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

Volume 2

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Chapter Four: Results of Student Questionnaires

Introduction

In this chapter I present data from the student questionnaires in a series of tables with

graphs being used where appropriate. The results will be discussed in the light of

appropriate literature to gain an understanding of the results.

Sample size

Every student who was still on the course in their third year was given the opportunity

to take part in the research.

There were a total of 201 questionnaires returned out of a possible 279. Of the 78

students who did not take part in the study, 38 had withdrawn from training. Only 40

students who were eligible to take part in the study did not return their questionnaires.

Table No.4

TOTAL NUMBER OF STUDENTS					
	1993	1994	1995	1996	TOTAL
Completed Questionnaires	58	43	51	49	201
Non Returns	5	18	7	10	40
Withdrawn	9	4	14	11	38
Total	72	65	72	70	279

The total number of questionnaires returned was 72% (n=279) of the total number of

students, but when the students who had withdrawn from the course were deducted the

actual return rate was 83% (n=241). This is regarded as excellent by Bowling (1997,

p.233) who considered that a response rate of over 75% was good. The highest number

of non-returns was in the 1994 cohort where the questionnaire was circulated early due

to administrative misunderstanding (see chapter three, p.142). This is perhaps to be

expected as the students had not been on the course for very long and therefore may have found some of the questions quite difficult to answer.

Age

The following table shows the breakdown of the students age over the four-year period.

Table No.5

AGE OF STUDENTS AT START OF TRAINING					
Age at start of training	1993	1994	1995	1996	Total
18-21	26	23	34	27	110
21+	32	19	28	22	91

We can see that only one year, 1993, had a higher number of mature students than standard entrants. The reasons for this are unknown, although this was soon after the course had become a degree course, and become part of the university. Therefore students may well have accessed the programme following undertaking a university course. The normal trend is for the higher number of students to be in the 18-21 band. The year 1994 had the lowest number of questionnaires returned and therefore this year has smaller numbers included in the survey.

Universities are attracting more mature applicants and some of this may be attributed to the Blom Cooper report (1989, p.86) which supported this trend and recommend that entrance requirements were "suspended" in favour of their "motivation" and "experience." Whilst my figures do not show this trend, this was written at a time when the standard entrants took the majority of places with the mature entrants being a small minority. The COT/CPSM (Craike and Alderman 1998, p.473) reported that, in 1997, of the 1564 students who were studying on Occupational Therapy courses in the

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UK, 57% were over the age of 21. The figure in this study of 45% (n=91) is below this national average. Even in 1993 which had the highest number of mature students the proportion was only 55% which is still 2% below this average. Whilst my figures stop at 1996 the profile of the course has risen over the last five years and the numbers are within the COT profile when the part-time and accelerated routes, (which are run at the university), are considered as these only accept mature students. The fact that these courses are available may be why the numbers do not reflect the national trends as the mature students are offered a choice of routes to undertake their study. It is perhaps interesting to note that the number of mature students entering Occupational Therapy is significantly higher than those recorded for physiotherapy where students over the age of 21 comprise only 33% of the total intake (Green & Waterfield, 1997, p.475) which is 14% less than the Occupational Therapy figures. It is unknown why there is this difference in the professions attracting mature students.

Gender

The Occupational Therapy profession has traditionally been a predominately female profession. The reasons for this are in the main unknown as other caring professions, namely nursing and physiotherapy, have a significantly higher number of males than Occupational Therapy. The numbers on the following table show that this trend has not changed in the four-year period investigated in this study.

Table No.6

GENDER AND AGE SPLIT								
YEAR OF ENTRY	1993		1994		1995		1996	
Age at start of training	18-21	21+	18-21	21+	18-21	21+	18-21	21+
Male		3		2	2	2		1
Female	26	29	23	17	32	27	27	21

This shows that the majority of the male students are mature students with only two male students being in the 18-21 age band. The male students form only 4.9% of the total sample. Brown (1998, p.410) reported that in Canada, 5.8% of therapists were male and in America, 7.6%. A study under taken by Dent Brown (1990, p.229) found that male therapists were in the minority with there being only 5%. The study identified that whilst a lower number of men entered the profession than other caring professions (e.g. nursing and physiotherapy), they progressed quickly into management positions. None of these studies have considered the age of the students when training. Whilst this study identifies that there is a small number of men entering training, the number is smaller when the standard age group is considered. It may therefore be presumed that either Occupational Therapy is not attractive as a career to 18-year-old men or that they are not presenting themselves well at interview.

GCSE Attainment

The following table shows the breakdown of the students' total GCSE results according to their age on entering training and the cohort they were in. All of the students under the age of 21 at the start of their training would be required to have GCSEs. Only GCSE grades of C and above have been counted, as these are the standard required by the university. Where students have studied for other qualifications (e.g. O levels and GCE) the grade has been converted to fit in to the A-C

band of GCSEs (grade 1+2 at O' level = A grade at GCSE and grade 1 CSE = GCSE grade C etc). Students with A* at GCSE have been included in the A band.

Table No.7

TOTAL NUMBER OF GCSE EQUIVALENT QUALIFICATION								
Year of Entry	1993		1994		1995		1996	
Age	18-21	21+	18-21	21+	18-21	21+	18-21	21+
GCSE's 1-5	1	10		1	1	7		9
6-10	24	18	19	17	31	11	25	13
11+		1	4	1	2		2	

This shows that the majority of the applicants had between 6 and 10 GCSEs. The age of the student does not seem to be particularly significant for the 1994 cohort as similar number had achieved 6-10 GCSEs in the 18-21 age group and 21+ age group. In other years there is a more significant difference in the numbers of students achieving 6-10 passes at GCSE but in all years the 18-21 student have more subjects at GCSE than the 21+ age group. Across the study only a small number of students had gained eleven or more GCSEs.

The majority of students having 6+ passes may be as a result of the change in the education system to GCSE, which combines assessed course work and examinations, as opposed to GCE O'levels which only assessed by examination. Gipps & Murphy (1994, p.211) considered the introduction of coursework as being beneficial as it, "provided opportunities to measure valued aspects of students' achievement that traditional measures could not cater for". The introduction of coursework would seem highly appropriate because much of the work on the degree course is assignment-based, requiring the students to research a subject rather than pass under examination conditions. Because an increasing number of students have achieved passes of C grade

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and above at GCSE, concern has been expressed about the validity of the standards. The first year of GCSE results in 1988 reported an increase in students achieving the standard equivalent to the O' level pass. Burghes & Jennings (1995, p.39) were particularly concerned about the standard being achieved in mathematics. In order to establish the standard of these qualifications a report was commissioned by the School Curriculum and Assessment Authority (SCAA) and the Office for Standards in Education (OFSTED). The published report (James, 1998, p.145) investigated the media's assumptions that higher grades in the examinations were as a result of a fall in standards (ibid). The report, which was published in 1996, examined the standard in English, Maths, and Chemistry at GCSE and A level and "analysed the demands of syllabuses and examination over time" (1975-1995) by considering the marks assigned to examination scripts. The conclusions were that "the standards of examinations in 1995 were comparable to standards in 1975" (ibid).

One of the problems faced when analysing the student data is that the level of paper sat is unknown and therefore it is impossible to identify whether students have sat the foundation, intermediate or higher tiered paper at GCSE. Russell (1997, p.4) considered this to be a problem because the examination certificates do not contain this information and whilst the syllabus is different, the same award could have been achieved but the knowledge base could be less (ibid). Rood (1997, p.4) suggests that many parents want their children to sit the higher papers as schools operate systems which select children for A level subjects only if they have achieved a grade B or

above at GCSE. Therefore, apart from mathematics which had the intermediate paper which allow the grade of B to be achieved the higher paper would have to be sat.

Breakdown of GCSE equivalent qualifications

The following table shows that the majority of the students in the 18-21 age range had studied for the GCSE qualification. Whilst three students have indicated that they studied for CSE and O level qualifications it is impossible to clarify if this is in fact the case or an error in completing the questionnaire. As only the level of study is being considered, the differing qualifications have been used purely to be able to equate the data accurately and therefore will not influence the findings.

Table No.8

BREAKDOWN OF GCSE EQUIVALENT QUALIFICATIONS						
	GCSE	O levels	GCSE & O levels	GCE & CSE	CSE	GCSE & CSE
Age 18-21	106	2			1	
21+	22	29	8	14	14	1

Four students did not have any subjects at this level and one of these was in the 18-21 age range. The GCSE results will be considered against specific subjects studied on the course and the overall degree award as appropriate to the subject area.

Effects of GCSE Qualifications on Final Degree Award Classification

The total number of GCSE grades of C and above will be considered against the student's final degree awards as shown in the following table:

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Table No.9

Effects of GCSE Qualifications on Final Degree Award Classification						
		Degree Award Classification				
		1	2:1	2:2	Pass	Fail
Age 18-21						
Total number of GCSEs	1-5			2		
	6-10	3	45	39		4
	11+		5	3		
Age 21+			1	2		
Total number of GCSEs	1-5	1	13	9	1	2
	6-10	13	34	9		1
	11+		1	1		

The majority of students had 6-10 GCSEs and the greatest number of students achieved a first class honours degree classification with this number of GCSEs. However, in both age categories, students who failed their degree also had 6-10 passes at GCSE.

Only three standard degree entrants achieved first class honours degree awards. Of these, three students, the two who had gained this award in 1993, had also got A level qualifications and the students who had gained this award in 1996 had gained a BETC qualification and studied an A level subject. A total of fourteen mature students achieved a first class honours degree. Of this number eight had A level qualifications, six had degree qualifications, five had other qualifications, two had studied BTEC qualifications and six had studied on access programmes.

Standard entry students who had less GCSEs also achieved a lower classification of degree however those who had 11+ GCSEs did not gain the highest award in either the standard or mature entrants.

Abercrombie et al (1969) considered the role of GCSEs and A level results in the selection of students for admission to the University of London to study architecture

following an increase in numbers from 117 to 707 over a seven year period (pp.4-5). A variety of methods were used to select students over an eight year period but all involved interviewing potential candidates providing they were resident in the UK. In an attempt to evaluate the system and ensure that suitable candidates were selected the academic performance was also reviewed. It was found that the "GCE O' level is only marginally inferior as a predictor of performance in the degree course to that made after entrance" (ibid, p.126). Abercrombie et al (1969) also found that the reliability of the system is improved if account is taken of the age of the candidate when the examination was sat and only first attempts included (ibid). This fact is unknown, from the data collected, particularly for those students over the age of 21.

Specific subjects at GCSE

The standard entrants result in English Language, Mathematics, Psychology, Double Science, Biology and Human Biology will be considered and then applied to results on particular areas of the programme with the mature students results.

It is a requirement of entry to the course that students have English Language and Maths at grade C or above. It is therefore surprising that one student had not achieved this standard. (Table No.10)

Table No.10

STANDARD ENTRANTS GCSE RESULTS						
	English Language	Maths	Psychology	Double science	Biology	Human Biology
Grade A	18	6		9	4	1
B	56	22	4	26	12	1
C	33	76	1	28	15	2
D				3	1	2
Resit		4			1	
Subject not taken	1		104	43	76	103

In considering the results of the standard entrants the main subjects of English Maths and Double science will be considered as the majority of students have taken these. GCSE English Language was taken by 108 students with 52%, (n=56) of the total number (n=107), achieved a grade of B. The grade average for Mathematics was lower with the majority of students 70% (n=76) gaining a grade of C out of the 108 students who took this subject. Fewer students had studied for the double science award (n=66) and only three students had studied for either biology or human biology in addition to the double science. The highest grade average for the Double Science award was C with 42% (n=28) achieving this grade. However this was only marginally less than the 39% (n=26) who achieved a grade B. Very few students studied Human Biology at GCSE, this may have been lack of opportunity rather than a lack of interest. The majority of schools now seem to offer the combined award and therefore these results will analysed against appropriate modules.

The next table shows the range of subjects at GCSE which were studied by the mature students cohort.

Table No.11

MATURE ENTRANTS GCSE RESULTS						
	English Language	Maths	Psychology	Double science	Biology	Human Biology
Grade A	24	17	3		7	8
B	28	15	2	1	18	4
C	14	27	2		9	3
D		6			2	2
Resit	2	4			1	
Subject not taken	5	19	77	68	46	68

The grade average results of the mature students would appear to follow the same pattern as those for the standard entrants with the largest number 40% (n=28) achieving a grade B in English GCSE and 39% (n=27) a grade C in mathematics. A larger number of mature students had sciences as separate subjects but this may have been because they studied these as prior to the GCSE curriculum being introduced which combined the sciences into a double and single award. The highest number of students had taken biology at GCSE level. Students have previously reported the difficulty of finding venues at which to study Human Biology at GCSE and A level. Although students are told of the relevance of psychology to their training only a small number had studied this at GCSE level with the greater number being mature students. This may have been because students studied this as a separate subject once they had decided on the course they were interested in.

Some of these subject areas will now be considered against particular modules or the overall degree award to examine whether there is any noticeable trend.

English GCSE

The majority of the course requires the students to have a good grasp of the English language. The need to be fluent in English Language is consistently assessed throughout the course in numerous assignments and in their final dissertation and therefore GCSE results will be compared to their final degree award.

Table No.12

EFFECTS OF ENGLISH GCSE ON FINAL DEGREE CLASSIFICATION							
Classification	1	2:1	2:2	3	P	F	7
GCSE A	4	25	12			1	
B	8	44	34				2
C	3	25	16	1			
D							
Resit		2					
Subject not taken		5	4				

The results of the students overall degree classification when compared against their English GCSE award show that there is no definite trend as grades A, B and C are represented in all classifications. This table shows that the majority of students who gain classifications in the first, upper and lower second class honours had all gained a B grade at GCSE. However this is not surprising as over 50% of the students gained this grade. It is perhaps more surprising to find that all three grades at GCSE are also represented in each category with a similar distribution of marks to the number achieving the grade.

The mature student who failed to gain the professional qualification at the first attempt, had gained an A grade at GCSE English and the fail was in the independent study module. The number 7 indicates students who still had modules to complete after the publication of the final results at the exam board in July. This is normally due to extenuating circumstances. Therefore, if as suggested in chapter five (p.127), we consider the GCSE English results, instead of the written essay which Schulaz et al (1990) suggested as part of the selection process, as a prediction of academic success. For the majority of students it acts as a reasonable predictor of students passing their

degree but not of the grade awarded. However for mature students who do not possess this qualification it does not seem to have any adverse effect.

Mathematics GCSE

Mathematics will be compared against the results in two modules and the final degree award. The two modules identified that may be affected by a students previous result in mathematics are the research methods/principals module in the 2nd year, (table No.13) and the independent study, (table No.14) as both these are felt to require a basic understanding of mathematical principals.

Table No.13

MATHS GCSE EFFECTS ON RESEARCH METHODS/PRINCIPLE MODULE					
GCSE	A	B	C	D	Resit
Grade A+					
A		2		1	
A-	4	2	4		1
B+	3	2	7		1
B	2	4	10		
B-	4	4	13	2	1
C+	6	10	22	1	2
C	3	8	19	2	2
C-	4	7	23	1	2
D+	2	4	15	1	1
D		3	3		
D-		4	8		
Fm		1	1		
Fm-			2		
F			2		

This table combines the results of the research methods and principles module as the module changed its name whilst the results were being collected. The results do not show that having a GCSE in mathematics at any grade significantly improves the mark awarded in this module. The grades at GCSE ranged from A to D and include students

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who had passes as the result of undertaking a resit. Interestingly the students who received a D grade, which would not be considered a pass grade for entry on to the programme, passed this module with an A grade. Whilst others who had passed their GCSE with a B or C grade received a Fm. Fm- or F grades are fail grades and would require the students to retake the piece of work. The anomalies in the maths grades and the performance in this assessment may be explained by Wolchover (1996, p.4) who reported that the pass rate in GCSE maths had been lowered to 14% because it had been felt that the paper was "more difficult". Massey et al (1996, p.140) considers that the season of birth and sex have an effect on the Maths GCSE results and claims that Autumn born students gain the highest grades and Summer born the lowest with girls out-performing boys. The majority of the students are female in this study but the season of birth is an unknown, however all the students who failed this module were female. However of the 10 male students none of them achieved the highest grade in this assignment although 3 had achieved an A grade at GCSE. The grades for this group were from B+ to D+ and therefore do not appear to be significantly better than their 167 female counterparts. Massey et al(ibid) considers that a factor in how well the students perform in the GCSE may be to do with when they start school e.g. Autumn or Summer intake, again this is an unknown factor.

The mathematics GCSE will now be considered against the Independent Study module. This module is a double module and therefore comprises 25 % of the final year marks. As it is a research module students can choose to undertake a piece of

research, which may require statistical analysis or a dissertation. It is not evident from the results who has done what type of research.

Shui (1987, p.67) considered that "the ability to investigate mathematical ideas" could not be assessed in an examination situation under the GCE and CSE systems and therefore advocated the use of teacher assessment which has been implemented in the form of coursework in the mathematical GCSE. As the independent study requires those students who choose to undertake a piece of research to employ these skills it will be interesting to see if there is any relationship in the marks.

Table No.14

EFFECTS OF MATHEMATICS GCSE ON INDEPENDENT STUDY MODULE					
GCSE	A	B	C	D	Resit
Grade A+	1				
A	2	3			
A-	1	1	6		1
B+	2	2	6	1	2
B	3	3	8		1
B-	2	6	9		
C+	5	6	14	3	
C	3	4	13		1
C-	3	5	18	1	
D+	1	3	8		
D		1	8		
D-			4	1	
P		1	2		
P-			2		
F			2		

The table indicates that all the students who gained a GCSE grade A passed this module at D+ or above and the only students to achieve a grade of A+ in this module had an A grade at GCSE.

All the students who had either had to resit this GCSE or achieved a D grade also

passed with their marks being spread between A- to D-. The students who achieved

only a pass grade, which is stage 2 standard of work, achieved either a B or C pass at

GCSE. Those who were graded as P- and F had all passed their GCSE at grade C.

When considering the gender of the students in relation to this module, two out of the

ten male students received grades of F and P, whilst the highest grade achieved by a

male student was an A-. The GCSE Maths results do seem to indicate that students

with A or B grades pass this work at a consistently higher level than those with a C

grade.

Finally to consider Mathematics against the final degree award.

Table No.15

MATHEMATICS GCSE EFFECTS ON FINAL DEGREE AWARD CLASSIFICATION							
	1	2:1	2:2	3	Pass	Fail	7
GCSE A	4	13	6				
B	3	20	12				
C	6	44	40		1	1	4
D		4	2				
Resit	2	5	1				

The students who achieved a first class honors degree had achieved a pass grade in

GCSE mathematics grade A to C, two of these being as a resit. The students who had

only been awarded a pass degree; had not completed in the time scale (7 on the table)

or had failed had all received a C grade at GCSE.

The degree classification marks would appear to be distributed fairly evenly across the

grades at Mathematics GCSE.

Science

The following table compares the results of the students who had the Double Science module at GCSE against the result of the Structural and Functional Anatomy module. This module is a first year module and is one of the first the students study when entering the programme. The assessment is one of the two examinations on the course. The students often struggle with this assessment and therefore the failure rate is higher than on other modules with students often withdrawing from training, consequently this fact is not identified on this table.

Table No.16

DOUBLE SCIENCE GCSE EFFECTS ON STRUCTURAL AND FUNCTIONAL ANATOMY (STANDARD ENTRY)				
GCSE	A	B	C	D
Grade A+				
A				
A-			1	
B+	1	1	1	
B			1	
B-	1	4	3	
C+	3	1	2	
C	2	3		
C-		5	4	
D+		6	1	
D		4	4	2
D-	2	3	10	1

Interestingly none of the 66 students who took the Double Science award and achieved a grade of D or above failed this module. The grade achieved at GCSE does not seem to be significantly important as the highest mark was achieved by a student who had a grade C. However it is not possible to identify whether that student subsequently supplemented her studies in order to improve the knowledge base. The table contains

mainly the results of the standard entrants as only one mature student had the double science award.

The following table will therefore consider the biology grades as this was the science subject taken by the majority of mature students.

Table No.17

BIOLOGY GCSE EFFECTS ON STRUCTURAL AND FUNCTIONAL ANATOMY (MATURE STUDENT)					
GCSE	A	B	C	D	Resit
Grade A+					
A	2	2			
A-		1	1		
B+	2	4	1		
B	1	4	1		
B-	1	7	2		
C+	1	3	1	1	
C	1	2	3	1	1
C-	1	2	4		1
D+	1	3	2		
D		2	4		
D-	1	3	4	1	
Fm	1		1		
Fm-			1		

Of the three fails only one was a mature student the other two were standard entrant students. The mature student whilst having a C grade at GCSE was awarded the lowest fail grade of Fm-. Three of the top grades of A were mature students with A and B grades at GCSE. The rest of the grades show a spread with one mature student with an A grade in biology getting a D- which is the lowest pass. The age of the students may have been a factor in examination ability, equally the length of time since taking the GCSE may have been a factor, but this data was not collected.

Psychology GCSE

The next table compares the results of the 16 students who had studied GCSE

psychology with the results in the behavioural sciences module. The table shows that

all of the students who had psychology GCSE passed this module. The grade at GCSE

does not seem to be particularly significant as the grades are spread and one of the

mature students who gained an A grade at GCSE only achieved a C- in this

assessment.

Table No.18

PSYCHOLOGY GCSE EFFECTS ON BEHAVIOURAL SCIENCE MODULE				
GCSE	**A**	**B**	**C**	**D**
Grade A+				
A				
A-	1			
B+	1			
B		1	1	
B-		1		
C+	2	1		
C				
C-	1			1
D+		1	1	
D			2	
D-		2		

However it must be noted that the students could have done this subject at A level or

may not have studied it for some time and therefore the results may not be significant.

A Levels

The following tables and graphs will consider the total number of grade points which

students entering training had achieved when compared with the current requirement

of 18+ points at A level. Of the 201 respondents, 77.6% (n=156) had A level

qualifications. For many this wasn't their only qualification, as a number would have studied for other qualifications or undertaken access courses, and for a few they would be taken to support other qualifications such as BTEC or GNVQ.

The first table considers the students' age on entering the course. The standard entrant students aged 18-21 are currently required to have the equivalent of three A levels at grade C or above, or 18 points at A or AS level when starting the course. The number of A levels has not been considered as a factor and therefore the points awarded may have been as the result of more than three subjects studied at A level or AS level.

Table No.19

STANDARD AND MATURE ENTRANTS POINTS AT A LEVEL							
	1-9 points	10-11 points	12 points	13-14 points	15-16 points	18 points	18+ points
Age 18-21	5	11	16	16	9	12	23
21+	23	6	3	9	4	6	13

This shows that 35 students gained 18 points and over in the 18-21 year old age group and therefore would still have been eligible to enter training today. It was, however, surprising to note that 57 students did not satisfy this requirement and therefore may not have been admitted to today's course.

There has been a considerable amount of discussion in the media about the numbers of students gaining higher marks at A level standard, (O'Leary & Charter, 1996, p.1) which indicated that courses would be inundated with suitable applicants for training. The above table No.19 does not seem to support this view as the majority of standard entrant students did not achieve the required 18 points. The table shows that a higher number of standard entrant students achieve a higher number of points at A level than the mature students. This is to be expected as the mature students only need to provide

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evidence of recent study. The total number of points gained by the students may have been accumulated over a period of time, as the actual age of students was not collected. Therefore in some cases for both the mature and standard entrant students whilst this may appear to be evidence of a students of higher academic ability it may not be the case.

The following table shows the breakdown year by year of the standard entry students who had achieved less than 18 points at A level. Surprisingly, an increasing number of students would not meet the entry qualification and therefore it would seem that the entry qualification has not been set to cope with demand as suggested by O'Leary and Charter (1996, p.1).

Table No.20

STANDARD ENTRANTS WITH LESS THAN 18 POINTS AT A LEVEL 1993-1996				
	1993	1994	1995	1996
1-9 points			1	4
10-11 points		4	6	1
12 points	3	2	5	6
13-14 points	1	7	5	3
15-16 points		3	2	4
Total	4	16	19	18

This table indicates an increase in the number of standard entry students who do not meet the current entry requirement of 18 points. As the entry qualification has been at this level since before these students were admitted for training it is perhaps surprising to note that the numbers appears to rise until 1995 when it reduces slightly. However when the numbers who would not satisfy the entry standard are compared to table No.5 (see page 156) the numbers are surprising as they form a significant percentage

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of the students cohort. They range from 38%(n=10) of the standard entrants in 1993 to

29%(n=8) in 1996. In 1994, for example, only 5 students had 18 points and above at A

level and therefore achieved the current entry qualification. In 1995, 12 students

achieved this standard but in 1996 only 8 had achieved this standard and therefore do

not show an upward trend which would support the high entry standard to cope with a

demand for places.

Table No.21

STUDENTS WITH 18+ POINTS AT A LEVEL							
	1993		1994		1995		1996	
	18-21	21+	18-21	21+	18-21	21+	18-21	21+
18 points	4	2	1	2	3		4	2
18+ points	6	4	4	4	9	2	4	3
Total	10	6	5	6	12	2	8	5

It is perhaps interesting to consider that the media seems to believe that the A level

qualifications are getting easier and standards may be falling (Carvel & Macleod, 1995

p.5). One may then question where these students who are gaining the higher

qualifications are going as the above table highlights that there are insufficient

applicants of the published entry standard who are both suitable and interested in

Occupational Therapy to fill the course at the published entry requirements. Dearing

(1996a, p.6 2.12) reports the students view that "there was a big jump between their

GCSEs and their current courses." He says this was a particular finding of the students

sitting A levels who felt GCSEs had not prepared them for this level of study. This

would tend to suggest that they are not expecting to achieve high grades and may

account for the shortage of students of the required academic standard.

Perhaps it is not surprising then that Clare (1998, p.1) reports that A levels "are to be made easier in two years time". This was a report from Baroness Blackstone, the Minister for Higher education who criticised A levels for being "narrow and elitist" and therefore not encouraging those from "working class backgrounds to go to university". She said that:

> The traditional post-16 curriculum was designed for a world which no longer exists, a world in which higher education was the preserve of a highly specialsied elite (ibid)

However Dearing (1995a, p.9, 2.32) reported that the universities are not supporting a decline in standard but are in "support of maintaining the rigour of A levels" and have raised concern over falling standards in some of the science based subjects. Consideration will be given later in this section to the effects of Science A level qualifications on particular modular results.

Initially General Studies A level was not counted as an A level subject for entry to the programme, however, it has been allowed since 1998 and therefore has been included when adding up the points. Macfarlane (1993, p.48) explains that the introduction of General Studies was a:

> Modest attempt by both independent and maintained schools to broaden the curricular demands of the sixth formers beyond their examination courses. (ibid)

The 1959 Crowther Report highlighted that the system was inadequate and considered that General Studies was "rarely taken seriously by staff" or students (ibid). This is perhaps explained by the Robbins Report on Higher Education 1963-4

> There has developed a strong tendency to concentrate on preparation for the Advanced level examination and on the subjects most closely relevant to securing entry into higher

education and into the universities in particular. This has led to
a reduction, sometimes very drastic, in the time devoted to
other subjects and within the subjects that are being studied for
examination to a range of work often much narrower than
would have been chosen in less competitive circumstances.
(Chapter 7, paragraph 202) (Dearing, 1996a, p.62, 8.23)

This is perhaps supported by the university prospectus which states for entry onto the

BSc Honours Degree in Occupational Therapy "excluding General Studies" (U.of D.

1996). It is therefore hardly surprising that students are not motivated to achieve a high

pass in this subject and tend to focus on those, which are demanded as entry

requirements to the course. However, these marks will be considered.

Miller (1970, p.118) suggests that the points gained at A level are perhaps not the best

indicator of potential but perhaps, more importantly, the length of time taken to

achieve the grades or whether they are retakes provides a better indication of potential.

He considers that:

> The research into time required to satisfy entry requirements
> may partly explain the limitations of matriculation levels as
> predictors of university performance, and the failure of
> promising students (in terms of matriculation and A levels) to
> perform at university as well as their A levels seem to
> predict... (ibid)

The following table identifies those students who studied full-time, part-time or a

combination of full and part-time. Unfortunately it is unclear from the data collected

those students who had more than one attempt to gain the grades.

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Table No.22

TIME SPENT STUDYING A LEVELS AND NUMBER OF POINTS ACHIEVED								
18-21	Number Of Points At A Level							
Standard Entrant	1-9	10-11	12	13-14	15-16	18	18+	total
Full Time	4	11	14	12	9	11	22	83
Part Time	1			1			1	3
Full & Part Time			2	3				5

The table only includes the details of the standard entrant students. The students who only studied part time are likely to have been studying whilst in employment. Unfortunately the data does not allow identification of the reasons why students were studying on a full and part time basis. Students may have been having to resit or may have changed their decision about what to study or the subject they wished to study may not have been available to them at school. All the mature students, it may be assumed, have gradually reached their entry criteria or undertaken other qualifications and therefore would be considered by Miller (1970) to have the entry qualifications, which may not be an indication of their degree award.

Many students receive offers higher than their predicted grades. Eaglestone (1995, p.6) discusses the benefits of using "a crammer" to achieve either the required grade or a resit grade. This information may not be apparent either from their application forms or from my research tool and therefore would not be used as a selection tool. Eaglestone highlights that the people who use "crammers" are those who can afford to and therefore it is for the "well off"(ibid). However this may affect the validity of using these results to predict academic achievement as this fact is unknown.

Table No.22 shows that the majority of students who are standard entrants have studied for their A level on a full time basis. Sixteen of the students have entered the course with below 12 points at A level, which has been the lowest entry qualification since the programme moved to degree status. This must mean that students have either been accepted without the required grades come through the clearing system, or used A levels to support other qualifications such as BTEC & GNVQ.

