



Exploring the experience of participants in a pilot scheme to recognise teaching excellence in healthcare: A mixed methods approach

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ABSTRACT

Background: Within healthcare settings, practice-based healthcare professionals are expected to teach, supervise, assess and/or support learners in their respective disciplines. Ongoing development opportunities focusing specifically on teaching skills and support of students are varied and there are no mandatory requirements for practice-based healthcare professionals to develop formal teaching qualifications, despite their direct involvement with learners.

Objective: To explore the experience of participants in a pilot scheme to recognise teaching excellence in healthcare.

Design: A mixed methods approach was used.

Setting(s): One inner-city integrated health care system in the UK.

Participants: This study involved eleven participants in total: seven applicants who successfully completed the award and four mentors who supported them throughout the application process. Mentors were all Advance HE Fellowship holders employed within one National Health Service (NHS) organisation and one Higher Education Institution situated within the Northwest of England.

Methods: Data collection methods included an online anonymised survey followed by individual semi-structured interviews. Quantitative data were analysed descriptively, and qualitative data were analysed using framework analysis principles.

Results: The findings indicated that participants (applicants and mentors) found the overall experience positive and rewarding. The main positive aspects of taking part were:

I. Increased confidence and sharing of teaching experience.

II. Increased reflection and use of pedagogy.

III. Formation of a teaching community of practice.

IV. Perceived teaching career progression opportunities.

The application process appeared to act as a catalyst towards re-engagement with underpinning pedagogy when considering the suitability and utility of effective teaching approaches for learners in practice. It also helped to promote a teaching community of practice where mentors were able to 'pay forward' and support practice colleagues to be recognised for their teaching roles.

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The main challenges were the competing demands on applicants' time and the self-directed approach required to complete the award application.

Conclusion: Gaining recognition of teaching excellence through an award scheme such as Advance HE Fellowship can foster a sense of empowerment, recognition and reward for educators who work with learners undertaking Higher Education Programmes, irrespective of the setting where teaching and learning takes place. However, without wider organisation support and resources, the benefits of such schemes can be diminished.

Registration: N/A

Tweetable abstract: With institutional support, Advance HE Fellowships offer accessible recognition for healthcare educator's commitment to teaching excellence @AdvanceHE @NHSE_WTE

What is already known?

Providing support to learners is a professional requirement of all practitioners working within healthcare settings in the UK. Professional development opportunities to support the advancement of specific knowledge, skills and behaviours related to teaching and learning within practice settings are varied across various disciplines and organisations. Teaching and supervision roles outside of Higher Education Institution settings (e.g. healthcare practice settings) are not always formally recognised or rewarded.

What this paper adds?

Working towards a Fellowship award with Advance HE can have benefits for applicants and those who mentor them in terms of:

- I. Increased self-confidence in teaching roles
- II. Increased reflection and use of pedagogy
- III. Forming of a teaching community of practice
- IV. Perceived teaching career progression opportunities

We provide an example of how educators working in healthcare settings can gain international recognition of their teaching excellence that could be applied across all disciplines, irrespective of setting, to aid standardised recognition of teaching excellence and offer the potential to promote career progression.

1. Background

Although it is widely accepted that educators support learners within healthcare settings, less is known about how this is recognised and valued. It is part of expected UK healthcare professional standards to provide teaching, support learning and participate in assessment (Nursing and Midwifery Council, 2018; Health and Care Professions Council, 2018; General Medical Council, 2024). It is less clear how these activities are recognised and valued by healthcare professionals themselves, their employers, and Higher Education Institutions.

The quality of teaching for healthcare students matters because experiential learning opportunities (Dewey, 1933; Kolb, 1984) enable learners to develop confidence and competence in skills, knowledge, and behaviours related to effective healthcare delivery. Therefore, all healthcare professionals have a vital educational role. Continuing professional development (CPD) is required to ensure the highest standards of education and patient care are delivered (Health and Care Professions Council, 2018).

Healthcare professionals can seek formal development opportunities that specifically focus on aspects of teaching, learning, and assessment via postgraduate study e.g., Certificates in Education. However, this is often not a mandatory requirement. Opportunities for seeking recognition of teaching expertise in healthcare settings remain limited since no universal or international accreditation process is recognised across all healthcare disciplines. Where there have been attempts to promote recognition and/or accreditation schemes there is often a lack of consistency in accessibility and approach (Karas et al., 2020; Mlambo et al., 2021). However, where such schemes have been introduced and evaluated, the findings appear to lead to more positive learning experiences for both staff and learners (Sellars and Clouder, 2011.)

This led the authors to consider how such a scheme could be applied within healthcare settings to provide professionals with a personal development opportunity to address the gap in recognition of teaching excellence.

Within many Higher Education Institutions across the world, professional recognition of teaching excellence via the Advance HE Fellowship award scheme is encouraged (Advance HE, 2023). This scheme provides a way of raising the profile of teaching and learning activities within Higher Education (Advance HE, 2023) and can also act as a quality measure for continuous improvement and staff development (Moore, Higham and Sanders, 2017; Office for Students, 2023). Recent data published by Advance HE suggests that

as many as 169,000 staff in over 100 different countries have had their teaching excellence recognised via the scheme (Advance HE, 2023). The Professional Standards Framework (Advance HE, 2023) originally launched in 2006, is now an internationally recognised framework for evidencing success within Higher Education. The latest iteration of the framework identifies three related sets of dimensions (*Professional Values*, *Core Knowledge*, and *Areas of Activity*) along with three descriptors at Associate Fellow (AFHEA), Fellow (FHEA), Senior Fellow (SFHEA), and Principal Fellow (PFHEA) levels. Together they provide a comprehensive set of criteria statements against which individuals can evidence excellence in their teaching practice and leadership through a reflective submission. If awarded, a fellowship holder can illustrate their expertise with a lifetime entitlement to use post-nominal letters in recognition of their achievement. The framework dimensions and descriptors can also be used by individuals to chart their career trajectory from early educator to strategic leader of learning and teaching (Cathcart et al., 2021).

