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## PTAS Project Report (for REGULAR PROJECT GRANTS)

**Project Title: Open to All? Faculty Development for Equitable Participation in Clinical Teaching**

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### Project type

**A Research Project** (research focus on particular dimension of teaching, learning, assessment)

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**Principal Investigator** : Tim Fawns

**Schools/department** : Edinburgh Medical School

**Team members (including Schools and Departments)** : Gill Aitken, Derek Jones, Ian Lee, Alexander Gulasaryan (all Edinburgh Medical School)

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Project teams must submit a report within 4 months of the conclusion of their project.

Copies of dissemination material (eg journals/newsletter articles, conference papers, posters should be listed and attached (separate to the word count). The brief report will be published on the IAD web pages.

### Report (maximum 1500 words)

#### What did you do?

We conducted a literature review, an exploratory and descriptive survey, and in-depth interviews to explore the relationship between faculty development and the widening participation agenda in health professions education.

#### What did you find out?

Following some challenges (including Derek retiring and Alexandra collecting and looking after her family from Ukraine), the project is still underway. We have completed phase 1 data collection (survey) but not yet phase 2 (we have conducted 3 / 12-15 interviews). Where phase 1 results are more heavily weighted towards access of sessions, phase 2 results are expected to be more balanced between access of sessions and meaningful participation within sessions.

#### *Phase 1 - survey*

In Phase 1, 78 participants completed the survey.

An important obstacle to accessing faculty development interventions centres on moving between clinical and faculty development contexts. This can primarily be thought about in terms of time: the time taken to physically move from a hospital ward or clinical setting to a university setting, or the challenge of scheduling attendance at faculty development session that conflict with clinical rosters, or the capacity to allocate time for faculty development within busy and pressurised clinical workloads (exacerbated by Covid-19). However, there were also process and language divides between clinical and academic settings. For example, complex accreditation processes were



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mentioned as a challenge by some in relation to understanding their faculty development goals and progress.

Perhaps the most significant divide between settings related to support and prioritisation of teaching as an academic or knowledgeable pursuit. 48% claimed a lack of encouragement or support from managers or colleagues to pursue faculty development, only 50% had received advice about teaching development or career development in relation to teaching.

Challenges to prioritising faculty development in relation to clinical work could obstruct access. For example, many mentioned a need to apply for, and be granted, study leave in order to formally learn about teaching. Some had short-term teaching contracts which made it more difficult to be supported in teaching development. Even when respondents were able to book in sessions, there was a frequent need to move priorities to accommodate clinical cover or emergencies.

Access to faculty development courses, programmes and sessions was also described by many respondents as competitive: “spaces fill up quickly”. The scarcity of relevant faculty development opportunities, in combination with scheduling challenges, was a clear barrier. Thus, those with less flexible schedules or less time to plan ahead or book early, or those who are less closely connected with faculty development networks (where they can be made aware of upcoming opportunities) are likely to find it considerably more difficult to access sessions.

Financial cost was another barrier. Formal programmes such as MSc are expensive and may not be paid for by employers. There is limited budget for travel (e.g. between hospital sites and the university). Online provision was mentioned by a few as helping to make sessions more accessible (by reducing cost and travel time, and increasing scheduling flexibility). However, one mentioned IT connectivity between NHS and university sites as an obstacle. Another challenge was that the 9-5 schedule of most university-led faculty development sessions did not allow some busy clinicians to attend.

While each of these challenges might obstruct clinical teachers access to faculty development opportunities, it is the combination of multiple challenges (e.g. scheduling and lack of managerial support and financial constraints) that we think is most problematic. Beyond access, we are also interested in meaningful participation within sessions, courses and programmes. There were few mentions of issues relating to this within the survey, but we suspect these will come out more in the interviews. Of note, one respondent mentioned “numerous cringe situations” within faculty development sessions, suggesting a need to look into the extent to which cultures of participation are equitable and inclusive, and another mentioned the emotional difficulty of discussing racial discrimination within faculty development sessions (though this seems to have related more to the need to relive difficult experiences than to the culture of participation within faculty development).

### *Phase 2 – interviews*

In Phase 2, our 3 participants (so far) have discussed their capacity to acquire support (in the form of approval, protected space or study leave) and to take part in faculty development. An important challenge that is coming out so far is to do with unfamiliar concepts and language which may have more to do with disciplinary background than protected characteristics, for example.

Methodologically, this may speak to the challenge of helping participants probe deeper and more challenging issues (e.g. inclusivity or diversity), particularly where these discussions may, in themselves, be foreign to those who are not already immersed in them. There is a strong, normative tradition within medical education (e.g. framed around notions of objectivity,



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standardisation, accountability and professional standards) which may act against exploratory or critical conversations about diversity. In fact, it is possible to interpret the tone and language used in interviews as cautious, as participants are careful not to say something that is politically incorrect. While this is an interesting finding in itself, we are currently in discussions as to whether and how we might shift our approach in subsequent interviews to help participants express some of the challenging issues we are interested in.

### **How did you disseminate your findings?**

We are presenting preliminary results at the prestigious Association for Medical Education in Europe (AMEE) conference in Lyon in August 2022. We plan to finish data collection, and analysis, plus submission of one paper to the Medical Education journal by the end of 2022, with a further publication planned for another peer reviewed journal (e.g. Advances in Health Sciences Education) in 2023.

### **What have been the benefits to student learning?**

The project builds our understanding of barriers to access and inclusivity of faculty development initiatives which are designed to improve teaching. From this understanding, we hope that we and others can come up ways to improve inclusivity and the capacity for participation from teachers across all roles, disciplines, levels of seniority, race, gender, and other characteristics. By this we do not just mean attending sessions, but being able to actively participate as themselves, and have a voice within the teaching community.

### **How could these benefits be extended to other parts of the university?**

While our project is focused on clinical teachers in a medical education context, there are many other parts of the university that rely on teachers external or peripheral to the university (e.g. industry experts, teaching assistants). These teachers make a significant contribution to university teaching and it is important to understand the extent to which (and how) they can be supported to develop their teaching expertise. Further, many of our findings are relevant to all teachers, and we expect phase 2 in particular to yield more transferable insights relating to the obstacles to meaningful participation within sessions.

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## Financial statement

This project has utilised the funding awarded to it by the PTAS adjudication committee and the Principal Investigator or School Administrator appropriate can provide financial statements showing the funding usage as and when required by the UoE Development Trusts who may require it for auditing purposes.

**Please send an electronic PDF copy of this report to:**

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