The professional doctorate for nurses in Australia: Findings of a scoping exercise

Lorraine B. Ellis *

University of Sheffield, School of Nursing and Midwifery, Department of Acute and Critical Care Nursing, Bartolome House, Winter Street, Sheffield S3 7ND, United Kingdom

Accepted 13 January 2006

Summary This paper presents the findings of a scoping exercise to map the professional doctorate for nurses and midwives in three Australian Universities using a modified form of Illuminative Evaluation. The visit was prompted by the increase in the number and range of professional doctorates introduced in the UK over the last decade which stimulated a desire to obtain details of similar programmes in Australia.

Sources of data included course documentation and course work, session content, and interviews with doctoral students enrolled on a professional doctorate. Examination of the Australian professional doctorate indicates that such programmes were developed primarily in response to the perceived limitations of the PhD and a desire to generate practice-relevant research. Programmes were designed specifically for leaders in the ‘clinical’ field, such as nurse consultants and those aspiring to Clinical Chairs in Nursing. One of the principal aims of the Australian doctorate was to help clinicians acquire skills in multiple methodologies to promote a patient focused research agenda. This approach has clear lessons for the UK and these are presented in the form of recommendations at the close of the paper.

This paper will be of interest to those responsible for the provision of the professional doctorate for nurses, sponsors of students, researchers of education and policy makers.

© 2006 Elsevier Ltd. All rights reserved.

KEYWORDS Australian professional doctorate; Nurses; Continuing professional education

Introduction and background

The professional doctorate started in the USA with the introduction of the Doctorate of Education (EdD) at Harvard University in 1921 (Scott et al., 2004). The first EdD was established much later in Australia and in Britain when it emerged in the 1990s, said to be ‘the decade when professional doctorates came to both England (Bourner et al., 2001) and Australia (Maxwell and Shanahan, 2001; Trigwell et al., 1997)’. The EdD is said to have been developed to bring about a demonstrably high level of research enquiry to bear within a practical...
context (UKCGE, 2002, p. 19), that encourages students to engage in practice research as well as research into their own profession with its emphasis on applied knowledge (Eraut, 1994).

The first professional doctorate for nurses in the UK was introduced by the University of Ulster in 1995. Since that time there has been a steady increase in the number of programmes and in 2004, 23 professional doctorates for nurses and other health care disciplines in the United Kingdom were identified (Ellis, 2005) similar to the increase in the number of EdDs over the same period (Bourner et al., 2001). Professional doctorates for nurses were introduced in response to a variety of factors including the increased blurring of role boundaries and the introduction of the nurse consultant whose role includes the development of research led practice (DoH, 1999a). Despite this proliferation there is limited empirical evidence within the literature for the success or otherwise of the professional doctorates for nurses in the UK. This is potentially problematic for the profession nursing and for the following reasons; first nursing is a research based discipline its registrants and postgraduates are educated using best evidence and research led curricula; second; some nursing academics are reported to be sceptical or ambivalent over the professional doctorate compared to the more traditional PhD (Ellis, 2005), and third; nursing is a relative newcomer to the academy in the UK joining Higher Education in the 1990s with relatively few academics holding any form of doctorate (Thompson and Watson, 2004). The professional doctorate for nurses is intended to impact on the development of practice and improve nursing care (Carr and Galvin, 2003). The extent to which the professional doctorate for nurses realises its aim of improving practice has yet to be ascertained and therefore must be treated with caution. Research specific to this field is needed in order to inform future developments.

Committed to an evidence based research led professional doctorate, the University of Sheffield wanted to learn from the experiences of those centres where this degree had a longer history. This paper presents the results of a ‘scoping exercise’ of Australian professional doctorates for nurses and considers the implication of the findings for the Professional Doctorate elsewhere.

The literature

The impetus driving doctoral education reflects longer-term shifts in the role of higher education worldwide, including: the pursuit of economic growth through investment in technology and innovation and the concomitant demand for a highly skilled workforce designed to meet societal needs and those of the market-place (Tudiver, 1999; Atwell, 1996); the rising expectations of educational institutions including governments attempt to commercialise university research (Deering, 1997, 1998; Tudiver, 1999; Scott et al., 2004) and increased demands for accountability (Scott, 1995; Barnett, 1997). Each is combined in many cases with reduced public funding for higher education per unit cost (Association of Universities and Colleges of Canada, 2000). Notwithstanding the long tradition of postgraduate education in universities, the professional doctorate is possibly one of the most significant and controversial of recent educational developments. Higher education has experienced increasing government pressure to be more productive and more accountable, with postgraduate research degrees in particular coming under close scrutiny in the UK (Bourner et al., 2001), Australia (Jongeling, 1996) and the USA (Edwardson, 2001).