One of the problems faced when considering A level grades is that it is not clear whether the subjects taken are modular or linear. Dearing (1996a, p.82) considered the standards across different subjects and considered differences between linear and modular courses. He reported on a study which had been undertaken by the School Curriculum and Assessment Authority (SCAA) using procedures developed by Newcastle University's A level Information System –(ALIS). The findings, for the period 1993-5, showed that "A levels differ between subjects in the level of demand made of students and in their grading"(ibid). He also identified that in cases where the A level subjects are considered to be more difficult such as Science and mathematics, entry requirements into higher education were likely to be lower (1996b). The comparability of awarding bodies and syllabuses was another area investigated as it was considered that schools may be "shopping around" to find "easier" syllabuses or assessments (Dearing 1996a p.86) in order to ensure students achieved the highest grades. The examination board sat by the student, or the subject being studied, or whether the assessment is modular or linear, is not considered when offers of places are made for entry into Occupational Therapy training as the standard offer is 3 A

levels at grade C. This may be unfairly disadvantaging some students whilst advantaging others.

The following table considers the final degree award against the entry points for the standard entry students.

Table No.23

STANDARD ENTRANT POINTS AT A LEVEL EFFECTS ON FINAL DEGREE AWARDS								
Degree Award	Standard Entrant Number of Points at A level							
	1-9	10-11	12	13-14	15-16	18	18+	Total
1	1						1	2
2:1	1	4	11	7	5	6	9	43
2:2	3	4	4	8	4	5	10	38
7		2				1	1	4

Whilst the results in this table would suggest that the students with the lowest points at A level can achieve a first class honours degree, this individual student had combined this A level with a BTEC in Health Studies as the BTEC only equates as 2 A levels. The other student who gained a first in this section had Scottish Highers. It would appear from these results that, in line with Smither's (1994) view, students who have taken A levels do in the majority of cases succeed at degree level and therefore the selection for studying A level subject in schools appears to provide a valid prediction to universities of those students likely to succeed. What it doesn't show however, is that you need 'good' A level grades as a total of 43 students achieved the 2:1 classification. Of these only 35% (n=15) had the current standard entry requirements of 18 points and above.

The following table shows the results of the mature students when compared to their final degree award.

Table No.24

MATURE ENTRANT POINTS AT A LEVEL COMPARED THE DEGREE AWARD CLASSIFCATION								
Degree Award	Mature Entrant Number of Points at A level							
	1-9	10-11	12	13-14	15-16	18	18+	Total
1	2		1	2		1	4	10
2:1	15	3	1	3	2	4	8	36
2:2	6	3		3	2	1	1	16
F			1					1

Of the ten mature students who gained a first class honours, degree only two of these had solely studied for A level qualifications. One had 12 points and one had 13-14 points which they had gained by full and part-time study. The two students who had 1-9 points at A level had undertaken further study, with one having a BTEC qualification and one having undertaken further study on a course. The students who had 18 and above points had all studied at university, four for a degree and the remaining students for another qualification.

The student who failed, had failed the independent study component of the degree. She had achieved 12 points at A level by full and part-time study, therefore this may indicate that they had not been studied at one sitting which would tend to support the view of Miller (1970, p.118) who felt time taken to gain qualifications was an indication of potential.

Once again the results do not show a clear trend as those students who achieved the honours degree classification show a range of marks at A level with students who have 18+ points still being awarded a 2:2 degree classification.

The total number of A level grades will now be considered against the results in individual modules. *Structural and Functional Anatomy* module is one of the first modules the students study in year one and is one of the few that is assessed by means of an examination.

The following table shows the results for the module against the students A level entry points.

Table No.25

STUDENT A LEVEL ENTRY POINTS EFFECTS THE STRUCTURAL AND FUNCTIONAL ANATOMY MODULE.								
Structural & Functional Anatomy	Number of Points at A Level							
	1-9	10-11	12	13-14	15-16	18	18+	total
Grades A	1			1	1	1	2	6
A-		1		1		1	4	7
B+	2		3	2	2	1	1	11
B	2	2				3	2	9
B-	6	2	1	2	2	6	3	22
C+	3	1	2		1	1	6	14
C	3	1	1	4		1	3	13
C-	4	2		2	2	2	5	17
D+	4	2	3	4	3		3	19
D	1	2	3	4	1	1	2	14
D-		4	6	5	1		5	21
Fm	1					1		2
Fm-	1							1
Total	28	17	19	25	13	18	36	156

The marks achieved in this examination show a spread across the entry grades. Top marks were achieved by students with 1-9 points and above 13 points at A level. Of

the six students who achieved the A grade only one was a standard entrant student and this student had 18+ points at A level and was in the 1994 cohort. The students who failed the exam were in the 1993 and 1996 cohorts. Two were mature students who entered training with 1-9 points at A level and had taken an Access course, the third was in the 18-21 age group and had 18 points at A level and therefore was within the entry standard.

The table does not show an automatic link between the points achieved at A level and the grade achieved in this module. This is perhaps surprising as the assessment is based on learned facts taken under examination conditions and as the majority of A level study requires the students to rote learn information and reproduce this under exam situations. It had been assumed that students who achieved a high number of points at A level may also achieve high marks in this assessment.

Brown et al (1997, p.14) views examinations as having the following characteristics:

- All students have the same task and time allocation
- The precise nature of the task is revealed before the examination.
- The work examined is solely that of the candidate.

Race (1999, p.62) feels that the examinations have a number of flaws. They do not encourage "quality and depth of students' learning experience" or improve their motivation. He also feels that they encourage superficial learning rather than the depth of study that should be encouraged at this stage (ibid, p.63). Furthermore he feels that a valuable learning experience is lost because students are just given a grade and receive no feedback (ibid, pp.62-3). However Brown (1999, p.9) expounds that

"exams can be a useful element of a mixed diet of assessment" and as this examination

is only one of two in a three year programme, it fits with this philosophy.

Race (1999, p.63) suggests that "exams tend to favour candidates who happen to be

skilled at doing exams" and therefore one would presume that those students who

achieved high grades at A level, which is predominantly examinations assessed, would

perform well in this situation. Therefore it is perhaps surprising to note that of the 36

students who achieved 18+ points, 10 were in the D+ to D- range.

It is interesting, therefore, to compare the results of the students, for the same module

who had taken Biology and Human Biology A level to see if prior knowledge of the

subject area improves the result.

Table No.26

EFFECTS OF BIOLOGY A LEVEL ON STRUCTURAL & FUNCTIONAL ANATOMY EXAMINATION							
Structural & Functional Anatomy	Biology A level grade						
	A	B	C	D	E	F	total
A	1	2		1			4
A-		1		1	1		3
B+			4	1	1		6
B				1			1
B-		1	2	4	3		10
C+			1	3	1	1	6
C		1	2	2	1	1	7
C-			3		5		8
D+				5	1		6
D			2	3	2		7
D-			1	4	3	3	11
Fm				1			1
Total	1	5	15	26	18	5	70

It is felt that students who have studied a science A level in either Biology or Human

Biology would be advantaged in this module as they would have some knowledge of

the terminology. Out of the 201 students who sat this module, 70 students had A level biology. Sixteen of the students were mature students with the majority being in the standard entrant group. However the marks are still spread across the grades at both A level and within the module. The student who failed was a standard entrant with a D grade at A level. However one mature student who achieved an A grade in this module had only achieved a D grade at A level. The results show that the highest number of students who failed their A level also got the lowest grade in this module. It also shows that no student who failed A level biology achieved higher than a C+ grade in this module.

This table suggests that whilst grade success in the A level is not of particular importance but rather that having covered the material, provides the students with some incite into the subject content and prepares them for the module.

Howard and Watson (1998, p.245) considered the impact of A level biology on occupational therapy and physiotherapy students' overall degree award and on the students' first year physiology module taken at one university. The study considered 47 students from two cohorts. They found that:

> Having A level biology appeared to have no bearing on performance, either in the first year physiology assignment or the final degree mark or classification. (ibid, p.247)

The following table will considers the Human biology A level grade against the Structural and Functional Anatomy module, as this is the preferred A level for

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Occupational Therapy. Students report difficulty in finding venues to study this subject, and therefore it will be interesting to see if the results are any different to biology A level. Fewer students took this A level, of whom 7 were standard entrants and the remaining 17 were mature students. All the students who took and passed this A level passed the module. The grades were spread from A- to D-. A standard entrant student achieved the top mark of A- but the next mark for students in this age range was C+. The mature students' marks ranged from B+ to D+.

Table No.27

EFFECTS OF HUMAN BIOLOGY A LEVEL ON STRUCTURAL & FUNCTIONAL ANATOMY RESULTS							
Structural & Functional Anatomy	Human Biology A level grade						
	A	B	C	D	E	F	total
A-	1						1
B+		1	1	1			3
B	1			1	2		4
B-			2		2		4
C+		2					2
C	1				1		2
C-			2	1			3
D+			1	1	1		3
D				1			1
D-					1		1
Total	3	3	6	5	7	0	24

The students who achieved an A grade in this A level also did well in the module as did two students achieving a B and C grade at A level. However students with lower grades at A level also did well in this module which may indicate that it does in fact prepare students for this area of study.

Of the five students who failed this module, only one of these had studied either of these subjects at A level. The highest grade awarded was A in this module and 4 out of the 6 who achieved this grade had biology A level. Perhaps students cope better with what has been traditionally felt to be a "hard" area of the course when they have studied one of these science A levels.

Entwistle and Wilson (1977) had found A levels in science had acted as a predictor of ability in science degrees (see chapter three, p.122) however this has not been the case in this module. When as Howard and Watson (1998) suggest that the figures are compared against the final degree award they found no statistical relationship in their research. The following table repeats this comparison for my data:

Table No.28

A LEVEL BIOLOGY & HUMAN BIOLOGY GRADES EFFECTS ON DEGREE CLASSIFICATIONS						
Biology & Human Biology A level	Degree Award Classification					
	1	2:1	2:2	F	7	Total
A	1	2	1			4
B		6	1			7
C	2	10	9			21
D		12	15		1	28
E	2	11	10	1	1	25
Fail		1	4			5
Total	5	42	40	1	2	90

Only 32% (n=90) of the students included in the study had a biological science at A level. Therefore for the results to be significant more, than 32% would have to have achieved the award. A total of seventeen students gained a first class honours classification, of this number, five (29%) had studied a biological A level. Out of 100 who were awarded a 2:1 degree, 42 (42%) of these had studied either biology or human biology A level. A proportionately higher number had a 2:2 classification, and

out of the 65 students awarded this degree classification 40 (61%) had studied for one of the biological science A levels. Statistically, therefore, the students are appropriately represented in the appropriate classification in line with the numbers taking the qualification but the grade does not seem to be significantly affected by A level results as the highest proportion are in one of the lowest awarding classification (2:2).

Howard and Watson (1998, p.247) also considered that the marks in the physiology assignment were a significant indicator for the overall degree award mark, however this does not seem to be the case in the Structural and Functional Anatomy module. (see Table No.29).

Table No.29

EFFECTS OF STRUCTURAL & FUNCTIONAL ANATOMY RESULTS ON THE FINAL DEGREE AWARD CLASSIFCATION							
Structural & Functional Anatomy	Degree Award Classification						
	1	2:1	2:2	P	F	7	Total
A	1	5					6
A-	6	3	1				10
B+	2	8	5				15
B	3	7	2				12
B-		16	9			1	26
C+		12	6				18
C	2	6	6	1		2	17
C-	1	12	5			1	19
D+	2	7	9		1	1	20
D		8	9				17
D-		14	10			1	25
Fm		2	2				4
Fm-			1				1
Total	17	100	65	1	1	6	190

The results indicate that whilst some students who achieved high grades (A to A-) in this module ultimately are awarded a first class honours degree, other students who

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were awarded lower grades at A level also achieved this level of award. Therefore the A level grade can not be viewed as a significant indicator of potential.

The only other module which may be influenced by the performance in a particular A level is *Behavioural Sciences* where Psychology A level is thought to be an advantage.

Table No.30

EFFECTS OF PSYCHOLOGY A LEVEL RESULTS ON BEHAVIOURAL SCIENCE MODULE RESULTS						
Behavioural Sciences	Psychology A level grade					
	A	B	C	D	E	total
B+		1	1	1	1	4
B		1	1		1	3
B-	1		4	2		7
C+				1	1	2
C	1	1	1		2	5
C-	2		2			4
D+		1	2	1	1	5
D		1				1
D-			1			1
Fm-			1			1
Total	4	5	13	5	6	33

The results in this table are lower than expected with one student who had achieved the grade of C at A level being one of three students overall to fail the module with the grade of Fm-. It therefore does not seem to suggest that having taken this subject at A level advantages the students. None of the students who had studied this subject at A level achieved the highest grades of A+ to A-, although ten students achieved these grades.

The following table compares the number of points gained at A level with the student's achievement in the *Fieldwork Education* module in the second year. The first

year grade is not being considered because the marks were only awarded as a pass or fail initially and therefore a complete set of data is not available.

The *Fieldwork Education* module consists of two parts. The first part is the practical element which requires the students to be on an assessed work placement for 10 weeks. The students are continually assessed on a form which considers their personal, professional, communication and management skills. There are 23 assessable areas and the students are not allowed to fail in any of these areas in order to achieve a pass grade. The second part of this assessment is a written reflective assignment which asks students to consider themselves as a therapist and uses the Della Fish Model of strands of reflection (Fish et al 1991). The students have to pass both components, as compensation is not allowed. The results in the following table show the combination of these grades with 70% being practical and 30% written assignment.

Table No.31

EFFECTS OF NUMBER OF POINTS AT A LEVEL ON FIELDWORK EDUCATION 2								
Fieldwork Education 2	Number of Points at A Level							
	1-9	10-11	12	13-14	15-16	18	18+	total
A+			1					1
A	6	4		2	2	1	4	19
A-	3		3	2	2	2	5	17
B+	5	2	3	3	6	3	4	26
B	2	6	2	7	2	3	6	28
B-	1		5	5		4	9	24
C+	1		2	2		1	3	9
C	3	1	1	2			1	8
C-			1				2	4
D+	1	1		1				5
D	3	2				2		4
D-								
Fm					1			1
F	2			1		1		4
Total	27	16	18	25	13	17	34	150

The marks in this table show that none of the students who had 18+ points at A level failed to be awarded below a C- grade, however one of the students with 18 points failed this module. All the entry points are represented in the A to A+ grade range with a total of 37 students being awarded between an A- to A+. Of this number (37) twenty-two were mature students. Of the remaining 15 standard entrants only three had any qualification other than A levels, whereas the majority of the mature students had additional qualifications with only two having only A levels.

The failed students are split between the mature students and the standard entrants. As the two mature students, both had qualifications in addition to their A levels, their fails will be considered in other sections. Only one of three standard entrant students who failed had met the entry requirement however the majority of the students with the lower entry points have achieved high grades.

The following histogram (Graph No.1) shows the results for Fieldwork Education Part 2 for the whole study. The mean for the study was 16 which is equivalent to a grade of B.

Graph No. 1

Std. Dev = 3.37
Mean = 16.0
N = 150.00

Fieldwork Education 2

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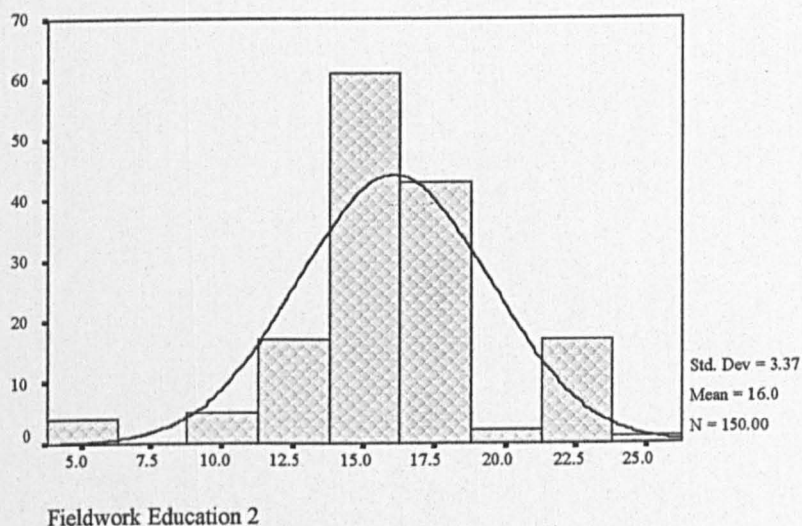
The graph shows the normal distribution curve for this module and it therefore shows that in this module the student group as a whole achieve a higher than average score. The majority of this group of students also achieved this grade with the highest numbers being in the range of B+ to B-.

The following table shows the results of the *Fieldwork Education Part 3* assessment. This is again a double module and carries 25% of the final year marks.

Table No. 32

EFFECT OF NUMBER OF POINTS AT A LEVEL ON FIELDWORK EDUCATION 3							
Fieldwork Education 3	Number of Points at A Level						
	1-9	10-11	12	13-14	15-16	18	18+	total
A+	2							2
A	8	1	4	5	4	3	8	33
A-	3	3	3	3	1	3	3	19
B+	6	2	4	5	4	1	9	31
B	1	5	4	5	3	3	6	27
B-	7	3	1	1	1	4	4	21
C+	1		1	2		1	3	8
C				3		1	2	6
C-			1			1		2
D+								0
D								0
D-								0
Fm								0
F		2		1		1		4
Total	28	16	18	25	13	18	35	153

This shows that 35% (n=54) of the students got an A- to A+ grade and only 2% (n=4) fail. Once again the marks are distributed between the A level points, and whilst all those students with 18+ points achieved a grade of C or above, this would not appear to be significant as the same applied to those with 1-9 points and 15-16 points.

The small number of fails would be expected as one would hope that the majority of

students would have failed earlier in the course rather than at this late stage.

This is not, however, in line with the findings of Ilott & Murphy (1999, p.11) who in a

study of Occupational Therapy work-based assessors reported that "most work-based

failures occur in years two and three". They also identified that over 50% of the

students successfully resat the module (ibid). This would indicate that students are able

to achieve competence at a second attempt but Ilott and Murphy reported on training

days, held between 1988-1997, where "400+ delegates admitted to inappropriately

'allowing students just to pass'"(ibid, p.13). They explain the possible reasons for this

as follows:

1. The conflict in values between educator and therapist. 'As
   therapists it is not in our nature to fail. We always look for
   the positive'(supervisor)
2. Lack of suitable evidence about professional unsuitability
   or academic weakness, which would withstand the rigours
   of an appeal.
3. Tension between personal suitability, i.e. the potential to be
   'a good practitioner' in a practical profession with a lack of
   academic ability to complete a degree course.
4. In experience of the examiner, which would undermine
   their confidence to make difficult judgements.
5. To avoid failure. 'You find a reason to push them through.
   For example, they've been ill or you blame yourself or not
   giving them enough time'(work-based supervisor) (ibid)

Therefore perhaps this accounts for the number who are successful at a second attempt

and may be also for the high grades on the graph.

All students' progress on the Fieldwork element of the course is monitored by a

delegated member of the academic team and the Fieldwork Educators, who are

qualified, practising, normally senior therapists. They are trained by the university and assessed as part of this training. It would be impossible to say that the situation described by Ilott and Murphy did not happen. Every opportunity is taken to prevent students passing when they should be failed or in fact receiving higher marks than is warranted. Staff support is provided, extra visits are undertaken and special training courses are offered to deal with failure and cope with the after effects. As Ilott & Murphy (1999, p.75) explain, one of the problems with assigning a fail grade may be because "It is a 'double whammy' for the student and assessor. Failing may result in termination of a course and a career goal".

They also explain that it is difficult when a fail is awarded "for lack of ability rather than effort" (ibid, p.55). As therapists, we work to allow our client group to enable achievement, even if this is at a low level and therefore the allocation of a fail grade can be very difficult for someone who has the view of themselves as being a caring practitioner. (Ilott, 1990, p.195)

The students who failed this module had a mixture of points at A level. Of the three who were in the standard entrant age range two would no longer be eligible to commence training, having insufficient points at A level. The mature students who failed already had a degree qualification. When the remaining grades of the standard entrant students are examined, 52 who would no longer be eligible for training, had achieved a pass in this module with 10 of these at A- to A+ grade. Of the 32 standard entrant students who met the A level entry criteria, one failed and 7 were in the A- to A+ grades with the rest being spread amongst the remainder B+ to C grades. This

shows only a slightly higher percentage of students with the required number of points

for entry achieving A-to A+ grades (21%, n=7) than those who did not satisfy the entry

criteria (19%,n=10) and therefore would indicate that points at A level are not an

indicator of success in Fieldwork Education.

Vocational Qualifications

The following table shows the number of students with BTEC and/or Advanced

GNVQ qualifications as an entry qualification to the course The students on their

questionnaires had referred to Health and Social Care as separate qualifications when it

is the same qualification and therefore these results have been combined.

Table No.33

VOCATIONAL QUALIFICATIONS								
YEAR	1993		1994		1995		1996	
Age	18-21	21+	18-21	21+	18-21	21+	18-21	21+
Health & Social care	8	5	2	2	2	2	3	3
Arts		2			1	3		
Other	3	1		1	1			2

The table shows that 41 students (20%) used this qualification as standard and non-

standard entrants to the programme. There were two main subject areas which were

studied: Health and Social Care and Arts. The other included those students who did

not specify and those that did not fit into any groupings e.g. Maths

The low number of students may be explained by Macfarlane (1993, p.120) who said

> Such is the demand for A level and GCSE courses, sixth form
> colleges often have difficulty in persuading students to
> undertake vocational alternatives, even when these are clearly
> more appropriate. The great majority of sixth from applicants

strongly backed by parents, are looking for the academic route
to further qualifications. (ibid)

The above table shows that the highest number of students recruited with this

qualifications were in the 1993 cohort. Within this cohort the highest number of

students had a qualification Health and Social Care. This is not surprising as this

course is seen to prepare students for careers in Health related professions

One of the reasons the students may have studied the health and social care courses

could have been because these courses include practical placements, and as a result a

number of the students had been placed in Occupational Therapy departments. For

some students this had either been the start of their interest in Occupational Therapy or

they had requested these placements because they knew that it was what they wanted

to study. This area will be explored more in line with the Fieldwork Education results.

The following table shows the number of GCSEs that had been taken by the students

who had a vocational qualification:

Table No.34

TOTAL NUMBER OF GCSE SUBJECTS – VOCATIONAL QUALIFICATION				
Total No Of GCSE Subjects	BTEC QUALIFICATIONS			
	Health & Social Care	Arts	Other	TOTAL
1-5	7	2	1	10
6-10	19	4	6	29
11+			1	1
Subject not taken	1			1
Total	27	6	8	41

The only student with a vocational qualification who had not taken any GCSEs was a mature student and the student who had more than eleven GCSEs and was a standard entrant student. Only one standard entrant student had less than six GCSEs compared to nine mature students. The majority of students (70% n=29) had 6-10 GCSEs, however it may be more significant to consider the grades achieved rather than the total number.

Roberts & Higgins (1992, p.55) consider that it is not the number of GCSEs which have been passed but the grade that has been achieved that is significant and therefore the following table will consider the grades.

Table No.35

Vocational subjects and grades at GCSE						
GCSE Subject	Age	GCSE Subjects				
		A	B	C	D	R
English	18-21	2	7	11		
	21+	5	17	17	1	
Maths	18-21	1	1	15		3
	21+	2	5	6	3	
Double Science	18-21		3	4	2	
	21+					
Science	18-21		1	1		
	21+					
Biology	18-21		1	4		1
	21+	2	5	1		1
Human Biology	18-21			2	2	
	21+	2	1	1	1	
Psychology	18-21		1	1		
	21+		1		1	

Only two of the students did not have a GCSE qualification at C grade, one had a grade of D whilst one students had no GCSE qualifications. Five of the mature

students did not have Maths at GCSE level. Three of the students had only gained Maths at C grade after a resit and three mature students had a grade of D in maths at GCSE level. The students had taken a range of science subjects. None of the mature students had taken the science or double science awards as they had been examined before this qualification had been introduced. The majority of the marks were grade B or below with only three standard entry students achieving A grades. More mature students achieved A grades, however this may have been because they were only studying one subject at a later age. Smith (1997, p.26) suggested that GNVQs were not only attractive to students who had low GCSEs, and as a high number of students achieved grades of B and C, this may be true.

Schagen et al (1996, p.154) stated, however that:

> From 1994/5, those applying to take three A levels will need at least five A-C grades with A's or B's in the subjects they wish to follow.
> For GNVQ Advanced, the school will continue to ask for four A-C grades with C's or preferably B's in relevant subjects.

This would therefore substantiate the impression of the GNVQs being attractive to the lower achievers, although table No.35 does indicate that the majority of students had more than 6 GCSEs, therefore satisfying the criteria on numbers, but perhaps not on grades.

The following table shows the number of A level points gained by the students who had Advanced GNVQs:

Table No.36

VOCATIONAL QUALIFICATIONS AND A LEVEL POINTS			
Number of Points at A level	Age at start of Training		Total
	18-21	21+	
1-9	1	6	7
10-11		4	4
12	1		1
13-14		1	1
15-16		1	1
18		1	1
18+	1		1
Total	3	12	15

Only three of the standard entrant students had taken A levels and had achieved a range of points from the minimum 1-9 to the maximum 18+. The numbers studying A levels is perhaps surprisingly low for the standard entrants, although before 1996, vocational qualifications had not been equated to two A levels and therefore the students were not required to undertake an A level subject.

The results do not indicate the students' age or the year the qualifications were achieved and therefore for some students, whilst they may have entered the course at under 21, they may have been accruing the points for a number of years. The same is possible for the mature students, as it is unclear whether they studied for the BTEC or GNVQ before or after studying for A levels.

As has previously been stated the GNVQ is felt to be equivalent to two A levels and therefore the standard entrant students are required to take a further A level to gain parity to those students entering the course with A levels. Schagen et al (1996, p.70) suggests that it is the "more able students" who should undertake an A level and a GNVQ but considers that the guidelines on time allocation for study equates to more

than two A levels. This would place these students under a great deal of pressure to gain the standard entry requirement.

Nash (1995, p.9) stated that:

> Additional A level studies were taken by around one in five of GNVQ students overall and about a quarter of those aiming for degrees.

However Nash makes the point that in 1994 not all students who were intending to study a degree were required to undertake a further qualification, and reports that "49% of students not taking A levels also progressed to degree courses" (ibid). The fact that students who are applying for entry to the Occupational Therapy programme have to study for an extra A level, places them under a lot of stress. The demand for the GNVQ students to achieve their qualifications at distinction level means that they have to devote a lot of time to the course work and self-directed element of their course. The requirement to study an A level subject with different types and styles of teaching and assessment puts a lot of pressure on these students (Edwards et al, 1997, p.94).

The next table compares final honours classification with vocational entry qualifications on entry:

Table No.37

EFFECT OF VOCATIONAL QUALIFICATIONS ON DEGREE CLASSIFICATION					
Vocational Qualifications	Degree Award Classification				Total
	1	2:1	2:2	7	
Health & Social Care	3	13	8		25
Arts		3	3		6
Other	1	4	2		7
Total	4	20	13	1	38

Four students gained a first class honours qualification. Two of these were in the 1993 cohort and one each in the 1995 & 1996 cohorts. Two of the four students were standard entrants and two mature. One of the standard entrant students had taken A levels and gained 1-9 points but listed no distinctions in the vocational qualification, where as the other student had listed 6 distinctions but no other qualification. One of the mature students had also done an access course in addition to the BTEC/GNVQ and had indicated one distinction at level two. The other mature student had indicated that she had seven distinctions at level two and another qualification. Three students still had work outstanding which had not been completed by the July examination board when the data was collected.

When considered against the subject grouping, students who entered the programme with Arts BTEC/GNVQ did less well than the other routes where at least one student achieved a first classification and the majority achieved a 2:1. The following table reviews the students' results in the Behavioural Sciences module. This module has been chosen because it is the first module where the students are assessed in writing

essays and it has been identified that this is not a general requirement of BTEC or

GNVQ courses.

Table No.38

EFFECTS OF VOCATIONAL QUALIFICATION ON BEHAVIOURAL SCIENCE GRADE				
Behavioural Science	Vocational Qualification			
	Health & Social Care	Arts	Other	TOTAL
A-	1			1
B+	2	1	1	4
B	1	1		2
B-	3	1		4
C+	3	1		4
C	5		1	6
C-	3	1	1	5
D+	1	1		2
D	5		1	6
D-	2		2	4
Fm			2	2
Fm-	1			1
Total	27	6	8	

The students who had studied subjects classified as "other", did less well in this

subject with the majority gaining a grade of C or below. This may be because these

included the more scientific subjects which perhaps did not require essay writing

skills.

The table shows that the marks are spread across all the grades. Two students who

failed were in the 18-21 age group. One had taken A levels and was in the 1-9 range of

points, while the other had no other qualification. The third failure was a mature

student who had another qualification. The student who achieved an A- in this

assessment had a previous degree as well as the BTEC qualification and therefore

obviously had previous experience of this type of assignment.

The following table compares the results for the Structural and Functional Anatomy

examination with the vocational entry qualifications. The only experience the GNVQ

students have had of examinations as part of their course is in multiple choice testing.

Hunter (1994, p.131) describes the advantages and disadvantages of multiple choice

testing as being:

> Compared to written examinations, it is very time consuming
> and costly to produce, mark and grade essays and other free
> and stimulus based response items. Moreover, multiple choice
> allow the possibility of quick feedback to students...The
> advantage of less marker bias and wider sampling of the
> content domain means that multiple choice tests are more
> reliable indicators of student performance than written tests.