Whilst the Advance HE Fellowship accreditation scheme is open to all those supporting teaching and learning activities within Higher Education Institutions across the world, there is currently limited evidence of adoption within healthcare settings.

Within one large geographical area in the North-West of England, a regional partnership of four Higher Education Institutions and eleven health and social care service provider organisations was established. One aim was to create a supportive culture where healthcare professionals are valued as contributors to the learning experience, thereby enhancing the quality of teaching and learning provision for learners in healthcare settings (Greater Manchester Combined Authority and Health Education England, 2020). Work undertaken so far has included the development of a career framework and educator profile for healthcare practitioners (Williams et al., 2022). This aligns with the National Health Service Educator Workforce Strategy (Health Education England, 2023) and the Advance HE Professional Standards Framework (Advance HE, 2020).

This study evaluated a pilot project offering educators working in healthcare settings (who support learners on degree-level programmes or above) the opportunity to apply for recognition of teaching excellence via the Advance HE Fellowship scheme. It explores the experiences of applicants and the mentors who supported them through the process, identifying potential barriers and facilitators to achieving an Advance HE Fellowship Award within a non-university setting.

2. Paradigm and methodology

A literature search was undertaken to enhance understanding of the importance and design of the study. This informed the development of a survey questionnaire and interview schedule. Across Medline, Pubmed, Cinhal, and Google Scholar databases the following search terms were used: *Award*, *Fellowship*, *Higher Education Academy*, *Advance HE*, *teaching excellence*, *education*, *accreditation*, and *recognition*. Only studies written in English and published before 2000 were included. All abstracts were reviewed to deem suitability and relevance, then each paper was summarised and critically reviewed to inform the study design.

A pragmatist research paradigm was used. Pragmatism focuses on the consequences of research, prioritising what works to answer the research aims (Foster, 2024). The pragmatic epistemological view is that knowledge is socially constructed by human action (Kaushik and Walsh, 2019). The parallel convergent mixed-method design values both objective and subjective knowledge (Creswell and Plano-Clark, 2017), allowing for corroboration of both data types to achieve a deeper understanding of healthcare workers' and mentor experiences (Poth, 2018). In parallel convergent mixed-method studies, quantitative and qualitative elements are conducted separately (Nagpal, Kornerup, and Gibson, 2020).

In this study, interviews were used to explore topics included in the initial quantitative survey if participants wanted to elaborate. Consistent with an embedded design that is qualitative-dominant, prominence was given to the qualitative data obtained from interviews. Survey data was used to add context to each individual's experience thereby achieving the research aim from different perspectives. Fig. 1 provides an overview of how questions asked in the quantitative survey informed qualitative interview questions to add context. Qualitative data analysis was supported with quantitative data to provide holistic data interpretation (Nagpal, Kornerup, and Gibson, 2020).

3. Survey and interview tools

To enhance the validity and reliability of the survey instrument, we used an online questionnaire adapted from a tool previously designed by Cathcart et al. (2021) with permission and advice on further development (Cathcart personal communication). To limit the impact of amendments on the validity and reliability of this tool, the same main areas were explored: motivation, impact on participants and their teaching practice, and impact on learners/students and their institution. Some minor amendments were made to

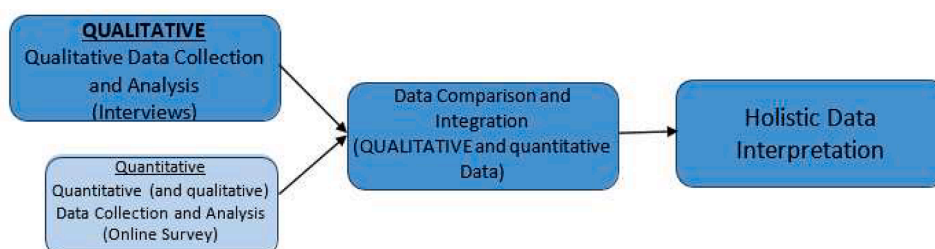


Fig. 1. Embedded research design.

the terminology used in some questions and other questions were removed to reflect the context in which our participants practice.

Quantitative questions used a five-point Likert scale that ranged from 'strongly agree' to 'strongly disagree'. It also included the opportunity for respondents to include open-text responses, enabling them to offer more information if they wished. As previously described, the interview guide was developed based on a review of relevant literature.

4. Setting and sample

This small pilot scheme took place in the North-West of England. Educators from healthcare settings were invited to apply for a place on the scheme by representatives within two organisations where prior permission had been granted by Local Research and Innovation Teams. All twelve participants in the pilot were invited to take part in the research study. The small convenience sample was determined by the number of participants who volunteered to take part. This included eight applicants working within one inner-city integrated healthcare system in the UK, and four mentors (based in one Higher Education Institution and one health service provider organisation) who supported them through the process.

5. Data collection

Participants of the pilot scheme (e.g. applicants and mentors) were contacted via email by researchers who played no part in the delivery of the pilot scheme. The email invited them to complete an anonymous online survey along with a Participant Information Sheet which provided more information about the study (including information sharing requirements) to help them consider if they wished to take part. Participants who confirmed their consent and completed the online questionnaire were invited to take part in a one-to-one interview at the end of the questionnaire. Reminder emails were sent to all participants two weeks after the first invitation email as it was not possible to tell which applicants and mentors had completed the survey, due to anonymous responses. Participants had a total of 4 weeks to decide whether to take part or not.