In 1990, the Australian Higher Education Council published their report ‘“Future Directions for Australian Graduate Studies and Higher Degrees’”, which recommended the introduction via pilot programmes of professional doctorates in a number of fields including engineering, accountancy, law, education and more recently nursing (HEC, 1990, p. 28). Subsequently, the first Education Doctorates (EdDs) were introduced in Australia in 1990 and most other professional fields gradually began to follow suit. A similar pattern emerged in the UK, with a major driving force behind the professional doctorate being the White Paper on Research Policy (Cabinet Office of Science and Technology, 1993, p. 3) that stated ‘the traditional PhD is not well matched to the needs of careers outside research in an academic or an industrial research laboratory’ a policy that has already led to changes in the PhD itself (ESRC, 2001; EPSRC, 1997; Scott et al., 2004). The Higher Education sector responded by increasing the number of programmes leading to the award of the professional doctorate across several professions including business administration, education and engineering (Scott et al., 2004).

In the UK, interest in the professional doctorate within nursing and midwifery arose in response to the Government’s recent series of Health Care reforms that are predicated on the delivery of quality care (DoH, 1997; NHS Executive, 1999) requiring a well-educated nursing profession (DoH, 1999a,b), further fuelled by initiatives such as the introduction of the nurse consultant (Newman, 1997). Initial momentum has slowly but steadily increased, further driven by the need to promote research capacity in nursing and midwifery and the desire
to increase the number of doctoral students in preparation for the Research Assessment Exercise (Thompson and Watson, 2004).

Further explanations for the proliferation of professional doctorates may be found in the criticisms levelled at the traditional Doctor of Philosophy (PhD) and include; the tendency of the PhD to focus on the philosophical underpinnings of a discipline (McKenna, 1997); the largely individualistic nature of the PhD (McKenna, 1997); and the tendency to employ a single methodology (Rafferty et al., 2000). It was against such a background that the current scoping exercise was undertaken.

Scoping exercise

Purpose and objectives

The purpose of the scoping exercise was to present as full and complete account of the Australian professional doctorates for nurses to inform the development of the professional doctorate within the UK and elsewhere by:

1. conducting a reconnaissance and detailed mapping of the Australian professional doctorates for nurses to identify the characteristics and features of such programmes;
2. obtaining the views of some key stakeholders on the professional doctorate for nurses;
3. identifying the similarities and differences between the PhD and the professional doctorate.

Scope of the exercise and sources of data

A modified form of illuminative evaluation (Parlett and Hamilton, 1987; Ellis, 2003) was used to map the professional doctorate in Australia. The sources of data included a range of programme documentation, observation of taught sessions, and semi-structured interviews with students. After the initial scoping exercise, one of the more established programmes formed the focus of a case study where the views of doctoral students enrolled on a professional doctorate were obtained. Data were subjected to in-depth thematic content analysis (Morse, 1994) to identify the key characteristics and features of each programme as written in the curriculum documentation and perceived and experienced by students at various stages of their programme. Classified as programme evaluation ethical approval was not required to undertake the study. Nonetheless, to protect the participants anonymity and confidentiality was assured in accordance with the Australian Nursing Council Code of Ethics for Nurses in Australia.

Characteristics of the participants

Data were obtained from students enrolled on one of the professional doctorates (n = 14). Participants were interviewed on a one-to-one basis, with each interview being taped for further analysis. Respondents worked in a range of settings including: mental health; operating theatres; emergency nursing; acute care; transplant services; and oncology and two of the participants were lecturers. Most, but not all of the students were senior practitioners with between 5 and 15 years clinical experience in their specialist field.

Findings

At the time of writing Australia offered three professional doctorates for nurses located in three different Universities each in a different state. A further programme was in the early stages of development. The documentation associated with the professional doctorate at each of the centres (n = 3) was content analysed and the central characteristics and features mapped. Table 1 presents a profile of each of the programmes and Table 2 the intended outcomes of the professional doctorate themed around five dimensions: academic; professional; practice; personnel and personal (adapted from Ellis, 2001). Interestingly, all three programmes had all of these objectives and reflect a degree of standardisation uncommon in the UK amongst professional doctorates for nurses (Ellis, 2005). Further, while practice development and leadership are central to the programmes stated intent, neither change management nor leadership feature in the curricula and this is a potential limitation on these programmes realising their intended outcomes. Furthermore, this emphasis suggests that more is expected of the student enrolled on a professional doctorate than on a traditional PhD, a potential disincentive for those at the cross roads of decisions concerning the type of doctoral education to pursue.

