Collaborative teaching across the 1992 divide

Dr Nicholas Freestone  
School of Pharmacy and Chemistry  
Kingston University  
Kingston-upon-Thames  
n.freestone@kingston.ac.uk

Ms Aisha Khan  
School of Pharmacy and Chemistry  
Kingston University  
Kingston-upon-Thames  
a.khan@kingston.ac.uk

Ms Cynthia Sam  
School of Pharmacy and Chemistry  
Kingston University  
Kingston-upon-Thames  
c.sam@kingston.ac.uk

Abstract  
University finances are under increasing strain in these current straitened times. Universities across the higher education spectrum are seeking to make efficiency savings whilst at the same time improving their offering to students. Collaboration between universities may be a way to reduce the tensions generated by these competing aims. Previously collaboration between institutions has concentrated on research projects. Described here however, is a collaborative venture involving the teaching of an undergraduate degree programme by two quite different institutions. The Master of Pharmacy degree administered by Kingston University has the physiology and pharmacology elements of this four year degree (a quarter of the whole programme) jointly taught by academic staff at Kingston University and St George’s, University of London. Students are thus taught both at a pre-1992 and a post-1992 university, a situation which may well be unique in the higher education sector in the UK. This collaboration is currently in its sixth year of operation and its success can be implied by the continued accreditation of the degree by the General Pharmaceutical Council (formerly the Royal Pharmaceutical Society of Great Britain). In terms of the student experience, students seem appreciative of the unique blend of teaching they receive, valuing different elements in each individual setting in a sophisticated and reflective manner. Whilst many positive elements have been acknowledged, there have also been areas for improvement identified by the students. These have largely been concerned with organisational rather than academic matters (communication between the teaching teams, timetabling issues etc.). For the universities involved positive features include the sharing of resources and expertise and the ability to enrol greater numbers of students to the benefit of university finances.

Keywords  
Collaborative teaching, pre-1992 and post 1992 universities, student experience
1. Introduction

1.1 Collaborative teaching in UK higher education institutions

Until very recently little attention has been paid to the possibility of UK higher education institutions (HEI's) collaborating in terms of their teaching provision. This is despite the fact that universities have historically forged many collaborative projects with a variety of partners and stake-holders in the realm of research (see for instance press reports on joint research funding to the Universities of Nottingham and Birmingham in March, 2012). Currently however, avenues for the pooling of teaching resources are beginning to gain some attention. In March 2012 a conference held in London entitled “Collaboration in the Higher Education Landscape” discussed the prospects of collaboration between HEI's and colleges of further education. More pertinently for the work to be discussed here the Universities of Warwick and Queen Mary have announced collaboration involving undergraduate teaching in the subjects of history, English and computer science with the possibility of more shared teaching in the future. This is currently an aspiration rather than concrete practice but it might seem timely at this juncture to evaluate a teaching collaboration which has already run for a number of years between two different HEI's. This evaluation may be of interest not just for the fact that it describes an ongoing collaboration of some years standing but also involves the teaching of a single cohort of students by two teams of academics from either side of the 1992 divide.

This new current towards collaboration has undoubtedly been caused by increased competition for scarce resources. Prior to this, the prevailing political winds in the UK HE sector had been to force institutions to compete in the market-place. The de-regulatory policies of successive UK governments led to a “frog pond” of competing institutions rather than the “separate campuses of the University of the United Kingdom” (Trow, 1987). In these changing times however, it may be necessary for institutions to collaborate to survive. However this necessity may not be without its own problems.

The programme to be evaluated concerns the Master of Pharmacy programme accredited by the General Pharmaceutical Council (GPhC), administered by Kingston University (KU) in south-west London. In this vocational programme of study a quarter of the syllabus relating to the physiological and pharmacological elements of the degree are joint taught between two teams of academics. One team, from KU, work in a teaching-orientated post-1992 university with a successful record of widening participation to HE to those members of the community previously under-represented in higher education. The second team work at St George’s, University of London, a pre-1992, research-orientated medical school, one of 18 self-governed Colleges and ten other specialist research institutions which make up the federation that is the University of London.
In a UK context the Further and Higher Education Act of 1992 gave university status to a number of polytechnics and colleges of higher education. In many respects the post-1992 universities are similar to the pre-1992 universities but there are some differences as laid out in an instrument of government set out in the 1988 Education Reform Act and articles of government from the 1992 Act. This model of governance specifies that these universities exist as higher education corporations which; have an increased emphasis on the role of the Vice-Chancellor, have a larger number of external members on any governing body, and have a lesser role for an academic board or equivalent. Whilst this gives some formal and legal distinction between pre and post-1992 universities there may also be more subtle differences between the day-to-day academic practices in these two types of institution. Does this though present any obstacles to the provision of joint teaching on a specific degree programme by two institutions from across this binary divide?