It is claimed that these tests are consistent because the answers can only "be right or

wrong" (ibid). However the answers are presumed to be about "recall" rather than the

"higher order thinking"(ibid) associated with essays.

The exam paper for the module in question requires the students to research the

answers to 100 questions first and then learn them. They are examined on 20 of the

initial 100 questions under examination conditions. (see table No.39)

Table No.39

EFFECTS OF VOCATIONAL QUALIFICATIONS ON STRUCTURAL AND FUNCTIONAL ANATOMY RESULTS				
Structural & Functional Anatomy	Vocational Qualifications			
	Health & Social Care	Arts	Other	TOTAL
A-	1	1	1	3
B+	2		1	3
B	1	1	1	3
B-	3			3
C+	2	1		3
C	4			4
C-	4			4
D+	2	1		3
D	2	1	2	5
D-	6	1	2	9
Fm			1	1
Total	27	6	8	41

The students who achieved the grade of A- had a range of additional qualifications, and included one standard entrant student and two mature students. The standard entrant had 10-11 points at A level. Both of the mature students had other experience; one having a diploma, and one having taken an access course. The student who failed this module was in the standard entrant age group and had only undertaken a vocational qualification.

The mature students achieved higher grades than the standard entrant with 71% (n=15) achieving above a C grade, whereas 85% (n=17) of the standard entrant students were graded at C or below. One reason for this may come from the 1996 Dearing report (Dearing, 1996c) where students reported that some of the tests for GNVQs were easier than GCSCs and therefore they may not have been prepared for the depth required at degree level.

This is supported by Johnston (1996, p.6) who found that:

> ...students with health and social care or science advanced
> GNVQs would have preferred more grounding in traditional
> sciences before entering science based higher education
> courses such as medicine or dentistry.

Johnston went on to report the findings of a nurse student:

> ...who was unhappy with the science in her GNVQ. "Even if
> you had opted for the additional units in science, they were still
> not scientific enough..."(ibid)

Soloman (1996, p.10) considered how well prepared students were for a Science

course in higher education who had studied vocational qualifications and found that

BTEC students were:

> ...often anxious about the examination to come. BTEC has no
> examinations, and by the end of the year the students were
> unanimous in finding the examination difficult to cope with.

However, she felt the GNVQ students may have an advantage as they should have

learnt revision skills having coped with "external tests" (ibid, p.12).

The students' ability to undertake a piece of research is investigated in the next table:

Table No.40

EFFECTS OF VOCATIONAL QUALIFICATIONS ON INDEPENDENT STUDY GRADES				
Independent Study	Vocational Qualification			
	Health & Social Care	Arts	Other	TOTAL
A	1			1
A-	1		2	3
B+	1			1
B	3		1	4
B-	3	1	1	5
C+	7		2	9
C		2	1	3
C-	4	1		5
D+	3	1	1	5
D	3	1		3
D-	1			1
Total	26	6	8	40

This shows that whilst there was a wide spread of marks, all students completed their independent study with some being awarded very high marks.

McNeill (1994, p. 387) considered that the GNVQ was going to give students different skills and knowledge from the A level and BTEC students and claimed that:

> They will be more accustomed to independent learning; they will expect to know the structure of their course and how it is assessed; they will be used to having a say in their own learning programmes; they will have good research skills and be accustomed to writing reports and presenting quite substantial pieces of work...they will be able to apply what they know and put it into context. (ibid)

Perhaps it is interesting therefore that the students who had studied GNVQs did not achieve the high marks but instead were the D+ and D- students and therefore did not justify McNeills claims.

Surprisingly, however, the only 18 year old to gain an A grade in this piece of research had undertaken a BTEC course and had not undertaken any qualification other than GCSEs. All the others gaining A or A- grades were mature students and all had at least one other type of qualification.

The students with the Arts qualifications seem to have lower marks in this assessment This may be because of its scientific focus or may be because the skills of research are different in an Arts course. Fifty seven percent of the students (n=23) achieved over a C+ grade in this assignment, however only one Arts students was included in this number and two arts students did not complete in the time scale.

Tysome (1996, p.3) indicated one of the problems of the GNVQ being that "GNVQs do not have to be completed within a set time, so students are able to gain an award over a longer period." This may be a reason why students with this entry qualification did not complete this large piece of work in the time allocated, as they had not had to meet strict deadlines on previous courses. However because of the number of mature students with this qualification, the reasons which prevented the completion in the set time-scale may have been due to other factors and unrelated to the preparatory qualification.

GNVQ and BTEC qualifications have a period of work experience as part of the qualification and these will be considered against the students' second and third year

fieldwork marks as both are double modules and count towards the degree classification.

The following table presents the results of the Fieldwork experience in year two.

Table No.41

EFFECTS OF VOCATIONAL QUALIFICATION ON FIELDWORK EDUCATION 2 GRADES				
Fieldwork Education 2	Vocational Qualification			
	Health & Social Care	Arts	Other	Total
A	3	1	3	7
A-	6	1	3	10
B+	4			4
B	3	3		6
B-	5		1	6
C+	3			3
C	1	1		2
C-				
D+	1			1
D				
D-				
Fm	1			1
F			1	1
Total	27	6	8	41

It was considered that students who had studied these qualifications might be advantaged, as a number had actually had placements in an Occupational Therapy department, whereas other students had perhaps only had a visit. Although the majority of students are in the top half of the marks, two students failed this assessment.

Dearing (1996c, p.37, 3.23) indicates that there have been a variety of formats for work experience for GNVQ students:

GNVQ students were much more likely than A level students... to have had work experience incorporated in their course. This was felt to be a useful opportunity as it had sometimes provided a potential opening for work in the future as well as exposing students to some of the skills required for work. The format of work experience tended to vary for students. Some had spent a day a week at work, whereas others had been on two-week blocks.

It is, however, unclear as to whether this was an assessed part of the course and if it was, what was being assessed. Therefore, in some instances, whilst the students may have liked what they saw, they may still have been considered professionally unsuitable, but may not have received this feedback from the placement. Feedback from students has indicated that it is much more of an observational role and therefore this may not have prepared them for the much more active requirement of this assessment.

Over 80% (n=33) of the students achieved a grade of B- or above in this assessment with over half this number achieving A- or above. The students with the entry qualification in health & social care or other qualification were the students who failed this module. When these percentages are considered against the overall percentages for the study, 77% (n=151) achieved a grade of B- or above which indicates as expected that the students with a vocational qualification are slightly better on average than the other students.

The final area to consider with regards to vocational qualifications is the third year *Fieldwork Education.*

Table No.42

EFFECTS OF VOCATIONAL QUALIFICAITON ON FIELDWORK EDUCATION 3				
Fieldwork Education 3	Vocational Qualification			
	Health & Social Care	Arts	Other	TOTAL
A+	3			3
A	7		1	8
A-	3	1	2	6
B+	2	2		4
B	6	1	1	8
B-	2	2	1	5
C+	1			1
C			2	2
C-				
D+	1			1
D				
D-				
Fm				
F	2		1	3
Total	26	6	8	41

The table clearly shows that the majority of students achieved a grade of C and above.

Once again if we consider the grades of B- and above, 82%(n=34) achieved this

standard which is only one more student than the *Fieldwork Education 2* grades.

Edward et al (1997, p.40) indicate that a high percentages of students who study for

vocational qualifications would have had work experience and reports that:

> On average students on an Advanced GNVQ course seemed to
> have a 35 per cent greater chance of obtaining a work
> experience placement than A level students on a similar course.
> (ibid)

This may, therefore, account for the majority of their grades being B- or above.

However when the percentage is compared to the average for the overall study who

achieved a grade of B- or above (87%, n=133) it is 5% lower. The three students who

failed this module had vocational qualifications on entry. This is a high failure rate as only 7 students overall failed this module (3.5%) whereas the percentage rate for the vocational qualifications was 7.3% (n=3)

This does not indicate, therefore, that students with this entry qualification are any better at the practical element of the course than students entering with other qualifications. It would have perhaps been interesting to see if their marks had been affected by the assignment grade, and whether their practical grades had been lowered as a result of combining the two. Unfortunately the grade is presented to examination board as a combined grade.

Howard and Watson (1998) suggested that it might be significant to compare A level and BTEC students grades. The following table, therefore, combines these results for the final degree award.

Table No.43

COMPARISON OF A LEVEL AND VOCATIONAL QUALIFICATIONS FINAL DEGREE AWARD CLASSIFICATION					
Degree classification	1	2:1	2:2	F	7
A Level	12	79	54	1	4
Vocational Qualification	4	20	13		1

The above table shows a breakdown of the combined figures for both the standard and mature students groups. The percentage of students achieving a first-degree classification are similar with 8% (n=12) of the A level group and 10% (n=4) of the vocational qualification group. The average for the total cohort was 9% (n=17) which identifies the BTEC students as being slightly better than the average. When

considering just the standard entrants this identifies 2%(n=2) of the A level students achieving this classification against 11% (n=2) of the BTEC students.

It would be interesting to see whether this trend is followed into fieldwork in light of Edwards et al (1997, p.40) identifying that it is more likely that BTEC students have had work experience and therefore the following table compares the fieldwork education results at level 3.

Table No.44

COMPARISON OF A LEVEL AND VOCATIONAL QUALIFICATIONS AT FIELDWORK EDUCATION 3: Standard Entrants		
Qualification	A Level	Vocational
A+	1	2
A	15	3
A-	8	3
B+	19	2
B	17	4
B-	14	1
C+	6	
C	4	2
C-	1	
D+		1
F	4	2

If the results in this table are compared to the standard in the overall study of the number of students achieving a grade of B- or above, we can see that neither reaches the overall studies standard of 87%. Whilst neither group achieve this standard, the A level students have the higher percentage reaching the standard of 83% (n=74) and the vocational students a lower average of 75% (n=20). This would tend to suggest that the work experience is perhaps not of benefit to them at this level. The number of fails is also high amongst this group, which may suggest that maturity is a factor which cannot

be overlooked and therefore possibly supports the findings of Mills and Molley (1989) as suggested in Chapter three (p.117).

Access Courses

The Mature students, without any of the formal entry qualifications, have used the access courses as a route into Occupational Therapy. Other students have used an access course to prepare them for the degree study because their previous qualifications have been undertaken a number of years before. When the data was collected there was not an access course in Occupational Therapy, although there has been one since September 1999. The students in the sample have studied a number of different courses and this has been shown as a breakdown over the four-year period in table No.45:

Table No.45

ACCESS COURSES				
	1993	1994	1995	1996
Health	3	1		1
Arts	1			
Other	8	1	5	7

Only a small proportion of the cohort come through the access route (13% n=27) with the highest number in 1993 of 12 and the lowest in 1994 of 2. Although a high proportion of the Occupational Therapy students are mature (45% n=91), only a small number have gained entry via the access route.

Many of the students who have studied on these courses have also been encouraged to study for an A level at the same time to ensure that they would be up to the rigours of academic training. It may therefore be interesting to see the type of qualifications that

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the students entering the course by the access route have as this will effect the results of any analysis of their results.

Table No.46

ACCESS COURSE AND GCSE QUALIFICATIONS				
TOTAL NO OF GCSE'S	ACCESS			TOTAL
	Health	Arts	Other	
Subject Not Taken			2	2
1-5	3	1	10	14
6-10	2		9	11
Total	5	1	21	27

This highlights that two students did not have any GCSE qualifications whilst the majority had between 1-5 GCSEs. It is possible to assume, therefore, that the majority of the access students stayed at school until 16 and left with some form of qualification. Some may have continued at school until the age of 18 and some may have undertaken some training or course in higher education but may be returning to the access course after a significant career break or break from academic study.

Nine students had an A level qualification as the following table shows:

Table No.47

ACCESS COURSE – TOTAL NUMBER OF POINTS AT A LEVEL				
Total No Of Points At A Level	Access Courses			TOTAL
	Health	Arts	Other	
1-9	3		4	7
10-11			1	1
18+			1	1
Total	3		6	9

It is unclear whether these were studied alongside the Access course or whether these were existing qualifications. The majority had between 1-9 points which may indicate that they had only studied one subject or had got very low grades. Only one student

had over 18+ points and it is likely that these had been achieved over a period of time. None of the students who had studied on an Arts Access course had any A levels. Because so few students have A level qualifications, Parry (1989, p.23) warns that a "careful balance" should be sought between the learning needs of the individuals and the universities' academic requirements:

> It must not be so weighted towards a student-centred approach as to fail to prepare students for a higher education environment, nor so content-laden as to become indistinguishable from an A level syllabus (Woodrow, 1988)

This is perhaps more important when considered against Fulton and Ellwood's (1989, p.39) findings after interviewing admissions officers that "A level students are 'cleverer' than access course students".

Tight (1993, p.64) acknowledged that:

> ...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 students 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.

This would certainly be the case for these nine students all of whom would be eligible to join the course providing the study of the A level was recent. Tight's (1993) comment perhaps also applies to the BTEC course, which a small number of these students had also studied. As can be seen in the following table:

Table No.48

ACCESS COURSES & VOCATIONAL QUALIFICATIONS				
BTEC Qualification	ACCESS			TOTAL
	Health	Arts	Other	
Arts			1	1
Other	1		1	2
Total	1		2	3

Only three students had actually studied for vocational qualifications, one having an arts BTEC and two having BTEC which were classed as other.

Finally, some of the students who entered training via the access route had already achieved higher qualifications, such as degrees and diplomas. It is unclear whether these qualifications are recent and followed the access course, or were taken some time ago and the access course being used as a vehicle to prepare students for study.

Table No.49

ACCESS COURSE AND OTHER QUALIFICATIONS				
Other Qualifications	ACCESS			TOTAL
	Health	Arts	Other	
Degree			2	2
Diploma	1		2	3
Secretarial	1			1
Other		1	8	9
Total	2	1	12	15

The course has only taken students from a kite marked access course since 1996 because concerns were raised by staff as to the standard of students with access qualifications. Students who have taken a Health related access course have been felt to be better prepared and, therefore, it will be interesting to see if the results supported this view.

Brennan (1989, p.52) argues that against the tried and tested recognised qualifications:

Other non-standard routes into higher education are suspect
precisely because they rest on unstandardized measures of
ability and attainment. (ibid)

The following table considers the results of students in the Structural and Functional

Anatomy examination. It will be interesting to consider how access students coped

with this assessment as Brennan, (1989, p.59) suggests that they find it difficult. He

reports on a study carried out by Osborne and Woodrow which considered "Access to

Mathematics, Sciences and Technology". They felt that because of the demand for a

factual knowledge base required for the scientific courses, the access philosophy of

gaining skills and working in a students-centred way wasn't working.

The following table highlights that out of three students who failed, two had

undertaken the health access route. The student with the lowest grade (Fm-) came via

the health route and had 1-9 points at A level. Two students received Fm grades, and

one who had studied the health access course had 1-9 points at A level, while the other

student only had the 'other' access qualification with no supporting academic

qualifications.

Table No.50

EFFECTS OF ACCESS COURSE ON STRUCTURAL & FUNCTIONAL ANATOMY RESULTS				
Structural & Functional Anatomy	ACCESS			TOTAL
	Health	Arts	Other	
A			1	1
A-	1			1
B	1		2	3
B+			5	5
B-			2	2
C+			2	2
C			3	3
C-	1	1	1	3
D+			3	3
D			1	1
Fm	1		1	2
Fm-	1			1
Total	5	1	21	27

The students who achieved the highest grades (A & A-) both had 1-9 points at A level.

Metcalf (1993, p.12) in a report into *Non Traditional Students' Experience of Higher Education* found that:

> Assessment methods were a major issue for some mature students. Mature students expressed many difficulties with examinations, including unfamiliarity with essay writing techniques, slowness in organising material and poor memory. In addition preparation for exams detracted from the more interesting parts of the course: reading and essay writing.

Langridge (1993, p.255) carried out a study which followed 25 access students into their university courses. She found that:

> Performance indicators such as class of degree achieved are crude ways of measuring students' performance. They leave many aspects of the experience of student to be revealed by other means.

She, therefore, sought the students' opinions of their performance in higher education and she found that:

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Most of those interviewed had performed adequately in exams, but for a significant minority this was a major area of concern. For a few, poor exam performance resulted in a lower class of degree than they had hoped to achieve... This group had also experienced problems with exams at school, which had contributed to previous educational 'failure'. ... Several students including some who performed adequately in exams, felt too much emphasis on written examinations led to results which did not reflect the true ability of the students. (Langridge, 1993, p.256)

It may therefore be the case that the results in this particular examination are not a reflection of the students' ability, but these will not affect the degree classification as there are no examinations in year two and three.

The following table reports on the results of the students in the *Behavioural Sciences module*. One student who failed this assignment was the same student who had failed the *Structural and Functional Anatomy examination* and had entered the course without any formal qualifications.

Table No.51

EFFECTS OF ACCESS COURSE ON BEHAVIOURAL SCIENCE MODULE				
Behavioural Sciences	ACCESS			
	Health	Arts	Other	TOTAL
A	1		2	3
B+	1		1	2
B			3	3
B-			2	2
C+		1	3	4
C	2		6	8
C-			2	2
D+	1		1	2
Fm-			1	1
Total	5	1	21	27

The majority of the students passed this assignment with a few students achieving

quite high marks which supports the findings of Langridge (1993, p256) who stated:

> Most were satisfied with the essays they had
> produced...Several of the students said they found writing
> essays challenging and stimulating and that they derived
> considerable satisfaction from it as part of the process of
> learning. (ibid)

Whilst the majority of students have successfully passed the module, it is worth noting

Langridge's (1993, p.258) comment that:

> Previous educational failure contributed to self doubt
> particularly in the first year...Such feelings may indicate why
> the first year in higher education can be critical for Access
> students.

This may be particularly the case for the student who failed this module as she had a

total of three fails in her first year.

As this group of students are all mature, they are felt to have life skills which would

influence their performance in the *Fieldwork Education modules*. Usher (1989,p.64)

considers:

> Prior experiential learning is increasingly being seen as an
> appropriate qualification for higher education and an
> alternative to traditional A level qualifications.

Usher uses the definition of Evans (1983) for experiential learning and then considers

this with regard to access students:

> The knowledge and skills acquired through life and work
> experience and study which are not formally attested through
> any educational or professional certification (Evans 1983:3)
> ...Clearly adults seeking access to higher education
> undoubtedly possess experience, greater in both quantity and

variety than that of the average school leaver. In this sense experience has always been 'recognized' as a useful indicator of maturity, positive motivation and serious study intentions.

(Usher 1989, p.65)

Usher feels that this provides selectors with information about a student's attitude and behaviour both of which are assessed in the fieldwork setting.

The following table considers the students' grades in their *second fieldwork education module*. One student achieved the highest mark possible and was one of only two students in the year to do so. The student had a previous degree qualification.

Table No.52

EFFECTS OF ACCESS COURSES ON FIELDWORK EDUCATION 2				
Fieldwork Education 2	ACCESS			
	Health	Arts	Other	TOTAL
A+			1	1
A	1		8	9
A-	1		1	2
B+			3	3
B	1	1	1	3
B-			2	2
C			1	1
C-	1		1	2
D+			2	2
D			1	1
F	1			1
Total	5	1	21	27

The student who failed had also failed the *Structural and Functional Anatomy* module and had 1-9 points at A level. The students seem to prove that experience and maturity do improve performance. In this module the average grade in the study was B- with 16.4% (n=32) of students achieving this whereas the majority of the access students achieved higher marks and 37% (n=10) achieved an A grade or above.

The next table has the *Fieldwork Education 3* results. All the access students passed

this module, although seven students in the study overall failed this module.

Table No.53

EFFECTS OF ACCESS COURSES ON FIELDWORK EDUCATION 3				
Fieldwork Education 3	ACCESS			
	Health	Arts	Other	TOTAL
A	1	1	8	10
A-	1		4	5
B+			2	2
B	1		1	2
B-	1		3	4
C+	1		1	2
C			1	1
D+			1	1
Total	5	1	21	27

The highest number of students (n=10) gained the grade A which was 37% of the

access group. Included in this number of students achieving this grade are two students

who only have GCSEs and their access course as entry qualifications. Fifteen students

who had access qualification gained a grade of A or A-. This is more than 50% of the

total. The average for the whole study was B+ with 17.3% (n=34) of students

achieving this grade.

These figures would tend to support the view of Ilott and Murphy (1999, p.57) who

describe mature students as being "hard working, highly motivated, and enthusiastic".

They also point out, however, that if a student is experiencing problems then:

> Mature students may also be more disappointed and take
> longer to adjust because of the higher expectations of
> themselves. They have difficulty working with and taking
> criticism from younger supervisors, especially if these relate to
> interpersonal skills.

This comment is very relevant to this group of students because a number

of these students would have been older than their Fieldwork Educators.

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The second double module in year three is the student's *Independent Study* module. The access students have come through a route which in the main has built on self-direction and these skills are vital in this piece of work. The students need to be organised, motivated and have the ability to draw all the information together within the allocated time. The following table shows the results for the access student.

Table No.54

EFFECT OF ACCESS COURSE ON INDEPENDENT STUDY MODULE				
Independent Study	Access			
	Health	Arts	Other	TOTAL
A	1		1	2
A-	1		2	3
B+			1	1
B			1	1
B-	1		1	2
C+	1		4	5
C			4	4
C-			2	2
D+	1		1	2
D			1	1
D-			1	1
P			2	2
Total	5		21	26

The highest number of access students achieved a grade of C+ with 19%(n=5) achieving this grade. The average for the whole study was C+ with 18.5% (n=36) achieving this grade. However 7.6% (n=2) of the access students achieved an A grade whereas only 3.1% (n=6) achieved this grade in the whole study. This would tend to suggest that the some access students are better at independent study.

Two students received a grade of P (7.6%, n=2). This average was high as it included

half of the students who failed the module (n=4). Of these two students one only had

an access qualification and the other had other qualifications.

The final table in this section considers the students' overall degree awards.

Students who had entered the course via the Art access route did not complete in the

time-scale and therefore their results have not been included.

Table No.55

EFFECTS OF ACCESS COURSE ON FINAL DEGREE CLASSIFICATION				
Degree Award Classification	ACCESS			
	Health	Arts	Other	TOTAL
1	2		2	4
2:1	1		12	13
2:2	2		4	6
P			1	1
7			1	1
Total	5		20	25

The above table shows that 16% (n=4) of students who had entered the programme

with an access qualification achieved a first class honours degree. This is a higher

percentage than the 9% (n=17) in the study. The four students awarded first class

honours degrees all had supporting qualifications including BTEC, degree, other and

secretarial. This would seem to validate the findings of Mills & Molley (1989) who

felt that maturity was in some instances a substitute for paper qualifications.

The student awarded the Pass grade had also taken another qualification, however this

was the only student in the study to be awarded a pass degree. The majority of

students, 52%(n=13), had gained an Upper Second Class honours degree classification

and this is comparable to the overall percentage rate of 49% (n=100) for this grade.

The results would tend to suggest that students who have this qualification combined with another qualification have the potential to achieve very highly. If it is their only qualification, then they could struggle with all elements of the course.

Other Qualifications

Many students have other qualification when they start training. Some have insufficient academic qualifications to start the course on leaving school and, therefore, undertake other training. Many have not heard about Occupational Therapy and therefore enter training late. This brings students with a range of qualifications to the course as the following table shows:

Table No.56

OTHER QUALIFICATIONS								
	1993		1994		1995		1996	
AGE	18-21	21+	18-21	21+	18-21	21+	18-21	21+
Degree		4		7	2	8	1	7
Diploma	2	4		1	1	1		2
Secretarial			1	3				
Other	1	9	6	3		5	1	6

A variety of qualifications were entered under the section of 'other' on the questionnaire. Some of these have been identified as distinct groups, i.e.Degree; Diploma; and Secretarial. A number of qualifications were very individual and therefore have been grouped under 'other'. These included qualifications awarded by City and Guilds and a range of certificated courses including counselling skills and computer courses. Although students over the age of 21 studied the majority of these, younger students had also identified certificated achievements as shown in Table No.56. Two of the students who had indicated they had studied for a degree

qualification had also indicated they were between the ages of 18-21 at the start of

training, and whilst this is unlikely, the results have not been changed.

The following table presents the *Behavioural Sciences* module results. The two

students who failed this module were both mature students.

Table No.57

EFFECTS OF OTHER QUALIFICATIONS ON BEHAVIOURAL SCIENCES MODULE					
Behavioural Sciences	Other Qualifications				TOTAL
	Degree	Diploma	Secretarial	Other	
A+				1	1
A		1	1	2	4
A-	4				4
B+	10	1	1	2	14
B		2		4	6
B-	4			2	6
C+	4	1	1	6	12
C	1	2	1	3	7
C-	4	1		5	10
D+		2		1	3
D				5	5
D-	2				2
Fm		1		1	2
Total	29	11	4	32	76

Two students failed this module. The student under category 'other' had a BTEC

qualification and between 1-9 points at A level. The other student who was awarded a

fail grade had 24 points at A level and therefore had many more than the entry

requirements for training. Eighty four percent (n=64) of the students gained a grade of

C- or above, which is higher than the overall average for this module of 72.6%

(n=146) achieving a grade of C- and above. It may be presumed that, as this is one of

the first assignments, some of the problems experienced by the students who failed

may have been to do with adjusting to the requirements of a different academic institution and possibly the time between obtaining previous qualifications and commencing the course.

The students who had degree qualifications did not achieve the highest marks in the module, however their degree course may have been awarded more than ten years previously and may have been in completely unrelated subject areas. A number of the mature students are returners to study and have previously had other occupational qualifications such as teaching. A study by Baron (2000, p.21) investigating why students chose a career in Occupational Therapy supports this. She found that out of 50 third year Occupational Therapy students, 6 had entered the course following "disatisfaction with job/training/redundancy", and quotes one student who had entered the course following "disatisfaction with teaching leading to a career change".

The results for the *Structural and Functional Anatomy* exam in Table No.58 shows that all the students with other qualifications passed this module. When considering the overall study 5 students had failed this exam.

Table No.58

EFFECTS OF OTHER QUALIFICATIONS ON STRUCTURAL & FUNCTIONAL ANATOMY RESULTS					
Structural & Functional Anatomy	Other Qualifications				TOTAL
	Degree	Diploma	Secretarial	Other	
A	3				3
A-	5	2			7
B+	2		1	6	9
B	3	1	1	4	9
B-	2	2		6	10
C+	3	1	1	2	7
C	3			3	6
C-	3	4		4	11
D+	1	2		1	4
D			1	3	4
D-	3			3	6
Total	29	11	4	32	76

The highest number of students who had 'other' qualifications achieved a grade of C- (14%, n=11) which is a whole grade higher than the grade achieved by the majority in the overall study which was D- (14%, n=29). This would tend to suggest that this group of students perform at a higher level.

Students with degrees did not have significantly higher grades than students with 'other' qualifications. Whilst some did very well and had grades in the A range, the marks were fairly evenly distributed through the grading bands. There may have been a number of reasons for this, as factors like the length of time between studying for the qualification, the nature of the qualification, the types of assessments used and the standard achieved are all unknown and all may have an influence on the results. However the number achieving A and A- grades with a degree qualification comprised 50% of the overall total for the study (n=16).

The following table shows the results of the students in *Fieldwork Education 2*.

Table No.59

EFFECTS OF OTHER QUALIFICATION ON FIELDWORK EDUCATION 2					
Fieldwork Education 2	Other Qualifications				TOTAL
	Degree	Diploma	Secretarial	Other	
A+	1				1
A	8	1	2	6	17
A-	4	4		7	15
B+	2	1		6	9
B	4	1		6	11
B-	4	2	1		7
C+	2			2	4
C	1	1	1	1	4
D+	1	1		1	3
D	1			2	3
F				1	1
Total	28	11	4	32	75

The student who had a previous degree qualification was one of only two students who achieved the grade of A+. The highest proportion of this group of students achieved a grade of A (n=17) which is significantly higher than in the overall study where the majority of the students achieved a grade of B- (n=32).

Ilott and Murphy (1999, p.59) consider that there are higher expectations of students undertaking a second degree qualification by fieldwork educators and describe them as follows:

> Second degree students were expected to be more questioning, articulate and challenging. They were seen to be 'more anxious about their assessments especially how the grade effects their honours classification (lecturer). Some supervisors admitted feeling intimidated by degree students, particularly when they used terminology which highlighted the gap between theoretical approaches and everyday practice.

Ilott and Murphy indicate that both academic ability and professional suitability are important and that neither should be compromised (ibid, p.85). One reason why fieldwork educators may have higher expectations of students who already possess a degree qualification may be because some of the fieldwork educators only have diploma qualifications and this may be a reflection of their anxiety.

The marks for this module were consistently above the overall marks for the module. It could be that students who have gained extra qualifications have benefited from the extra breadth of experience that this has provided and this has benefited them in the Fieldwork Education module.

Of the 75 students who had other qualifications 60 were mature students and, therefore, may have had experience both of working in Occupational Therapy departments, or just of forming professional working relationships which may account for their higher overall marks.

The following table shows the results of the final *Fieldwork Education 3 module.*

Table No.60

EFFECTS OF OTHER QUALIFICATION ON FIELDWORK EDUCATION 3					
Fieldwork Education 3	Other Qualifications				Total
	Degree	Diploma	Secretarial	Other	
A+				1	1
A	7	1		10	18
A-	8			5	13
B+	4	2		6	12
B	2	2	2	4	10
B-	3	3	1	2	9
C+	1	1	1	2	5
C	2			1	3
C-	1				1
D+		1			1
F	1	1			2
Total	29	11	4	31	75

Two students failed this module. One had a BTEC qualification in addition to the diploma and the other a degree qualification. The diploma student had scored highly on the previous placement, whereas the other students had received a D+ and therefore perhaps should have failed.

