

## **In search of equality and equivalence for students and staff in Professional Doctorate Health and Social Care programmes<sup>1</sup>**

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### **Abstract**

*The challenge facing universities today is; how do we ensure and recognise 'equality' and 'equivalence' for the Professional Doctorate alongside the PhD both for the student and staff in an environment which has predominantly remained unchanged over time? The inference of 'equality' (fairness, parity, and likeness) and 'equivalence' (difference, similarity and uniformity) appear to be the same for a PhD/ Professional Doctorate student and staff supporting the students. However is this a perceived reality of the lived experience from students and academics?*

*The aim of the article is to build on the round table discussion (RTD) of the 4th International Conference on Professional Doctorates (ICPD-2014), Wales Millennium Centre, Cardiff, United Kingdom, 10th & 11th April 2014. To further explore the issues of 'equality' and 'equivalence' by looking at a couple of standpoints for moving forward. These include acknowledging differences and differentiation, obtaining equal attribution as well as acknowledging the significant influence of the student cohort and/or community on professional doctorates and PhDs.*

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<sup>1</sup> The following dialogue and debate builds on the Round Table Discussion (RTD) session at the 4th International Conference on Professional Doctorates (ICPD-2014), Wales Millennium Centre, Cardiff, United Kingdom, 10th & 11th April 2014.

### **Keywords**

Equality, equivalence, professional doctorate, Doctor of Philosophy, Student Cohort Community.

### **Background**

Globally the popularity, development and diversity of professional doctorates has rapidly expanded and are not only confined to health and social care programmes but are now also available within engineering (EngD), business (DBA) and education departments (EdD) (McKenna 2005, Melles 2009). In parallel are the growing debates justifying the relative impact and outcomes of these programmes for individuals, practice and knowledge (Smith 2013, Fenge 2009, Fink and Cowan 2006). For example, comparing and contrasted the Doctor of Philosophy (PhD) and professional doctorate (Neumann 2005, Park 2005). Highlighting the implications of the professional doctorate on knowledge production and the knowledge economy (Rolfe and Davies 2009, Fink and Cowan 2006), along with evidencing the contribution of the professional doctorate to practice and the impact of professional doctorates on practice (Smith 2013, Edwards, 2009).

Within the United Kingdom (UK) The Quality Assurance Agency (QAA) (2011, p2) highlights the “systems, policies and procedures that are conducive to an excellent experience for research students”. The inference of ‘equality’ (fairness, parity, and likeness) and ‘equivalence’ (difference, similarity and uniformity) appear to be the same for a PhD and professional doctorate student as well as for the academic staff supporting the students. For example, equality relates to students receiving the same standards and quality in the learning, supporting and supervisory experience. Equivalence pertains to unravelling the similarities’ and differences between the PhD and professional doctorate.

These programmes are described as “advanced study and research which, whilst satisfying the university criteria for the award of a doctorate, are designed to meet the specific needs of a professional group external to the university and which develops the capability of individuals within a professional context” (United Kingdom Council Graduate Education, (UKCGE) 2002, p31).

The challenge facing higher educational institutions today is; how do we ensure and recognise 'equality' and 'equivalence' for the professional doctorate alongside the PhD both for the student and staff. This is in an environment that has predominantly remained unchanged over time and where the gold standard has up to now been the PhD qualification? Rolfe and Davies (2009, p1272) suggest that "name-calling is both unnecessary and unwarranted, and we have argued that the two awards are necessary to meet the different groups". For example, there are those practitioners and/or professional disciplines that require a professional doctorate to register or obtain a licence to practice, for instance, the Doctorate in Clinical Psychology. Alongside the latter there are also practitioners and professionals who have been registered or licensed to practice for several years who also require a doctoral qualification to obtain a higher level professional position, for example, a nurse/therapist consultant (McSherry and Johnston, 2005). Further there are the academic or research orientated individuals who aspire to a career in higher education who may pursue either a professional doctorate and or PhD.