Case study: interviews with students

Mapping the Australian professional doctorate served to highlight those aspects of the programme that were shared and those that were different. Having mapped each of the three programmes one of the more established professional doctorates was selected and this formed the basis of a case study. This
particular centre was selected because students at different stages of their professional doctorate were accessible within the study time frame.

**Why a professional doctorate?**

Respondents enrolled on a professional doctorate indicated that this form of provision was preferable to the PhD as it focused upon clinical practice, provided the opportunity to learn multiple methodologies through a series of small projects, and was collegiate in its approach to learning. Students saw little point in pursuing research that was unrelated to their practice and viewed the PhD as belonging to the realms of academia; 

I really wanted to be seen not as an academic with

---

### Table 1 National profile of the professional doctorate for nurses in Australia

<table>
<thead>
<tr>
<th>Programme Title</th>
<th>University 1</th>
<th>University 2</th>
<th>University 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor of Nursing Science</td>
<td>Doctor of Nursing</td>
<td>Doctor of Nursing Doctor of Midwifery</td>
<td></td>
</tr>
<tr>
<td>Year Introduced</td>
<td>1999</td>
<td>1998</td>
<td>1999</td>
</tr>
<tr>
<td>Duration</td>
<td>3 years FT 4 years PT</td>
<td>3 years FT 6 years PT</td>
<td>3 years FT (6 full semesters) 5 years PT</td>
</tr>
<tr>
<td>Entry requirements</td>
<td>Bachelor with Honours Masters degree or equivalent Licensed to practice or endorsed by the State Nurses Board Substantial clinical experience — 7 years in their speciality Employed in or have access to practice Must submit to the Faculty a proposed programme of advanced study, field experience and research to be undertaken and approved by the Head of School must be a clinician leading or likely to lead their field Leaders in nursing or aspiring to be leaders</td>
<td>Masters degree in nursing or a closely related field or an honours degree in nursing Licensed to practice or endorsed with/by the State Nurses Board Must have worked in their speciality for at least 7 years Leaders in nursing or aspiring to be leaders</td>
<td>Masters or equivalent — (Hons degree in nursing or related discipline OR Strong graduate educational and research background) Substantial relevant professional/administrative experience as evidenced by their professional portfolio Licensed to practice with or endorsed with/by the State Nurses Board Relevant industry access, sufficient to undertake a programme of practice focused research Leaders in nursing and midwifery or aspiring to be leaders</td>
</tr>
<tr>
<td>Modules</td>
<td>Nursing Futures I Nursing Futures II Field Based Inquiry in Nursing I Field Based Inquiry II Doctoral Portfolio/Thesis</td>
<td>Situating Scholarly Enquiry in Nursing Contemporary Issues in Service delivery Predicting, Critiquing and Visioning Field Based Inquiry I Field Based Inquiry II</td>
<td>Health Care Policy International Frame of Professional Practice Leadership and Practice Research in Practical Action I Research in Practical Action II Dissertation/Research Portfolio</td>
</tr>
<tr>
<td>Mode of Study</td>
<td>Doctoral schools offered twice per year 3 taught study days per module plus self-directed study</td>
<td>Doctoral schools offered twice per year each 6/7 consecutive study days plus directed study (part time = one school per year) (full time = two schools per year)</td>
<td>Doctoral schools offered twice per year each five consecutive study days plus directed study</td>
</tr>
</tbody>
</table>
a research degree but as a clinical leader with a research degree, with academic degrees (the PhD) they have no idea about clinical practice’’ (Year 3). This perspective is interesting since approximately 49% of nursing doctoral graduates in Australia assume non-academic positions in clinical research or practice, executive level administration, consultation or the policy arena (Redman and Chenoweth, 2005, p89). Such data also belies the philosophical underpinnings evident in the non-health care literature that emphasise the value of ‘applied knowledge’ where the prime driver for the professional doctorate appears to be industry related, or what Brennan refers to as ‘’the