None of the degree or Diploma students achieved a grade of A+ for their final module. The highest number of students scored A, (24% n=18) which is higher than the studies overall average score B+ (17.3% n=34) which may be the result of the students maturity and experience.

The following table considers the students' *Independent Study* grades. As the majority of these students have undertaken extra qualification and have therefore had a broader

educational experience it was interesting to see if this was of benefit to them in this module.

Table No.61

EFFECTS OF OTHER QUALIFICATION ON INDEPENDENT STUDY MODULE					
Independent Study	Other Qualifications				TOTAL
	Degree	Diploma	Secretarial	Other	
A+	1				1
A	3		1	2	6
A-	1	1		1	3
B+	4	2	1	1	8
B	4			2	6
B-	1	1		6	8
C+	7	2	1	9	19
C	1	2		5	8
C-	4	1	1	2	8
D	1	2			3
P	1			2	3
Total	28	11	4	30	73

It is presumed that students who have entered the course with a degree have had some experience of the research procedure or have written a dissertation. It is, therefore, often felt that they will do better in this type of assessment than the students who have not had this type of experience. The results in Table No.61 show this assumption to be wrong in a number of cases. The only students in the study to be awarded an A+ for this module had a first-degree qualification and a number of the students with the first degree qualifications were awarded an A grade, however students with 'other' entry qualifications also achieved this grade. However, whilst some students achieved high grade in this module, the majority were in line with the overall study achieving a grade of C+ (n=19).

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Table No.61 shows that all the students in this category passed their independent study whereas in the overall study two students failed. This would therefore indicate the value of supporting qualifications. Three students were awarded a P grade for this module. One of these had a degree qualification, and therefore the assumptions that they would have had previous experience in this type of assessment may have been wrong. Only one of the students to be awarded this grade had gained entry via the access route, the other two had both undertaken a university course prior to entry.

The following table considers the impact of other qualifications of the final degree classification:

Table No.62

EFFECT OF OTHER QUALIFICATIONS ON DEGREE CLASSIFICATION					
Degree Award Classification	Other Qualifications				Total
	Degree	Diploma	Secretarial	Other	
1	6		1	4	11
2:1	17	7	1	17	42
2:2	5	3	2	8	18
P				1	1
7	1	1			2
Total	29	11	4	30	74

Of the 28 degree students to complete their training, six achieved a first class honours degree classification. The students who had other qualifications had a higher percentage of first class honours degrees 14.8 (n=11) than the overall cohort 8.9% (n=17). There was a slightly higher percentage achieving an upper second class honours award 56.7% (n=42) compared to the overall study 52.6% (n=100) and a lower percentage achieving a lower second class honours degree 24.3% (n=18)

compared to 34.2% (n=65) in the overall study. The only students to be awarded a pass degree was in this section and had entered training with an access qualification.

Predicted Honours Degree Classification

The questionnaire asked the students to predict the honours degree classification they think they are likely to receive. The following table shows their predictions:

Table No.63

STUDENTS PREDICTED DEGREE CLASSIFICATION								
	1993		1994		1995		1996	
	18-21	21+	18-21	21+	18-21	21+	18-21	21+
1							1	
2:1		3	7	7	11	8	8	8
2:2	15	18	15	8	19	7	16	14
3	10	7	1	2	2	2		
P		2			1			
F	1						2	
Not Answered		2		1	1	1		

The students grouped themselves around the 2:2 and 3rd classifications. This is not the normal classification for the students as normally the majority receive 2:1 and 2:2 classifications.

The following table No.64 compares this data to what the students actually achieved.

Table No.64

COMPARISON OF PREDICTED DEGREE AWARD AND DEGREE CLASSIFICATION							
Predicted Honours Degree Award	Degree Award Classification						
	1	2:1	2:2	P	F	7	Total
1		1					1
2:1	8	29	10			4	51
2:2	7	57	40	1	1	1	107
3	1	7	13				21
P			1			1	2
F		2					2
7		3					3
0		1	1				2
Total	16	100	65	1	1	6	189

The total number of students is less than the study (n=201) as twelve students had not completed all the assessed work and therefore a degree classification had not been awarded. The majority of students (55%, n=112) predicted they would be awarded a 2:2 classification on table No.63 and over 37% (n=40) were right (Table No.64). Of the remaining number, 59.8% achieved a higher classification. Some of the variance in these results may be because of the students' modesty, and some may be the timing of the questionnaire being issued (as previously discussed in chapter 3).

The majority of students had only completed one double module (*Fieldwork Education*) and had not received their final grade and therefore they had no indication of how well they were doing when they completed the questionnaire. They had only just started their other modules at this level and were again perhaps not clear of what might be expected of them.

Pollard et al (1994) comments that:

> Gradually pupils come to recognize that only particular kinds of achievement are valued and they learn to assess themselves and adjust their expectations accordingly (cited in Broadfoot 1996, p.5)

Falchicov and Boud (1989) however considers that "in higher education, high achievers tend to under-estimate and low achievers tend to over-estimate." (cited in Brown et al, 1997, p.180) Whilst this may be true of the high achievers the low achievers were in the minority and therefore perhaps not a significant enough number for conclusions to be drawn.

Preferred Learning Environment

The students were asked to indicate which learning environment they preferred. They were allowed to mark as many or as few as they liked. The ones not marked were then recorded negatively on the computer. The following table shows a breakdown of the results under age and year for their preferred learning environment.

Table No.65

PREFERRED LEARNING ENVIRONMENT								
	1993		1994		1995		1996	Total
	18-21	21+	18-21	21+	18-21	21+	18-21	21+	
Lectures	13	21	14	11	21	13	20	14	127
Experiential Groups	6	6	7	9	6	6	9	8	57
Self Directed Study	7	15	7	8	20	10	12	6	85
Fieldwork Education	24	30	23	18	15	9	24	18	161
Tutorials	14	19	10	12	11	9	6	14	95
Learning Contract	3	0	0	2	1	1	3	2	12
Practical Sessions	19	26	21	14	27	14	18	19	158
Discussion	10	15	8	10	8	9	3	11	74

The table shows that the preferred learning environments for all students were lectures; Fieldwork Education; and the Practical Sessions. The year where the Fieldwork

Education scored lower was when the questionnaires were distributed before the students had experienced all of their Fieldwork Education. The table does not show a marked difference for any particular age group but highlights that different years prefer to be taught in different ways.

Preferred Mode of Assessment

The students were asked to indicate how they preferred to be assessed and the following table presents their results under age and year categories.

Table No.66

PREFERRED MODE OF ASSESSMENT								
	1993		1994		1995		1996		Total
	18-21	21+	18-21	21+	18-21	21+	18-21	21+	
Self negotiated	8	7	10	5	5	2	10	12	59
Continuous	21	2	13	13	25	9	14	13	110
Assignment	21	28	20	17	33	15	24	21	179
Groups	7	5	4	2	5	6	3	3	35
Examination	5	6	9	2	1	7	4	3	37
Verbal Presentation	5	11	3	3	4	3	3	3	35

The students score assignments and continuous assessment most highly. These are the forms of assessment most commonly used on the course and therefore this may be why these are preferred. Examinations take place only in year one and although the other forms of assessment are used throughout the programme the use of assignments as a mode of assessment would form more than 50% of the assessment process. It is not known whether the type of assessment used influenced the students' choice of university.

It may however be interesting to consider these results when compared with modules and to see if those students who indicated a preference did better in the areas they

preferred. There are three areas which can be linked to modes of assessment; examination and *Structural and Functional Anatomy* module; assignment and *Independent Study*; and Continuous and *Fieldwork Education*. The only Fieldwork to be considered in this way will be the final *Fieldwork Education 3*.

Table No.67

EXAMINATION AS A PREFERRED MODE OF ASSESSMENT			
STRUCTURAL AND FUNCTIONAL ANATOMY	EXAMINATIONS		
	Yes	No	Total
A	3	3	6
A-	1	9	10
B+	3	13	16
B	3	9	12
B-	4	23	27
C+	7	11	18
C	3	15	18
C-	4	17	21
D+	2	19	21
D	4	13	17
D-	2	27	29
Fm	1	3	4
Fm-		1	1
Total	37	163	200

The above table demonstrates how unpopular this form of assessment is with the student group with only 37 identifying it as a preferred mode of assessment. There appears to be no linking with preferred mode with ability as there is a spread of marks.

Whilst there are only two examinations in the course it is requirement of the professional body to include this mode of assessment. Race (1999, pp.62-3) identifies five concerns raised by this method of assessment.

> 1. Tensions between examinations and the quality and depth of students learning experience. Exams do not do much to

increase students' motivation in terms of their want to learn...

2. The amount of feedback that students receive after most kinds of exam is not optimal. Feedback plays a vital role in learning, yet most systems require exam scripts to be regarded as secret documents, not to be shown to students on any account!...

3. Exams usually force students into surface learning and into rapidly clearing minds of previous knowledge when preparing for the next exam...

4. Concerns about validity and reliability of traditional unseen written exams. Examination scripts are marked far too quickly. Most staff who mark exams agree that the task usually has to be completed in haste, in preparation for time-tabled exam boards.

5. Traditional unseen exams do not really measure the learning outcomes which are intended purposes of higher education...Exams tend to favour candidates who happen to be skilled at doing exams. (ibid)

These are all the reasons that this mode of assessment is kept to a minimum as Race

also considers this mode of assessment to be poor in assessing "teamwork, leadership

creativity and lateral thinking" all of which are needed to be a competent therapist

(ibid).

The following table considers the students preferred mode of assessment as being

assignment compared to their marks in the *Independent Study* module.

Table No.68

ASSIGNMENT AS A PREFERRED MODE OF ASSESSMENT			
Independent Study	Assignment		
	Yes	No	Total
A+	1		1
A	6		6
A-	10		10
B+	12	1	13
B	17	2	19
B-	18	2	20
C+	36		36
C	18	5	23
C-	28		28
D+	12	2	14
D	6	4	10
D-	6		6
P	2	2	4
P-	1	1	2
F	2		2
Total	175	19	194

The comparison of these two areas has been considered because the independent study, whilst using research skills, is felt to build on the skills used in writing assignments with the difference being that the students select the area of interest. As can be seen the students prefer this mode of assessment with 90% (n=175) indicating that it was a preferred mode of assessment. The student's preference for this assessment more accurately follows their grades for their Independent Study because those students receiving the low grades had indicated a dislike of this mode of assessment. Lashley (1995, p.93) considers that:

> Success on most courses will very largely depend on the quality of the written material which you submit.

Whilst Lashley acknowledges that this will not be the only mode of assessment used it considers that this will be a majority. This is certainly true of the Occupational Therapy course where assessments and the dissertation/project form over 50% of the

assessments used. One wonders therefore whether it is in fact a preferred form of assessment or one which the students feel most at ease with because they've had the most practice at it. It would be interesting to know if any students chose the course because of its style of assessment.

Race (1999, p.64) considers essays and reports to be a form of continuous assessment and feels that these do not test the "deeper knowledge and understanding" that is intended but instead just the skills in writing them. He also claims that the value of feedback "may be eclipsed by the marks or grades" and considers that the time delay, and the fact that students have moved on to other studies, may mean that they do not learn from the valuable feedback.

For the purpose of considering the continuous assessment as a mode of assessment I am going to compare it to *Fieldwork Education 3* as this is an area where the students performance is tested over a 10-week period. The results are presented in the following table No 69.

Table No.69

CONTINUOUS ASSESSMENT AS A PREFERRED MODE OF ASSESSMENT			
Fieldwork Education 3	Continuous Assessment		
	Yes	No	Total
A+	4		4
A	33	13	46
A-	13	11	24
B+	19	14	33
B	21	11	32
B-	15	11	26
C+	8	3	11
C	7	2	9
C-	1	1	2
D+	2		2
F	4	3	7
Total	127	69	196

The majority of students (64.7%, n=127) preferred this mode of assessment, however

even some of those who received high grades in this assessment did not like it.

Students and assessors both report on the stress of using this mode of assessment: the

students because it maintains the pressure throughout the 10-week period, and the

assessor because of having to consistently monitor someone else's performance. Ilott

and Murphy (1999, p.1) explain that:

> Professional education can create a more intense 'high stakes'
> assessment situation than is experienced in other branches of
> higher education. All those involved are usually painfully
> aware of how much is at stake, yet assessment procedures are
> not foolproof. (ibid)

The Fieldwork mark includes an assessment which is carried out in the clinical setting

by a clinician and a written element which is marked by the academic staff. The

practical assessment carries 70% of the marks and there is no compensation between

elements. Whilst Alsop and Ryan (1996, p.198) note that the assessment process is

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necessary to prove competence to practice they also acknowledge that students are not going to be perfect all the time and will make mistakes (p.199). The students find this difficult as the Fieldwork Education counts towards their degree award. The outcome is not something which can be anticipated as they will not have received marks from their fieldwork educator before and therefore will not be able to adjust their performance based on previous experience of the assessor. As Broadfoot (1996, p.14) identifies:

> Performance varies because assessment is fundamentally an interpersonal exercise which cannot be divorced from human subjectivity.

Taylor (1997, p.117) expands on these points when considering the reliability of continuous assessment in professional education and stresses the importance of assessing:

> ...abilities and skills which are not as easy to measure as knowledge and understanding but which are essential to professional practice.

The type of skills which she refers to as being difficult to measure but never the less vital to possess as a therapist are interpersonal skills. The Fieldwork educator and the student form very close working relationships but as Ilott & Murphy (1999, p.55) identify the closeness of this relationship can make failing both easier, because they will gain more knowledge about the person, but more difficult because they will get to know them as an individual.

Advantage and Disadvantage of Study

Students were asked to list three advantages and disadvantages of study. It was felt that students may perceive there to be different advantages and disadvantages according to their age on entry to the programme and therefore the results will be considered under standard and mature student categories. The first table considers the advantages identified by the standard entrant students:

Table No.70

ADVANTAGES FOR STANDARD ENTRANTS				
ADVANTAGES	1993	1994	1995	1996
No break/used to studying	21	17	29	25
No family/ Responsibilities	17	10	19	18
Motivation to study	2	2		
Study completed	4		16	
Career/job prospects	2	13	4	15
Meeting people	2	2	5	5

For the majority the main advantage was being able to continue with study, and to complete the course early. They felt that they were able to do this because they had no family commitments, a point that scored highly with nearly all of the year groups. The disadvantages are presented in the next table:

Table No.71

DISADVANTAGES FOR STANDARD ENTRANTS				
Disadvantages	1993	1994	1995	1996
Lack of money	16	17	23	14
No break in education	8	4	13	8
Lack of experience	15	10	19	19
Moving away from home	4	2	7	2
Social life v study		10	10	7

Interestingly, they also saw that the lack of break in studying could be a disadvantage but felt strongly about the lack of money, lack of experience and the pressure of study

on the social life. Although the lack of social life is viewed as a disadvantage, meeting people has been identified as an advantage. The students group are increasingly having to take part time jobs in order to be able to supplement grants, parental contributions and loans. This not only reduces the time available for study but also reduces time available for forming relationships and socialising. This, combined with the fact that students are increasingly choosing to accept training places within travelling distance of home for financial reasons, is all placing extra pressures on this student group. The following table lists the advantages for the mature students:

Table No.72

ADVANTAGES FOR MATURE ENTRANTS				
Advantages	1993	1994	1995	1996
Motivation to be an OT	18	10	12	19
Life experience	26	11	15	15
Maturity	2	6	3	3

The mature students highlighted three main advantages. The main one was their desire to be an Occupational Therapist. For a number of the students this desire has been a focus of their education for some time, and they had been working towards having the appropriate entry qualifications for training. The second main area, which they highlight as an advantage, is their life experience, which they identify as helping them in fieldwork education and in their choice of career. Taylor (1997, p.45) considers that the mature students life experience can, if shared in group situations, provide the means for learning to take place from experience. She describes this as being a two way process. Whilst it allows others to benefit from the experience, it allows students who may not have entered higher education by traditional educational routes to gain confidence in their abilities.

The disadvantages of study for mature students are listed in the following table:

Table No.73

DISADVANTAGES FOR MATURE ENTRANTS				
DISADVANTAGES	1993	1994	1995	1996
Finance	14	14	15	18
Study difficulty	7	8	7	2
Family/friends pressure/commitments	14	7	15	12
Lack of time	5	1	3	4

The major one is the same as the standard entrant lack of money. This is particularly true for this group as some may have given up employment to attend the course and many have families to support. The mature students rank the problem of coping with family commitments nearly as high as finance. A number of the students had highlighted that study was difficult. It is difficult to conclude whether this is around the knowledge base, type of assessments or again lack of time. Taylor's (1997,pp.138-40) findings with the problems experienced by mature students are very similar to those identified by this group of students namely the finance, family pressures and study skills.

Conclusions

The analysis of the results does not support the need for an entry qualification of 18 points and over at A level. Students who have a basic minimum number of points are not consistently achieving at a lower level than any other student.

Equally the results do not support the need for such high standard of entry for students with vocational qualification because their marks are satisfactory.

The majority of mature students who have entered the course with an access qualification have succeeded with good passes at degree level. Those students who have achieved the first class qualifications have all got other qualifications. The maturity and perhaps motivation of these students would seem to compensate for any lack of academic qualifications. Whilst the students with art qualifications have not performed as well as those with health qualifications, the numbers are too small to be able to consider whether this is as a result of the entry course or the individual.

Having a first degree does not seem to be a guarantee of success in this course. Students with this entry qualification have had a spread of marks, including fails and therefore this may be more about the subject area of previous study, a difference in the mode of assessment or their interpersonal skills in Fieldwork Education.

The students who entered the course with other qualifications seemed to on average perform at a higher level. Perhaps this diversity, rather than the narrowness of studying one subject area, helped them cope with a course which includes a number of different styles of teaching and assessment in a variety of settings.

The students who achieved first class classifications had all scored B and above in their *Fieldwork Education* at stage 3. This would indicate that their skills are not purely academic. The majority had a grade of A with only two students scoring B and B+ in Fieldwork Education.

However, the fact that there are no 3rd Class Honours degrees being awarded can lead us to assume that the entry standards are too high as it would be perfectly acceptable to have students achieving at this level as this would still reflect competence to practise. The third classification does not seem to be a level achieved unless students fail on first submission. It is difficult to assess whether this is due to the grading system or the calibre of students selected.

Chapter Five: Perspectives of the University Lecturers on the Admissions System

Introduction

This chapter will explore the results from, and discussion of, the interviews with university lecturers. The selection of suitable students for training is vital for both the profession and the course to continue. It is acknowledged that the selection process is time-consuming and costly, and although numerous studies have been undertaken to try to find a way of selecting students who are likely to achieve academically at degree standard, few have considered the choice of appropriate students from a professional stance.

From these interviews four themes were identified using thematic analysis: the selection method; students' personal qualities; professional understanding; and standard entrants versus mature students. Each theme will be presented separately. Direct quotations will be in italic print. University lecturers are identified by means of a Roman numeral to protect their anonymity.

Selection Method

Within the overall theme of the selection method the following categories emerged: personal statement; reference; paper exercise; knowledge of the profession; group interview; university lecturers and clinician involvement in the interview; other ways of selecting students; personal preference; and problem issues in the interviews with the university lecturers. The amount of importance placed upon some of the categories depended on the university lecturer's role in the admissions procedure.

Personal statement

This is a section on the UCAS form which allows the students to make a personal

statement in support of their application. This is one of the key areas considered in

the selection process, and is one of the areas which can be referred to by lecturers

prior to the interviews. All lecturers felt this was a useful device. Comments

included:

> *... it gives you a taster of that person before they come into
> the group and then when they start saying things about
> themselves you can actually connect with them(II)*
>
> *Very important. It gives us clues as to their motivation for
> occupational therapy... it also tells us a bit about their
> communication skills ... and an indication of their academic
> ability (IV)*

Higgins (1997, p.83) who is the Chief Executive of UCAS supports both of the

above statements, telling prospective students that:

> *...it is the only part of the application form where you have
> the chance to select and emphasise points about yourself.*

He informs the students that it is important to justify one's suitability for the

programme and to identify any relevant experience. He considers the importance of

making a good impression and identifies that poor spelling and grammar are to be

avoided.

A number of guides are now published to assist students in their applications to

gain a place on a variety of courses including medical school and law (Rushton

1996). These guides include detailed information on the best way to write and

present the personal statement in order to increase the likelihood of securing an

offer or an interview.

A number of lecturers raised concerns about the amount of support that may have

been given to students on the completion of the personal statement:

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I would say that when it is filled in nobody had any knowledge of who actually is there or supervising it. A lot of this is what parents or careers teachers are suggesting should be put on it and it definitely, possibly, could be influenced by another person so I don't know that you should put a lot of emphasis on it. What I would say is that it should always be hand-written. I think we can learn more and I certainly could if a student was dyslexic it comes through very very quickly and clearly... (VIII)

... you begin to learn how much other people can influence what is put down on personal statements and you can feel quite worried possibly for candidates who have had very little support against those who have had an awful lot of support and are told the way to phrase things... (V)

These two comments provide an indication that some students may have had a great deal of support and this may also lead lecturers to select the wrong people for interview. Equally, some students may have been disadvantaged by not having access to the same level of support whilst completing the personal statement and therefore may not be selected for interview by inclusion of irrelevant information or exclusion of relevant information. The only way round this would be to interview all applicants, or to acknowledge that we do not live in a fair world and that this may be the reason for the high numbers of mature students now entering higher education.

The lecturer who would like to see information hand written in order to be able to identify dyslexic students falls outside the guidelines which are now often issued by schools who recommend word processed statements for ease of reading.

Reference

A number of the lecturers indicated that they found references provided useful information. At the selection for interview stage, one lecturer indicated that references proved helpful in screening out those who would not be interviewed:

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> *... we do take notice of the reference which is usually an*
> *academic reference for those who are still doing academic*
> *work. We take notice of estimated grades...people with a*
> *bad reference are rejected at that stage.(IV)*

Lecturers also felt that a reference may provide information which would become

evident in the interview situation:

> *... a statement from the school can be very useful though.*
> *You can pick up quite a lot from it. They are usually very*
> *supportive but they will sort of pick out a difficulty in it so*
> *that you begin to think well may be there is a problem*
> *there.*
> *I think actually where you have a good academic reference*
> *you can pick quite a lot up. It is interesting to read those*
> *against the person who is coming for interview you will*
> *often see strands, not everything of course, but you will*
> *often see strands and think I know what they mean but not*
> *always.(V)*

It is interesting that Higgins (1997, pp.92-3) considers the reference to be the most

important section of the UCAS form and counsels students to impress their referee.

One wonders how much an "academic referee" will actually know about a student

apart from their academic aptitude. Higgins has identified that references should

include comments on "suitability and motivation for chosen career and personal

qualities"(p.92). It is concerning, because the academic aptitude for occupational

therapists is only a small part of the necessary skills, although both lecturers have

highlighted that this is the preferred source for a reference as opposed to one from a

therapist where a potential student may have spent a period of time on work

experience.

One way the reference on the form is used, is to identify the likelihood of students

achieving the necessary admission grades. One problem with this is the fact, as

Richards and Stockhill (1997, p.43) identified, that half of the estimated grades

were too high and a further 10% were too low.

Lecturers felt that references provided further help where students had not achieved

the level of their academic potential for special reasons. One said:

> *...students do not always achieve what has been their true*
> *potential because of some circumstances at the time of an*
> *examination. But where students have chosen a reference*
> *from someone who has been involved in their academic*
> *work previous to that it will often be highlighted that they*
> *had something like glandular fever... (VI)*

It was felt that the additional information supplied allowed staff the flexibility to be

able to consider students on their own merits. One lecturer felt that it would be

helpful if referees were given some guidance:

> *... if referees were given some guidance about what they*
> *should write on their reference and also you can get some*
> *indication of what these people might be like depending on*
> *what their interests are, what past experience they have*
> *had. If they have worked in old folks homes you might*
> *know, and if they have got references from there, you would*
> *know that they have got good skills. (I)*

It is important to consider this because, whilst the majority of educational

establishments are used to completing UCAS forms and therefore understand what

information is required in order for students to be able to access higher educational

establishments, employers are not familiar with the process. This is an area of

concern because a high number of students now access the course as mature

students and many of them are in employment at the time of their application and

therefore use employers for references. It is therefore important to take note of

where the reference has come from before using it as a tool for selection and to be

clear on whether it is being used to support academic selection or aptitude for the

profession.

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Paper Exercise

Whilst all students are currently interviewed for the course, it has often been discussed in my department whether this is necessary. Interviews are very time consuming and the majority of university courses offer places on the basis of the completed application form. Therefore, lecturers were asked whether the admissions process should become a paper only, or an academic exercise. The lecturers were divided on this topic, with 4 staff feeling that interviews were vital and 4 others feeling that it could be a paper exercise. However 2 of these felt that interviews would be preferred:

> *... if you say an academic exercise just on their UCAS form then yes(I)*

> *I think it would be really scary if it did. I think it would be really quite worrying if it just became an academic exercise because I think the focus would shift completely on to the academic ability rather than the qualities that the person has.(III)*

> *In light of experience I would say yes it could be. But you would still have the failures, you would still have the difficult ones but you have got them anyway so why do you bother?(VIII)*

This fits with the findings of Richards and Stockhill (1997, p.49) who justify the "usefulness and fairness" of interviews in the selection of doctors as follows:

> Occasionally a student who seems outstanding on paper can seem so lacking in motivation insight or humanity that he or she loses an offer which would otherwise have seemed a certainty.

Knowledge of the Profession

Only half of those interviewed highlighted knowledge of the profession as being something which was vital at the selection stage, whilst the remaining lecturers felt

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it was important to have appropriate knowledge of the profession. Comments included:

> *... one of the things that is important in my opinion is that they have seen hospital departments so that they understand what they are coming into. So understanding the profession is assessed. (I)*

> *... what type of person they are and also as well whether they have visited OT and their knowledge of OT... (II)*

Interestingly research published by Patterson (1988) found 29% (n=159) of the number of students withdrawing from training in the UK and Republic of Ireland between 1979-83, cited a gap between the reality of the profession and their expectations as a reason. Academic failure accounted for the highest number of students withdrawing from training at 36% (n=201) (p.82). The figures were gathered from the then 16 Occupational Therapy schools on students commencing training between 1975 to 1983. Paterson considers that the results of those failing in fieldwork should also be considered in the numbers who had a made a wrong career choice which then makes a total of 36% (n=200)(ibid). The study was felt to be flawed, in that the returns only allowed one reason for withdrawal to be identified, and therefore it was unclear who had made the decision to attribute the withdrawal to a particular category. Interestingly as the numbers being admitted for training increased, the number of those withdrawing reduced and no reasons for this were identified (pp.81-3).

Whilst it is reasonable to argue that the research is dated and students now have access to information on careers at a much earlier stage of their education, therefore one would hope enter the profession better informed. However a number of mature students still claim to come into Occupational Therapy late because they did not know about it earlier, and a similar a number of students having entered

training find it not to be what they had expected. This may be as a result of

accessing the course through the clearing system.

Group Interview

Little is written about the process which is undertaken to select occupational

therapy students for training by means of a group interview. The group interview at

the university where the research was carried out consists of 8-12 applicants with 2

members of staff, ideally one lecturer and one clinically based member of staff.

In an attempt not to add bias into the lecturer's interviews they were not

specifically asked about the group interviews, however, many commented on the

process as follows:

> *... it is quite a good system but I am not sure that from a group interview of an hour we actually prove anything more than we would on the paper so I would believe you probably could select them from the paperwork that's submitted (I)*

> *... the group interview in one respect its quite a good way of doing it because it does mean that people have to, the candidates have to interact with each other but in an other way, I think sometimes, we could potentially miss out on people who are naturally quieter but do still have an awful lot of ability and skills to offer who get really quite overwhelmed by quite large groups... would be better if we perhaps looked at smaller numbers because to have sort of eight to ten sometimes twelve people in interview groups can be quite a daunting number especially sometimes I think for some of the younger applicants as well who maybe have never been in that sort environment before and suddenly are expected to sort of show their ability to interact and to be able to say their bit amongst lots of other people and that's maybe something they never have experienced before that could be quite scary... we could potentially miss out on really quite good candidates because we put them in quite a daunting environment. (III)*

> *... group selection is much better than the one to one interview. I think with the experience of most members of staff who are involved in that selection of communication skills and the requirements of the profession... of*

> *interpersonal skills many of the interpersonal behaviours
> can be seen more readily in a group selection process. (VI)*

Most lecturers indicated satisfaction with the system given the time available.

Many indicated that whilst they did not feel it was ideal, they felt it was useful to

see people in-groups as it provided an opportunity to see how people interacted.

Some felt it reduced the number of complaints against staff when students were

rejected. As the interview was so *"public"(IV)*, students rarely complained about

the process. There seems to be an expectation that the mature students will perform

better in a group situation because they will have had more experience in-group

situations as suggested here:

> *... if the student was reasonably mature they had been
> working in groups ever since they perhaps were in primary
> school and if they had matured and if they had had the
> corners knocked off they really should have been able to do
> group work standing on their heads(VIII).*

Clinically based staff and University lecturers

All lecturers are given the opportunity to become involved in the interviewing

process. The amount any individual lecturer may be involved will often be

determined by their teaching commitment when the interviews are planned. All

interviews will have two members of staff in the groups, preferably a mixture of

lecturer and practising clinicians. The clinicians volunteer to attend the interview

process and usually come from hospitals or social services departments, which are

close to the university. The inclusion of lecturers and clinical staff at interviews has

become the norm. It is felt valuable for the students to have both members of staff

in an interview situation in order to provide the opportunity for applicants to be

able to ask questions of clinicians, and also for the clinicians to feel part of the

selection process for their future colleagues. Lecturers indicated their support for

this involvement in the following responses:

*...I think personally they should be involved... let's face it,
it is the clinicians who do an immense amount of hands on
training. (VII)*

*... a mixture of clinicians and academics is beneficial... I
think particularly for the applicant that they feel they are
being assessed by the people who they are going to be
taught by and by the practitioner in the job that they are
applying for. I think they see it as a more realistic
assessment that just being assessed by academic staff. (VI)*

*Yes I think because we are not just doing an academic
course. Because the candidates we are looking for are
going to be out there working in the field, the clinicians are
out there working in the field its co-operation. I think it is
not an education versus clinical it's a co-operative venture
and therefore I think the co-operative venture should start
right at the early stages and work all the way through. (V)*

As can be seen by the above responses, the inclusion of the clinicians is valued and

seen to be highly relevant and important. The role is seen to be equal and is

certainly highly important where the clinician is the only representative of the

profession.