Rolfe and Davies (2009) statement above still resonates and reverberates internally and externally to higher education institutions today. Our position is that a professional doctorate and/or PhD are two distinctively different modes of academic and/or scholarly activities. Neither is superior over the other though many scholars and hardened defenders of their corner would strongly disagree. Similarly, it could be argued that the professional doctorate and/or PhD are different modes of study but have an equivalent outcome. The unequivocal fact remains that on successful completion of either mode of study the student earns the recognition to use the title of 'Doctor'.

The emphasis of future scholarly debate must shift towards capitalising on ensuring that both the student and academic staff gain the necessary recognition and reward for their hard work, commitments and contribution(s) in their respective profession(s) and or discipline(s). Irrespective of the mode of study 'equality' and 'equivalence' are essential ingredients in ensuring the student receives an outstanding quality learning experience, supervisory support and guidance and makes an original and significant contribution to knowledge and/or practice (Lee 2009). In parallel the academic should also gain the recognition and reward for their investments over a sustained period of time.

*Aims* The aim of this article is to share and debate our experiences of the challenges and opportunities obtained from eight years of supporting a variety and diversity of health and social care students on a Doctor of Health and Social Care (DHSC) Programme.

*Key debates*

There are numerous positions or standpoints that could be debated. We have focused on debating those areas that have impacted the most on the students 'lived experiences' as part of a Doctor of Health and Social Care programme over the last eight years. These standpoints include acknowledging differences and differentiation, obtaining equal attribution as well as acknowledging the significant influence of the student cohort and/or? community on professional doctorates and PhDs.

*a) Acknowledging difference and differentiation in professional doctorates and PhDs*

The Quality Assurance Agency (2011a) '*Professional Doctorates in the UK 2011*' offers an extensive review of key characteristics of doctoral degrees across the United Kingdom (UK). The QAA indicate that there are numerous different and varied forms of professional and practice-based doctorates but stresses that essentially they are equivalent; that is in their design, delivery, duration, assessment and their potential impact and outcome on both the professional and/ or in practice.

The European University Association (EUA) (2007, p14) states that "professional doctorates, or practice-related doctorates, are doctorates that focus on embedding research in a reflective manner into one's professional practice". The EUA (2007) similar to the QAA (2011a) above, highlight the inter-relationship between professional doctorate study and one's professional practice. However, Smith (2012) argues that this is not unique to the professional doctorate because the PhD can also have a professional focus. The importance of recognising these similarities in form and duration of the PhD and professional doctorate according to Fell and Haines (2011) is critical in achieving equality and equivalence. This is because it is about acknowledging similarities and differences. For example, both the PhD and the professional doctorate are studied within the same time frames and may have modular components associated with research training. In some universities PhD students

have a 'needs assessment' whereby any student gaps in research skills knowledge are addressed by referring students to doctoral level research methods modules already available within the university.

In order to resolve the equality and equivalence debate it is critical to acknowledge the fact that inherent differences in the mode and/or programme of study exist between the PhD and professional doctorate (Lee 2009, Powell and Long 2005). The PhD is largely associated with research and is a "recognised, established, gold standard study known to employers and professions" (Lee 2009, p642). In contrast the professional doctorate is distinguished from the PhD by a title that often refers to a specific profession and/or discipline (Powell and Long 2005). Furthermore, it is imperative to acknowledge the fact that key characteristics' of a professional doctorate encapsulate research (Laing 2000), practice (Yam 2005) and a wide range of learning experiences required to integrate research within professional practice.

Lee (2009), Powell and Long (2005), Yam (2005) and Laing (2000) works highlight the difficulties and challenges attributed to acknowledging the facts that the PhD and professional doctorate are distinctly different. However they do share a couple of similar characteristics. For example, there is a required acceptance that parity in standards of scholarly writing and practice exists, for instance both the PhD as well as the professional doctorate students have to produce a final thesis and/or an advanced independent project in which the individual candidate has to defend the originality, authenticity and contribution of the work to the respective field and examiners.