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Professional doctorates (N = 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic/discipline focused</td>
<td>Advancement of nursing research</td>
</tr>
<tr>
<td></td>
<td>Advanced research skills</td>
</tr>
<tr>
<td>Professional</td>
<td>Leader in the nursing/midwifery profession</td>
</tr>
<tr>
<td></td>
<td>Career employment opportunities</td>
</tr>
<tr>
<td>Practice</td>
<td>Research is practice/utility driven</td>
</tr>
<tr>
<td></td>
<td>Positive impact on care</td>
</tr>
<tr>
<td>Personnel</td>
<td>Support of colleagues</td>
</tr>
<tr>
<td>Personal</td>
<td>Self-actualisation</td>
</tr>
</tbody>
</table>
production of useful (emphasis added) knowledge to provide Australia with economic advantage” (Brennan, 1995, p. 22). Such an imperative is all too apparent within health care with an ageing population (DoH, 2005a,b), the mounting costs of technology and the concomitant rise in consumer expectations (DoH, 1997, 1999c).

Regardless of whether they were self-funding or funded by their institution all the students had discussed their application with their manager although this tended to centre on how the programme would affect their other work commitments rather than the actual benefit of the programme to the clinical area. It would be interesting to follow the progress of students over time and explore the receptivity of the practice milieu to changes resulting from their professional doctorate, as findings from previous studies suggest that the practice or learning milieu is the single most important factor in determining whether practice is positively affected following a programme of study (Ellis and Nolan, 2005).

Positive outcomes

Students were able to identify a range of positive outcomes resulting from their programme of study, with unsurprisingly those candidates in the latter stages of their programme citing more positive outcomes than those just commencing the doctorate. Positive outcomes included; professional credibility; clinical leadership and, making a difference through research.

Professional credibility

The professional doctorate had created informed practitioners who viewed themselves as being ‘equal to medical staff’, and empowered to make changes. Professional credibility meant being politically aware and sensitive to the views of others whilst also being able to articulate and defend one’s position appropriately:

”The doctorate... gives you a lot of skills about developing arguments. So when you come up against obstacles it is like planning and debating and arguing... and not to become defensive... and headstrong.” (Year 4)

Professional standing was further enhanced through the dissemination of their portfolios of research which were beginning to generate interest nationally amongst other health care professionals. According to one interviewee their publications had prompted a request for information from the medical profession who had also suggested the possibility of working collaboratively on related research projects. Such benefits were most in evidence where publications were promoted as an integral element of the programme.

Clinical leadership

The notion of leadership was mentioned by all the participants, regardless of their stage on the programme. This was something to which they either aspired or that was already an integral part of their role as a senior nurse. The professional doctorate added further legitimisation. This reflects the explicit leadership agenda of the programme, something that was encouraged from the outset:

”I certainly see myself in a nursing leadership position. I’ll probably be the Chief Nursing Officer in our corporation within the next year. And within 10 years I’d like to see myself as a CEO (Chief Executive Officer).” (Year 1)

Interestingly, whilst leadership featured in the programme documentation and a stated aim, participants were disappointed that leadership or change management theory did not feature in the content taught and suggests inconsistencies between the curriculum as written, and the curriculum as experienced. Leadership was considered an important aim of the programme though participants were resistant to the notion that they were academics or aspiring academic leaders, and instead preferred to see themselves as lead clinicians with a brief to develop practice through empirical evidence:

”You really are a clinical leader and that doesn’t mean that everybody comes to you because you are the expert. You can mentor people, speak their language, because my impression of people that worked in Universities with academic degrees was that they had no idea about practice.” (Year 4)

From these data, it is clear that respondents were thinking strategically in the development of their professional profile, with the professional doctorate being an important part of a planned career trajectory. These data also suggest that respondents were very clear as to the role and responsibilities of a clinical leader, with research being an integral component. This should promote the closer alignment of theory and practice.

Making a difference through research

Most (n = 10) but not all the respondents had aspirations to improve nursing practice via empirical re-
search. Some respondents \((n = 4)\) made no mention of practice benefit and explanations for this were unclear. However, practice benefits may only fully emerge post-doctorate, highlighting the need for longitudinal research if the impact of continuing professional education is to be properly charted. The relevance and utility of research featured prominently in the data and it was suggested that ‘The service side of the profession...are) gradually becoming more understanding that research is about service and there has to be a more direct link now (between research and practice)’ \(\text{[Year 4]}\).