1.2 Pharmacy education in the UK

First the basic requirements of the degree programme in question should be addressed. To obtain a Master of Pharmacy undergraduate degree that is a pre-requisite for pre-registration training and subsequent employment as a registered pharmacist, four years of academic study must be completed over a maximum period of six years. Only those institutions accredited by the GPhC can award these degrees and until relatively recently the number of graduating pharmacy students was limited to just twenty-three institutions. Latterly however, a number of new schools of pharmacy have been accredited by the GPhC. KU is one such new school of pharmacy and having to develop de novo an MPharm programme enabled the application of some creativity to the delivery of the programme.

In terms of curriculum however, a number of external drivers have been apparent. Primary amongst these was the Nuffield Report of 1986. This report made twenty six recommendations which in effect sought to make the education and training of the putative pharmacist more clinically and practice orientated. For example, placements were advocated as providing a chance for the student to see the real world of pharmacy and schools of pharmacy were enjoined to employ more registered pharmacists to teach pharmacy undergraduates. On the other hand one of the other major recommendations was that the degree should continue to be science based. This gave rise to one recurring source of tension in the provision of pharmacy education in the UK- the theory-practice divide. Undergraduate students consistently report that they feel that the academic, science based parts of the curriculum bear little relation to their future clinical practice (Jesson et al, 2006). In attempting to address these concerns KU entered into a collaboration with SGUL to see if the science elements of the MPharm programme could be given more clinical relevance to the students. Thus students have been exposed, from the first year and throughout the whole programme, to a clinical learning environment which may assist in the development of their professional roles (Freestone et al, 2010a).
1.3 The Teaching teams

Staff teaching Physiology and Pharmacology at SGUL are mainly internationally respected research–active staff leading teams of PhD students and post-doctoral workers in dedicated research laboratories on very specific research objectives. Alternatively they may be clinicians responsible for running clinics and treating patients at St George’s Hospital where SGUL is physically based. On the other hand, staff at KU, are more heavily involved in teaching, administration and course development. The different tasks performed on a day to day basis by the two teaching teams are likely to be reflected in the way they deliver course material to Pharmacy undergraduates.

Such institutional differences may impact on staff’s perception of their role and student learning due to the organizational structures and values espoused by the institutions. In particular, Shattock (2003) has found that medical schools within a university have a significant degree of autonomy. Further cultural differences that might exist between a post-1992 university and a medical school have been signposted by Dopson and McNay (1996) in their delineation of four organizational cultures in universities. These were suggested to be, collegial, bureaucratic, entrepreneurial and corporate in nature. Post-1992 universities, having experienced central control when they were polytechnics are more used to centrally derived quality assurance processes (Lomas, 2006). Thus, whilst the adoption of quality assurance procedures by academic staff in much of their practice has been evident across the UK HE sector, shifting the balance of organizational power to the centre, (Kogan and Hanney, 2000) post-1992 universities may be better placed to adapt to these new requirements of the academic role than their pre-1992 counterparts.

Such cultural differences evidenced in the literature especially relating to professional autonomy may be evident to the KU Pharmacy students. As one of the institutions involved in this study resides in a medical school and the other is a former polytechnic it is likely that the day to day experiences of the teaching staff are very different as a result of the discussions above. In particular, the heavier teaching load and quality assurance processes experienced by KU staff may make the administration of their modules quite unlike those modules administered by SGUL staff.