It is imperative to shift the PhD and the professional doctorate debate away from defining, differentiating and defending the superiority and/or inferiority of either modes of knowledge production over the other and/or vice versa. What is more crucial and more important is for academics within organisations (e.g universities) to acknowledge and recognise that the PhD and professional doctorate are equally important to the individual, to knowledge production, as well as to the economy and employers of the future. Scholars, researchers, higher education institutions and health and social care employing organisations, must focus on clarifying the distinct differences and shared characteristics of

both types of higher degrees accepting and celebrating the success of both the candidates' and supervisors' achievements.

There is nothing more demoralizing than hearing students and or academic colleagues diminishing the potential contribution of either of the different doctoral programmes of study. The issue is about acknowledging 'different courses for horses'. Accepting Gregory's (1995) distinctions between the 'professional scholar' (PhD); pursuing an academic research career, and the 'scholarly professional' (professional doctorate); pursuing research development and application within their sphere of clinical practice would be a good start in resolving the 'defining and differentiation' debate.

Lee (2009 p642) similar to Gregory (1995) suggests that the type of students applying for professional doctorates and PhDs plays a significant role in formulating the attitudes and perceptions of academics and practitioners on and delivering these programmes. For example, professional doctorate students applying for health and social care related programmes are "likely to be mid-career or senior professionals working at the strategic level of their practice". Lee (2009) and Bourner et al (2001) indicate that prospective applications for the professional doctorate were [but not necessarily always] professionals having a vast array of experience and in the majority of instances a masters qualification. Conversely PhD applications, are more often than not, frequently made by students at the start of their careers, "PhD students were required to have a good Bachelors degree, however professional experience was not necessarily specified" (Lee 2009 p642).

The works of Lee (2009), Bourner et al (2001) and Gregory (1995) suggest that the professional doctorate would be an ideal mode and programme of study for a clinician who would like to enhance their professional discipline and field of practice. Alternatively the PhD may prove more beneficial for an individual wishing to combine research together with a professional teaching and research career within a recognised academic department/center and or institution. Despite these similarities and differences the fact will always remain that the PhD and professional doctorate both endeavour to contribute to the various types of knowledge production through their own distinctive and unique way.

*b) Equal attribution of the professional doctorate and PhD*

Historically the PhD and professional doctorate literature is awash with texts, articles, and documents espousing the relative merits and demerits of both types of degree programs. That is in terms of their role and value to universities, organizations, and professions/disciplines as well as more fundamentally to the individuals themselves. In parallel with this are the increasing dialogues and debates associated with universities, organizations as well as individual's seeking clarifications regarding the equality and equivalence between the two types of programs, for example, in exploring the similarities and differences of supervision processes.

If one accepts the position of the QAA (2011a) regarding equivalence then 'equality'; 'fairness and parity' must follow. Essentially fairness and parity relate to ensuring those taking on the role and responsibility of supervisor and or director of study are afforded similar support, recognition and reward from their respective employers as those supervising the PhD. Furthermore, this equality must also be afforded to their student/s.

Surely a supervisor of either a PhD and/or professional doctorate does not discriminate against the mode/programme of doctoral study but wants to achieve and maximize the best work from and for their student irrespective of the type of doctorate? Evans and Stevenson (2010, p245) study of learning experiences of international doctoral students found that 'the supervision relationship was the most important factor influencing the learning experience'. Similarly Lee (2009) argues that, supervision is a fantastic medium for mutual learning between the supervisor and student by building a partnership through equality. For example, by exposing the supervisor to contemporary knowledge and expertise in practice, essentially updating them in professional practice, alongside the, supervisor enhancing the student's utilization/application of appropriate research methods.

The potential conflicts arising between academic and clinical professional differences and working cultures is acknowledged by Lee (2009) and Heath (2005). Heath's (2005) research into the supervision of professional education doctorates in England found some significant findings. For example, a lack of recognition of the differences between the education doctorate, EdD, and the PhD student's respective supervision needs. The balancing of

supervision workloads and time allocated for supervision is essential. Furthermore encouraging and supporting supervisors to maintain their professional development is essential. This is in order to avoid a theory–practice gap for supervisors in relation to the realities of conducting educational research in practice. A similar finding is acknowledged by Ellis (2006) when exploring nurse’s experiences of professional doctorate supervision in Australia. Notable tensions were reported surrounding professional settings in particular where sensitive research issues could portray a negative image of the healthcare organization and standards. This type of research was actively discouraged by supervisors rather than finding ways of moving forward with the research.