The online survey was used to gain a baseline understanding of those who took part in the pilot scheme and submitted an application or supported an applicant through the process. Anonymous data included the number of applicants who commenced, exited, and completed the award. The online survey instruments (Appendices 1 & 2) comprised Likert-type and qualitative open questions delivered via the Qualtrics™ platform (Qualtrics, 2024). This approach was chosen to allow the capture of quantitative and qualitative data through closed questions and short answer open responses. The survey aimed to collect baseline data about the applicants, their motivation, impact on self, others, and their organisation, and any suggestions for improvement. Out of 4 mentors and 8 applicants, 11 completed the survey and 9 (4 mentors and 5 applicants) agreed to be interviewed.

Semi-structured, one-to-one interviews (Appendices 3 and 4) were conducted online via Zoom by two members of the research team with study participants who had opted to take part in an interview at the end of the survey. The interviews aimed to explore more deeply the factors related to participants' experiences and the impact of being part of the Advance HE Fellowship pilot scheme using probing and prompt-style questions. Quantitative and qualitative data were collected before the release of the Advance HE Fellowship application results.

6. Data analysis

These data were analysed separately before merging and interpreting the findings in an integrated manner to create a comprehensive understanding of the experience of the participant experience. Descriptive statistics collated by the Qualtrics™ platform were used to review the quantitative data from the online survey. This included counts and percentages related to responses and was organised using bar charts, pie charts, and tables.

A framework analysis approach was used to analyse the qualitative interview data. The analytical framework for the interview emerged from initial data analysis. The ideas that emerged were collated and a draft theoretical framework was developed. This was adapted and developed as data analysis continued through charting, mapping and interpretation phases of the framework analysis process. This method is consistent with a pragmatist approach and the theory that knowledge is constructed by social exchange to assist further exploration of patterns and trends in qualitative data sets (Ward et al., 2013). This logical method enables data to be compared between participants and within transcripts from the same participant (Gale et al., 2013). Aligning with the pragmatist and constructivist philosophies, the approach to framework analysis ensured themes were derived directly from these data, prioritising the concepts that participants indicated were important. In keeping with this approach, derived themes are reported descriptively in the results section of this paper whilst mapping and interpretation are presented within the discussion section as part of the iterative process of framework analysis (Gale et al. 2013). This approach is particularly useful when there is a team of researchers involved as the process generates a transparent audit trail.

Following confirmation of the interview transcripts, the two researchers became familiar with these data, by reading and re-reading the transcripts, identifying early themes. Within and between participants, differences and similarities were noted, either in the margin of the transcript or using the comment function in Microsoft Word™. A draft thematic framework was derived through initial 'coding,' from which the major categories were formed. Initial codes included ideas, phrases, and concepts, which were applied to the transcripts line-by-line independently by each researcher. The researchers discussed the codes, assessed inter-rater agreement, and resolved any differences by returning to the transcript. The indexing phase followed, where codes with commonalities and consistencies were grouped and merged to form a broader concept, which then became a major theme. Here connections between ideas and concepts were identified to support the generation of meaning and understand the importance of the issues raised by the participants.

The process of generating the framework was iterative. It developed as each transcript was coded (Gale et al. 2013). One researcher charted the transcripts to reduce these data into sections of text that were manageable and associated with the appropriate category while retaining the feel or meaning of the participants' words (Gale et al. 2013). The quantitative and qualitative data were collected and analysed concurrently but separately, then merged following comparison and review of relationships between data. Finally, through mapping and interpretation of the analysis, these data moved beyond description to an in-depth exploration and robust understanding of the experience and impact of undertaking the Advance HE Fellowship award scheme, for both applicants and mentors. Anonymized results were then independently verified by two different members of the research team.

6.1. Reflexivity and Rigour

All members of the research team were University lecturers who held Advance HE Fellowships and had previous personal experience of completing a fellowship application. To enhance reflexivity (Olmos-Vega et al., 2023) the research team reflected together on their perspectives, acknowledging potential beliefs, assumptions, and biases when designing the study and collecting and analysing qualitative data. The trustworthiness of the qualitative data was maintained through the researcher's discussions during the analysis processes. Any questions and ambiguities were considered, and reviewed before consensus was achieved. The process was documented to provide an audit trail to illustrate transparency (Rose and Johnson 2020). Triangulation of survey and qualitative data supported the trustworthiness of data via corroboration of findings and explanation of meanings (Valencia 2022).

6.2. Ethics

Ethical approval was granted by the University of Manchester Research Ethics Committee (UREC Ref: 2023–16,025–27,509) and favourable reviews received from Health Education England and Research Innovation and Integrity leads representing other relevant partners (One Higher Education Institution, NHS England Workforce Education and Training [formerly Health Education England] and two National Health Service Foundation Trusts). A controller-to-processor data agreement was implemented to ensure data were managed and shared in line with organisational records management, research data management policies, and current GDPR legislation.

All potential participants (applicants and mentors) received a participant information sheet within an invitation email which clearly explained information about how acquired data would be used and shared. Informed consent was gained separately for the anonymous questionnaire (consent by return of questionnaire). Consent for an interview was agreed via the return of a signed consent form. Participants had four weeks to opt into the study and at least 24 hours to re-consider their choice once they had volunteered to be interviewed. Written consent was sought before the interview and additional verbal consent was sought at the beginning of the interview. Participants were informed of their right to withdraw from the study at any time without detriment to themselves though advised that it would not be possible to remove data once it had been anonymised. Only Principal Investigators had access to any personal identifying information (e.g. when conducting interviews). Following completion and checking of transcription, audio recordings were deleted. Anonymised transcripts were anonymised, encrypted, and stored within a designated Research Data Storage service (Isilon) within 48 hours. Data and metadata will be retained for five years.