This supports the concern of one of the interviewees:

*... I think only OT's know what you need to be OT's and I
would hope, that in a very academic situation like a
university, that there would always be at least one OT there
that would contribute towards the decision making.
Because I would fail to see how someone who is a scientist,
or a biochemist, or a social worker or a nurse actually can
judge the skills that are required. I would have thought it
was presumptuous really. (VII)*

The areas which are particularly assessed at interview: are communication skills;

knowledge of the profession; academic performance; and interests. The clinicians

are able to make a valuable contribution to the selection in most of the areas. One

area which is perhaps implicit is the potential to become a professional therapist

which is perhaps why this interviewee feels so strongly about members of the profession having control over the entry into that profession.

However one of the lecturers interviewed wasn't convinced that the clinician needed to be an Occupational Therapist:

> *I think there are lots of creative ways you could do it you could involve staff that weren't OT's but again there's the sticking point that you need to be an OT to.. but I am not totally convinced about that.(I)*

It is difficult to see how the selection could take place for a course which is not just about academic achievement without a very clear set of guidelines.

All the clinical staff who take part in the interviews are volunteers, and many return more than once during the interviewing schedule with a high number also taking an active role in the student's fieldwork experience. None of the clinical staff have had any formal training and therefore are selecting for what they would be looking for in professional colleagues, or what they think they may have been like as an applicant. This seems to have been an area the clinicians have identified as an area requiring development, as they have been successful in gaining funding for training for staff in this interviewing process from the funding Consortia.

Both Rushton (1996, p.85) and Richards & Stockhill (1997,p.49) identify the likelihood of there being a mixture of academic and clinical staff on an interview panel for medical school entrants, and this may be where this Occupational Therapy model has come from with the strong links which exist with the medical profession. Whilst in medical schools there is often the opportunity for staff to have a split role teaching and lecturing particularly in teaching hospitals, this is rarely true in occupational therapy where staff are either in education or practising in the clinical field. There are a lot of lecturers who are skilled educators, but may not have practised for over five years, therefore to have clinicians as part of the

interviewing panel is highly appropriate as they can listen to the responses of the students about visits they have undertaken to departments. Whilst the educationalists will know in theory what treatments and approaches can be used, they may not be in a position to judge the accuracy of the understanding of the applicant who has undertaken the visit.

Alternative Methods of Selection

The lecturers had a variety of experiences of other methods of selection; some as students applying for places, and some of the more experienced or retired staff actually had seen alternative methods used and then discarded. The degree course at the University saw the transition to the group interview as a method of selection. Prior to this, a range of assessment methods were used including: a group task which was administered by the clinical staff; group discussions which were observed; one to one interviewing; psychometric testing; and written assessments. Some lecturers felt it may be useful to return to using some of these tried and discarded methods. However it would appear that the reason for this may be the opportunity to take more time to make the decision, and have more opportunities to observe and assess the student:

> *... we ran a very limited personality test... we also at that time expected students to write a short essay in order to look at their english and their context... (VII)*

> *... very skilled one to one interviewing could assess it but the constraints of time and resources and the numbers of students... (VI)*

> *... there is a social element in the current selection day but at the moment we don't draw on that in making our decisions. (IV)*

The above comments highlight the fact that there are lots of alternative methods that could be used to assess for entry, but there is also an acknowledgement that

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there is insufficient time available to consider lengthening the process to make it any more staff intensive. Equally there seems to be little justification for change whilst the number of students withdrawing from training or being found to be professionally unsuitable is very small.

However it is worth considering the concerns of one interviewee, who raised the concern of the people who may not perform well in a group interview:

> *... being able to give people that sort of more individual*
> *smaller group attention so that they can really feel as well*
> *that they can put across their own sort of character even if*
> *they are quieter and also then sometimes the ones who are*
> *louder and more vocal that you could sort of tone them*
> *down and find out a little bit more about them as well.(III)*

The group interviews have a mixture of applicants of different ages from a variety of educational backgrounds and with a range of experience. There is a recognition that an 18-year-old may feel quite intimidated by someone who has already studied for a degree or a higher qualification; or someone who is already working in an Occupational Therapy department. The staff who interview have no involvement in allocating students to groups, as this is done by the admissions officer with the only criteria being that we do not interview someone we know. The groups would appear to be randomly selected, with no attempt to group ages, sexes or any other form of groupings.

Collins et al(1995) reports on research undertaken to select medical students using two panel interviews and a group exercise. Whilst they had found no relationship between the academic achievement and any of the selection methods, they found "significant inter-correlations between the panel interview, group exercise and the school report"(ibid, p.332). The study included 141 school leavers in New Zealand (88 males and 53 females) of whom 50 males and 29 females were selected (ibid,

p.334). Although this was a different way of selecting the students, there is no indication if the numbers or sex of the students selected varied from the norm. Collins et al (1995, p.335) states that:

> Group exercises are rarely used in the selection process yet they provide an opportunity to assess an applicant's ability to interact with others. They also give the opportunity to view the applicants' potential to participate in small group teaching and learning sessions.

As students are required to work in small groups as part of their education, this is an important area to assess with regards to training occupational therapists. Collins et al (ibid, p.335) also felt that the use of this type of group exercise enabled the assessment of the students' personality characteristics, but cautioned that the process was "time consuming and demanding" and required "strong commitment in order to succeed". Collins commented on the fact that the staff involved in the group exercises had had training to undertake this exercise.

Personal Preference

It is recognised that interviewing can be subject to bias and lack objectivity. A number of the lecturers interviewed indicated that they were aware that this was the case. It is difficult to determine from the comments, whether it is true bias or experience at being able to select quickly those likely to succeed. One interviewee said:

> *I have to be honest, I would usually in the first four minutes of an interview have summed up whether I was going to have that person or not because in the first five minutes you know whether that person is reasonably capable. You know whether they can sit and talk to you as an individual... I don't know whether I can actually say how or why. It's a gut feeling... it is judging human beings I suppose and I think you need experience to do that. (VIII)*

Another lecturer commented on this "gut feeling"(II) and another on an "intuitive feeling"(VII)

> Downie and Charlton (1992, p.70) says of interviews for medical students:
>
>> ...it is sufficient to say they are known to be of very limited reliability and validity, and prone to distortion by prejudice and snap-judgements. Their value seems to be mainly to reassure the institution and the applicant that things are done properly.

Both Lowry (1992, p.1353) and Goldbeck-Wood (1996, p.313) comment on the need for the system to be fair. Lowry (1992, p.1353) suggests that in order for this to be seen to be done, all staff undertaking selection interviews should be trained and be working to a specific criteria. At present this is not the case for admission into Occupational Therapy and staff are allowed to use their "professional discretion" in the selection of potential students. This of course means that one lecturer may accept a student that another would reject.

Problems – 1. feedback on the process

Lecturers indicated that they felt they were unaware of what happened to people they had interviewed whom they felt were suitable but never saw again. They also expressed surprise that students identified as being unsuitable were then admitted to the course:

> *... it's not until sometimes when the students actually arrive that you suddenly realise that somebody that you actually said that you didn't think was suitable is suddenly on the course or and not really knowing what has happened to people that you did interview. (III)*

In some respects one of the interviewees answered the reasons this may be happening in the following statement:

You have got to get bums on seats, if you don't get bums on
seat... it is, isn't it? You have to be realistic it is like a
commercial world now... there are a lack of other people
who don't want to do academic qualifications.(VIII)

It is concerning to feel that courses are ruled by the financial requirements to

recruit students, even if they are not to the required standard. The lecturer's

comment regarding pressure to fill the course was in response to the academic level

of entry qualifications rather than the professional suitability.

2.Suitability

Two lecturers raised the issue of suitability of applicants to train for a professional

qualification, and both felt there were issues that could only be assessed with a

personal face to face assessment which would currently be an interview. One said:

... in a profession where as much importance is on the
therapeutic use of the individual themselves... in some
people those skills can be learnt in other people they are
more difficult and I think... that selection where the person
is interviewed in some manner and is able to present
themselves gives a greater appraisal not of possibly the
students who are suitable but almost to eliminate the ones
who are unsuitable..(VI)

There is an acknowledgement by this lecturer that the student has to have the

potential to become a professional, and that without some of the skills necessary to

become a therapist at the start of training, the period of training is not long enough

to develop them.

Another lecturer indicates that academic skill without the necessary

personal skills is not enough:

In the past we have looked at people on paper... and we
have said gosh you know when you have short-listed "by
jingo that looks like a high flyer" and then the high flyer
walks through the door and you know the high flyer maybe
an academic high flyer but is not a people person can't look
you in the eyes at you with their, you know the body

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> *language at the interview tells you everything and we would
> say, no really.(VII)*

This again supports the needs for interviews to ensure that students who are selected have some acceptable communication skills. It also acknowledges that the profession is a profession which deals with people and therefore requires students to be able to do this whilst in training.

3.Time

Most lecturers commented on time being a factor both to consider new ways of selecting students, and being able to prepare adequately for the interviews. Two said:

> *... because of the pressure of work and the amount of time
> we have there is little time before the interviews to look at
> the profiles of the candidates that are coming. Its all a bit
> of a rush job... (III)*

> *... there is an hour set aside before the interview when
> clinical colleagues are able to go through personal
> statements and they are advised to go through and also
> academic staff should but somehow find it very difficult to
> be in there for that one hour despite them being told
> repeatedly that they should be in there.(IV)*

Both of the above statements indicate that there is a lack of time to prepare adequately for the interview process. Lowry (1992b, p.1353) seems to concur that the same is happening in the selection of medical students which she considers to be a "time consuming task" which is undertaken by volunteers. Time required for selection is not recognised as being of paramount importance. In an early article, she had questioned whether it was a good use of time to "agonise too much about the type of student" in view of the small number we are selecting from (Lowry 1992a, p.1278).

Personal Qualities:

All lecturers recognised that the possession of the right personal qualities was highly important in the selection of suitable students, although there was some variation in exactly what they included in this category. I will present their comments under three headings: Communication; Life Experience; and Motivation.

Communication skills

All lecturers agreed that possession of communication skills was vital for a qualified therapist, and all indicated that they would want evidence that the students had these skills on entering training. Comments included:

> ... the ability to be able to talk up and be able to put forward their points of view... that there is a feeling you could talk to them...
> ...ability to be able to express themselves as well. It hasn't got to be perfect language, because if you are communicating with people you have got to be able to almost pitch your language to the situation, because they know what is expected of them, then one has got to query whether they can pitch it to a case conference. (V)

> ... could articulate... appeared from what you talked to her about had a caring attitude aware of the needs of people; a sense of humour... (VII)

It was felt that these skills could only be identified in the interview situation and staff felt that providing the students with a group situation encouraged communication. However to "hog the group" or only "echo" what others had said was not viewed positively.

Richards and Stockhill (1997, p.49) consider that the interview allows the selectors:

> ...to explore whether applicants can communicate effectively, can think a problem through with logic and reason and are speaking for themselves and not regurgitating well rehearsed answers which teachers and parents have thought up for them; it also reveals some of the qualities above and beyond academic ability which are

desirable in a caring profession, such as compassion and a
sense of humour.(ibid)

This book tells prospective medical students of the qualities the selectors are

looking for. The aim of the selectors does not seem any different to that for

occupational therapists, as we seem to be looking for the same qualities. This is

understandable as both are health professionals and therefore it is important to

recruit people who are aware of the profession they are entering.

Bridle (1987, p.114) compared interview scores with academic scores and random

assignments in the selection of occupational therapists. Some of the qualities being

sought at interview were "interpersonal awareness" and a "demonstrated ability to

relate well to people" which again would encompass communication skills sought

by the interviewers.

Some lecturers also considered that prospective students needed to be confident,

and assessed this by them having the confidence to speak in the group interview,

and therefore this was also assessed in their communication skills.

Life Experience

All lecturers commented on the need for students to have experience of dealing

with and relating to people outside the fields of education and family. Lecturers

seemed pretty unconcerned about where this experience had been gained, whether

it was from paid employment or a voluntary scheme. However, all said it should

involve relating to people and preference was given to widening the scope of

people with whom they came in contact:

> *I think we place an awful lot of importance... in terms of*
> *their readiness to deal with people. You know if a persons*
> *got involved in Youth clubs or Brownies or Guides or*
> *whatever and shown some indication that they are looking*

> *to communicate with people or they have worked as a*
> *waitress or what ever you feel that they have got life skills. I*
> *don't think it is about years of previous experience so I*
> *don't think you have to be a certain age.(I)*

Some lecturers did indicate that they would consider the geographical location or

the educational base of the students, and have an awareness of opportunities for

those who were in rural communities or in private schools. One said:

> *I think it gives us an idea of the person, who is involved in*
> *life and involved in people, but again it depends on where*
> *they live and the opportunities they have had. Its alright but*
> *if you haven't had a school or a family who haven't been*
> *supportive then how can you expect a 17 year old to have*
> *experienced everything? (V)*

One lecturer interviewed felt that the students all needed to be mature and that

therefore they should not be admitted to the course until they were 21:

> *I would not have allowed anyone to train until they were 21*
> *and had actually had work experience somewhere. Because*
> *I think you have to fit into any work situation as an*
> *occupational therapist... You have to have respect from*
> *your clients and you get respect by having work experience*
> *elsewhere and bringing in that more mature adult aspect to*
> *it.(VIII)*

Another lecturer had the opposite point of view for example:

> *...I don't think we can always dismiss 18 year olds just*
> *because they are 18 don't have life experience...you can get*
> *some very immature mature students and you can get some*
> *very mature immature age wise students...(III)*

There is also the need to recognise the potential that students may have started to

show, skills which we would recognise that are needed to become a competent

therapist, but one would also expect/hope that they would continue to develop

throughout the three years training. Perhaps then it would be more worrying to

have a "mature" student who did not possess them, than an 18-year-old student

who may not have had the opportunity.

Motivation

Some lecturers considered motivation to be an attribute which was important in prospective students. For some this is defined as the motivation to be a therapist, and the feeling that their motivation to succeed through a training programme will provide them with skills which will support them in what is becoming a very demanding profession. One said:

> *I think motivation... They need to be motivated to get through the course and to be able to be motivated in the profession... it's a... hard world out there now and its getting even worse and all my clinical colleagues... now think it is getting much harder and tougher. An awful lot more is expected of people and I think you have to be motivated to be able to do that and enthusiastic. (III)*

For others it was the recognition that these were attributes which employers were identifying as important and therefore we were preparing an employable person into the jobs' market. One interviewee said:

> *We provide a product that modern employers want one that is conscientious, one that is motivated, can find out, that can get off its backside and find things out and that can meet deadlines, that is very important and learn how to manage their time effectively and therefore avoid stress. (IV)*

It is perhaps interesting that one part of the contracting consortia has put together a list of twelve "candidate attributes" which they felt were important in addition to the university requirements and the academic requirements. They indicated those which were desirable and those which were essential for occupational therapy students. The following eleven are identified as essential. These include: ①commitment to Occupational Therapy; ②knowledge of/insight into Occupational Therapy; ③awareness of disability; ④interested in and like working with people; ⑤self confidence and awareness; ⑥tolerance of/respect for others; ⑦encouraging

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others; ⑧being focused; ⑨verbal communication skills; ⑩listening skills and ⑪evidence of interpersonal skills. The only attribute not identified as essential was experience of Occupational Therapy. Applicants are required to have knowledge of, and insight into the professions at interview, one wonders if this category perhaps included under section ②. However the majority of these skills are identified through the selection process with the majority being identified by the lecturers as being important. Motivation is not highlighted here, but this may be because they will be considering skills which are essential for a qualified therapist, whereas the educators are considering skills which are vital to succeed in training. Motivation is highlighted by Bullimore (1992, p.347) as being important in the training of doctors to ensure "success throughout undergraduate and professional life". This is going to be vital as the Occupational Therapy profession moves towards therapists updating their skills and providing a portfolio of evidence in order to renew registration to practice each year. Therefore, if it is not evident on entry to the course, then one must question whether the therapist will survive.

Professional understanding:

A number of lecturers felt it was important for there to be an understanding of the occupational therapist's professional role. One said:

> ... somebody who has some understanding of what occupational therapy involves. I can't say that we never go into a career without thinking what are we going to get out of it, there is always a personal gain, but there has also got to be an ability of being aware of what we can do for others without being self centred. Its that balance between wanting to do it and knowing that they themselves would like to do this and get something from it... (V)

One of the reasons for this comment may be because of the confusion which often seems to exist around the difference between occupational therapy and physiotherapy.

The profession offers very diverse areas of practice but unfortunately is often considered to be an easy course as the entry standard is below that set for physiotherapy students. As one lecturer indicated when she considered why people might be entering occupational therapy training:

> *... my gut feeling is that a lot of them come into OT because one it is a degree and two because they can't get into physiotherapy. (II)*

As physiotherapists and occupational therapists work from very different philosophical bases, this comment is really quite worrying. Whilst we share a number of client groups, the role of the occupational therapists in the field of mental health is much greater than the physiotherapist. Physiotherapists very often focus on treating the injury whereas occupational therapists work on the effect the injury has on the person. However, this confusion and consideration of similarities between the two professions is not new. Potter (2000, p.1) cites a study which is investigating the possibilities of merging the two professions to create a generic therapist. It is suggested that this might be a way to cope with the shortage of qualified professionals, and because of role overlap is considering the merging of the Occupational Therapy and physiotherapy professions.

Lecturers highlighted the need for the students to be able to talk to occupational therapists rather than just observe them:

> *... its not just the opportunity to have spent a lot of time shadowing or working in an OT department but I think they should have had the chance to have talked to somebody*

> *who would have had the chance to tell them what the*
> *profession is about. (VI)*

It was felt that this was particularly necessary because:

> *... they go and visit and what they do appears simple, what*
> *they know is very complex. (VI)*

It was felt that without the opportunity to talk to a trained therapist the students

may well be disadvantaged at the interview, and unable to contribute to the full in

an interview situation. Another lecturer indicated that to have experience of caring

and working with disabled people was not the same as having knowledge about the

profession (IV).

This problem of lack of knowledge of the profession can also lead students

potentially to pick the wrong career. Bartolac (2000, p.6) explains how whilst

studying for a physiotherapy degree, she became aware of Occupational Therapy

and continued her studies to qualify as an occupational therapist. Lecturers have

indicated that a way to deal with this confusion over choice of careers would be

better marketing of the qualification, both nationally through the College of

Occupational Therapists, and locally by lecturers being able to visit local schools to

explain what a career in Occupational therapy means. Nationally the problems have

been recognised and the college has brought out a range of new marketing material

including a book titled *Mandy's Mum's an OT* (*Occupational Therapy News*, 2001,

p.47). Unfortunately, whilst lecturers can see the benefits of the local initiatives,

staff have not been able to attend careers sessions in school due to pressure on

working time.

Research by Baron (2000) identified how one cohort of students heard about the Occupational Therapy profession. Of the 50 students who took part in the research, 19 were over the age of 21 when they became aware of the profession, and a minority heard about the profession through schools or career advisors. This would indicate that the marketing of the profession to the standard entrants (age 18) is poor. Baron found that the majority (20) had become aware of the profession through family contact or friends. Baron's (2000) study identified that for the majority of students (68%), occupational therapy was not their first choice of career with the highest number identifying physiotherapy as their first choice (ibid, pp.19-20). She also found that 74% of those who took part were unaware of the professional body (COT) prior to starting training. The lack of available information and the fact that the profession is not always the students' first choice of careers is bound to result in confusion when trying to establish professional understanding. This perhaps makes it even more important for staff involved in the recruitment process to ensure that students are clear about the parameters of the profession.

Standard V Mature Applicants:

The lecturers interviewed were asked specifically about standard and mature students' entry criteria as there is a difference in the requirements.

A Levels

Lecturers were basically of the opinion that the entry level had to be such as to ensure that the applicants were capable of succeeding, but some questioned the level which was set:

> *...I think that you have to have a good basic educational standard but I am not sure that that equates to 3 C's at A Level or 3 B's at A level or what ever. (I)*

> *...I guess its this difficult thing that you have to draw the line between the students that look good, as potentially having the right skills for the profession, but equally they have to have the academic ability to get through the degree course, and I think it is that very fine line and its which way do you weight it. Do you weight the academic? Do you want them all to excel and come out with 2:1 or 1 or what ever or do we weight it towards the profession and about an ability to do, able to do a job ultimately and having those skills to be able to do that. Maybe they won't be startling academics. (III)*

Both these lecturers recognise the need for an academic ability but question the

level at which it is fixed.

Lecturers expressed concern at raising students' expectations, by setting the

standard too low and then finding that students could not cope with the work. One

lecturer highlighted the pressure that this placed on staff to ensure they reached the

required standard:

> *... but I guess the problem again is, that you potentially make it much harder for the academic staff because you could be having quite a lot of people on the course who need an awful lot of academic support to actually reach that required standard within the degree programme. (III)*

It is impossible to say whether those students who have entered the programme

with less than the recommended 3 C's at A level and have then subsequently

graduated with high grades are due to: the teaching skills of the staff; the hard work

of the students; or a combination of both. No information is kept on the amount of

support given to any individuals on the course as this is very much demand-led by

the students and therefore this cannot be checked. Ultimately it is hoped that the

students will become competent practitioners capable of coping with the challenges of change (Hunt et al 1998, p.269).

Specific Subjects at A level and GCSE

Lecturers were asked if they felt any individual subject was vital for students to be successful in undertaking the course. The majority of lecturers indicated that they would only specify GCSE level passes in English and mathematics with a preference for a science subject in addition as being vital. As these GCSEs are requirements of the professional validating body, this was not surprising. A number of lecturers indicated some subjects which would be supportive of those studied in the first year to be advantageous for example Psychology, Sociology, and Biology, with a preference for Human Biology or another science based subject at GCSE or A level. However, none of the lecturers felt it was essential for students to have studied these subjects, and staff felt that motivated students would still cope:

> ... I don't see that they are absolutely crucial but a student who has done at a higher level some aspect that looks at psychology, sociology or something like that is likely to be more aware. ... if they have had the opportunity to study Human Biology, I am not saying it is essential but they would be advantaged to some degree in their first year. (VI)

One lecturer questioned what you should leave out because as she argued, one could state that all subjects could be useful to some aspect of the training or future practice. (VIII)

One lecturer felt that it was important to be more specific over the requirement of students who were entering the course without A level qualifications. In the case

of the GNVQ, the suggestion was that it was a "health module or a science based module" (IV) However, the lecturer made the point that:

> *As regards advanced GNVQ we like everyone else in higher education, are concerned about the nature of the GNVQ and its assessment as being essentially flawed and that is why we ask for an A level in Human Biology to go with it... (IV)*

The reason for this statement is perhaps because the GNVQ is only counted as being equivalent to the two A level passes, and as traditionally students have found the Anatomy and Physiology subject areas the most challenging, this may be why this recommendation has been made.

Mature Students

Most lecturers were supportive of recruiting mature students on to the programme with less than the 3 grade C's at A level. No lecturers indicated that they had any problem with any of the academic routes that the students chose as a means of gaining admission to the programme. Most lecturers felt it was important that potential students had evidence of some recent academic study, but were not specific over what that should be. One lecturer identified that a number of students felt academically challenged by the course initially and therefore did not feel that mature students were any more disadvantaged by not having accessed the course via the standard entry route:

> *... a lot of first years spend the first year getting to grips with the standard required for this course so they soon learn... if they are motivated. So for instance somebody who has done an access course for a year may not have all the traditional training of how to write essays and all the academic stuff although they may have some but may find they are struggling with that because of lack of experience. (I)*

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This lecturer attributes some of the problems to the staff's own personal experience of the route they used to gain access higher education. As all lecturers had followed the traditional route, this may account for the concern over other entry routes, as they lack knowledge about the modes of assessment and the standards used.

Many lecturers highlighted motivation as a factor that they felt was important to consider when accepting mature students on to the programme. Lecturers indicated that they had to be very motivated to succeed and many felt that the mature students demonstrated this by, in some cases, giving up well-paid jobs to return to educational training:

> ... they have got maturity, they have learnt what the world is
> all about and that can increase their motivation to succeed
> as I have said before motivation is a key factor(IV)

A further quality which was felt to be useful for mature students was confidence, and it was felt that this would be improved if the students felt that they had properly prepared themselves by undertaking some form of educational course in preparation for starting on the degree programme. One interviewee said:

> ... I do think they have got to have done something... I think
> it is the preparation so they feel confident when they start. I
> think confidence in starting can make such a difference to
> their progress through... (V)

Shanahan (2000, p.154) observed that:

> ... many mature students who seek support express a low
> level of confidence in their academic ability, despite
> meeting the university's entry standards.(ibid)

Shanahan's study was based on mature students on healthcare courses at a university and involved her interviewing the students, reviewing journals, distributing questionnaire and group discussions. The study was small and only considered five students. However she found that all the students lacked confidence

in their abilities, particularly in their academic studies. She also found, however, that all felt they had advantages due to their life and employment experience and felt that this was invaluable in the fieldwork/experiential areas of their programmes, and this also made them the people they were and meant they were able to contribute to certain areas of the curriculum (ibid, p.159).

Other entry qualifications

Whilst age and A levels were specifically asked about, interviewees were asked if there was any notable difference between A level students and GNVQ, BTEC and Access-route students. Many lecturers felt that there was certainly a difference initially. Two lecturers were not sure that this was the case, and the two interviewees who had not been involved since the advent of the degree course were not able to comment in full.

One lecturer felt that all students new to the course initially struggled to understand exactly what standard they should be aiming for:

> *Sometimes the BTEC ones I would say from observation are*
> *a lot more practical... I think some of them struggle with the*
> *academic but some of the A level ones struggle with it*
> *because it is a different type of studying. (II)*

Another commented:

> *... whether they have done A levels or GNVQs whatever that*
> *doesn't seem to make a difference to my experience they*
> *still seem to have picked up the same skills and abilities*
> *about writing academic pieces of work and things like*
> *that... (III)*

A lecturer who had been working with students since the start of the degree programmes indicated that initially a problem had been noticed:

> *... about six years ago we did have problems with a couple*
> *of cohorts of those doing BTEC's... quite a few*

> *students... had real problems because they hadn't within their programme of study, just hadn't done proper essays(V)*

Lecturers indicated that this had resulted in time having to be taken to improve the students' study skills but initially had resulted in students failing before this had become apparent.

One lecturer said that it did not matter what entry qualifications were used as entry on to the programme, because if students:

> *... want to be OTs, absolutely, and they are set on that and their motivation, their drive will overcome... (VI)*

This seems to confirm that if students are set on a career as a therapist, and not just on attending higher education, they have a greater chance of success because the desire to become professionally qualified will motivate them to succeed.

Competition

One of the reasons which was given for having the entry standards set at the level they are, was the competition between universities:

> *Not so much because of the programme but because of the recruitment and the competition and the market we are in (VI)*

Increasingly it is being noted that the number of eligible students applying for higher education, particularly the health-related professions, is falling. This of course means that courses are in direct competition with one another to ensure that all the places are full. It is felt that to have a lower entry qualification than the other universities would not aid recruitment, but may mean that students would put the course as reserve when replying to UCAS offers. Another concern is that students'

may not view the course as being of the same standard as those requesting higher

entry qualifications. One interviewee said:

> *...I think what we have got to do is look at the competitive*
> *market and where we sit in that and the reality is that that*
> *is about the same for most programmes. Three C's at A*
> *level are middle of the road, middle of the A level grade,*
> *three is the usual number people take. So I think it is*
> *looking at the market as looking at the programme. (VI)*

Other lecturers also indicated that the course could not be considered in

"*isolation"(V)* and noted the need to consider "*market forces"(IV)* when

considering recruitment issues. One of the interviewees summed all these points up

in the following quote:

> *... if you set your entry level too high you are setting such a*
> *high standard that people will then wonder once they are in*
> *there why they have had to have such high entry levels. If*
> *you set your standards too low you will get the people who*
> *think they will not be able to achieve anyway and so they*
> *are going out of security for the low entry*
> *requirements... you have got to get bums on seats... you*
> *have to be realistic. It is like a commercial world*
> *now... there are a lack of people who want to do academic*
> *qualifications. (VIII)*

The lack of applicants to the professions seems to be fairly well documented with

(Potter, 1999a,) highlighting a 30% drop in applications from prospective students

since 1997. It would seem that in the event of courses being unable to attract

students with the appropriate academic qualifications Occupational Therapy

departments are faced with hard choices of either sticking to their academic

recruitment standards or approaching this flexibly and being prepared to consider

other qualities. One person interviewed did indicate that they would be unprepared

to consider students who did not have 12 points at A level (DDD). However one

wonders if schools are aware when advising students who are entering the clearing

system that entry qualifications may be reduced during clearing in an effort to fill

the places. The fact that some schools may be aware and others not, may result in some students being disadvantaged. The advice that is given at this stage is vitally important as some schools advise students not to apply through clearing until they have their clearing number. This delay could mean that they miss available spaces. Potter (1999a) further highlights that the COT indicated that interest in the profession has increased and they are sending out an increasing number of careers information leaflets. One has to question why then people are not applying. As the profession has not received any bad press, unlike medicine and nursing, one can only conclude that students are selecting themselves out because either the career does not appeal to them or that they do not meet the entry standards.

