

**Trudy Sevens**

**CoRIPS Research Grant 153**

**£9,991.89 awarded**

**Title:** Trailblazers: Stakeholder motivations for developing degree apprenticeships for the radiography profession

**Aims:**

To explore the key motivators for engagement in these three trailblazer groups, highlighting potential opportunities and challenges in the introduction of degree apprenticeships. This will provide a timely opportunity to address any issues prior to the implementation of apprenticeships.

**Primary Research Question:**

What motivates key stakeholders (chairs, professional body representatives, employers and education providers) to actively engage in the radiography-related apprenticeship trailblazers?

**Secondary Research Questions:**

- What are stakeholder experiences of participating in the radiography-related trailblazers?
- What challenges and barriers do stakeholders expect in the future design and delivery of radiography-related degree apprenticeships?
- What opportunities and facilitators do stakeholders anticipate in the future design and delivery of radiography-related degree apprenticeships?
- What recommendations can be made to facilitate the seamless integration of degree apprentices into the radiography and sonography workforce?

## **Outcomes:**

By identifying the motivating factors of the key stakeholders any potential challenges to the next steps will be identified and recommendations to resolve these can be made. This will ensure a smooth integration of the new apprenticeship workforce into the current workforce and challenges associated with the educational model can be supported and/or alleviated.

## **Review of literature and identification of current gap in knowledge:**

Launched in September 2015 in England, degree apprenticeships are an opportunity to develop employer-focused higher education that can play a role in meeting employers' skills needs, boosting local graduate retention and local growth, and increasing social mobility (UUK, 2017). Individuals pursuing a degree apprenticeship are employees, earning at least an apprentice's minimum wage, and have their training costs covered by the employer 'levy'. Apprentices should graduate without student debt (unlike traditional students who accrue a student loan); these financial advantages may attract both mature students and those from lower income households, thus contributing to widening participation outcomes.

Degree Apprenticeships offer an alternative path to professionalism for those electing to undertake an undergraduate programme through a non-traditional route. The introduction of degree apprenticeships presents employers and education providers with an opportunity to collaboratively design work-based degrees (Rowe et al 2017). With only one degree apprenticeship in healthcare currently operational (healthcare science), we must learn from the experiences of other employment sectors, including the rapidly growing management, digital, and engineering degree apprenticeships (UUK, 2017). Within these sectors the employers experience significant challenges as apprenticeships place a far greater onus upon them than the traditional university-driven delivery. Employer engagement with apprenticeships is often intermittent, compounded by concerns about commitment and costs (Rowe et al, 2017). Not surprisingly, there are inherent risks for education providers in adopting employer-led curricula and negotiating individual employer training contracts; as with employers, many education providers have not yet engaged in degree apprenticeships.

Following the introduction of the Apprenticeship Levy in April 2017, when large employers including NHS Trusts started to pay into a fund that can only be reimbursed through apprenticeship training, we have seen a step change in employer interest in, and demand for, degree apprenticeships (UUK, 2017). There is a huge commitment from the university sector to developing degree apprenticeships across the breadth of healthcare, dentistry and social work (UUK, 2017). A recent Health Education England (HEE) workforce consultation (Sept 2017) also expresses the desire to support apprenticeship developments:

*"Apprenticeships have a proud NHS history and will continue to support social mobility, widen participation and provide an important route into the modern NHS. HEE has supported NHS apprenticeships since its creation ... [and] is directly supporting over half the 70 healthcare specific apprenticeship trailblazers". p40.*

The development of three degree apprenticeships related to radiography heralds a new approach to 'hands on' collaborative curriculum design between key stakeholders: employers, universities, students, professional bodies, HEE, HCPC and the Institute for Apprenticeships. Mulkeen et al (2017) however argues that the focus on collaborative working means that the developments must fulfil a variety of different, and possibly competing, stakeholder expectations:

*"For some, the focus is on putting employers at the centre new developments, for others it is about achieving three million apprenticeships by 2020, for others it is about the apprenticeship levy, whilst for [others] they offer a potentially new market segment to expand student numbers and professional body membership."*

All stakeholders involved in apprenticeship development groups (known as Trailblazers) must therefore clearly articulate their minimum expectations and ensure that these are reflected in the standard if the programmes are to be successful (Mulkeen et al, 2017).