Lee’s(2009) study exploring student and supervisor experiences of professional doctorate supervision reported similar findings to Ellis (2006). Lee (2009) acknowledges the fact that academics are not necessarily acting unprofessionally when discouraging a specific research activity. However Lee (2009) suggests the practice could be occurring because the supervisor`s may not be members of the student’s professional background and setting. The latter making it difficult to interpret and respond to work-based and clinical challenges accordingly.

Interestingly Health’s (2005) study found that some supervisors tended to mirror and apply supervisory practices and strategies for their students’ based on their own prior experiences. A characteristic also established by Delamont et al’s (2000) national study into the doctoral experience: Success and failure in Graduate School. The consequence of such a finding is the establishment of the term by Delamont et al (2000) ‘contrastive rhetoric’ depicting a supervisor`s comparison of their (maybe) poor experience of supervision and the quest for higher quality supervision for their own students.

Lee (2009), Ellis (2006) and Delamont et al’s (2000) works reaffirm the need for equality and equivalence pertaining to the supervision practices and processes of PhD and professional doctorate supervisors. There should be no discrimination between supervising a PhD and a professional doctorate student. Essentially the issues of defining and differentiating PhD`s from professional doctorates and vice versa must not influence the quality and experience of the supervision practice and it`s processes. This point is reinforced by Lee (2009, p647)

who argues that the challenges in similarity and difference of the professional doctorates and PhD must not become “translated into the supervision practices”.

Perhaps we could accept the statement by Fulton et al (2012, p131) “it is tempting to conceptualise the PhD and professional doctorate as distinct entities, but the reality is much more complex”.

What is certain is the fact that with completion and recognition for the student in becoming a ‘doctor’ there should also be the recognition of the supervisor(s) to gain the credit for the student’s completion. Recognition in this instance refers to the completion counting towards the Research Excellence Framework submission, as well as supporting future career progression and scholarly based activities. Furthermore McKenna (2005) argues the importance of reducing the confusions around the different types of doctoral degrees. This is imperative in order to focus, encourage and increase the numbers of students registering and enrolling on these programmes. This is also crucial to reaffirm that undertaking a professional doctoral and/or PhD program is a good and sound career move.

### *c) The influence of the student cohort and community*

The QAA (2001) highlight the importance of peer support/self-help groups and the impact on the student learning environment, progression and attrition/completion. The challenges and opportunities for students pursuing these types of life-long learning programmes are well articulated (Lee 2009, Halliwell 2010, Smith 2012). The students require adequate supervision (Lee 2009), support and time to reflect upon the past and present, the good or not so good experiences in order to, learn and personally and professionally develop from engaging in and with the programme (Halliwell 2010). Traditionally successful completion of doctoral programmes of study has been linked to ‘support’. This is because support is associated with having a good supervisory team (Graves & Varma 1997), regularly accessing the team (Murray 2002), and managing your supervisors (Phillips & Pugh 1992).

Furthermore the student and supervisors are encouraged to; establish learning contracts and project plans; identifying timescales outlining how to complete the programme of study; and what to expect from the role of the supervisor and student. Yet interestingly

there is limited reference made in contemporary doctoral literature (Smith 2012, Halliwell 2010, Evans and Stevenson 2010, Lee 2009, Rolfe and Davies 2009) pertaining to how students themselves can help support each other in achieving their shared goal and aspirations.

The Doctor of Health and Social Care at Teesside University attempts to address the issues surrounding student support by incorporating an original and significant feature, the Student Cohort Community (SCC). The SCC is a term, which aims to provide peer support to the students in the various stages of the professional doctorate programme through adopting the philosophy of shared learning founded on the principles of action learning.