7. Results

Eleven participants completed the online survey: four mentors (100 %), and seven applicants (87.5 %). Six applicants were educators working within healthcare settings that included theatre, midwifery, and nursing. Three had managerial roles. One was an allied health care professional. Six had more than five years' of experience, and one had less than five years. One applicant had previously achieved Advance HE Fellowship status (FHEA) whilst six had no previous Advance HE experience. All mentors held Advance HE Senior Fellowships and were healthcare registrants employed in either a Higher Education Institution ($n = 3$) or an Approved Education Institution e.g. partner organisation ($n = 1$) (Table 1).

Nine interviews were conducted which included four mentors and five applicants.

There were several consistent themes which emerged across the online survey responses and interviews with applicants and mentors:

Table 1
Quantitative demographic data of survey respondents.

	Applicants	Mentors	Total
Survey respondents	7	4	11
Working in a clinical setting (only)	6		6
Working in a clinical setting plus managerial responsibility	3	1	4
Allied healthcare professional	1		1
University staff		3	3
Previous HEA recognition	1	4	5
No previous HEA recognition	6		6

7.1. Motivation to take part

Participants highlighted several influencing factors which motivated them to take part in the project. The quantitative data below illustrates agreement scales and provides an overview of survey responses (Fig. 2).

Descriptive statistics from the survey indicate that most applicants wanted the opportunity to demonstrate their effective teaching abilities ($n = 6$) and all applicants wished to gain more formal recognition of these ($n = 7$). Most applicants and one mentor believed this to be a potential way to enhance their promotion or future career opportunities ($n = 7$; applicants $n = 6$ and mentors $n = 1$).

Most of the applicants considered the programme as an opportunity to reflect upon their teaching practice in a meaningful way ($n = 6$).

Most of the mentors ($n = 3$) wanted to share their experience with applicants to help them in furthering their development rather than seeing this as a career or development opportunity for themselves. This viewpoint was related to the support that they had received themselves when completing previous awards and was further elaborated on during the qualitative semi-structured interviews:

“I thought it’d be nice to give something back as well to help somebody else to achieve something that they want to do” (Participant 9-Mentor).

One mentor recognised that practitioners supported learners in pre-qualifying degree programmes and that the process provided an opportunity to support them:

“Practice colleagues don’t always get an opportunity for that recognition. They’re supporting 50 % of programmes so I feel from an equitable kind of perspective it was helpful to think about helping [them]” (Participant 8-Mentor).

7.2. Benefits of taking part

Both the survey and interview topic guides were designed to assess and explore the impact of the application process on applicants and mentors. Three key themes were identified: *increased self-confidence, increased reflection and use of pedagogy and developing networks and sharing experiences.*

7.2.1. Increased self-confidence

All applicants agreed that working towards the award had increased their confidence levels in their teaching practice ($n = 7$). Both applicants and mentors explained this concept further in interviews:

“It has made me have the confidence to look at different ways of doing things and how we can develop to meet the needs of all learners” (Participant 1-Applicant).

“I feel it has given me faith that I can achieve more in the near future” (Participant 3-Applicant).

Some found that the process of evidencing their skills and experience in effective teaching practice removed some of the self-doubt they previously held. They recognised their skills in developing others and in educating them. By increasing their self-belief some felt that barriers for themselves had been broken down.

“The fellowship has increased my self-confidence and encouraged me to continue to be proactive when mentoring others to develop careers” (Participant 9-Mentor).

Others verbalised how the application process influenced them, specifically in their personal self-development and confidence in

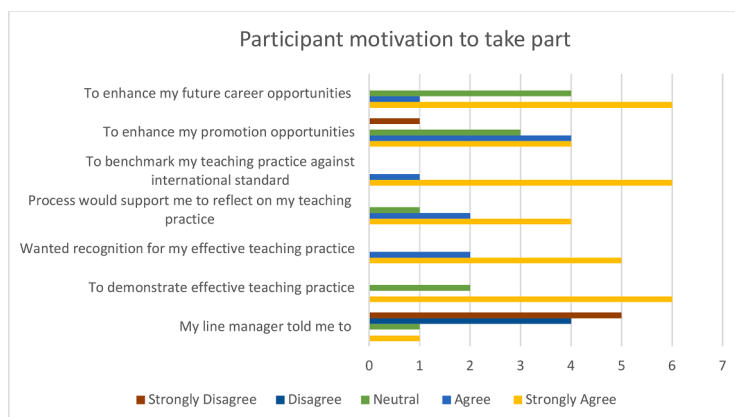


Fig. 2. Quantitative survey data: Motivation to take part.

developing new pedagogical understanding. Moreover, the use of an action-oriented reflective model and the support of a mentor who encouraged wider thinking, supported applicants to have confidence in their abilities to develop educational activities beyond what they had done previously.

“We’ve never really spent time on teaching ourselves as educators to be able to deliver things better. Having the confidence to say to people around me I think we should try this, and this is why I think we should try this” (Participant 3-Applicant).

“Confidence to develop education strategy and think about developing evolving teaching techniques” (Participant 4-Applicant).

One mentor also recognised the value of reflection in this process of personal development and enhancement of confidence levels.