Few studies provide an insight into the challenges of the Trailblazer phase, with most literature focussing on apprenticeship delivery. Mulkeen's 2017 study argued that engaging employers in programme design is difficult for a number of reasons, including regularly changing service needs and a 'short term' outlook. Not all employers have the expertise to develop academic programmes or to articulate requirements in academic language. Some employers feel uncomfortable in being the 'lead' in curriculum design when they are working with individuals they class as experienced academics (Mulkeen et al, 2017). Some stakeholders perceive the vocational nature of apprenticeships as less rigorous

than traditional academic study (Ryan and Lorinc, 2018), and the trainee identity changing from student to employee also creates a major shift in stakeholder perceptions (Powell and Walsh 2017). With a primary focus on employment outcomes, there is also a danger that one of the important tenets of education is neglected in the development of apprenticeships - that of ensuring the process of education and the joy of learning is as important as the outcomes (Carter and Tubbs, 2017).

The success of degree apprenticeships in radiography-related disciplines therefore depends upon managing stakeholder expectations and perceptions effectively to ensure equity and parity with traditional routes to practice. This research begins this process by exploring the expectations, motivations and perceptions of those most closely engaged with the radiography apprenticeship developments, that is, the trailblazer membership.

### **Methodology:**

As degree apprenticeships are still in their infancy, a **qualitative research approach** is most appropriate to explore this under-researched area and facilitate effective strategic interventions during programme development and delivery. These qualitative findings may also be used to inform subsequent research, such as a wider representative survey of stakeholder views.

This person centred study (Holloway and Todres, 2005) utilises a **multiple case study design** following the pragmatic constructivist approach first described by Merriam (1998). Cases (e.g. an organisation, department, or individual) are selected to provide a rich holistic description that illuminates our understanding of the phenomena (Merriam, 1998), with interviews being the most common form of qualitative data collection in this approach (Harrison et al, 2017).

The three radiography-related Level 6 Trailblazer groups (sonography, diagnostic radiography, therapeutic radiography) will each be investigated as an individual case study, enabling an in-depth exploration of the patterns and themes emerging within the trailblazer group. Themes will then be compared across the three cases (trailblazer groups) to identify if they are replicated elsewhere or are unique to the individual group. Exploring the perceptions of the individual participants within each group will provide an opportunity to gain a rich understanding (Braun & Clarke, 2013) of how they perceive their role within the Trailblazer group.

## Sampling and participants

The study focusses on the views of key professional stakeholders involved in the Level 6 radiography-related degree apprenticeship trailblazers. The key stakeholders include:

- chair of the trailblazer groups
- employers involved in the trailblazer groups
- representatives from Higher Education Institutes (HEIs) in the trailblazer groups
- representatives from professional bodies

Purposive sampling across these four stakeholder groups will identify participants who offer a valuable insight into each trailblazer group. Participants will be recruited to try to represent geographically diverse locations within the Health Education England boundaries (<https://hee.nhs.uk/in-your-area>). We anticipate undertaking approximately 15 interviews which could be perceived as relatively small, although is typical of a qualitative study (Guest, Bunce and Johnson, 2006; Saunders & Tosey, 2012) and will provide the depth required within each case.

Following 'gatekeeper' approval, initial contact with the participants will be by email from the trailblazer administrator inviting them to participate. They will be made fully aware of the study aims and provided with a participant information sheet. This will include information on consent, confidentiality, an introduction to the data collection methods, how the information will be used and stored, sponsors and where to gain further information from.

## Data collection

Initial semi structured interviews will be conducted with the chairs of the trailblazer groups (should they agree to participate), followed by semi-structured and/or telephone interviews with other stakeholders. Both investigators will conduct the interviews and triangulation, reflexivity and constant comparison methods will be utilised to ensure consistency and increase credibility.