Conclusions

There are four points which have emerged from these interviews. The first is the selection process.

It would appear from the data collected that there is support from the majority of staff for the interview process to continue. Lecturers have indicated that a paper exercise could be misleading as the standard of information varies and a student may look good on paper but may have poor interpersonal skills. Whilst lecturers have identified that spending more time with the candidates would be an advantage, the majority of staff felt that group interviews provided information about the candidates which would not be assessable at an individual interview. Lecturers recognised that there were many other techniques which could be used, but in view of time constraints recognised that the group interviews gave the best results.

Lecturers did however feel that there were improvements which could be made to the current system:

♦ Lecturers highlighted that some students feel inferior when measured against candidates with higher academic or personal experience. More attention to the grouping of candidates for interview by sex, age, academic and work experience may solve this.

♦ Lecturers expressed concern that decisions on the suitability of candidates may be reversed and therefore in an age of increased scrutiny they felt clearer criteria should be considered.

♦ It is felt that some training around the whole selection and interviewing process should be considered, rather than an assumption that everyone is using the same criteria.

♦ Lecturers generally wanted more feedback on the outcome of the interview process. It is important for staff to take ownership of the very important recruitment of potential therapists. It seems important to ensure that this takes place for staff to be able to learn from the experience.

♦ The current system requires lecturers to make a decision following an interview on whether someone should be offered a place or rejected. Staff were indicating that this decision making process should either not be left to them or should be honoured. One solution to this problem may be to introduce a scoring system with a figure below which students would not be accepted. However a clearer criteria may result in this problem being avoided.

The second point is around the qualities being sought from the prospective candidates. Lecturers felt increasingly that a higher priority was given to academic ability rather than the personal qualities. Staff feel it is important to stress the need

for these qualities, as without them, students would not succeed. It would seem that one way of over coming this problem would be to ensure that the programme is correctly marketed both by the professional body and the university. It is important to note that successful completion virtually guarantees a job. However it is also important that prospective students choose the programme as a career because they want to be therapists.

Some education of our clinical colleagues is required to make them aware of this dilemma, so that in the pressurised work place, time is still given to providing candidates with the opportunity of experiencing the job. They need to have a clear idea of what it means to be a therapist. In an ideal world it would also be useful to have some feedback from a professional as to whether they feel the candidates have the potential to train.

Finally there is the UCAS system over which we have no control. It seems wrong that students may get a place through the clearing system with lower grades than the published entry standards when others may not be advised to apply. There is a lot of difference between the stated 3 C's at A level (18 points) and the 3 D's (12 points) which can be admissible at clearing. Whilst recognition is given to filling places and training enough staff one wonders whether it would not be fairer for all institutions to be honest.

Chapter Six: Employers' perspectives on selection and employability of Occupational Therapists

Introduction

This chapter considers how employers view the newly qualified Occupational Therapists. The universities are educating and preparing students to become part of the profession of Occupational therapists on qualifying. The sole aim is for students to be eligible for state registration and to be eligible to join the professional body. As part of this aim it is important that the students should be employable and fit for purpose. The views of employers of these newly qualified staff were sought.

The employers came from a variety of clinical specialities and included those who recruited newly qualified staff for their clinical speciality and those that recruited for mixed rotation posts, which included a variety of physical and mental health experiences.

A process of thematic analysis identified four themes. Some of these themes are the same as in the previous chapter. The themes to be considered are: selection method; personal qualities; professional understanding; and newly qualified therapists. Each theme will be presented separately with employers' quotations in italic print and identified by means of a Roman numeral to protect anonymity as in the previous chapter.

Selection Method

It was felt that because of the range of personnel being interviewed and the different establishments they worked for, it would not be useful to consider their own ways of recruiting staff. Within this theme three separate areas were identified: the interview; employers role; and the academic qualifications.

The interview

The majority of employers interviewed had had some involvement in the selection of students for training. Because of the seniority of a number of those interviewed, they identified that they no longer took part in this process but had delegated it to their senior staff and therefore not all were involved in the selection process at the university where the study is being undertaken. Some questioned whether staff considered it as training for themselves or selection of future Occupational Therapists. One interviewee said:

> *I have chosen not to for the last couple of years, the seniors and heads do it. They have always actively involved us in interviewing which has been good actually... the seniors see it as an opportunity for a bit of development of their skills.(V)*

Most indicated that they felt the interview process was important but did not comment on the group interview system. One employer, who has contact with a course where candidates are not interviewed, felt very strongly that prospective students should be interviewed and said:

> *... we want them interviewing. I think that is the crucial bit because that tends to focus a bit more and at least pick up those who can't hold eye contact and have a conversation. (IV)*

One employer did indicate that they were unhappy with the system and said:

> *... staff who go don't like it, don't like the way it's done, they don't altogether agree with it. They don't feel that it necessarily does give you the opportunity to pick out all the best people. (II)*

None of the employers considered were against group interviews as it helped assess interpersonal relationships but felt in an ideal world that there should also be a one to one interview. However one employer stressed the importance of having interviews by saying:

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> *I support having interviews and I know some schools don't*
> *and they reckon there is no difference at the end of it but I*
> *do think it matters (II)*

As the majority of those interviewed were in senior management positions they recognised that they were no longer involved in the interviewing process and that this was a task which was delegated to other staff. One manager said: *"... I have chosen not to for the last couple of years, the seniors and heads do it"(V)*. When asked if it is something she would like to be involved in there was an acknowledgement of lack of time *"... there is a limit to what you can do"(V)*. Another interviewee who also highlighted that she personally had not been involved in the interviewing process for a long time suggested:

> *I know this is always a balancing act because it always*
> *takes clinicians time. Obviously I think everybody would*
> *like to say yes we would like to be involved but in reality*
> *they can't be... (VIII)*

Another interviewee indicated that she no longer took part in the process but indicated that she had found the process difficult:

> *I found that quite difficult actually the questions that they*
> *asked. I didn't like some of the people, pardon me for*
> *saying so, I suppose that were actually given a place. I*
> *think they weren't my sort of people so I guess that's where*
> *it is difficult because you have equal opportunities and I*
> *suppose we are all a bit traditionalists. (III)*

This employer said she did not feel *"comfortable"* with the process and questioned the extent to which they could influence it.

The employers role

The university lecturers had been very supportive of having clinical staff involved in the process. However, the employers did not view their role as positively and in fact felt that the partnership was unequal. One interviewee felt that her employees did not perhaps realise the role they had in the interviews:

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> *...I don't think they actually realise, because in the
> interview situation obviously the academic tutor is there to
> look after the academic qualification side of it, they are
> going to want people who are going to do well. But I
> always think the clinical practitioner should be there to
> look out for the personal qualities. We place a lot of
> emphasis on talking to the staff saying ... if you go to
> interview it is not a jolly ...you are actually there to do a
> job. So if there is somebody who you don't think should be
> allowed into the profession you have to speak up and say
> so ... (I)*

This however may be a problem as work undertaken by Caine et al (1967) to consider the personality attributes of therapists found that they varied in accordance with where they worked. Whilst this was only a small study of 24 therapists, it could explain why employers are looking for different characteristics. The employers who take part in the selection process come from a variety of clinical settings which could well mean that someone who is acceptable to one may not be to another. Sabonis-Chafee and Hussey (1998, p.6) when considering the selection for training of occupational therapists in America said that there is a "common profile" of people who are likely to succeed in training:

> The ideal practitioner genuinely likes people and relates to
> both individuals and small groups. As with members of any
> other health care profession, those interested in OT
> demonstrate the ability to handle their own personal
> problems and feelings before trying to help others. (ibid)

They describe the personality traits most required to be an occupational therapist as flexibility and adaptability.

There was an acknowledgement amongst a number of those interviewed that some employers may find it difficult to say that they felt students were unsuitable, and felt that they were constrained from saying so by things like the equal opportunities policy. One said:

> *...I didn't really like some of the people... that were actually given a place. I think they weren't my sort of people so I guess that's where it's difficult because you have equal opportunities and I suppose we are all a bit traditionalist. (III)*

One of the problems may be that fairly junior employees are now interviewing with senior academic staff which raises the question of the influence of seniority in the selection process. This is perhaps causing some of the employers staff to lack confidence in identifying students who they feel to be unsuitable. A number of employers interviewed indicated that the main reason for the delegation of interviewing to their employees was lack of time. None indicated that they felt it was inappropriate for their employees to be involved in the process.

Another factor maybe the pressure to fill courses. Therapy Weekly, the therapists newspaper, identified that there were 79 vacancies in the UK after the new intake had been enrolled in September 2000 in its lead article. (p.1) The lack of prospective candidates could mean that standards are being lowered. It could also be that employers are unaware of the competitive situation regarding the recruitment of suitable applicants and instead are considering the fierce competition for places, which existed 10-15 years ago.

Academic qualifications

Many of those interviewed felt they were not in a position to say what academic standard should be set and a number questioned whether 3 C's at A level was average whilst others felt it was not very high. The answers seemed to be based around whether the employer had any recent contact with the education system through family members or by having undertaken further study since qualifying.

The interviewees did not agree on what, academically, should be the base level for admission. One felt that, *"they have got to have done A levels"(II)* but felt it was a bit high, whilst another felt it should be *"flexible"(V)* to cope with the shortfall. This was supported by a number of employers who felt that there were prospective applicants who had the *"personal skills"(VI)* but not the paper qualifications. One said:

> *... the qualities that perhaps are not always reflected in the C level or whatever level at A level results because it isn't just an academic course because it is a vocational course as well. It's important I think to assess those personal qualities as well as their academic qualities. (VIII)*

All seemed to be aware that there was a certain academic standard required to complete the training but considered that some of those not meeting the academic standard may have succeeded anyway.

This split between the recognition of the need for an academic standard and personal qualities is perhaps explained by Rafferty and Traynor (1998, p.16) who argue:

> Some have felt sad that an orientation towards kindness, caring and intuition is waning in the face of strident talk about research-based practice and academic qualifications. We feel a great deal of sympathy towards this sense of loss but also a sense that higher education can offer raised consciousness, increased participation, even a certain liberation.

Whilst the above was written about nursing titled "academic bandwagon" and questioned whether the increased academic entry standard was justified it would also seem applicable to Occupational Therapy.

Some felt that the academic qualifications did not necessarily mean that the students had the skills you would expect. One employer highlighted that an A level in English did not always mean that the student could write coherent notes. (I)

When the entry standard for mature students was considered, the employers were again not in agreement. Some felt that it was not important and cited examples of mature students without A levels who had done access courses *doing every bit as well if not better (I)*. Yet another employer felt very strongly that the admission policy should be the same for both and considered that the justification of life experience was invalid:

> *Why do you need high A levels then? It just does not make any sense. I can see benefits of life experience but I have to tell you that some of the 18 year olds going into university have had more life experience than some of you 30 year olds going in and I think people have to bear that in mind. (II)*

Another employer questioned whether life experience was a true indication of *"learning ability" (VI)*, which would appear to justify the need for proof of recent academic study.

One employer felt that students who had been selected as mature students on a lower academic qualification had found the course difficult:

> *... I have felt that in some instances they have really struggled and haven't got the ability. (VII)*

However a number of those interviewed highlighted that they had unqualified staff who had qualities which would make them suitable to be trained as therapists. This view, in some senses, is supported by Wainwright who writes about nursing (1998, p.18):

> Academic qualifications alone will not make a good nurse, but that is no the same as saying you don't have to be clever

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to be a nurse. I believe that someone who has not achieved degree level learning outcomes will be a worse nurse than someone who has.

Wainwright (ibid), whilst saying that academic qualifications are not the only important factor in training, does however stress the importance of general education in becoming a successful practitioner and stresses:

I would be keen to prevent people joining the profession if they cannot make the academic grade. I would not want a nurse who was caring, but who failed the course, to look after me any more than I would take my cat to a vet who was fond of animals, but could not pass exams.

It is therefore important, when discussing the entrance levels, to consider whether students are academically capable of passing the course. It must also be considered that without the necessary personal attributes that students could be just as likely to fail and therefore it is important to ensure that these are present in selection.

Personal Qualities

The employers identified that the personal qualities of the newly qualified Occupational Therapists were particularly important to them. As the majority of newly qualified staff have the same academic standard, personality seemed to be a factor which was viewed as an important tool to selection for a first post. Seven separate areas were identified within this theme: first impressions/appearance; attitudes; organisational skills; interpersonal and communication skills; sense of humour; confidence; and common sense.

First impressions/ appearance

Two of the employers identified that this was a problem area. They felt that the newly qualified therapists should be better prepared by the university for the interviews, even down to filling out application forms. One said:

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> *Something more on interviewing skills because they*
> *certainly seem to lack... interviewing skills, ... Because we*
> *tend to have so many applications, you know we are*
> *fortunate in that respect, we actually sift and shortlist at the*
> *application stage and there are a number of students who*
> *actually fill out their application form really poorly. They*
> *either hand write and have lots of scoring out or don't*
> *verbalise really well... they actually undersell themselves on*
> *the application form... (I)*

It is perhaps surprising that the new graduates, who will be a minimum age of 21 by this stage of their training, would be unable to complete an application form without mistakes and felt that they would need guidance on what is required.

Murray and Simpson (2000, p.45) describe this as the promoter stage:

> Having decided that an employer is right for you, you need
> to make potential employers see that you are right for them
> and the job offer. Thus, this stage is about self-marketing it
> is important to get yourself recognised... When making a
> formal application, construct a good curriculum vitae (CV),
> which demonstrates written skills... For some the transition
> from student life to the reality of working life means initial
> feelings of insecurity and lack of confidence owing to
> inexperience or concerns regarding acceptance by others.
> (ibid)

The university has recently identified this as an area where all students benefit from support and now offer sessions to prepare all new graduates for employment.

Another employer raised a point regarding appearance and felt that if they weren't able to present well at interview then it would affect other areas:

> *People might say that dress isn't important, but again I*
> *think dress is, because when that person goes on to the*
> *ward and meets the patient, the relatives and the doctor*
> *first appearances do count... if people appear untidy, dirty*
> *and scuffed shoes they have got a lot of bridge*
> *building... (II)*

She went on to say that she had been shocked by the lack of effort that people had put in. Whilst employers acknowledge that new graduates are often in a poor financial situation, employers seemed to be concerned at the lack of effort taken to

be presentable. The lack of presentable appearance is in breach of the Professional

Code of Conduct (2000, p.9) which states:

> 4.4.2Personal appearance, clothing and jewellery and
> footwear must be appropriate to the setting...

All graduates are given a copy of the Therapy Weekly Guide in their final year.

This gives information on job vacancies; writing C.V's; applying for jobs; and

information on how to prepare for interviews to all qualifying therapists. In the

1999-2000 edition they also consider dress and manner important, and say that first

impressions can be crucial (Therapy Weekly Guide 1999-2000)

Perhaps because students are aware of the shortage of therapists (Potter, 1999b,

p.5), they therefore do not expect to have any difficulty in finding jobs. However in

some geographical areas, the competition for jobs is very fierce, especially in areas

where there are training courses, as an increasingly high number of mature students

wish to remain in the same locality.

The government has acknowledged the shortage of therapists by increasing the

number of funded places for students to train (Ogden, 2000) and therefore in the

future staff may find it more difficult to find posts. So appearance and the need to

make a professional impression may become increasingly more important.

Attitudes

Two of the employers mentioned attitude as being a problem area and defined the

problem as being "inflexible". One attributed this to the level of the degree

qualification:

... they do seem to have an attitude that I have got a degree
and so I must be right. I am not saying they are wrong but
life is not that black and white. (II)

The other employer again indicated "attitude" to be an area which could be a

problem that should have been addressed earlier:

Sometimes when we have a student who has not done really
well, you sometimes think how have they got this far? What
is it that has not been tackled? It seems to be something
about attitude; occasionally their attitude, their outlook, not
being objective and flexible enough.(V)

Hunt et al (1998, p.264) considered the move of Australian physiotherapy students

from colleges and hospitals which were said to be "vocational or clinically

focused" to universities where courses had "assumed applied sciences and clinical

science frameworks". They considered that the change of institution resulted in the

students having to possess a range of professional skills and generic university

skills. The generic university skills were divided into five categories: knowledge

skills; thinking skills; personal skills; personal attributes; and practical skills. (ibid,

p.265) The study considered that the list of skills were essential and relevant but

required building on by professional groups to be acceptable to the professional

body. They considered that:

The process of socialisation into the profession which
occurs in entry-level programmes tends to emphasise the
distinctions between the health disciplines, with students
focusing on the unique skills that give them professional
identity. The consequence is that students have difficulty
accepting common aims in the workplace. (ibid, p.267)

It may be that the students' attitude problems are based around this lack of

professional identity. The fact that students are taught in mixed professional groups

may lead to a lack of professional confidence and an inability to develop the skills

to think laterally and problem solve. Hunt et al (ibid) questioned whether this was a

fault of the teaching, which promoted technical mastery of the skills, rather than thinking and problem solving.

Simpson (2000, p.48) identified that competencies for newly qualified Occupational Therapists are considered under three headings; knowledge, skills and attitudes.

Attitude is defined as determining:

> ... how a job or situation is approached and are based on an individual's values and beliefs. These can change over time and are influenced by previous experience. Rarely is the importance of an appropriate attitude to work openly acknowledged. Yet its often the display of an inappropriate attitude at work which creates difficult problems. (ibid, p.48)

Simpson identified that employers now consider that a flexible attitude and openness to change is an important trait in their staff (ibid). It would therefore seem that the employers who identified the importance of this characteristic are perhaps only too aware of the problems that can be caused by inflexibility.

Organisational skills

An area, which was identified as not being good, was the organisational skills of the newly qualified therapist in coping with caseloads and time management skills. One employer said:

> ... they often struggle with the pace of work, I am not sure how you prepare them for that, to be honest with you. But that is something people struggle with managing a caseload. I think there is a big jump from being a student to handling a caseload and having responsibility. The level of responsibility they also struggle with, some don't but some do and in many ways it isn't until probably their second year as a basic grade that you feel they are functioning as an independent clinician... (VIII)

Simpson (2000, p.49) acknowledged the problem of developing effective time management which was experienced by newly qualified therapists, but felt that it was reasonable of a manager to expect that staff could manage their time and a caseload. Hodges (1998-1999) identifies that:

> Knowing how to use time efficiently and wisely is probably one of the most difficult tasks faced by newly qualified therapists. Experts have likened moving from student world into your first post as like moving the L plates when you have passed your driving test: people no longer make allowances for you, everything speeds up as well. (ibid, p.103)

One of the reasons that the employer may be identifying is that students are not adequately prepared to cope with the issues of time management, prioritising a caseload and managing the demands of the paper work, and perhaps because they are shielded from this during their fieldwork placements. Placements will often provide the student with the more "hands on" type of experience and the more mundane administration task will be undertaken by qualified staff. Unfortunately, however, this approach leaves the newly qualified staff without these skills on qualification.

The other reason is the pace of work in hospital. It is acknowledged that the speed of treatment is all-important in a system, which is suffering from a shortage of beds and therapists. Unfortunately this requires that students on qualifying are further along the continuum of novice to expert as described by Dreyfus and Dreyfus (1986) than perhaps is required for professional competence on qualification (Spalding, 2000, p.390). Spalding, in her examination of the acquisition of skills of two newly qualified therapists, considers that previous experience was an advantage and allowed them to start at a higher level. It is therefore vital that

students gain experience of all aspects of a therapist's work when on fieldwork and not just the areas of interest or specialities.

Interpersonal and Communication Skills

All of the employers felt that interpersonal skills were vital to all areas of work and many indicated that this was the deciding factor at the interview stage for recruiting newly qualified Occupational Therapists. However some also acknowledged that some students did not possess the skills:

> *... we still have a lot of students who actually seem to have been accepted into OT who don't have personal skills. You know, very poor social interpersonal skills. So that presumably they have the academic qualifications, but they don't relate well to people which I think as an OT, given how much we use our personality as a therapeutic tool. I think you know, there are things you can learn from experience but if you are not a people person it is very hard to pick it up and certainly I would say, even though the academic qualifications are higher, I don't think we are necessarily getting any better people social skills wise. (I)*

A number of the employers also stressed the fact that the newly qualified therapists had to like people and that it was a profession, which was about working with people:

> *You have to have people who like people who want to work with people and care about people and care about helping people... and that is crucial absolutely crucial they have got to like people. (II)*

> *... we are looking for someone who is going to fit into the service that we already have. Somebody that is sort of a person's person that is quite personable and is obviously comfortable working in a team environment. (VI)*

The employers are stressing the importance of being able to work with professional colleagues and the patients. It is perhaps surprising that the profession might attract students who did not want to work with patients, but this could be attributed to the high levels of unemployment and the known shortage of therapists.

Employers identified the importance of the staff having good communication skills:

> *... the ability to build up a rapport with people and thinks*
> *about what they are saying, comes over saying the right*
> *things at the right time they are usually quite bright as well*
> *so that if you are looking at presence and personality*
> *within the interview ... although you can make mistakes(VII)*

This member of staff described "presence" as being "personality", the students "easy rapport and communication", skills that make the person stand out. She felt this was vital because most new recruits could answer all the questions at interview and were academically capable.

Sabonis-Chafee and Hussey (1998, p.200) suggest that the therapeutic relationship which an occupational therapist forms with her patient requires more skill than everyday encounters and highlights that this therapeutic relationship requires: warmth; caring; and empathy. They consider that these must be balanced with self-awareness. (ibid, pp.204-5)

Hagadorn (1997, p.21) considers the role of the "therapeutic use of self". Whilst she considers that skills of listening, observing non-verbal cues and adapting responses are required of all health care professionals, she identifies that the role of the occupational therapists to be unique and considers that:

> Whether working with an individual or with a group, the
> therapist's awareness of personal attributes and skills in
> interpersonal relationships and the sensitive and empathetic
> use of such attributes or skills in the context of an activity
> or task in order to develop a therapeutic relationship with
> the participant(s), and to achieve a therapeutic goal, is at the
> centre of the practice of occupational therapy. (ibid)

Hagadorn highlights the importance of these interpersonal skills and gives examples of further skills, which she feels are important in the "therapeutic use of self". Included in these are: awareness of own emotions and reactions; understanding own attitudes and prejudices; and defining and adhering to professional behaviour and ethics (ibid). Whilst these are considered to be fairly basic and fundamental skills which all therapists should possess, it is worrying that the clinicians are indicating that they are not present in some students.

Dainow and Bailey (1988, p.4) question whether attitudes can be changed. They consider the role of client contact skills and describe these as:

> ...abilities which ensure a helper relates to the client in
> such a way that they can work productively together on the
> management of the client's problem.(ibid)

They highlight three key areas, which they feel to be important interpersonal skills, vital for newly qualified occupational therapists to be competent. These are: genuineness; acceptance; and empathy (ibid, p.24). If in fact some of these cannot be changed or learnt, then it becomes vitally important that these skills are assessed and highlighted as being present at the selection stage. It would appear from what the employers are saying that some newly qualified staff do not possess these skills and, therefore, they have not learned them in the three years of training. Students are assessed on all three of their placements for their interpersonal skills. In order to qualify from the course they have to have passed this element of their training and demonstrated their competence in this area. It is therefore worrying that the fieldwork educators assessing their competence have not identified problems in this area.

Alsop and Ryan (1996, p.225) consider the transition which takes place between being a student and therapists on qualifying and identify that changes will have taken place:

> Different people will have noticed changes in you and may well comment on how you seem to be different from when you embarked on your studies. Some may like the differences they perceive, others, particularly those closest to you, may be more reticent.

Alsop and Ryan indicate that the student could have changed, and they continue to say that these changes may affect the way the newly qualified therapist acts and communicates. It would appear, from what the clinicians are saying that problems occur when students are unable to make these changes.

Confidence

Employers recognised that a lot of the students were now more confident and a number of employers identified that they needed newly qualified staff who were confident in their role and able to settle in quickly. However one employer did not always view these as being positive features:

> *Graduates coming out now are a lot more confident than for example I was when I came out. But it is being able to direct that confidence appropriately and we very frequently have issues to do with how they speak to me as a manager and its that sort of respectful confidence that's important. When I was qualified I wouldn't dream of speaking to my senior like some of them do these days. (VI)*

It is pleasing to note that some of the employers are finding that the newly qualified therapists are well prepared and confident to undertake their new role. This certainly fits with the findings of Spalding (2000) who followed two newly qualified therapists through their first year. Spalding attributed this to the experience gained during their fieldwork which meant that they were transferring previously learnt skills (ibid, p.393). However, it is concerning to find that one

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employer found them to be over-confident and disrespectful, and this perhaps fits with another employer who was concerned about their attitude. The employer concerned did question whether this was a reflection of the educational system, which does not encourage respect in calling staff at a very young age by their Christian names. It is however a concern because one wonders whether they are equally disrespectful to their clients.

Perhaps this appearance of disrespect could also be explained by Barnitt and Salmond (2000, p.444) who researched the fitness for purpose of occupational therapy students. They found that students had a "more questioning attitude" and there was an indication that staff found this to be time consuming (ibid). The fact that students are encouraged to question their practice may lead to qualified staff feeling challenged and their competence questioned.

A study carried out in Scotland, in 1986, surveyed new graduates six months after qualifying. The two main problem areas which were identified in this transition process were firstly that there was a lack of professional confidence and secondly that there were difficulties in staff relationships. Whilst this study took place sixteen years ago it would appear that the same is still true (Parker, 1991, p.166).

Common Sense

One employer identified common sense as being a quality that was important both at selection and for employees:

> *The other thing I think we need to be able to assess... is*
> *general common sense and coping skills to deal with*
> *things...people need common sense because they are*
> *always going to have to cope with the unexpected... (II)*

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This has always been a problem area to the profession which for years has tried to move away from the description of occupational therapy being purely common sense and has tried to move to a much more theoretical description of the skills which the therapists possess. Mattingly and Fleming (1994, p.16) however, support the need for common sense as a skill which occupational therapists need to possess:

> Occupational Therapists support this view that much of what they do is common sense. Often at the same time they express an element of surprise at the seeming lack of common sense on the part of other hospital members of staff. (ibid)

In their book on clinical reasoning, they linked common sense to practical know-how and saw this as a characteristic of an occupational therapist (ibid, p.17). Gardner (1985, p.113) describes common sense as "the ability to deal with problems in an intuitive, rapid and perhaps unexpectedly accurate manner". Mattingly and Fleming (1994, p.96) consider common sense to be especially helpful to the therapist and says "common sense makes for good clinical judgements in many ways" (ibid, p.113). However in an article about preparing for competence in the next century, the view of common sense as a description for the skills used by an occupational therapist is frowned upon:

> We need to be clear that our professional practice is unique or accept that we will be classed as generic workers. No longer is it possible to consider occupational therapy as common sense informed by generic knowledge drawn from the biomedical and social sciences. A theoretical base of occupational therapy specific knowledge, informed by skilled clinical reasoning, is a critical area of development and growth. (East, 2000,p.1)

Whilst it would seem there is a general agreement that therapists need to possess these skills, if we are not prepared to view them as a description of the professional work undertaken, then perhaps we are not looking for them at selection.

Sense of Humour

Only one employer mentioned "a sense of humour" as being important. (V) It has already been identified that the newly qualified therapists are going into an increasingly stressful area of work with pressure to increase the numbers of patients discharged in the shortest time possible. With pressure on budgets, increasing demands for occupational therapists, and identified shortfalls in the numbers available, it would seem that the need for therapists to be able to maintain a sense of humour is perhaps increasingly important. It would appear that a sense of humour is viewed by this employer as a way of ensuring good personal health and a mechanism for coping with the stress.

Rose (2000, p.12) in a study about job satisfaction amongst a group of health professionals identifies occupational therapists as having "high stress" levels. Craik (1988, p.40) acknowledged that occupational therapists were under stress and considered coping strategies which therapists might use. She acknowledged that no research had been undertaken and questioned whether ways of coping with stress should form part of the educational curriculum (ibid, p.41).

Murray and Simpson (2000, p.4) also acknowledge that new graduates are expected to perform at a faster pace than that expected of a student and this undoubtedly causes pressure. Students who have previously coped well on placements may find themselves unable to cope because of the scope and volume of the work they are required to undertake as an employee, compared to that of a student. An added dimension to this is the reduced level of support from being a student and having

close supervision, to being a professional who may only receive supervision on a weekly basis.

Sabonis-Chafee and Hussey (1998, pp.246-8), when describing the supervision needs of newly qualified American occupational therapists, suggest that, as "entry level practitioners", they will require close supervision on a daily basis. Therefore, perhaps, some of the problems newly qualified staff experience could be avoided if this were possible.

Professional Areas

This section considers areas identified by the employers to be essential to their newly qualified therapists. Five areas were identified: understanding the professional role; specialisms; academic standard; fieldwork; and competence. All areas will be considered individually.