“Seeing how they changed from underplaying what they were doing. Not feeling that confident, to recognising to say, oh yeah, well, that’s what I’ve done. And it was like it opened up. for them to see what they were doing in a more valuable way. So, I think that was a moment of change...helping practitioners to reflect on their role as powerful as they do not realise their impact on learner education” (Participant 1-Mentor).

7.2.2. Increased reflection and use of pedagogy

Consistently across the quantitative and qualitative data, applicants reported that engagement with the application process had helped them to gain a deeper understanding of their teaching practice and as a result had changed their approach to teaching and learning in some areas (Fig. 3).

These responses are noteworthy, illustrating that none of the participants disagreed or strongly disagreed with the areas of personal teaching development. This was expanded upon further in the free text comments where applicants described the use of pedagogy and reflection as being a positive outcome. Participants described the value of reflection in terms of personal and professional growth:

“Reflecting enabled me to personally grow and assist my department to grow and improve utilising feedback and peer reviews” (Mentor survey response).

“I believe I am continuously adapting, the fellowship has made me aware of this by reflecting on my career and involvement in teaching” (Applicant survey response).

These data were also exemplified and expanded further through the semi-structured interview responses:

“It’s helped me I think, returning to all the theory that hadn’t looked at for a long time and thinking about my practice and maybe getting a bit more confidence to try new things because you can get a bit stale in the way you do things, can’t you?...I think it has been more useful than I anticipated to be honest” (Participant 5-Applicant).

“It really made me think about why I did things and made me unpick what I did a little bit more than I had previously done...that really helped my development. I do think personally it allowed me that time to reflect on what I was doing which I didn’t really do before” (Participant 7-Applicant).

One applicant spoke about how the process provided an opportunity to discuss their career development with someone else and how this had helped them to further reflect on their progress:

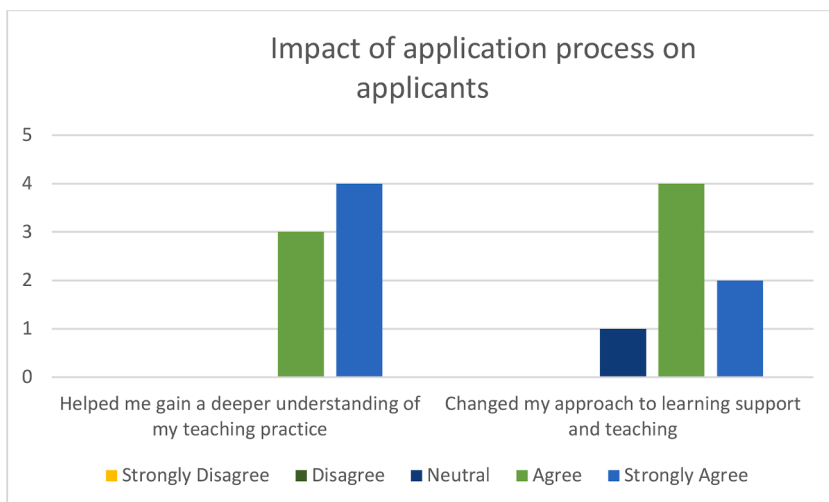


Fig. 3. Quantitative survey data: impact of the application process on applicants.

“The ability to sit down and talk about my impact on my career and departments that I’ve worked in. It’s just been a very eye-opening exercise. I’m not sure I got that anywhere else apart from doing this. And so that’s been really, really good, and quite motivating in itself that. I would do it again” (Participant 4-Applicant).

Others described how the process had prompted them to consider the importance of evidence-based practice and applied pedagogical approaches, disrupting usual or routine educational activity planning and preparation processes. It encouraged them to approach teaching activities more mindfully, with consideration of pedagogical theory and go on to design activities specifically for the intended audience:

“It has highlighted to me the importance of a more academic approach to lesson planning; the importance of learning outcomes and objectives, a clear conclusion and outlining the efficacy of my teaching” (Applicant survey response).

“It’s helped me return to all the theory that hadn’t looked at for a long time and thinking about my practice and getting a bit more confidence to try new things because you can get a bit stale in the way you do things, can’t you?... It’s not necessarily learning things and lecture-based teaching ... pure reflection has worked!” (Participant 5-Applicant)

One mentor spoke of how the process of supported reflection had promoted consideration of approaches amongst applicants:

“It’s a really useful opportunity for you and gets other people who are taking this approach to think in more depth and in more detail about what you’re doing rather than sitting in a classroom and or sitting online or just listening to people...it was just really good having those conversations” (Participant 1 -Mentor).

Another highlighted the value of reflection for themselves:

“It certainly helps to frame a reflection on how to articulate what I’ve achieved and how I’ve developed and I think it does help to give a focus for reflection on a personal development around education, supporting learning” (Participant 8-Mentor).

Through the process of reflection, applicants recognised the challenge of meeting individual learner needs and the previous negative impact this had on them but realised that student needs are different so adapted their teaching as a result:

“It made me think everybody transitions through any journey very, very different[ly] and it made me stop and think that wasn’t meeting their needs” (Applicant survey response).

“What is it I’m not doing that the learner needs me to do to help make a transition? To become that adult learner? There is that variation so it’s kind of being mindful about all the different needs and why that may be” (Participant 3-Applicant).

Furthermore, reflection supported the realisation that feedback is essential to support the development of individualised teaching.

7.2.3. Developing networks and sharing experiences

It is clear from these data that key components of the scheme were the value of contact with each other and educators within a Higher Education Setting and the opportunity to share experiences with colleagues and other educators Fig. 4.