All interviews will be conducted with respect and dignity considering all aspects relating to physical, social and psychological wellbeing. Consideration will be given to the location and set up of the room used for the interviews to ensure best practice is followed (Gillham, 2004). Conducting the interviews face to face

allows the researcher to observe non-verbal signs (Bluff, 2005; Gerrish & Lacey, 2010; Seidman, 2013) but some participants may prefer a telephone interview. Interviews will be transcribed verbatim (Braun & Clarke, 2013).

### Data Analysis

To support the cross-case analysis of different professional roles and perceptions of apprenticeship developments, the researchers will adopt an inductive approach, coding the data to help identify any recurring themes and patterns. The interview data from each participant will be analysed for initial patterns and then the patterns examined carefully to determine if they are replicated in those of other participants from within the same case (trailblazer group), and across the three cases. Thus by cycling through individual transcripts as well as within and across cases, both original and recurring themes are able to emerge. This analysis method has been used successfully in apprenticeship research previously (Rowe et al, 2017) and will facilitate a detailed understanding of the perceptions and challenges across the sample as a whole.

### Trustworthiness and credibility

There will be a clear audit trail as each step of the research process will be recorded and transparent to ensure trustworthiness (Booth et al, 2012). The use of semi structured interviews will allow participants to steer the discussions, increasing credibility. Efforts to put participants at ease will enhance the rapport with participants which will encourage them to disclose honest opinions (Braun & Clarke, 2013) and increase the trustworthiness and credibility of the study. Following transcription, member checking will be implemented as participants will be offered the opportunity to check them for accuracy (Chiovitti & Piran, 2003). Dissemination of the results will be open and transparent to increase trustworthiness and credibility.

## Ethical implications

Ethical approval will be gained from the University, and we will request 'gatekeeper' approval from the trailblazer chair persons to access the participants in each trailblazer group by email.

Consideration will be given at all stages of the research process to ensure adherence to professional codes of conduct and ethics, University ethical requirements and internationally accepted practice, e.g. Declaration of Helsinki and Research Councils UK (RCUK) (Cresswell, 2007; Greenfield, 2002; Ruxton & Colegrave, 2006; Sheffield Hallam University, 2018).

## **Potential Impact:**

Degree apprenticeships within the allied health professions are a new concept, and the experience of each development stage should be captured, built upon and learnt from. There is no previous research in this area. It is envisaged that the results of the study will capture the key motivational factors for continued involvement in the three trailblazer groups. It is hoped this will highlight potential challenges associated with the next steps of implementation of degree apprenticeship programmes. It is anticipated that from the study findings recommendations will be able to be made to allow a seamless transition of apprenticeships into the existing workforce.

## **Dissemination Strategy:**

The results of the study will be published in appropriate peer reviewed journal suitable for dissemination to the wider radiography professional community (Radiography) and shared with the Institute of Apprenticeships. The article format will adhere to the Tong et al (2007) COREQ checklist for the detailed reporting of qualitative studies. It is also anticipated that initial 'work in progress' findings may be presented at the Achieving Excellence in Radiography Education and Research Conference (Nov 2018) and the main findings will be presented at UKRC 2019.

