to share with the students my concerns over the raised entry qualifications placing restrictions upon the amount

of information I was able to give. Both the letter and the questionnaire had to be approved by the course mangers and therefore could only contain information which was acceptable. Many students individually asked me about the study as they were in the process of undertaking their own research as part of the programme and I felt constrained at not being able to be wholly honest about the purpose of the study.

The letter was given a title and was on University-headed note-paper. Verma and Mallick (1999, p.121) consider that it is important to point out the importance of the study and that it is acceptable to tell people that it is forming part of an academic course of study . The next part of my letter explained that this piece of research was a continuation of research that had been undertaken previously. Both Cohen and Manion (1994, p.98) and Verma and Mallick (1999, p.122) stress the importance of confidentiality and that the information will remain anonymous. Therefore the following paragraph both confirms that this will be adhered to and explains the need for a name.

The last paragraph was to enable the students to discuss the research with me. This allowed them to express a personal interest and to clarify any concerns. Those wishing to know more about my original piece of research for my M.Ed. were informed that the thesis was held in the university library.

Instruction sheet *(see appendix No. 5)*

An instruction sheet was attached to each questionnaire. The instructions were kept to an absolute minimum in order to avoid paperwork and to try and keep the procedure as simple as possible. It was felt that no more than the briefest of

instructions were necessary as each question was explained and examples were provided where appropriate.

Circulation of Questionnaire

All students have their own individual drawer via which staff communicate with them. The letter, guideline sheet and questionnaire, together with an envelope for the return, were all placed in the drawer. This task was undertaken by a clerk at one stage of the research. Unfortunately there was some confusion about when the questionnaires should be sent, which resulted in one year getting the questionnaire early. Although this did not affect the data for their entry qualifications, it has affected their answers to questions about assessment, learning styles and academic support. Therefore the results of this year group (1995) will not be included in these sections.

It was necessary to chase responses from students and certainly it did help having their names so that I could identify who had returned the questionnaire. The students were sent a reminder after a month. Some responded that they were waiting for the half term holiday to check details. They were offered a copy of the questionnaire if they had mislaid it. The second chase was after two months had elapsed and this time they were given the entire information again. This was the last chase as after this it was decided that they had probably consciously decided not to return the questionnaire.

Coding Questionnaire

Each question was coded for entry on to the SPSS 8.0 computer package. A box for coding the questionnaire was placed by the majority of the questions on the

questionnaire. The questions on entry qualification had to be coded and entered by

hand as the information was too complicated and too much to code in boxes.

For each question a minimum of one variable was set up. Some questions (e.g. the

questions on qualifications) required more than one variable box to be set-up and

for some there was a variable box for each subject taken.

Blaxter et al (1996, p.194) quotes the work of Fielding (1993, p.225) who says the

basic rules for coding are as follows:

1. Codes must be mutually exclusive;
2. Codes must be exhaustive;
3. Codes must be applied consistently throughout.

Examination Board Data

As a member of the academic staff I attend the examination boards at which the

results are ratified. Agreement was given both by the university and the students

involved in the research for me to have access to their results. This information

was also coded and entered on to the database.

Statistical analysis

The data from the survey is presented in a range of descriptive statistics in chapter

four. Inferential tests cannot be used as the data has already been processed.

Rowntree (1981, p.155) considers this to be a problem when data has been reduced

to dichotomies. He describes dichotomies to be when data is presented on a scale of

"above/below average; pass/fail etc" and whilst the data collected includes more

detail it is not specific enough to allow the use of inferential analysis. Rowntree

(1981) therefore considers that as a result of this the most appropriate tests are

exploratory (ibid). Crosstabulation will be used where appropriate to determine the

strength of association that may exist between two or more variables. Bryman &

Cramer (1997, p.161) suggest that this form of data analysis, "...is one of the simplest and most frequently used ways of demonstrating the presence or absence of a relationship". In the majority of instances what I wanted to establish was the relationship between variables this would seem to be the most appropriate test to use.

Interviews

I chose to use a "semi-structured" style of interviewing because although I wanted to cover certain issues, I did not particularly need to ask exactly the same question of each person or in the same order (Polger and Thomas,1995, p.137). Verma and Mallick (1999, p.123) say:

> If...the interviews are designed for use in conjunction with other data gathering tools, it will be necessary to ensure that the interview is designed so as to fulfil its proper functions and not merely to replicate evidence already collected.