These data clearly show that there was sharing of experience with other colleagues outside the pilot project, though interestingly the notion of forming new contacts and networks received a mostly neutral response. Within free text comments and interview responses, applicants verbalised how they appreciated the chance to meet with other educators, particularly valuing the opportunity to form closer working relationships with educators working within Higher Education:

“Group working and sharing of ideas has helped immensely” (Applicant survey response).

“I have met people working within different areas which is useful for future reference” (Applicant Survey response).

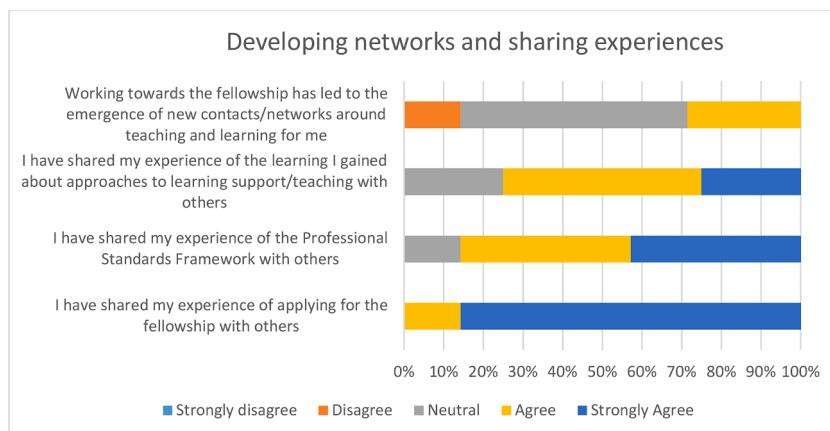


Fig. 4. Quantitative survey data: Developing networks and sharing experiences.

“It’s great to have mentors and staff within AEIs [Approved Education Institution] whom I would not necessarily make contact... also good to hear and speak to other educators in the Trust” (Applicant Survey response)

“Getting to know people who were doing the programme...I’d had interactions with some of the people who were working at the university through undergraduate students and staff. So it was nice to see them in a different light in a way... making relationships with these people” (Participant 5-Applicant)

Mentors commented on the value of opportunities to communicate more closely with educators from healthcare settings:

“I think with my work developing within the university it’s made a difference in this project and reflecting. The insights I’ve got ... it’s been useful when working with people and thinking about how we do things differently” (Participant 1-Mentor).

“It’s so interesting to find out what’s going on in practice and how our clinicians are being educated and about what subjects” (Participant 7-Mentor).

“It’s an opportunity to have a reflective review of own performance from an external colleague – AEIs [Approved Education Institution] educators are not able to easily benchmark with external colleagues” (Participant 7-Mentor)

Mentors also recognised the project as an opportunity to support the educational development of colleagues and highlighted the value of building relationships between university educators and those who support learners in healthcare settings:

“It’s a way of supporting the clinical workforce which is a fundamental element of our role” (Mentor Survey response).

“It’s a positive experience and relationship building for us, the university and our students” (Mentor Survey response).

Some applicants described the way they used the experience of applying for a Fellowship to support and encourage others:

“I have encouraged other colleagues to gain more experience and knowledge in teaching” (Applicant Survey response).

“I have reflected on my experience with colleagues regularly, which has inspired them to consider applying” (Applicant Survey response).

“Whilst lesson planning with my new colleagues I have shared my Fellowship insights” (Applicant Survey response).

7.2.4. Opportunities for teaching career progression

The optimism of applicants when thinking about the impact of achieving an AHE Award on their future careers was evident in both survey and interview data. Most (n = 6) agreed or strongly agreed that working towards fellowship would help their career (Fig. 5).

Applicants spoke about how the opportunity to gain ‘academic credibility’ would be useful, not only in terms of career development but ‘remaining current’ and up to date in their role as an educator:

“I’ve worked in education for quite a long time, it was for the academic credibility and for my role. ...I realised I might not be able to have the same access to do a PG Cert as some of my peers...and I also thought it would be really useful because I still want to make a difference... I still want to be current, capture what I’m doing and align it to some new learning... then you can become a better educator” (Participant 3-Applicant).

“It shows I am committed to teaching and professional development” (Applicant survey response).

Others identified future opportunities and career directions. Further developing the theme of increasing confidence, applicants indicated a renewed vigour towards following career aspirations, even those that they previously considered being out of reach:

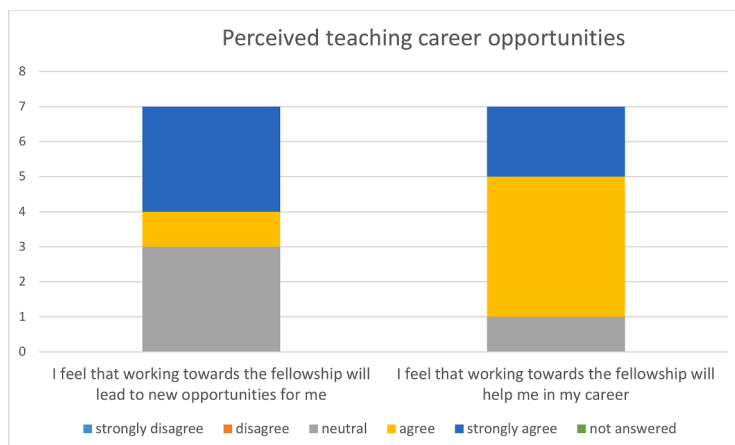


Fig. 5. Quantitative survey data: Perceived teaching career opportunities.

"I am more open to work that in the past I felt was too challenging" (Applicant survey response).

"Before that, I always thought I would probably end up lecturing... I probably still do want to do that ... I think this is why I want to do my masters even more so now because I want to carry on going up and start being involved in creating education packages" (Participant 4-Applicant).