Those near completion of their doctorate saw themselves as having many of the skills necessary to make a difference in practice:

‘I am committed now to working in research and I suppose it is a condition of 15–16 years of that frustration of seeing practice change far too slowly. That’s the attraction of the (Programme Title) ... it’s given me a breadth of skills compared to what I would have had (with a PhD).’’ \(\text{[Year 4]}\)

Despite their enthusiasm for improvements in care through their programme of study students experienced frustration at the lack of funding for nursing research, reflecting a fundamental difficulty in increasing nursing research capacity in Australia and in the UK. Indeed, the dearth of funding begs the question as to what extent doctoral education, whether the professional doctorate or the PhD, can improve nursing care.

**The barriers to success**

**Mechanics of the research process**

Candidates experienced considerable difficulties in their attempts to implement their research studies. These tended to centre on: difficulties gaining access to their sample; choosing a subject that was the domain of nursing only; and problems obtaining ethical approval.

Participant’s research projects were specific to the clinical setting to which they were affiliated as part of their role. Despite this, attempts to implement their projects had, in some instances, met with resistance from medical and nursing colleagues alike, who were said to deny access to patients:

‘It’s been a very problematic area ITU to do research, and they have got very strong gatekeeping.’’ \(\text{[Year 4]}\)

Some aspects of practice were considered too sensitive or controversial to investigate and some proposals had been abandoned, or ethical approval had been denied. Topics such as the ‘withdrawal of life’ were said to have been replaced by less controversial subject matter that enabled students to complete their doctorate. Such barriers were further compounded by the programme deadline for the submission of their projects. Interestingly, such barriers to the successful implementation of research projects as part of a programme of study are not confined to Australia or indeed doctoral education, with Master degree students experiencing similar constraints created by the introduction of research governance and other ethics committee requirements \(\text{[Ellis and Peckover, 2003]}\).

**Scarcity of research supervisors**

Respondents emphasised the importance of selecting the right supervisor; ‘you need to chose your academics with care’ \(\text{[Year 4]}\). The qualities of a good supervisor included someone that was accessible, had very high expectations and was a bit of a taskmaster. Supervisors were described as very supportive, though very scarce as there were few educators with a PhD. The difficulties of supervision were compounded by the nature of the assessment strategy that comprised a research portfolio containing three studies using differing methodologies. Some respondents experienced considerable difficulty identifying a supervisor with research expertise across all the methodologies:

‘One disadvantage is supervision (of) the portfolio by one person. (I am using) economic evaluation and ethnography... what it means is (I am) having difficulty whereby supervision is by one person’’. \(\text{[Year 4]}\)

There are clear limitations to developing a portfolio of methodologies when supervision is scarce. Nonetheless such an approach also meant that in some instances the respondents were seeking more than one supervisor and networking and drawing upon a variety of sources in developing their portfolio of research.

**Negative outcomes**

**Second class doctorate**

Many of the respondents saw the University as a conventional and conservative institution steeped in a tradition of the ‘old school’ order and therefore resistant to change. This was particularly the case in terms of the professional doctorate that
was viewed with scepticism by senior academics as not having the necessary pedigree:

''(Name of University) is a very traditional university... nothing too radical or a lot of change... there is some hesitancy towards professional doctorates. There was a great deal of discussion about the pros and cons of doing a PhD as compared to DNurse.''

(Year 4)

Colleagues were said to view the professional doctorate as an easier option than the PhD, with the award not having the same standing. For example:

''A lot of people say to me well it is easier than doing a PhD... it doesn’t have the same accolade as a PhD'' (Year 4)

Participants had found themselves repeatedly having to explain what was meant by a professional doctorate, which created frustration for some. For example:

''You wouldn’t believe how often I have been asked am I going to do my PhD now... by nurses!'' (Year 4)

''(I’ve) tried to explain the difference and I just think what the hell. They’ve got some comprehension of (that) its equivalent to a PhD but only because I have really explained it to them.''