They, therefore, say that it may be useful to wait until after the questionnaire data have been collected and analysed, as this may then provide the focus and direction for the interviews. They consider that a schedule assists in making use of "time and resources" and assures "appropriate information is gathered" and opportunities not missed (ibid, p.124). Therefore my interviews were not carried out until after the questionnaires had all been returned.

Verma and Mallick consider that, particularly in a semi-structured interview, the personality of the interviewer is key to a successful interview (ibid, p.128). However they claim that it is a "wonderfully adaptable and flexible" situation which a:

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> ...trained, experienced and skilful interviewer can probe
> responses, investigate feelings, motives experiences and
> attitudes which no other investigative technique can reach.
> (pp.128-9)

Drever (1995, p.23) acknowledges that often the interviewer needs to assist the interviewee by the use of prompt and probes and considers that these are used to assist the person "say what they want to say" and defines them as follows:

> **Prompts** are directed towards what they know but have not
> mentioned. They encourage people to talk and jog their
> memory but they must not put words into people's mouths
> or pressurise the interviewee to come up with something.
> **Probes** are directed at what people have already said,
> asking them to clarify and explain, but not as a rule to
> justify or defend their position.

Bell (1999, p.142) notes the problems of interviewing staff within the establishment in which you are working and she particularly identifies the problems of interviewing staff at a more senior level. This was not a particular problem for me as the staff were generally supportive of the topic being investigated. There was however, the problem of bias as staff interviewed were aware of the subject being investigated. One of the advantages of using interviews is perhaps the fact that I have been involved in interviewing both staff and students previously and have had over 15 years experience.

All interviews were taped and fully transcribed Blaxter et al (1996, p.154) suggests that taping the interview allows the interviewer to concentrate on just carrying out the interview. They consider that this also allows the interviewer to be responsive to the interviewee. This was certainly one of the reasons for taping the interview the other was the time factor as I had to fit the transcribing into my full time workload. Blaxter does however say that some interviewees may find the tape recorder off putting and that the transcription is time consuming. All interviewees' permission was sought to tape the interviews. The point raised about the

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transcription was very true as it was very time consuming but also very worth while.

Development of Interview Questions for University Lecturers

The questions were produced from a brain storming exercise considering all the factors I wanted to consider around recruitment of Occupational Therapy students. I tried to design the questions so that they would fit both the lecturers' currently working and those who had left the course. I decided that I would initially explain my interest and then ask some "settling down" questions so that, if necessary, I could check the tape machine. The interview schedule was as follows:

Settling down questions

1. **Current Job Title (Special responsibilities)/ Job title when employed in Occupational Therapy education.**

2. **Length of time in post.**

3. **How much involvement do you/ did you have in the selection of Occupational Therapy students?**
   What is/was the selection process?
   Would you like/ have liked to make any changes to this?

Perspective questions

4. **What qualities are you/ did you look for in an applicant?**

5. **How do you/ did you assess these qualities?** *(plus prompts)*
   Application form?
   Interview (Should all students be interviewed?)
   Individually? Group?
   Are there any other ways in which these could be assessed?
   Have you tried these?

6. Who do you think should assess these? (*plus prompts*)

> Could anybody do this with a set criteria?
> Do you think it is important to involve clinicians?
> > Why?
> Could it be/was it an academic exercise?

7. How important is the student's personal statement on the application form?

8. How important is/was the students previous experience?

9. What academic levels on admission to Occupational Therapy training do you think are important? (*plus prompts*)

> Are there any subjects which you feel are vital?
> Why?

10. The current entry standard is 3 C grades at A level. Do you think this is right? (*plus prompts*)

> Would you have still gained admission to train?

Thank you for your time and your willingness to answer my questions.

Pilot interview with University Lecturers

I picked for my pilot interview a close colleague whom I trust to give me honest feedback. Drever (1995, p.31) says that you should choose "people who are likely to be sympathetic...but willing to give forthright comments and precise criticism". The only question which she found confusing was question nine and wanted clarification on what I meant by "academic". I decided to leave this unchanged, however, as I was deliberately leaving it open to interpretation. The piloting of the interview allowed me to try out the tape machine and also experience transcribing the interview.