## References:

- Bluff, R. (2005). Grounded Theory: the methodology. In I. Holloway (Ed.), *Qualitative research in health care* (pp. 147-165). Maidenhead: Open University Press.
- Booth, A., Papioannou, D. & Sutton, A. (2012). *Systematic Approaches to a successful Literature Review*. London: Sage.
- Braun, V. & Clarke, V. (2013). *Successful Qualitative Research. A practical guide for beginners*. London: Sage.
- Carter, J. & Tubbs, N. (2017). Degree apprenticeships, the 'joy of learning' excellence framework, and the common good. *Journal of Further and Higher Education*,. Retrieved from DOI: 10.1080/0309877X.2017.1356917
- Chiovitti, R.F. & Piran, N. (2003). Methodological issues in nursing research. Rigour and grounded theory research. *Journal of Advanced Nursing*, 44(4), 427–435. doi:10.1046/j.0309-2402.2003.02822.x
- Cresswell, J. (2007). *Qualitative Inquiry and Research Design: Choosing among Five Approaches*. (2<sup>nd</sup> ed.). London: Sage. Gerrish, L. & Lacey, A. (2010). *The Research Process in Nursing*. (6<sup>th</sup> ed.). Chichester, West Sussex: Wiley-Blackwell.
- Gillham, B. (2004). *The Research Interview*. London: Continuum.
- Greenfield, T. (2002). *Research Methods for Postgraduates*. (2<sup>nd</sup> ed.). New York USA: Oxford University Press.
- Guest, G., Bunce, A. & Johnson, L. (2006). How many interviews are enough? *Field Methods*, 18, 59-82. Retrieved from <https://doi-org.lcproxy.shu.ac.uk/10.1177/1525822X05279903>
- Harrison, H., Birks, M., Franklin, R. & Mills, J. (2017). Case Study Research: Foundations and Methodological Orientations. *Forum Qualitative Social Research*, 18(1), Art. 19. Retrieved from <http://www.qualitative-research.net/index.php/fqs/article/view/2655/4079>
- Health Education England. (n.d.). Retrieved from <https://hee.nhs.uk/in-your-area>
- Health Education England. (2017). Workforce consultation: *Facing the Facts, Shaping the Future – a draft health and care workforce strategy for England to 2027*.
- Holloway, I. & Todres, L. (2005). The status of method: flexibility, consistency and coherence. In I. Holloway (Ed.), *Qualitative research in health care* (pp. 90-102). Maidenhead: Open University Press. Retrieved from <https://www.dawsonera.com/readonline/9780335225798>



Merriam, S.B. (1998). *Qualitative research and case study applications in education*. (2nd ed.). San Francisco, CA: Jossey-Bass Publishers.

Mulkeen, J., Abdou, H.A., Leigh, J. & Ward, P. (2017). Degree and Higher Level Apprenticeships: an empirical investigation of stakeholder perceptions of challenges and opportunities. *Studies in Higher Education*. Retrieved from DOI: 10.1080/03075079.2017.1365357

Polgar, S. & Thomas, S. (2008). *Introduction to research in the health sciences*. (5th ed.). Churchill Livingstone: Edinburgh

Powell, P. & Walsh, A. (2017). Whose curriculum is it anyway? Stakeholder salience in the context of Degree Apprenticeships. *Higher Educ Q*, 00, 1–17. Retrieved from <https://doi.org/10.1111/hequ.12149>

Research Councils UK. *RCUK Policy and Code of Conduct on the Governance of Good Research Conduct*. Retrieved from <http://www.rcuk.ac.uk/Publications/researchers/Pages/grc.aspx>

Rowe, L., Moss, D., Moore, N. & Perrin, D. (2017). The challenges of managing degree apprentices in the workplace: A manager's perspective. *Journal of Work-Applied Management* 9(2), 185-199. Retrieved from <https://doi.org/10.1108/JWAM-07-2017-0021>

Ruxton, G.D. & Colegrave, N. (2006). *Experimental Design for the life sciences*. (2nd ed.). Oxford: Oxford University Press.

Ryan, L. & Lőrinc, M. (2018). Perceptions, prejudices and possibilities: young people narrating apprenticeship experiences. *British Journal of Sociology of Education*, Retrieved from DOI: 10.1080/01425692.2017.1417821

Saunders, M. & Tosey, P. (2012). The Layers of Research Design. Retrieved at: [http://www.academia.edu/4107831/The\\_Layers\\_of\\_Research\\_Design](http://www.academia.edu/4107831/The_Layers_of_Research_Design)

Seidman, I. (2013). *Interviewing as Qualitative Research. A Guide for Researchers in Education and the Social Sciences*. (4th ed.). New York: Teachers College Press.

Sheffield Hallam University. Research Ethics. Retrieved from <http://www.shu.ac.uk/research/ethics/approval.html>

Sheffield Hallam University Research Ethics Committee. (2018). Research ethics policy and procedures. Retrieved from <https://www.shu.ac.uk/research/ethics-integrity-and-practice>

Tong, A., Sainsbury, P. & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): a 32-item checklist for interviews and focus groups. , 19(6), 349–357.

Universities UK. (2017). Degree Apprenticeships: Realising opportunities. World Medical Association. (2006). Declaration of Helsinki. *WMA international code of medical ethics*. Retrieved from: <http://www.wma.net/en/30publications/10policies/c8/index.html>.