(Year 4)

It is apparent from these extracts that participants’ explanations rarely went beyond describing the professional doctorate as the equivalent of the PhD. Such accounts possibly failed to clarify the differences fully. Participants themselves were possibly unclear on this issue, and drew attention to the confusion in the use of similar titles to describe what they themselves saw as very different forms of doctorate:

''There are professional doctorates, (the) DNurse, in the United States and also there are some people with this abbreviation EdD. That is a PhD not a professional doctorate!'' (Year 1)

Most thought these issues would eventually resolve themselves, as more nurses pursued the professional doctorate and the award became more prevalent. Respondents were keen to comment on how the two groups of students (DNurse and PhD) related to each other and were managed by the school. For example:

''We are definitely separated, even when in school... it is really much the PhD group and the DNurse group. The DNurse has been set up as clinically focused where the PhD has been set up as a more academic type of pursuit, academics one side clinicians the other''. (Year 4)

Notably, most of the respondents who highlighted this issue were in the fourth year of their programme. It would be interesting to determine whether these views persisted long term or whether the professional doctorate would eventually become part of the educational landscape and fully embraced by the academic community. Shaping this landscape may be the differing ways in which professional doctorates are managed by the school relative to the PhD. These data suggest a case for shared learning amongst doctoral students whether working towards a PhD or a professional doctorate capitalising upon the opportunities afforded by bringing these two groups of students together.

Discussion and conclusion

Just as there are benefits to acquiring knowledge of multiple methodologies in researching and improving nursing practice (McVicar and Caan, 2005), as afforded by a professional doctorate (Caan et al., 2005), so too are there disadvantages. Consistent with the findings of the UK study (Ellis, 2005), supervisors are few in number, with fewer still skilled in a range of research methods. This may reflect the relative youth of nursing as part of higher education (Thompson and Watson, 2004), compounded by the fact that supervisors have studied a PhD using single methodology (Rafferty et al., 2000). However, a further constraint on the Australian professional doctorate in one of these centres is the need to obtain ethical approval across several research projects creating difficulties for students in completing their programme within the designated time frame. Whether in Australia or in the UK there is a view held by some, but not all, that the professional doctorate is perceived as second class and does not possess the cachet of the PhD. These are interesting findings in the sense that they reflect a paradox within the nursing academy more generally. On the one hand, nurse education continues in its efforts to become an integral part of higher education as demonstrated through its contribution to the Research Assessment Exercise, whilst on the other, it embraces a relatively new form of doctoral education compared with the PhD that is traditionally viewed as the gold standard (McKenna, 1997). Reconciling these tensions is possibly one of the single most important issues for senior academics charged with increasing the research capacity of the nursing academy. Convincing the academy of the value and credibility of the professional doctorate is likely to emerge over time as the full impact of such programmes
is realised. If this is to be achieved there is a compelling case for a longitudinal evaluation of the impact of continuing professional education over time, though in the absence of research funds dedicated to this end it is difficult to see how this might be achieved (RCN, 2003). Meanwhile important decisions about the future doctoral preparation of nurse leaders remain largely a-theoretical. This is brought into sharp relief within the context of a growing crisis in the recruitment and retention of the educator and researcher workforce in the health, social care and education community (DoH, 2005c; Butterworth et al., 2005). Butterworth et al. (2005) offer a useful framework for considering the future career development and educational preparation of nurse leaders including the need for a more strategic and integrated approach. Research training forms an inherent part of each of the three career pathways outlined although interestingly the PhD as opposed to doctoral education per se is mentioned in connection with supporting the younger clinical academic and possibly reflects perceptions and assumptions about the role and function of the PhD similar to those of the Australian respondents.

Recommendations

The scoping exercise produced some interesting data concerning the perceptions, experiences and outcomes of the professional doctorate with clear lessons to be learned for future provision elsewhere. Further study is required to track the development of students as they progress through their programme of study to ascertain the impact of the professional doctorate over time. Meanwhile, based on the outcomes of the scoping exercise, the following recommendations might be made:

- Opportunities for shared learning and networking of professional doctoral students and PhD students across different cohorts.
- Provide a forum to help to achieve a consensus on what doctoral education in general and the professional doctorate in particular mean for the profession nursing and service delivery.
- Where leadership is an intended outcome of the programme leadership should form part of the taught content.
- Explore further the skills required of supervisors of students enrolled on a professional doctorate and the needs of external examiners in examining the thesis/portfolio.
- Based on the learning needs of each student, where appropriate encourage the student to consider selecting the focus of their research as early as possible in their programme to take account of the some of the ethical barriers to successful completion within health care.
- Assess the receptivity of the practice milieu to potential change resulting from the programme and finally; in connection with this point.
- Encourage students to complete their doctoral programme on time (PhD or professional doctorate) potentially through a tripartite arrangement between the student, the academic and where appropriate the student’s sponsor.

References


Ellis, L.B., 2005. Continuing Professional Education for Nurses: An Illuminative Case Study. Faculty of Medicine, University of Sheffield, Unpublished Ph.D.