"Since I've been doing this, I have applied for a new job and it's looking favourable that I will get this" (Participant 6-Applicant).

One explained how the process had 'endorsed' their teaching ability and would enable them to continue with this:

"We do teaching, relatively frequently, but it's not a core aspect to our role. This opportunity came up and I'd like to be able to keep the teaching aspect of my job" (Participant 2-Applicant).

Others found the fellowship opportunity to 'test the water' for further study. Some felt that career structures in healthcare settings were limited for educators, so the fellowship provided a new prospect for self-development:

"...the management structure is quite specific ... senior sister, matron, lead nurse but education sits outside of that. There's not always many opportunities to improve yourself in education within a hospital because it's not an education institute [sic]"

(Participant 5-Applicant).

Mentors also considered the impact of engaging with the scheme on their future development:

"I was thinking about Principal Fellow for the future and to re-engage with that" (Participant 8-Mentor).

7.3. Challenges

Competing workplace pressures and the reflective process of applying for the award were the two main challenges faced by applicants.

Some ($n = 4$) applicants highlighted the challenge of completing academic work whilst working within a healthcare setting citing workload pressures as a factor in inhibiting engagement:

"The NHS has many barriers and change fatigue in the current climate I feel is the largest barrier" (Applicant survey response).

"Just getting the time to complete...I received very little study time" (Applicant survey response).

Other reported challenges were the requirements for self-direction, independent working, and time management. Some struggled with the conceptual difference of preparing a reflective account of prior achievements versus undertaking a set programme of study, describing the turmoil and confusion they experienced as a result:

"The course was independent and working on your own was hard" (Participant 3-Applicant).

Mentors, in particular, recognised and reported the difficulties some applicants faced;

"I think what was quite hard for them was to think of the educational theory behind what they were doing, they weren't ready for the challenge of me saying but why have you done it this way?" (Participant 7-Mentor).

"I think that's something that people took a bit of getting their head around ... as they were talking about their role, we [were] thinking about examples and how they fitted with that [the framework] because I thought that was quite a challenge for people to get their heads round... What some of those standards meant to their work specifically" (Participant 1-Mentor)

Participants highlighted the need for more contextual examples from healthcare settings to help applicants understand how the Professional Standards Framework could be applied within their workplace setting and role. In addition, more structured deadlines for completion of work were recommended.

8. Discussion

This mixed methods study and the integration of qualitative and quantitative analysis have provided some insight into the experiences of a small number of healthcare educators submitting applications for the Advance HE Fellowship award and those who mentor them. Consistency across the triangulated data collection methods strengthens the findings.

Whilst educators in healthcare settings provide a vital contribution towards sustaining the future healthcare workforce (NHS England 2023), their teaching roles may not be as easily recognised (Zaccagnini and Miller, 2022) or rewarded as those working within Higher Education Institutions. Being a 'good' teacher matters to many individuals (Asghar and Pilkington, 2018). This study supports the findings of others that engaging in continuing professional development opportunities brings individual value and reward, positively influencing teaching practice and increasing self-confidence about supporting and mentoring others (Matthews and Dobbins, 2021).

The relationship between mentors, applicants and peers was considered particularly valuable, providing space for group and individualised meetings with 'protected' time to reflect upon experiences and continue to work on their Fellowship applications. It appears that these types of opportunities are limited and would not normally present themselves within the normal day-to-day

activities within healthcare settings. The approach taken within this pilot scheme promoted the development of a teaching 'community of practice' (Wenger, 2000) where possibilities for interaction, information exchange, new learning and alignment of experiences amongst applicants, peers and mentors seemed to be a key factor. Mentorship, peer coaching and the development of communities of practice remain the cornerstone for the delivery of education in practice settings across all healthcare professions (Matthews and Dobbins, 2021) so it is perhaps of no surprise that similar approaches used in this pilot scheme appeared to work well. It is worth noting that all the mentors were professional registrants and AHE Fellowship holders themselves, so had experience of the application process and the ability to help the applicants contextualise their experiences. This led to enhanced feelings of empowerment and self-efficacy across both groups.

Engaging in the fellowship application process appeared to promote greater awareness and capacity for critical reflection to enhance future practice by a facilitated method of reflecting 'on' (Schön, 1983) and 'beyond' action (Edwards, 2017) where participants were encouraged to consider the impact their experiences had on them. Taking part in the pilot scheme appeared to act as a 'catalyst' or stimulus that encouraged them to take time out of their busy schedules to reflect on their past achievements. It also helped them to think about how they would improve their pedagogical approaches and develop themselves further. All participants unearthed tacit knowledge, understanding and skills, rekindling their motivation to engage further in education, either through their professional development or in their current role educating others. The impact emerging from these data indicates that engaging with the award process, whether by submitting an application, or supporting and guiding an individual to achieve this, was an empowering experience contrasting with some experiences reported elsewhere (Goodall and Rich, 2023) where the process has been described as a 'tick-box', and 'purely bureaucratic exercise'.

Recognition, personal development and perceived career progression opportunities were described as benefits of taking part by some participants. The Advance HE Professional Standards Framework does offer a way of achieving international recognition of teaching excellence for individuals supporting learners on degree-level (or above) programmes within a healthcare environment. Our findings add to the increasing evidence base which highlights the value and impact of Advance HE fellowships at an individual level (Spowart et al., 2016; Van der Sluis et al., 2017; Botham, 2018). However, this study also highlights the need to identify and promote individual career development opportunities, including the creation of practice education career pathways and the development of communities of practice to enable the sharing of ideas.