Understanding the professional role

The majority of the employers commented on the professional role expected from the newly qualified therapists. Two employers described what they were looking for in a newly qualified therapists as follows:

> *... someone who has got a good grasp of the OT process; who has seen it in action; who can deliver it in terms of treatment planning for fairly core conditions like fractured neck of femur, hemi, that sort of thing; so the ability to deliver the goods in terms of the OT process so that they know what they are coming into. So on the professional front I am looking at them as potential advocates for the profession so they need to be not too bold all the time but to be bright enough bold enough and to know where they are going (IV)*

> *...somebody who has got a clear concept of what an occupational therapist does and can do, somebody who can sort of explain that clearly, and concisely, somebody that's got some idea about the context in which they are going to work, and the sort of difficulties they may face really, and why its important to be able to clearly define what you do, and what impact what you can do can have on the patient(V)*

The employers indicated the importance of having clear professional insight and being confident in their explanation of the Occupational Therapist's role. This need for a strong professional identity is felt by Hummel and Koelmeyer (1999, p.355) to assist in the transition from student to therapist. They cited a strong professional identity both by the newly qualified therapist and the staff group they join to be an important factor. Kasar and Muscari (1999, p.49) also acknowledged the importance of professional behaviour and concluded that:

> Students and beginning therapists are expected to be responsible, appropriately assertive, self-motivated and to function relatively independently with guidance. These behaviours cannot be taken for granted, and the development of professional skills in students and clinicians requires practice, experience, role mentorship and evaluative feedback. (ibid)

However, they acknowledge that, on qualifying, some may not possess all the skills required, indicating that "their lack of experience may make them more of a hindrance than a help" (ibid, p.47) and claim that they only gain a professional identity by integrating knowledge and experience.

All the employers indicated that they were able to find occupational therapists to fill the posts, but felt that not everyone who applied necessarily had these professional skills and some felt they had little understanding of the profession they were joining. One said:

> *I am quite shocked that some of them do not realise what a responsible job it is or aren't willing to accept the responsibilities... they have this temptation because they*

> *are not quite sure they will give them all a raised toilet seat*
> *and a chair raise cause they are just not sure. Well at the*
> *end of the day that sort of approach I can employ an OT*
> *assistants. They have got to be prepared to assess, to use*
> *their professional skill, knowledge and judgement and make*
> *decisions and be bold enough to live by it. (II)*

This idea that everyone could manage with the same equipment is in fact away

from the central philosophy of occupational therapy, which states that each person

should be treated as an individual. With a change in education, which has become

less didactic and more student-centred and hopefully encouraging lifelong learning

skills, it is perhaps disappointing that the newly qualified therapists are not

applying their theoretical basis to the practical problems. Alsop and Ryan (1996,

p.15) identify that Occupational Therapy education has changed, but recognise that

some therapists practice in a certain way:

> Their programmes and groups follow set patterns and
> theoretical frameworks as they strive for a satisfactory end
> result. This way of practising is fairly easy but does not
> allow for the individualisation of either the client's
> programme or the therapist's work.

Could the problem of the new graduates attempting to use the same practice with

all patients therefore be as result of previously observing others doing the same or a

lack of close supervision? Kasar and Muscari (1999, p.47) considers that new

graduates rely on repetition to develop competence and claims that they do not

have the experience and clinical reasoning skills which again would support the

need for close supervision. However Barnitt and Salmond (2000, p.446) feel that:

> Employers, clients and carers have a perfectly reasonable
> expectation that a newly qualified occupational therapist
> can describe the theory base of practice and explain the
> purpose and potential effectiveness of therapeutic
> intervention.

One employer considered that the students were different and were entering the

profession for different reasons:

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*...I think there is a real diversity coming into the job, I
don't think that's bad but I think people don't realise
perhaps what the job is about. They see it perhaps as a way
of furthering there own careers not always in occupational
therapy so it may or not be a long term ambition for them to
remain as an Occupational Therapist. I think some of the
backgrounds we are seeing of what they have done before
you know we are employing people who are different from
what we used to employ. I am not saying that is a bad thing
but I think equally perhaps find it difficult coming in to the
department as well.(III)*

*I am not sure whether we have got people who are more
committed than they use to be. I think in many ways sadly
they are not... There has been a trend I think in recent years
of people to qualify, get their ticket, get some experience
and very much to be driven by their own personal
development plans rather than focusing on the needs of the
client. That's a bit sad isn't it? (VIII)*

It was a concern that when the profession went to degree status that students
entering the profession would do so to obtain a degree qualification rather than
necessarily wanting to practice as an occupational therapist. So far the information
has not supported this with all students being employed as therapists at the end of
their training. However one could perhaps question whether this is by choice or as
a result of having student loans to pay off and whether as these therapists suggested
that they are not viewing it as a career for life but a stepping off point. Sabonis-
Chafee and Hussey (1998, p.6) suggest that:

> Occupational therapy is a life long profession, not a 9-to-5
> job; therefore commitment and dedication are important.

It would therefore seem to be even more important that students are selected who
really want to be therapists rather than study for a degree.

One employer commented on the transition from students to therapist:

*... most of them come out acknowledging that they are now
in a profession but there are also certain ways one acts as a
professional, they are no longer a student, it's a different
environment to a certain degree. It shouldn't be difficult*

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should it? Because they have been out on Fieldwork
Education they become a professional for that period of
time so they should have the awareness of what is expected
but yes I do think they come out struggling with that
transition (VI)

Alsop and Ryan (1996, p.226) have identified that not all students find this

transition from student to therapist to be easy:

> For qualifying therapists, the change in status from student
> to employee has to be managed...It can be an exciting time
> which often causes some anxiety, but it can also be a time
> of loss as student life is relinquished.

Alsop and Ryan consider one of the problems facing the student is the lack of peer

group support, as the new role often means moving away from friends and

identifies this as a period of loss. They recommend that students should take a

break before starting work. Unfortunately students are often unable financially to

afford to take a break and often feel that to delay the start date may mean that they

fail to get the job they want.

Specialisms

Employers were concerned that a lot of newly qualified therapists were

uninterested in the basic work of an occupational therapist, which they described as

"bread and butter:

> *... they would all like to be doing rehabilitation... so their*
> *expectations are slightly unreal... I mean I have to be honest*
> *and say that all my staff would like to keep their patients a*
> *bit longer and I know there are moves for better*
> *intermediate care but they have to have a bit of*
> *understanding of the pressures and that its resource driven.*
> *(II)*

> *... we are still very bread and butter stuff. We are not really*
> *into a specialism as such and therefore they are all coming*
> *with these grandiose ideas about work vocation and*
> *learning disabilities and paediatrics... (III)*

The frustration of the employers with the newly qualified staff desire for specialist

posts its perhaps explained by Oakley et al (2000, p.107):

> ...therapists are not able solely to determine whether and
> how they specialise. This is rightly the case: while
> therapists are in a relatively strong position in the care
> labour market because of the relative national shortage of
> therapy staff, services provided should meet patients' and
> clients' needs first and foremost not primarily therapists'
> career goals.

Whilst it is understandable that the newly qualified therapists may well have areas

that interest them most, it is important if they are going to become confident

practitioners that they become proficient in the basic skills.

Academic standard

None of the employers identified that the classification of degree was important to

them. This is perhaps because they often do not have this classification when they

are appointed as many apply for the posts before completing the course. One

employer indicated that they were not interested in the degree classification:

> *I am definitely not interested in their level of academic*
> *achievement. As long as they have demonstrated that they*
> *have got enough academic skill so that they can write*
> *hospital reports and that they can problem solve and that*
> *they can address issues and hold their own I am not*
> *worried about there level of achievement. In fact if you*
> *want the truth I am put off by it. (II)*

This employer indicated that newly qualified therapists felt basic self-care issues

around washing and caring for the patients to be tasks which should be undertaken

by other staff. One reason for this may be as Barnitt and Salmond (2000, p.445)

found that:

> The employers expressed concern that therapists who had
> qualified recently from a degree course saw themselves as
> 'graduates' rather than 'therapists'. This was seen as a
> problem in so far as graduates were thought to be more

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concerned with what the job could do for their career, rather than with what they could offer as an occupational therapist...

This employer had a similar point of view and went on to say:

> *I think we have a conflict of interest because the academic establishment is looking at giving people an academic qualification really and the employers are looking to employ professional to do a specific job. I do think there is a bit of a miss match. (II)*

She further commented:

> *... we are a fast track trust, with a lot of down to earth bread and butter stuff. We want people who can actually do the job, and get through the patients, and quite often my experience has been that those that are extremely academic, find those practical pressure more difficult to deal with because they have high expectations of themselves, and others, and tend to be more idealistic and our real pressure situation doesn't suit them. (II)*

One could question whether this is because the less academic person does not question whether it is right to rush people through the system and offer them less than the best. Barnitt and Salmond (2000, pp.446-7) felt that:

> Education can prepare new graduates up to the point of starting work but cannot anticipate the different demands and skills required in the many work settings.

They questioned why:

> ... new graduates abandon reading, reflective practice and evidence based practice particularly at the start of their career.

They consider whether this may be the result of the pressure over the period of the course and new graduates needing a break from study. Another explanation may well be that it is either not encouraged or actively discouraged by the staff they are working with. This is concerning as the profession is being asked to justify itself by

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providing evidence based on practice and is being required for demonstration of continuing professional development.

One employer did indicate that a new graduate's high achievement impressed her but it would not be a deciding factor in recruitment:

> *...someone we appointed last year got a first and it*
> *impressed me because I think wow that's really good... but I*
> *would never think they got a first so I am going to choose*
> *them. (V)*

The employer did seem to recognise that there was a need for staff to be undertaking research, but felt that it had to be undertaken by those who were skilled practitioners as this would provide the necessary insight.

> *I agree that we do need people that can have the academic*
> *skills to do the necessary research for us to implement*
> *clinical governance and clinical effectiveness. I think there*
> *has to be a balance cause I think those people should be*
> *able to work in a clinical situation to be able to do that*
> *helps I think or all the research is tempered by a lack of*
> *realism. (II)*

It would appear that whilst, in theory, some employers would support staff undertaking research, the reality of staff shortages and bed crisis's result in it being allocated as a low priority. Unfortunately it would appear that there is dissatisfaction amongst newly qualified therapists with the terms and conditions of their employment and this often results in them considering jobs overseas. (Wright, 2000, p.2)

Fieldwork Education

All the employers felt that fieldwork education was a vital part of the training of the newly qualified therapists. As all those interviewed had trained under the old

diploma system and there was a general consensus that the reduction in clinical

hours from the diploma course to the degree course was a retrograde step.

> *... we are practical people orientated profession and yet we are eroding the period of clinical practice. (IV)*

> *... I actually don't think they come out with enough clinical experience now (II)*

All the employers recognised that this was not a decision taken by one university or

course, but was a national policy. All acknowledged that the students were

completing the number of hours, recommended as a minimum by the World

Federation of Occupational Therapists (WFOT). However most felt that the end

result was the new graduates were less equipped with the necessary skills to start

work and that it was not an ideal situation.

Comments were made about the different styles of fieldwork education and the

impact this made on the newly qualified therapists. Some felt this benefited them at

the interview stage.

> *... here they get three periods of clinical placements so they have had three settings. But we actually interviewed people who had had five placements and that actually, the ones who had had more than three placements, that seemed to give them more of a ... they obviously didn't have more of an idea in depth but they had more of a spread of OT. But I think the fieldwork education is really important because that's really the job isn't it that's what they come here to do. (I)*

Alsop and Ryan (1996, p.17) explain that students will not be able to experience

everything but that it should be possible to transfer learning from one environment

to another. They list the transferable skills as being: attitude to health care;

professional responsibility and behaviour; selection of data acquisition; history

taking and interviews; interpersonal skills; and technical skills (ibid). They quote

the work of Anderson (1986) who said that:

> ...depth of experience over a fewer placement encourage
> deeper understanding and higher level of competence and
> enables a more sophisticated performance in practice.(ibid
> p.18)

Whereas they consider that the shorter placements provide the opportunity to see

more conditions, work with more therapists and see a number of different

management styles.

Employers felt that the fieldwork experience was the information they used at

interview to be able to answer questions of a problem-based nature and felt that:

> *... if you have done bread and butter places you have got*
> *more to recall haven't you? ... The ones who could recall a*
> *patient definitely did better as they talked through the*
> *whole situation. The ones who didn't have a patient to*
> *recall couldn't think it through and work it out. (III)*

It was therefore felt that in some instances the type of experience that graduates

had as students perhaps helped them to secure jobs. However, as one employer

acknowledged, the better students were able to transfer the knowledge from one

experience and apply it to another:

> *I think it depends how well they can assimilate what they*
> *have learnt and translate to other areas. I think there are*
> *some students, who if they have done a particular*
> *placement, they learnt it for that placement but they can't*
> *generalise it to others... (I)*

Other employers identified that the fieldwork educators were often used as

references when it came to applying for first posts. The information contained in

these references was seen to be very useful:

> *Quite often they have given Fieldwork Educators for*
> *references and we do take that quite seriously, well very*

> *seriously actually. We count that as practical not academic*
> *on the whole. (II)*

It is interesting that employers still do not view fieldwork as academic. This may be where the reluctance comes from to encourage employees to build on their academic skills whilst in the workplace. Interestingly, universities do now view the fieldwork education as academic, which is why there was a move from the term "clinical placement" to "fieldwork education" by the professional organisation. However, if employers are not encouraging new graduates to build on their knowledge base and apply theory to their practice and instead viewing them as another pair of hands, this definition could be questioned.

Employers did accept some of the responsibility for newly qualified therapists being interviewed without basic experience:

> *I also know it is partly our fault for not being able to offer*
> *perhaps as many places as we used to. With more students*
> *you have got more demands and I am not one for pushing*
> *the therapists to have a student every time. You know I*
> *think they deserve a break because of other pressures in the*
> *job. So I know that is causing a problem about how to get*
> *students through fieldwork education so that they can be*
> *good therapists. (III)*

Whilst basic experience is essential there is always a shortage of placements. The student cohort is now less mobile, with an increasing number of mature students and students who have to work at evening and weekends. It is therefore difficult to try and find the range of experience required to meet both the students' learning needs and the employers' needs and fit in with the students' personal circumstances.

The employers are now looking for graduates who require very little training before they can start work:

> *... when we are employing new recruits then their fieldwork education is extremely important to us. Because we want people who can take on a caseload, move with it from the outset. (VIII)*

This need for new graduates to "hit the ground running" is identified by Barnitt and Salmond (2000, p.445) as being caused by the workplace being much busier than in the past:

> This reduced time that was available for experienced staff
> to help recently qualified staff and was in addition to
> limitations in treating patients as comprehensively as might
> have been the case in the past. (ibid)

They went on to identify that this resulted in a stressful working environment causing health problems and staff retention issues. Sabonis-Chafee and Hussey (1998, p.47) remind us that fieldwork education only prepares the therapists to be "minimally functioning at the entry level".

Competence

Employers did not raise any particular issues around competence, as the main area being investigated was the selection of newly qualified therapists and therefore the issue of competence was more about their ability to answer questions at interview. All employers could identify cases where newly qualified therapists had been unable to answer questions at interview but equally they were able to cite others who had been excellent.

The issues raised were more about ways of improving competence. A theme which has been around for sometime has been the issue over a probationary year:

*I feel it would be quite useful to have like a probation year
where things could be fitted in and put together. Its almost
like a fitness to practice ... let them consolidate a lot more
and see the Basic Grade episode as not an automatic
jumping block after 12 months to a senior post; and then
senior 2 do the same after 2 years think they are senior 1
material; and they are not always (IV).*

The idea of a probationary period has not been enforced, although most
employment contracts have a probationary period. The qualification ensures fitness
to practice, however Simpson (2000, p.47) considers that this may not mean, "fit
for purpose". The first case of an Occupational Therapists being "struck off the
Occupational Therapy register for being guilty of misconduct" may cause the
profession to rethink this issue.

Most of the employers indicated that they were looking for a basic minimum
standard of knowledge:

*... a working knowledge of the OT process, and we really
would like them to have the ability to apply core skills in
which ever clinical area they are working in at the time. (VI)*

*We would expect them to come with a basic knowledge of
some of what I would call the bread and butter
conditions ... negotiating skills ... basic research skills (V)*

Most work identifying professional competencies encompasses the three main
areas of skill, knowledge, and attitude, all of which have been mentioned as being
important by the employers.

Newly qualified therapists

The employers were asked about the recruitment of newly qualified therapists. The
themes which were identified were: the numbers applying for posts; change in

standards; effect of maturity and life experience; fieldwork experience; lifelong learning; and preparedness for their first post.

Numbers applying for posts

All employers interviewed felt that there were enough suitable candidates to choose from. However some of the employers attributed this to their location near to a university course and felt that perhaps this did not reflect the national picture:

> *We interviewed 13 but I think in all we had something like*
> *25 applications for what was really only 2 posts (I)*

> *30 shortlisted to 14 ... good applicants but not*
> *overwhelming(V)*

One employer identified that *"it differs from year to year"*(VI) and that they did not feel able to generalise. Some of the employers felt that the timing of adverts was all important and that that accounted for there being no difficulty in filling posts, for example one said, *"... if we advertise at the right time"(VII)*.

Another employer highlighted that problems arose if vacancies occurred during the academic year as there are less staff seeking posts at that time, *"if we loose people during the course of the year then it becomes more difficult"(VIII)*.

Nationally there is a shortage of Occupational Therapists with more rural areas having difficulties in filling posts. In the past, employers have considered ways to make posts more attractive and that was one of the reasons for rotational posts being developed to fill difficult posts. A survey was carried out in 1985, which considered how and when new graduates chose their first posts. It found that students started looking for the posts as early as January but the majority started looking around April (Bently, 1985, p.196). Cannon (2000) found that not all posts were advertised as they found that posts could be filled through students' enquiries (p.15). The desire of the employers to fill their posts early could been seen as a

disadvantage to those students who wanted to concentrate on completing their

studies before applying for jobs suggests (Cannon, p.25).

Change in Academic Standards

All the employers identified that they felt there had been a change in the academic

standards. Whilst all felt that the move to include research as a skill which

therapists possessed was an improvement. Many were concerned over the lack of

practical skills:

> *I think since the degrees came in... there is a much greater*
> *expectation on research... We shouldn't loose the research*
> *but we also shouldn't loose the people bit the ability to talk*
> *ordinarily with ordinary people... (IV)*

Some employers felt that it was important to maintain the practicality of the

profession with approachable staff and counselled that as not all the answers were

necessarily available in books and students needed to possess problem solving

skills. One said:

> *I do actually think they are far more academic... the*
> *diploma course tended to be far more practical in my*
> *experience the people tended to be more practical and*
> *because of their more practical nature seemed to be able to*
> *apply a problem solving approach in a practical all round*
> *way... now they want to be able to go and look for an*
> *answer in a book... you have got to be willing to look at*
> *each one as an individual; and assess them as an*
> *individual; and solve their problems on a practical basis*
> *for that particular person looking at all the elements and*
> *the aspects; and to me that's basic OT. (II)*

Some of the concerns expressed by this employer are explained by Mattingly and

Fleming (1996, p.9) who consider the difference between theoretical reasoning and

clinical reasoning:

> Theoretical reasoning is concerned with the general, with
> what one can reliably predict will hold true in specific case

or with what will give insight into a broad range of
particular situations. (ibid)
Clinical reasoning in occupational therapy is directed not
only at the biological world of disease but to the human
world of motives and values and beliefs-a world of human
meaning. Occupational therapist' fundamental task is in
treating what medical anthropologists call the illness
experience (Good & DelVecchio Good, 1980 Kleinman
1988 cited in Mattingly and Fleming, 1996, p.12)

This need to address more than a textbook can offer and be able to see beyond the

condition, "the illness experience", is something which most of the employers

mentioned as being less available now in recruits than in the past. Is this then the

change of the course to meet the requirements of the academic level required or is

this perhaps the reduction of fieldwork experience by approximately 700 hours?

Does this reduction in clinical experience also account for the problems employers

felt that newly qualified therapists presented in relating to the clients? The

following quotes highlight these problems:

> *I think we are in danger of loosing touch... I think we are in
> danger of loosing the practicalities of some people's nature
> and some people's abilities. When I look at some of the
> people we are interviewing, some people you know the way
> they talk, they can not talk in a bread and butter type of
> conversation sort of answers trying to be too highfalutin.
> (III)*

> *... I am not always looking for an academic high flyer
> because often the academic high flyer is not always the
> people person and I really want people. I want OT's who
> are people persons, friendly and can relate. That's why I
> think the only chance you have got in the interview is to
> tease out that people side of the applicant.(IV)*

The employers are clearly finding that there is a problem in finding new graduates

who can approach people and establish a working rapport. It is surprising as these

things would have been assessed as part of their fieldwork but perhaps it is again

that the reduction in the hours has meant that they are not as skilled.

One employer felt that whilst a lot of material was covered, it was not to the depth that would be required to provide an acceptable working knowledge:

> *They seem to do a little of a lot rather than a lot of a little and maybe there are something's which could be learnt in their first placement rather than cram it into the course itself (VI)*

The amount of material to be covered within the curriculum is a problem, which has been faced by the profession throughout its life. Unfortunately the advancement of medicine means that the information to be covered tends to grow rather than decrease. Changes to medical treatments, new conditions or even advancements in medicine now mean that conditions which previously could not be treated, can with advancements in medicine, and now all lead to an extended and over loaded curriculum. One way of addressing this has been to provide new graduates with a basic level of working knowledge. Previously the knowledge base was rote learnt; the aim now is for understanding. This has meant that things are not covered to the same depth as previously but, with the move toward student directed learning, there is a tacit understanding that new graduates should ensure there knowledge base is acceptable to the area they are working in. Unfortunately one employer highlighted that new graduates were not particularly good at building up their own knowledge base, instead preferring to be taught:

> *... they do seem to like to be spoon fed and I find that a bit contradictory because the course seems to be more students centred. (II)*

Some of this may change with the increasing importance of continuing professional development as part of the requirement for state registration and this may ensure that in future staff take the responsibility for addressing deficits in their own knowledge base.

Maturity and Life Experience

One employer seemed to feel that maturity assisted new graduates in their first post. It is difficult to determine if this was because they had already been employed and therefore had a greater understanding of what employment entailed:

> *I think the mature ones who have got life skills have got a*
> *much more rounded view of the world and they can walk*
> *into the Basic grade job and start off well with a very*
> *positive attitude. (IV)*

As has already been identified employers are looking for staff who can start work straight away. In an increasingly pressurised service they are looking to recruit staff who will require the minimum of induction before they are capable of undertaking some tasks with very minimum supervision. They obviously feel that those who have had previous work experience are able to do this more easily than those who have not.

However, one employer identified that age was not always a predictor of the best therapists:

> *...people who have trained as mature students I wouldn't*
> *say that consistently they are better than the ones who have*
> *trained as 18 year olds... (II)*

It is difficult to judge on what basis this is being said. Academically the study has shown no marked difference. However if as has been said that the pace of health care is extremely fast then it could be that the younger staff have more energy to cope with this. Although, as has previously been identified life skills and experience of previous employment may well be an advantage. However, it is not possible to generalise as it is unclear whether the employers have used the same age range for maturity of over 21.

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Lifelong Learning

Life long learning is a necessary requirement for all health care professionals. In the fast changing health and social care environments in which occupational therapists work it is necessary for them to be continually improving and updating their knowledge. One of the employers highlighted whilst some of them enter the profession aware that this is only a starting point others feel that it is the end of any study:

> *Some of them come very willing to learn. Some of them*
> *come in and they think they have done it now, they have got*
> *their degree; and they know it; and they can do it; and they*
> *can take the responsibility; and are OK; and I am quite*
> *concerned about that. Because, with new clinical*
> *governance; competence to practice; clinical supervision;*
> *lines of accountability; and responsibility; you know they*
> *are a big danger to me. (II)*

The employer highlighted her concern over staff who were not prepared to acknowledge that it was a continual learning process. With the new requirements for continuing professional development all therapists will be required to provide evidence of a continual updating of knowledge and skill. It is however worrying if therapists are only prepared to maintain this level of competence when forced to do so. Ilott and Murphy (1999, p.36) felt there should be evidence when students were assessed of not just ability to learn but also the motivation to learn from mistakes and an ability to incorporate theory with practice. This would seem to be essential for therapists to maintain their competence to practice.

Prepared for first post

The first comment from the employers about them being prepared for the posts is about the selection process and the marketing of themselves:

> *A lot of them are coming out seemingly unprepared for*
> *interview. They can't market themselves, they can't sell*

*themselves' they are not articulate, they don't seem to be,
even though I am sure they have covered them in the
academic course, they are not, kind of up front with stuff
that is happening, things like clinical governance (I)*

This employer is identifying that there is a lack of care being displayed on the part

of the newly qualified therapist. They are not aware that they are in a competitive

market. Is this because of the publicity around a shortage of therapists? Perhaps it

is a lack of confidence. This employer expands on these points and says:

*I think they are extremely insecure about their first post. I
mean when we start the induction process... what they are
clearly saying is that things like handling a patient
caseload, doing their first home assessment even carrying
out an initial interview they actually want back up they
actually want supervision on it from the beginning. (I)*

This lack of ability to undertake what is perceived to be routine Occupational

Therapy tasks is also identified in Therapy Weekly (1999) which identifies that it is

the fieldwork education that is:

*...failing to equip students with the practical skills they
need... They need to hit the ground running armed with
excellent communication, management and therapy core
skills (ibid, p.3)*

The article highlights that the placements themselves are changing providing less

opportunity for students to gain experience and contact with the patients and

receive less time with supervising therapists which it attributes to a change in

therapists working practice to be more appointment led.

One employer felt that the course was too academic leaving placements to teach the

more practical skills and felt that there competence on graduation was dependent

on their fieldwork experience.

*...I have to be honest and say, I don't know to what extent
you are teaching practical skills within the course but my
view is that it is the element that has deceased as the*

academic level have increased and so a great deal depends
upon the experience they have on clinical placement...
(VIII)

The following employer supports this view of the lack of competence in certain

areas and identifies that in order for them to become competent, senior therapists

are having to spend an increasing amount of time:

> *... we have never been satisfied if I am honest but I do find*
> *now that I have more complaints, I guess from the senior*
> *staff about the amount of time it takes for that induction*
> *programme for their preparing them before they are really*
> *competent to take on clinical case loads (VIII)*

It is difficult to identify if this is because the senior therapists have forgotten how

much they knew on qualifying and therefore have higher expectations of the newly

qualified staff, or if this is in fact again a product of an increasingly pressurised

health service.

One wonders if the reasons graduates are not able competently to take on the

routine tasks on graduation is because of either a lack of interest, or perhaps the

move towards specialist experience whilst a student. A number of employers

stressed that the type of work expected of students on qualifying was "bread and

butter" type of work and many were disappointed at the new graduates inability to

be able to undertake this level of work and their lack of interest in it. One of the

employers said:

> *Basic grade rotation is about learning and consolidating*
> *basic skills. Not about having lots of fancy things to do and*
> *I think often they expect to run before they can walk (IV)*

Concern was also expressed that students were not being prepared for the real

world and were entering practice with unrealistic expectations:

> *... they come out with idealisitc views of what it is*
> *happening within day to day life within the hospital for*
> *example and all the constraints we have, the resources we*
> *don't have and almost its like knocking their block off once*
> *they come in here. They are terribly enthusiastic and they*
> *want to do this, that and the other it's almost like sorry now*
> *you are in the real world. (VI)*

It is difficult to see where new graduates would get this sense of realism. It would almost be expected that it would come from the fieldwork experience and it is perhaps worrying that this is not happening. The responsibility has to be shared. Perhaps with the introduction of continuing professional development, academic staff will be able to spend time in the clinical field to ensure that they up date their experience of the reality of working in health care.

Recognition was given by some employers to the fact that newly qualified therapists were better at taking care of themselves:

> *... they are better at looking after themselves... they*
> *recognise their own needs more in terms of maintaining*
> *themselves and sanity. (II)*

This employer viewed newly qualified therapists' awareness of their own personal health needs as an improvement. The view that an occupational therapists has to treat the patient and put them first may well be a disadvantage to both patient and therapist. In this ever-pressurised state in which therapists practice there is a need occasionally to take the professional decision to say no. Increasingly the "Therapy news" is identifying cases of poor or even dangerous performance. It is therefore important that therapists themselves will highlight when and where this happening but also protect themselves from these situations arising, by having the confidence to say no and identify when they do not have the skills required.

Conclusions

The employers all seemed to feel that selection by interview for prospective occupational therapy students was essential and should continue. It would seem that if we are to continue to have employers willing to take an active part in this process then changes have to occur.

- There needs to be clear indication of the role that they are to fulfil in this process.

- Discussion needs to take place to ensure a clear understanding of the meaning of the range of academic entry qualifications, which are being discussed.

- The system needs to ensure that the therapists who take part are aware of the decisions which have taken place regarding those students they have interviewed.

- Employers need to be kept informed of the process of UCAS admissions and clearing.

This would ensure that the correct information is passed to those students who visit the departments. The open dialogue would keep them informed about the pressures faced by the universities to recruit to the courses and the competitive environment in which they operate. One way of ensuring that the therapists taking part in the interview process are properly prepared would be to have some training sessions and allow some discussion to take place about the personal qualities being sought to aim for some standardisation.

Whilst qualified therapists are aware of the qualities which are required to be a therapist, not all academic staff have an occupational therapy qualification and therefore it seems important to acknowledge that academic qualifications cannot

replace personal skills. We must ensure that we select potential therapists and not potential graduates. Little research has been done in the area of the students' personal skills but it may be that consideration should be given to this in the future. Acknowledgement of the changing health service and the fact that in order to be able to cope with the pressures, staff need to have a mature approach, and that this must be a consideration in the selection of future students.

Employers have already identified the importance of newly qualified therapists having a clear idea of their own professional identity. It would seem vital to ensure that all new graduates are clear about their professional identity. Academic staff need to be aware of the problem of role identity, because with an increasing move to shared learning and teaching, the role-blurring may become worse. A close check needs to be maintained with feedback from our professional colleagues and perhaps a follow up on fieldwork education to ensure that this professional identity is being strengthened.