The pilot interview did not last as long as I had expected, but transcribing it took much longer than I had expected. I was therefore left with a dilemma of whether to extend the interview (realising that this will mean a much longer period of time in transcribing) or just alter it slightly in the knowledge that as I gained more confidence in this procedure, it was bound to take longer. I am aware that one of the problems may have been as Drever (1995, p.52) stated that "it is often difficult to interview a close colleague" as "they may take it for granted that you share a body of knowledge".

The only question I considered changing was the last question as these were issues which were discussed following the pilot interview. I decided not to ask lecturers whether they themselves would still qualify for entry as one lecturer did not possess the required qualification. I did add two questions, one on whether the entry criteria for mature students should be the same or different from the standard entrants and one on whether lecturers would like to be able waive the entry criteria.

University Lecturer sample

I decided to interview six different university lecturers including some who were responsible for the programme and the admission tutor. I also decided to interview two ex members of staff to see what qualities they looked for to see if it has in fact changed since the implementation of the degree programme. Six of the eight interviewees work on the same course and in the same building.

In order to protect the staff confidentiality, roman numerals have been used. The sex of the staff will not be identified, as only one subject was male. All but one member of staff has an Occupational Therapy qualification but again this member of staff cannot be identified, as this would be an identifying factor.

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Table No 2.

UNIVERSITY STAFF	GRADE	Time in Post	Academic Qualifications[1]
I	Senior lecturer	18 years	Cert. Ed., M.Ed.
II	Lecturer	1 year	None
III	Lecturer	2½ years	None
IV	Senior lecturer	20 years	T.Cert., B.Ed.(Hons), M.A
V	Principal lecturer	22 years	T.Dip., Cert. Ed., M.Med.Sci.
VI	Principle lecturer	26 years	T.Dip., B.A., M.A.
VII	Vice principal	11 years (retired)	None
VIII	Principal	20+ years (retired)	T.Dip.

The results will be presented in Chapter five and the quotes of those interviewed

will be referenced by means of the Roman Numerals

Development of Interview Questions for Employers

I developed the following schedule for interviewing employers. My main aim here

was to follow the same pattern as the academic interviews in having "settling

down" questions first and having questions followed by prompts.

Settling down questions

1. **How long have you been in your current post?**

2. **When did you complete your Occupational Therapy qualification?**

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[1] *Glossary for qualifications*
Cert. Ed = Certificate of Education
M.Ed. = Master in Education
T.Cert. = Teaching Certificate
B.Ed. = Bachelor in Education
MA = Master in Arts
T.Dip. = Teaching Diploma
BA = Bachelor in Arts
M.Med. Sci. = Master in Medical Science

3. What was your qualification? (*Examples*)

Diploma
Diploma 81
Accelerated Route Diploma

4. Have you undertaken any academic qualification since qualifying?

Perspective questions

5. When recruiting basic grade therapists what qualities are you looking for?
Are these difficult to find? (*prompt*)

6. How important is their academic ability in this recruitment process?

7. How important is their ability in fieldwork education in this recruitment process? (*plus prompt*)
Does it make a difference what type of placement they have undertaken?

8. Are you satisfied with the standard of basic grades attending for interview? (*plus prompt*)
Are there enough applicants?
What areas if any do they excel in?
What areas if any do they struggle with?

9. How well prepared are they for their first post? (*plus prompt*)
What if anything do they need to be able to undertake their first post?

10. Do you feel there has been any change in the standard of Occupational Therapy since the degree course? (*plus prompt*)
If so what are the changes?
Are these an improvement?

11. How much influence do you feel you have on the recruitment to Occupational Therapy courses?

12. The standard for entry on to the academic programme is currently 3 C's at A level. Do you think this about right?

Pilot interview with an Employer

I undertook one interview with an employer. As with my academic colleague, it was shorter than I had anticipated and once again I think that this may have been because we had prior knowledge of one another. One problem I did notice was that the member of staff had a strong regional accent which made transcribing the tape very difficult at times. I was also aware of my body language and that at one stage I did not feel able to explore a response as I knew I disagreed with it and it went against the course philosophy. Once again I altered the last question. This was partly as a result of answers to subsequent questions which left one area still to be explored.