Previous research (eg. Freestone et al, 2010b) indicates that students are aware of the differences between the two educational environments their learning occurs in. Other evidence from literature also supports the contention that the student learning experience varies depending upon the particular institution that they are in. For example, Altbach has stated “Institutions that cater to mass access provide vastly different quality, facilities and focus than do elite institutions” (Altbach, 2010). In the US individual institutional structures have been found to affect student engagement (Porter, 2006) and gains in learning (Toutkoushian and Smart, 2001) and different teaching styles have been found to affect both engagement and learning (Umbach and Wawrzynski, 2005).
The impact of different teaching styles and institutional practices has also been found in the UK (Gibbs and Coffey, 2004; Thomas, 2002). For instance, assessment has been shown to have a large impact on how students learn (Black and Wiliam, 1998; Elton and Laurillard, 1979). Gibbs and Dunbat-Goddet (2008) have found that assessment practices vary in the HE sector between Oxbridge, pre-1992 and post 1992 universities. Therefore, the MPharm students may be learning “differently” in the different academic environments they are exposed to. The basis of the different learning and teaching experiences of both staff and students in this context is likely to occur due to the different ethos prevailing in the two different institutions. These variables (institutional structures, styles, practices and cultures) are different for the KU students at the different sites and are likely to result in a different overall learning experience.

2. The Effect of collaboration on the student experience

2.1 What the students said

Upon surveying the students on the MPharm programme, over a five year period, it was consistently found that the part of the course they enjoyed the most related to the physiology and pharmacology joint teaching. This was despite the fact that surprisingly, this part of the programme was only ranked the third out of five general areas of the degree as being relevant to the practice of pharmacy. It was however, the highest ranked “scientific” part of the degree with the two elements deemed to be most relevant to the practice of pharmacy being Clinical Practice and Professional Practice.

Both in questionnaire responses and when interviewed, a large proportion of the students expressed positive views towards the joint teaching venture, believing that attending two different HEI’s created distinctiveness in their academic experience. Furthermore, most students reported that academic staff were enthusiastic about their teaching and this resulted in an enjoyable learning experience. Students were aware of the differing nature of the education provided by the two institutions. Students largely valued these differences in their provision although a smaller number of respondents thought that the mixture of teaching teams put too much pressure on them as learners.

Students overall expressed no preference for one setting over another in helping them develop into professional practitioners. This suggests that students believe that their socialisation into the culture of pharmacy practice can be achieved by a combination of both settings working together. However, in terms of some student responses rather mixed messages were received. For instance, some students thought that pharmacy-specific academic staff at KU prepared them better for their future role as pharmacists, whilst others seemed to indicate that clinically-qualified staff at KU imparted more relevant practice-related knowledge. For example, one student said,
“Having lectures from lots of clinicians who deal with patients with different diseases on a daily basis must be good for us mustn’t it?”

On the other hand many student responses were typical of the following:

“I mean we have like one lecturer for each and every lecture that we have and we have a different person teaching us at St George’s whereas here (KU), it is always the same and we have that special relationship with our teachers here, so we feel more comfortable in that way, whereas in St George’s we don’t have that much time to spend with the teachers they just lecture”.

Many of the students suggested that to improve the overall organisation of the programme one person needed to be identified as a link between the two institutions to provide a first port of call should any logistical problems arise in the teaching provision.

2.2 What the staff said

When academic staff, from both institutions, were asked their opinions on the nature of the provision they were almost unanimous in their praise of the multi-disciplinary, two site, teaching approach. One said:

“To have NHS clinicians teaching students is amazing” whilst another said:

“Learning in a hospital setting must be beneficial to the students as they will end up working in that environment”

However, at a more specific modular level some concerns were evinced by some of the respondents:

“We don’t know what the students are learning at KU” and

“There are obvious gaps in student knowledge and this must mean they aren’t being taught all the relevant stuff”.

Furthermore, individual lecturers weren’t sure of the place of their teaching within the overall programme:

“I’m not sure if my lecture material overlaps or complements what is being done elsewhere”.
3. Conclusions

Future work could evaluate how KU MPharm graduates fare in the nationally administered state registration exam in comparison to pharmacy graduates from other schools of pharmacy. This would give some objective measure of the efficacy of the mixed teaching team model being used in the KU programme apart from the benefits to the student experience identified by the students themselves.

Students in general were quite happy with having the benefit of studying in two totally different institutions. Students felt that having contact with academics from different backgrounds was a positive feature that aided their learning and they appreciated what they perceived to be good teaching and the help they got from lecturers in both settings. If relatively minor things such as co-ordination of the timing of assessments and communication between the teams were improved students would be happier and potentially appreciate this mix of learning even more.

4. References