Students need to be made aware of the need to have basic competence in the "bread and butter" skills. Their experience in fieldwork education needs to ensure that, where possible, these skills are gained. Newly qualified therapists need to acknowledge that these are the areas that they should be working in to gain an acceptable standard of competence.

Students need to be made aware of the employer's views that professional ability is more important to them than the degree classification. This may assist students to

focus on developing their own professional and personal skills without becoming too focused on the degree classification.

There is a nationally developing concern around the number of hours which are being undertaken in a fieldwork setting. Therapists need to acknowledge that the reduction in hours means that only very basic competence can be expected. The professional body needs to highlight to therapists that it is a requirement of their professional code of conduct to educate students. An increase in the availability of placements would allow more therapists to be trained and ensure that a larger variety of placements could be offered. Research to consider the validity of using minimum hours for professional competence needs to be undertaken.

Standards of competence must be maintained. It is essential that the high standards of professional competence be assessed in fieldwork education. Therapists must become increasingly aware of the fact that their professional skills are being constantly assessed and that failure to maintain an adequate level of competence could result in their being unable to practice.

Close links need to be maintained between the educational establishments and employers to ensure that we can react quickly to their staffing needs. This requires the employers to be aware that the funding body uses their workforce planning figures to determine the future numbers of students.

Employers seem to view their own training as a standard, which all students will have covered. This means that those therapists who trained before degree

qualifications have very unrealistic expectations of what the students' education includes. Sessions should be offered on a regular basis to inform employers of the changes in education and training of members of the profession.

The offers of training to employers may assist in the reinforcement of a need for life long education. The students are all being encouraged whilst in education to develop a professional portfolio it is important that they receive the support to continue this on qualification.

Finally it is vital that students are prepared for their first post and therefore fieldwork educators must be encouraged to provide students with realistic experience including all the day to day tasks to ensure that students are able to settle quickly and feel confident in practice.

Chapter Seven: Conclusion

This thesis set out to explore six research questions. The conclusions from this study will now be considered under these questions.

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

The majority of standard entrant students did not possess the required 18 points at A level. The study included 57 students who did not have the entry standard of either 3 grade C's at A level or 18 points. Of these students, 91% (n=52) successfully completed their studies gaining a classification of lower second class honours or above. The standard entrant students who did have the required entry qualification did not have a higher classification profile, with 88% (n=31) completing the course in the time-scale with a similar profile (see table No.23, p.181). These results suggest that the students being recruited are very able to cope with the level of study, that the grades are not a significant factor, and, therefore, that the entry level is higher than required to undertake training. This seems to support the findings of Lowry (1992), as highlighted in Chapter Two, that entry standards are not set as a standard required for training but as a selection tool. This also supports Fulton and Ellwood's (1989) view that the raised standards are viewed as a selection of higher quality, a factor which is considered in Chapter Two.

However, it could also be that those students who found themselves to be or had been assessed as not academically capable or professionally unsuitable had withdrawn by this stage or had not taken part in the study.

There was no correlation between the entry grades, individual subjects studied or

qualifications, and the final degree awards. This is not a surprise as Peer and Johnson

(1994), cited in Chapter Two, felt that correlation between grades was more likely in

subjects which students had previously studied to A level standard which is not the

case for the Occupational Therapy degree.

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

   qualification?

One criterion, which seemed to be an indication of higher ability across all age levels

and academic ability, was that of breadth of study. Those students who had studied for

'other' qualifications performed consistently at a higher level than those with a

narrow focus. These other qualifications provided a variety of qualifications, many of

them being practical in nature including: music and dance qualifications; computer

skills, including secretarial; and Red Cross certificated courses. It would therefore

appear that these students benefited from the diversity, both of subject area, and

perhaps experience of, a variety of study methods. It is therefore a concern that in

striving for higher academic attainment we might be discouraging this breadth of

experience.

The concerns which had been identified around BTEC and GNVQ qualifications not

providing an academic base comparable to A levels for students to be able to cope

with, the level of academic study would appear to be unfounded. Their marks were

satisfactory. Two standard entrant students had achieved first class honours

classifications, one of whom had supported her entry qualification with an A level,

while the other had not. The rest of the student groups' marks mirrored those for the

standard entrant A level students with the majority graded at upper and lower second classification.

The academic achievement of the mature students has also been reviewed. As this group of students did not have to meet the high academic standard required of the standard entrant students, it was felt important to justify this difference in grading. The mature students with A level qualifications had a higher number achieving first class honours (15.7%, n=10) as opposed to the standard entrants (2.2%, n=2). Two of these mature students did not have the standard entrants' entry level but a number had other qualifications including degrees as detailed in Chapter Four. This seems to support the findings of Watson and Taylor (1998), as discussed in Chapter Two, who considered that the shift from lower second class honours degrees to upper second class honours degrees, was as a result of the diversity of student experience, a factor which would certainly apply to the mature student group.

The mature students entering the programme with an Access qualification had comparable results to the rest of the study. This would seem to support the recommendations of the Blom-Cooper report (1989), that mature student entry qualifications should not be raised, a factor which was considered in Chapter Two.

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

The majority of university lecturers interviewed as part of this study viewed personal qualities as being vital to the selection of suitable occupational therapy students.

Concern was expressed that academic skills were viewed as more important than personal skills. However, all supported the need for interviews to be part of the selection process. Whilst all acknowledged that interviewing is a very staff intensive process, all the university lecturers felt that it was imperative, that at interview, we assessed the students' possession of personal skills or identified those who showed potential for developing personal skills. However my interviews did highlight a need for training to take place to ensure that all involved in the selection interviews are aware of the qualities which are being assessed during the interview process, in an attempt to ensure that we have some level of standardisation. Suggestions were made for refinements to the interview system in Chapter Five. This would seem to support the work of Clark (1994) who considered that it was imperative that the right students were selected as few fail once on a professional programme. One could argue that this may be because the selection process provides an accurate indication, or perhaps, as Taylor (1997) believes, that it is our responsibility to ensure they have the required personal skills by the end of training. All employers viewed personal skills as being vital for occupational therapists and therefore were very supportive of their staffs' participation in the interviewing system.

It seems important not to become too focused on the students' entry qualifications and lose sight of the need to recruit potential therapists who have all the personal skills required to be able to become confident and competent practitioners. The managers require students who are going to be the future researchers, educationalists and practitioners. If the profession is to keep moving forward there is a need for the caring practitioner who can relate to the patients, one who enjoys and wants to work with the patients. Without these people the profession is going to cease to exist, as all the

practical work is going to be done either by other professionals or by unqualified

staff. As educationalists, we must consider this when recruiting students to ensure that

we don't just look for the high standards of academic achievement, but also try to

recruit students who want to be practitioners undertaking all the areas of work and not

just looking at specialist areas. If it is apparent that the trend is for new practitioners

to be seeking more stimulating areas to work in, then this may be related to the

academic level required at selection, and perhaps supports the view of Dore (1997)

who felt that some tasks did not require graduates to perform them. If we are not

careful we will not be providing the employers with the therapists they require to

undertake the jobs. This is in a profession which is already short-staffed, and so will

either lead to job vacancies in what is considered to be the routine or "bread and

butter" areas, or therapists will cease to have a role in these areas. Many tasks

previously undertaken by qualified staff are now part of the unqualified staff roles or

undertaken by other professions. Whilst it is vital that we have the "thinkers", as

identified by Rook (1977) in Chapter One, this needs to be balanced with the "doers".

The current entry standard and the results profile is nationally skewed towards the

high degree classifications, and this may therefore indicate that we are training too

many "thinkers" and not enough "doers"(ibid, p.236). Certainly some of the managers

interviewed in this study were concerned that students were becoming unwilling to

undertake the routine areas of work. This seems to support the work of Steward

(1996) who cautioned that we had perhaps moved too far away from practical skills to

theoretical knowledge.

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

The employers interviewed in Chapter Six identified they were noticing a change and, whilst some viewed this positively, others felt it was negative. Those from a mental health base seemed to view the differences as positive. They felt the new recruits were more assertive, surer of their own role and able to use appropriately theory to support their decisions. Those from the more pressurised physical departments felt this assertiveness was not respectful of authority, and felt that the constant questioning was a negative, not positive, attribute in busy areas of work. All indicated that they had noticed a negative change in the ability of students to answer questions at interview based on their experience in fieldwork, and attributed this to the reduction in hours and the types of placements they had experienced. Research should be undertaken nationally to explore whether students are reaching a competent standard in the 1,000 clinical hours as specified by the World Federation of Occupational Therapists.

The results indicate that we are training students to a high academic standard, with the majority gaining a degree classification of lower second class and above. They should be competent in the clinical field when their fieldwork education grades are considered as the majority gained a grade of B- or above (see Chapter Four) which indicates work of a good to very good standard. Therefore the students, who are joining the workforce, are at an academic level where they should be very able to undertake the duties of a newly qualified member of staff. They should be able to perform well in an interview situation being confident in their professional knowledge and therefore it is perhaps worrying to discover that this is not always the case. (Chapter Six)

The employers stressed the importance of maturity to be able to cope in the pressurised health service. They did not relate maturity to chronological age but to their overall ability to cope under stress. Dore's (1997) work has cautioned us not to confuse higher entry qualifications with educational maturity.

It became apparent through the interviews that clinicians view their own training as a basis on which to measure the students. This supports the findings of Smith (1993) who whilst interviewing occupational therapists, came to this conclusion. She highlighted that it was worrying that the employers were not kept up-to-date with the changes in education and perhaps this issue needs to be reviewed by either the professional body, the individual training course or through publications which highlight the differences in education. Whilst employers are involved in assessment boards, programme committees, and revalidation events, it would appear that this information is not being successfully disseminated.

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

The employers highlighted the need for realistic assessment of capabilities whilst the students are assessed on placement. They accepted their own responsibility in this process but felt that the students should be competent in what was frequently termed "bread and butter" areas of occupational therapy which are often the most pressured areas with a need to be able to work quickly and efficiently with minimal supervision.

They were concerned that the reduction in fieldwork education hours in the change

from the diploma to the degree, as identified in Chapter One, meant that students had

less opportunity to develop these skills but equally were keen to ensure that standards

of competence did not suffer as a result. They felt that students should be encouraged

to experience more general areas of occupational therapy and not be encouraged to

specialise too early in their careers and training. They stressed the importance of

fieldwork educators providing students with realistic experience and not preventing

them from experiencing areas, which they felt, were routine or mundane. This would

seem to support the work of Cavenaugh (1993) cited in Chapter Two.

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

    universities?

My final area of concern was whether universities were engaged in a qualification

spiral at the selection stage. The range of entry qualification asked for by the

universities (appendix three) indicates that there is a lot of variety in the standard of

students being requested. Increasingly, universities are finding themselves in the

annual clearing system, which would demonstrate that we are not therefore being

overwhelmed with students of the standard initially being sought which had been

thought to be one of the reasons for raising the entry standards. The Blom-Cooper

report (1989) had also cautioned that the result of a rise in entry qualifications would

have been a reduction in students applying. Therefore some of this grade inflation, I

would surmise, is perhaps as an attempt to beat the reserve place position on the

UCAS forms. On a number of occasions, consideration has been given to changing

from the present system, of offering places prior to students receiving results, to one

whereby students are offered placement after they have received their results. This system has not been adopted because of the pressure this would place on institutions and students to prepare themselves in a very short period of time. For a number of universities, the entry standard is a university policy and is therefore not negotiable. This may account for some of the high entry grades being demanded.

The results of this study, however, do not support the current entry level and therefore it is difficult to see how we can justify, on academic grounds, the grade standard required. This seems to be more to do with our position in relation to other universities and other professions with which we view ourselves to be on a level academically. The nationally published figures for students graduating in the September 2001 *British Journal of Occupational Therapists* show that all the universities have a similar profile of degree awards with very few third class honours awards being awarded. This shows therefore, that the course I have investigated is not unique in its awards being skewed towards the higher classification and that this is a national picture for all 23 courses. One therefore has to question how we, as a profession, can justify our entry standards. I feel this supports my findings that we are asking potential students to perform at an academic level which is higher than is necessary to undertake the training and succeed in becoming an occupational therapist.

When consideration is given to these overall results perhaps it is time to move to focusing on the exit standards rather than the entry standards as suggested by Smith & Saunders (1991). If students, who do not have the standard entry requirements, are able to cope, does this then reflect the standard of teaching the students receive, their

individual motivation to succeed, or that the standards were set too high in the first place?

Further studies perhaps need to consider, not the entry qualifications but the final degree awards to see if they are in line with individual university profiles and perhaps to study whether this is an indication of the standard of teaching. Perhaps like the school league tables, we should compare the students' achievement against their entry grade to judge our and their standards of achievement.

The work of Dore (1997) suggests that we are keeping the academic standard high as we are in competition with other professional groups. A study need to be carried out across the other caring professional groups to see if they also are requiring students to perform at a higher entry level than is required to cope competently with the course. Howard and Watson (1998, p.245) suggest that to focus on "academic attainment" could result in students becoming "competitive and single minded". It could be that the high academic profile is a result of this competition.

A concern could also be that we are encouraging those who really want to be occupational therapists but who perhaps fail to gain admission with their school qualifications, to go and study another degree and gain entrance as a mature student. If so, this is perhaps unfair and encouraging them to have more debt to pay back in a situation of student loans.

More work needs to be done to ensure that educational establishments keep close links with employers. It is important that a two-way process remains, not just for

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educationalists to keep themselves up-to-date with the clinical techniques which are being used, but also for the clinical staff to understand the knowledge base of the new graduates. It is important that the links already formed to involve employers in the recruitment and assessment process continue. The strengthening of these links would ensure that students have a clearer idea of the work they would be required to undertake when qualified and ensure that employers were satisfied that appropriate training was undertaken during the fieldwork element of the course.

Reflections on the research process

During this research process I have learnt a great deal. It seems important to consider these reflections under the following areas: professional; personal; and academic.

Professionally, I have gained a greater insight into the history of the professional qualifications. I have been able to see how and why the degree course I teach has developed. Whilst I am very much aware of the pressure to fill the courses, I remain unconvinced of the need for academic attainment as a selection tool, and my close professional links with fieldwork educators leads me continuously to question the merits of academic selection.

I have learnt that this research at times is viewed positively by my university colleagues, for example during "clearing" to support the flexibility of offers being made, but less positively at other times, (for example when we are starting the selection process and making offers). Equally amongst the wider professional body there is concern that to suggest that we do not require such high standards will devalue the profession. I have therefore learnt to be challenged professionally.

I have realised that there is a great need for research into the area of occupational therapy education. Whilst we are busy advocating that research is carried out clinically to support the occupational therapy theory base, there is very limited information to justify the decisions which have been made within occupational therapy education.

One of my most frustrating lessons was that just because the University has a grading system it does not automatically mean that it will compute for data analysis. It took a lot of time to reach that final conclusion and many other skilled mathematicians to allow me to understand that I could not evaluate the results using inferential statistics on the computer package.

I have always known that interviews would take a considerable amount of time but the transcribing taught me that I had vastly underestimated this. It taught me that to remain quiet even when I knew what the interviewees were saying was academically not possible.

My determination to research the subject increased as my knowledge of educational theory developed and this has boosted my confidence to question decisions which are being made, and to ask staff to explore the opportunities available to them for both methods of teaching and assessment.

I have learnt to manage my time very carefully and that time for research is sacrosanct. Equally I have learnt that no matter how long I spend on my research, I will still have questions to be answered and therefore the research will require yet further study.

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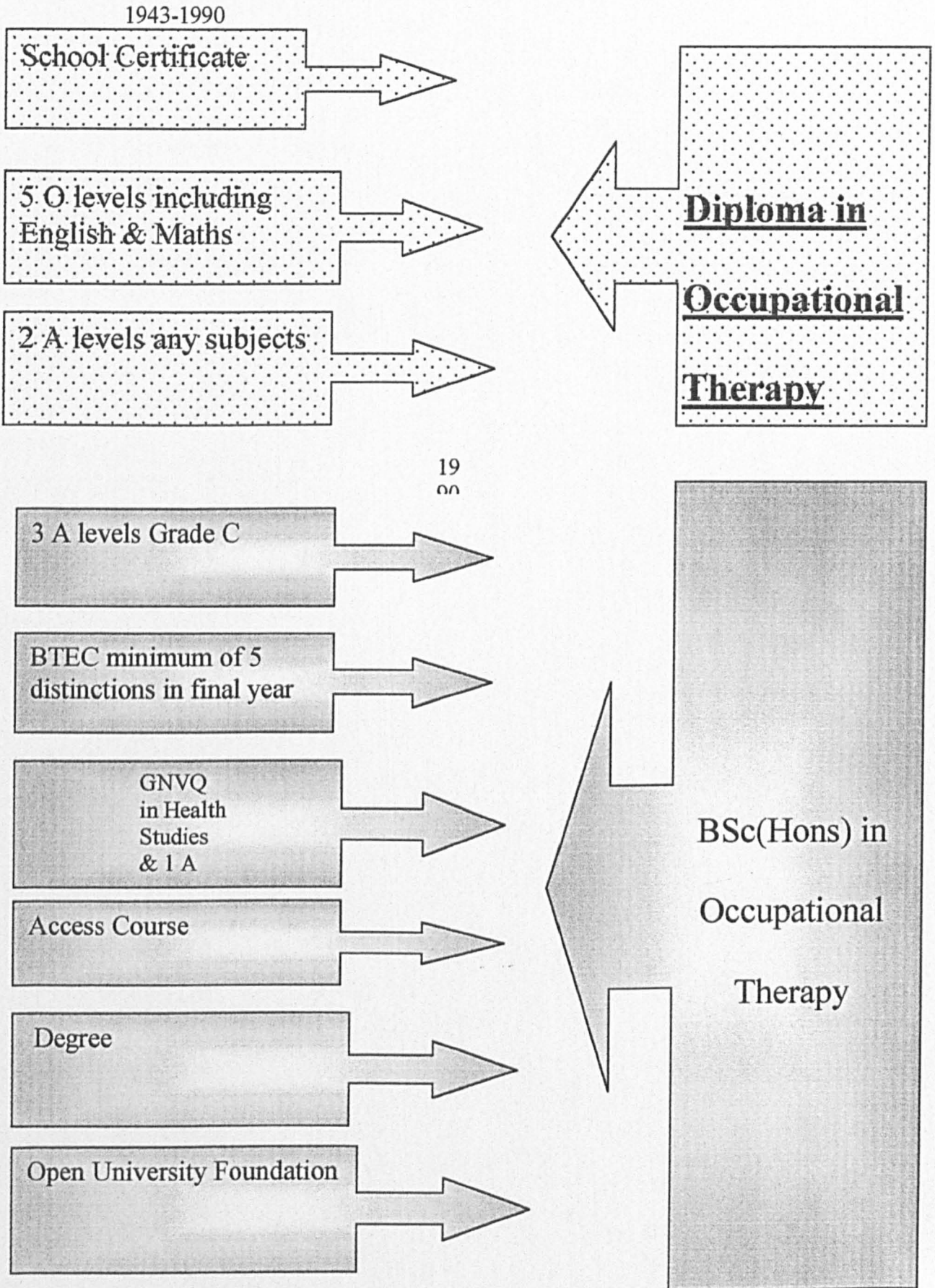
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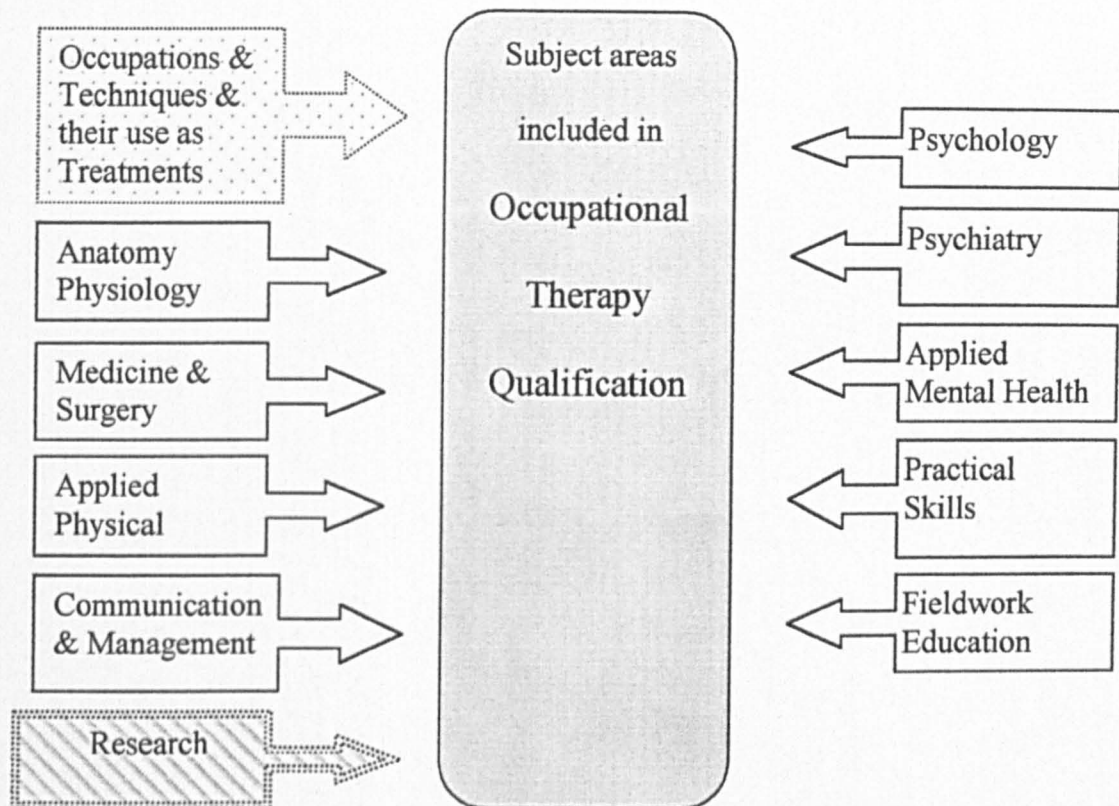
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Entry Qualifications

1943-1990

School Certificate

5 O levels including English & Maths

2 A levels any subjects

Diploma in Occupational Therapy

19
90

3 A levels Grade C

BTEC minimum of 5 distinctions in final year

GNVQ in Health Studies & 1 A

Access Course

Degree

Open University Foundation

BSc(Hons) in Occupational Therapy

Appendix 2 Course Evolution

Occupations &
Techniques &
their use as
Treatments

Anatomy
Physiology

Medicine &
Surgery

Applied
Physical

Communication
& Management

Research

Subject areas

included in

Occupational

Therapy

Qualification

Psychology

Psychiatry

Applied
Mental Health

Practical
Skills

Fieldwork
Education

Key:

45-degree

45-71

81-degree

Appendix 3		ENTRY QUALIFICATIONS 1999			
	GCSE	A level points	GNVQ Advanced	BTEC	Access
Canterbury Christ Church College	5 grade C or above English & Biology	18-20	Distinction 6 additional units	Health & Social Science merit	Science or Health 70% overall
Coventry University	5 grade C or above	18	Pass		Health
University of Derby	5 grade C or above English, Maths & Science	18	Merit Health & Social Care + A level Human Biology grade C	5 distinctions year 2	
Exeter St Loyes School of Occupational Therapy	5 grade C or above English, Maths & Science	4	Merit/Distinction Health & Social Care	Pass in all areas with overall merit	
Lancaster University College of St Martin	5 grade C or above	20	15 modules at Merit + A level grade B	2 merits & 5 distinctions year 2	
The University of Liverpool	5 grade C or above	18	Distinction Health & Social Care + 2 AS level H. Biology & Psychology or A level Biology	Social Care + A level Human Biology Grade C	
London Brunel University	5 grade C or above	20	Merit Health & Social Care + A level grade C	Health studies, Health & Social Studies; Caring Professions overall pass, 5 distinctions	Distinction

Middlesborough University of Teeside	5 grade C or above English, Maths & Science	18	Distinction + A level preferably H. Biology	4 distinctions final year	
Newcastle University of Northumbria	5 grade B or above English & Science	16	Preferably with Human Biology A level		
Northampton Nene University College		16	Distinction or Merit with A level or additional units		
Norwich University of East Anglia	5 grade C or above English, Maths & Science	18-24	In Science related subjects	Health Care 4 distinctions & 3 merit final year	Health Science 70%+
Oxford Brookes University	5 grade C or above English Language, Maths	4	Health & Social Care		
University of Salford	5 grade C or above English, Maths & Science	8-16	Distinction Health & Social Care + 4 additional units	Health & Social Care 5 merit 2nd year	Health Studies
Sheffield Hallam University	5 grade C or above Biology	18	+ A Level grade C		
Southampton University of Southampton	5 grade C or above English, Maths & Science	20		Health Studies	Science or paramedical studies

York University of Ripon and York St John	5 grade C or above	18		Health or Social Science merit or distinction all modules	

Appendix 4

Dear Students,

<u>Questionnaire on Entry Qualifications</u>

I have just completed my M.Ed. qualification at the University of Sheffield. As part of this course I researched the effects of entry qualifications on final degree awards. I am interested to continue my research to see whether the results were only applicable to the 1992 intake.

In order that I can continue this piece of research I would be grateful if you would complete the attached questionnaire and return it to me as soon as possible. Your name is required in order that I can examine the course results, but all information given will remain confidential and will only be provided in a statistical format based on entry qualifications.

If anyone has any queries, or wishes to discuss my research further, please do not hesitate to contact me.

Thanking you in for your help in completing the questionnaire.

Yours faithfully,

Helen E Stoneley

Appendix 5

<u>Guidelines for completing the questionnaire</u>

1. Please complete all the introductory questions [e.g. age, name etc.]

2. Questions 1-5 Please complete only the questions that are appropriate to you.

Please complete all the remaining questions followin the guidelines for each

question.

Appendix 6   <u>Questionnaire On Entry Qualification</u>

Name..

Sex *: Male ☐   Female ☐
    * Please tick the box

Year of Entry............................

Age on Entry * 18-21 ☐   21+ ☐

1 ☐☐

2 ☐

3 ☐

4 ☐

<u>1) Qualifications</u>: GCSE(A-C grades), GCE, 'O' Levels
Total number of passed grades for any of these. ☐

5 ☐☐

Please enter the following subject grades onto the table.
Including details on the type e.g. GCSE, the grade you achieved,
the year you sat the exam and ticking the column if this was a resit.
Please specify the science subjects taken.

6 ☐

Subject	Type	Grade	Year	Resit
e.g.English Language	O	4	1973	✓
English Language				
Maths				
Sociology				
Psychology				
Double science				
Science				
Biology				
Human Biology				
Physics				
P.E.				
Chemistry				
Art				
Others				

a)Where did you study for these qualifications?

School ☐   College ☐   Other ☐

7 ☐

b)Was this?

Full Time ☐   Part Time ☐   Full & Part Time ☐

8 ☐

2) A Levels/ AS Levels

Please complete the following table giving details of all examination grades the years they were passed and whether any were resits.

Subject	Type	Grade	Year	Resit

a) Where did you study for these qualifications?

School ☐   College ☐   Other ☐

b) Was this?

Full Time ☐   Part Time ☐   Full & Part Time ☐

3) BTEC or Advanced GNVQ

Title of Course...

lease complete the following table giving details of the year you passed and tick the column if any were resit examinations.

Subject	Grade	Year	Resit

a) Where did you study for these qualifications?

School ☐   College ☐   Other ☐

b) Was this?

Full Time ☐   Part Time ☐

DO NOT WRITE IN THE MARGIN.

9. ☐

10. ☐

11. ☐

12. ☐

13. ☐

14. ☐

15. ☐

4) Access Course
Title of Course...

Please complete the following table .

Subject	Grade	Year	Resit

a)Where did you study for these qualifications?

School ☐   College ☐   Other ☐

b)Was this?

Full Time ☐   Part Time ☐

5 Other Qualifications

Title	Grade	Year	Resit

a)Where did you study for these qualifications?

School ☐   College ☐   University ☐

Other ☐

b)Was this?   Full Time ☐   Part Time ☐

<u>6)What type of learning environment do you prefer?</u>
Please tick those which apply

Lectures ☐   Experiential Groups ☐

Self Directed study ☐   Fieldwork Education ☐

Tutorials ☐   Learning Contract ☐

Practical sessions ☐   Discussion ☐

Other* ☐   *Please state..........................

7) What do you feel your final result will be on the
BSc (Hons)in Occupational Therapy Course?

1 ☐   2.1 ☐   2.2 ☐   3 ☐
P.   F

8) Do you intend to pursue any further academic study?

Yes ☐   No ☐

If Yes please state which course ....

10) List three advantages of academic study at your age?

1:...

2:...

3:...

11) List three disadvantages of academic study at your age?

1:...

2:...

3:...

12) Consider the following list and using a grading system of 1-9 *(with 1 being higher)* indicate how you would rate each category in terms of the academic support the people have given you during your academic study.

lecturers	☐	parents /family	☐
personal tutor		husband/wife/partner	
Fieldwork OT		friends	
other		peer group	

35 ☐   36 ☐
39 ☐   38 ☐
40 ☐   41 ☐
42 ☐   43 ☐

13) What mode of assessment do you prefer?
(Tick as many as you like)

Self/negotiated	☐	continuous	☐
assignment	☐	group	☐
examination	☐	verbal presentations	☐
*other	☐		

44 ☐   45 ☐
46 ☐   47 ☐
48 ☐   49 ☐
50 ☐

*please state ....

Which subject studied prior to the course has been of the most benefit to you in your training?

....

Thank you for your help and the time you have taken to complete this questionnaire. All information given will remain anonymous.

Helen Stoneley
Please return the form in the envelope provided to Helen Stoneley