Employers' sample

I interviewed eight managers who have been involved in recruiting basic grade therapists this year. As Occupational Therapy is such a diverse profession, I attempted to get a spread of therapists from as many different specialities as possible within the region.

The same applied to the employer group as to the academic staff in that, in order to protect the interviewees confidentiality roman numerals have been used. All employers were female and all were qualified therapists. With this group their professional qualification is felt to be significant as for some it is the only recent contact they have had with education and therefore these details are included.

Table No.3

Employers	Length Of Time In Post	Date Of Occupational Therapy Qualification	Other Qualifications[2]
I	5 years	1976	1994 B.Sc.
II	2 years	1973	None
III	5 months	1972	None
IV	3 years	1975	1995 M.Sc.
V	10+ years	1983	1981 B.Sc., 1998 M.A
VI	6 years	1976	2000 started M.Sc.
VII	10-12 years	1961	None
VIII	30+ years	1963	1994 M.BA

Interview analysis

Cohen and Manion (1994, pp.292-4) suggest a way of analysing an interview:

1. *Transcription* of the tape
2. *Bracketing* considering what the interviewee was saying
3. *Listening to the interview to get a sense of the whole...* in order to provide a context for the emergence of specific units of meaning and themes.
4. *Delineating units of general meaning*
5. *Delineating units of general meaning relevant to the research question*
6. *Training independent judges*
7. *Eliminating redundancies*
8. *Clustering units of general meaning...* common themes or ...essence of relevant meanings.
9. *Determining themes from clusters of meaning...* if there is one central theme
10. *Writing a summary of each individual interview*
11. *Return to the participant with the summary and theme*
12. *Modifying themes and summary*
13. *Identifying general and unique themes for all the interviews*

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[2] *Glossary for qualifications*
B.Sc. = Bachelor of Science
M.Sc. = Master of Science
MA= Master of Arts
MBA = Master of Business Administration

Some of this procedure was followed. I offered to send the people I interviewed a transcript but they declined my offer. Because the people I interviewed were so busy it was unlikely that they would be prepared to be interviewed twice.

Edwards and Talbot (1994, p.103) describe content analysis as:

> ...based on the assumption that analysis of language in use can reveal meanings, priorities, understandings and ways of organising and seeing the world.

Edwards and Talbot suggest a cut and paste method of grouping and linking themes together but make the point that an original copy should be kept for confirmation. They suggest this method should be tested out on a number of interviews and that weak categories should be discarded, whilst being alert to recognise any new categories. This fitted my style of working and therefore it was the one I implemented.

Reflection on methodology

There are a number of changes which would have improved the process.

1. Questionnaires- I would have liked to have been able to be honest with the students about the purpose of the study. I feel that some students, who did not complete their questionnaires, may not have done so because they felt that I was trying to prove the entry qualification should be raised.

    I would like to have split the questionnaire and given the first part questions 1-5 on entry qualifications as soon as the students started on the programme and have the remaining questions answered in the third year. This would have allowed consideration of those students who withdrew from the programme before the third year. This may have therefore shown those students who academically struggled with the programme in the early years and as a result of this withdrew from the course. I would also like to have considered the

examination boards sat and whether qualifications at A level were modular or linear to see if this had any impact on the results achieved.

It would have been interesting to have been able to compute the data and use inferential statistics to provide statistical evidence. The university system, which only uses alphabetical grades, did not allow this.

2. University lecturer interviews – There were only three staff not interviewed and in hindsight it would have been interesting to have included all the staff. The ex employees were not able to provide as much information as had been thought as they were not up to date with the current academic entry qualifications.

3. Employers interviews- It would have been interesting to have interviewed more staff as this highlighted a lack of awareness of academic qualifications which was then only based on personal experience. It would have been interesting to see if this is common for this level of management.

4. Further dimensions- It would have been enlightening to interview the clinicians who took part in the students selection interviews immediately after these had taken place to see if what qualities they had been selecting.

5. Time- This is the largest area of learning. The time which it has taken both personally to undertake this study and the difficulty of all the staff taking part in the interview process to actually have the time to take part.