The main challenges identified were workplace pressures related to time management and task prioritisation which have been reported elsewhere (Mlambo et al., 2021; Hakvoort et al., 2022). It was apparent that for some applicants, engaging with the underlying pedagogical literature to inform the reflective submission for award was an additional challenge. For some, there was a misunderstanding of the fundamental difference between undertaking an approved programme of study (e.g. a Post Graduate Certificate) and the requirement to submit a reflective account of prior achievement, which initially acted as an inhibitor. Ensuring the time and space to allow participants to reflect in depth on their practice along with protected opportunities to discuss teaching approaches with peers, colleagues and educators in other settings was important. The preparation and support of mentors were also paramount in assisting applicants to understand and navigate the requirements of an Advance HE Fellowship application. Guidance and support requirements for both applicants and mentors can be resource-intensive and careful planning is required so that individual educators, learners, organisations, and the wider workforce might benefit. Caution is needed regarding wholesale organisational adoption or implementation of such schemes without further consideration of the wider implications to ensure that it is regarded as an opportunity for personal development rather than another mandatory requirement. Without careful deliberation, the purpose and benefits of a fellowship scheme to individuals can be diluted, creating stress, conflicting priorities, and undermining value, as reported elsewhere (Shaw, 2018; Spowart et al., 2019; Warnes, 2021).

9. Study limitations

This study is subject to several limitations. It focuses only on the experience of a small number of voluntary participants from one geographical inner-city area within the United Kingdom. The small volunteer sample may be considered a limitation in terms of sample bias and inability to generalize the research findings, given the limited ability to gain access to a greater number and wider scope of participants. It is also acknowledged that those who volunteered to take part in the pilot scheme, completed a Fellowship application and agreed to take part in the study, could have been more eager to share their experiences than those who did not, therefore influencing findings. Time constraints, workload pressures and a lack of motivation or organisational support could have had an impact on participation rates, though no data were collected from those who initially signed up to join this pilot project but did not participate further. The authors also recognise that the findings could be quite different if participation in such a scheme was mandated by employer organisations. Therefore, we make no such recommendation. Furthermore, the study did not elicit views of the learners who were taught. Learner perceptions on the impact of practice educators with Advance HE Fellowships could provide the focus for future study.

This study did not set out to determine whether recognition via the Advance HE fellowship scheme correlates with the quality of teaching and learning practice; hence no assumptions should be made about this. There is currently limited evidence to demonstrate any positive correlation between Advance HE Fellowship accreditation and enhanced teaching excellence (Warnes, 2021), learner-perceived quality of teaching (Van der Sluis, 2021) or improvements in learner outcomes (Spowart et al., 2020). However, Cathcart et al. (2021) do provide data to support positive impacts on staff career development with 47 % of those surveyed reporting that their engagement with Advance HE fellowship aligned with promotion pathways.

10. Conclusion

Recognition via the Advance HE Fellowship scheme provides healthcare educators with one means of demonstrating their commitment to teaching excellence. These data illustrate that the provision of a development opportunity which promotes the value and recognition of teaching experience at an international level was valued by the applicants. Furthermore, the opportunity to cement their experiences through a formal award provided an enhanced awareness of their role as an educator working in a healthcare setting.

Whilst the Advance HE Professional Standards Framework (Advance HE, 2023) is internationally recognised as an indicator of teaching excellence and an established benchmark of teaching excellence in some Higher Education Institutions, our findings suggest that the Fellowship scheme also offers the potential to raise the profile of educators supporting learners on degree level programmes or above, irrespective of the setting in which they operate. If provided with sufficient time and support, the application process itself can generate greater awareness of the knowledge, skills and behaviours required for excellent teaching and offer more formal international recognition and value for such roles.

The Advance HE Professional Standards Framework (Advance HE, 2023) is applicable across many professional disciplines. However, organisational and institutional commitment is needed to ensure changes in culture and practice if they are to be successful, since the level of overall impact may depend as much on institutional commitment as much as individual effort (Spowart et al., 2020). Therefore, it is imperative that such schemes need to be reinforced by wider organisational support and recognition for individuals to reap the potential benefits.

Recommendations for future practice and research

Recognising the limitations of this study, there are still valuable insights that could be of interest to other researchers to consider outside this context. Conducting future studies with larger sample sizes would help to indicate how relevant these findings are to a broader group and would enable the identification of significant relationships within data. Whilst this small pilot study was conducted in the UK, the authors propose that those who teach and supervise learners in other settings could explore Advance HE Fellowship awards as a potential opportunity to offer recognition of excellence in their teaching. We recommend that further research is conducted focusing on the experiences and longer-term impact of award and recognition schemes on participants, and the learners being taught by educators with Advance HE Fellowships within the healthcare and/or other settings.

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Raw data availability

Due to the small participant sample survey respondents were assured that raw data would remain confidential and would not be shared beyond members of the research team.

CRedit authorship contribution statement

Dianne Burns: Writing – review & editing, Writing – original draft, Visualization, Validation, Resources, Project administration, Methodology, Funding acquisition, Conceptualization. **Jess Grundy:** Writing – review & editing, Writing – original draft, Visualization, Validation, Resources, Project administration, Methodology, Funding acquisition, Conceptualization. **Helen White:** Writing – review & editing, Writing – original draft, Validation, Methodology, Investigation, Formal analysis, Data curation. **Deborah A O'Connor:** Writing – review & editing, Writing – original draft. **Christine Furber:** Writing – review & editing, Writing – original draft, Visualization, Validation, Supervision, Methodology, Investigation, Formal analysis, Data curation.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Supplementary materials

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