Action learning if used effectively has the potential to provide; emotional support and intellectual challenge through shared learning; personal and professional growth; the creation of a mechanism for iterative exploration of alternative action in light of new insights; and change (McSherry and Warr 2008). Action learning used for this purpose provides a “continuous process of learning and reflection, supported by colleagues, with the intention of getting things done” (McGill and Beaty 1995). Action learning in this context is ideal for the Doctor of Health and Social Care programme because it focuses on bringing individuals together via the SCC where students ideas can be challenged in a supportive non-threatening environment with the support and guidance of a set facilitator.

McSherry and Warr (2008) believe that the SCC provides a balance of emotional and intellectual challenge “through comradeship and insightful questioning which enables each member or [student] to act and learn effectively on three levels” (Bird 2002). Firstly, to present the problem to be tackled, secondly to explore what is being learned about oneself and thirdly the process of learning itself. These principles of action learning complement the doctoral programme because primarily the programme is about presenting, exploring and responding to challenge and change. As with any type of learning the outcome depends on the investment and preparation to undertake the role in order to engage in the academic and research processes. The importance of engaging with other student members of the cohort community is highly significant and important to supporting sharing and learning. Furthermore, the student cohort community plays a major role in offering peer support/self-help and is a fantastic benchmark for progress and completion. For example,

the supervisor can suggest that a student should be making better progress with completing their 'thesis' and or 'advanced independent project work'. However to learn you're the only one left to submit your work out of a cohort of ten is another.

Accepting and acknowledging the importance of the student as a peer or cohort member and the influence of this on the students sharing, learning and success on either a PhD and /or professional doctorate is imperative to their future success.

## **Conclusion**

This paper has debated our experiences of the challenges and opportunities obtained from eight years of supporting a variety and diversity of health and social care students on a Doctor of Health and Social Care (DHSC) Programme. We have focused on debating those areas that have impacted the most on the students 'lived experiences'. Some important issues and opportunities have emerged.

The professional doctorate and/or PhD are two distinctively different modes of academic and/or scholarly activities. Neither is superior over the other, they are different modes of study but have an equivalent outcome. Irrespective of the mode of study ensuring and assuring the student receives an outstanding quality learning experience, supervisory support and guidance and makes an original and significant contribution to knowledge and/or practice is priority. Fostering a learning environment that ensures equality and equivalence is essential if we are to eradicate the perceived inequalities. It is therefore critical to acknowledge the fact that inherent differences in the mode and/or programme of study exist between the PhD and professional doctorate. In parallel the academic should also gain the recognition and reward for their investments over a sustained period of time.

Some standpoints for moving forward include acknowledging differences and differentiation, obtaining equal attribution as well as acknowledging the significant influence of the student cohort and/or community on professional doctorates and PhDs.

Dr Robert McSherry, Professor of Nursing and Practice Development

*Rob's enthusiasm, motivation and passion for the nursing profession are unwavering, with almost thirty years' experience he continues to support and facilitate teams in the quest for excellence in practice. In December 2010 Rob was awarded a Fellowship to the Faculty of Nursing and Midwifery from the Royal College of Surgeons in Ireland Dublin (FFNMRCIS) for his significant contributions to nursing and the Higher Education Academy, National Teaching Fellowship (NTF) 2011 in recognition of his excellence in learning and teaching. Rob is Visiting Professor with Narh-Bita University, Ghana and previously Clinical Associate Professor with the Australian Catholic University, Brisbane, Australia.*

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*Josette remains passionate and committed to her profession having qualified as a Physiotherapist in Malta in 1986, holding a master's degree in Orthopaedic and Sports Physical Therapy from the State University of New York at Buffalo (USA). Her PhD from Kings College, University of London, investigated the Topographical, Kinesiological and Psychological factors in patients with scoliosis. Josette has over 25 years experience of conducting research studies in spinal deformities and teaching research methods to nursing and allied health professionals. She has published over 40 papers in leading journals such as Spine, the Cochrane library, Physiotherapy, and Physical Therapy. She is also a grant reviewer for the UK National Institute for Health Research (NIHR) and the Hong Kong research Council.*

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