

Walking the Tightrope

A Case Study of a Consultancy

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Abstract

This thesis sets out to explore some questions about the nature of consultancy, the client organization and interactions between consultant and client that can make the journey akin to a tightrope walk – sometimes smooth and relatively uneventful, though still requiring considerable skill, at other times fraught with hazards. The main research question posed is *What are the characteristics of consultants that might be significant in whether or not they make a difference?* and this concerns factors about consultants, organizations and the interaction between them might affect whether or not a consultant can meet the client's needs. In addressing them, the thesis will identify some characteristics of consultants, aspects within organizations, and events at the consultant/client interface that can affect both the likelihood of a successful outcome and the smoothness of the tightrope walk. Here I shall introduce some factors in the very complicated mosaic of consultancy in action, and illustrate some of the characteristics of consultants and organizations that can contribute to the politics of consultancy. Some features of consultants and consultancy that might be significant in making a difference are reviewed. This will be set within a framework that illustrates the developing role of the management consultant and proposes that there are different approaches to consultancy.

Some of these differences have come about as the profession has developed – for example, from the Organizational Development approach to knowledge management strategies – while others are down to tactical differences between different styles, approaches and outcomes of consultancy. For example, some consultants make numerous contributions to the academic literature, developing and testing theory. Others produce just one or two best-selling books describing their approaches and solutions to management problems, while others do not publish anything at all. In considering these differences, we shall find evidence in support of the contention that one group

of consultants, the management gurus, might be unable to bring lasting and beneficial change to an organization at all. Indeed, they might not even be able to bring about the kind of change that the client had in mind, even in the short term. I shall explain why and, in so doing, will make a contribution to the debate by supporting the criticisms made in the academic literature against the gurus.

This is followed by a review of some organizational characteristics, beginning with why an organization might want to engage a consultant in the first place. It will also look at organizational features such as decision-making that might be significant in the organization's ability to translate the consultant's recommendations into action, and thereby ensure that a difference is made.

This leads to a review of the different roles and priorities of consultants and organizations. Very little has been written about the consultant/client interface, yet in some cases this might be extremely significant to the outcome and in many instances it will be highly significant in the process. These three domains, the consultant, the organization, and the interface between the two, are discussed in the context of a (largely retrospective) case study undertaken as a part of the author's own work as a consultant in the specialist field of medical and dental education.

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CHAPTER ONE: INTRODUCTION

Interestingly, the general image of management consultants in contemporary society is, for different groups, provocative as well as appealing. Few occupations and activities trigger such strong reactions, both positive and negative (Alvesson and Johansson, 2002 p229)

This research is concerned with a modern phenomenon – that of management consultancy. Through a case study of a consultancy project it seeks to illuminate the process by which consultants set out to make a difference and might have to ‘walk the tightrope’ between prescription and contingency. It will explore some questions about the nature of consultancy; about making a change to the client organization and, most importantly, about interactions between consultant and client that can make the journey akin to a tightrope walk.

A great deal has been written and said about the business of consultancy – from a variety of positions, some overtly sanguine, some highly critical (one might say almost sanguinary). Yet, as Alvesson and Johansson (ibid) note, there is a dearth of material on the topic that takes a neutral position, though in reality this might not be a position from which to contribute to the ongoing debate because all the participants are likely to have a bias one way or other, either because of their professional allegiances, or of good or bad experiences when walking the consultancy tightrope. It is certainly not my intention here to venture where wiser folk have avoided.

Much more relevant here is that there is little in the literature that describes the act and process of consultancy. Critique abounds, particularly in the recent literature, and there is much on the development and testing of management theory. There is also a particular body of writing from the management gurus that occupies a position all of its own. These issues are

discussed in Chapter 2. However, there is little on record of the actual business – the tightrope walk - of being a consultant. Through the case study, it is this void that this thesis aims to make a modest contribution towards filling. Its contribution to the theory and practice of consultancy will be to report from the front line, though not on the development of consultancy theory itself, but from the lived experience of conducting a high-stakes consultancy assignment in an environment where both internal and external pressures played major and often potentially destabilizing roles and presented other hazards to the tightrope walking consultant. These would ensure that, even were the tightrope walk successful and the end-point was reached, the journey would be far from smooth and uneventful. Indeed, as we shall see, as the journey began the tightrope walker was blindfolded to the exact nature and length of what lay ahead. If it were unsuccessful, then the client, and probably the consultant, too, would be plunged into the abyss.

Alvesson and Johansson recognise that consultancy can be a highly political issue, giving rise to strong views in support or in opposition. This thesis will explore some of these issues, drawing on the case study by way of illustration. This will provide examples of issues within the organization and at the consultant/client interface that can both facilitate and jeopardise the tightrope walk and impact on the process and outcome of management consultancy.

From a pro-consultancy standpoint, characterised most strongly by what we might call 'guru' literature, but also represented by various academic texts, consultancy appears as an unalloyed 'Good Thing': normative; self-promoting and idealistic: "...portraying the consultant as a competent professional embracing integrity and self-control, and possessing unquestionable expertise suitable for solving different kinds of management problems" (ibid, p229). The literature prior to the mid to late 1980s is very predominantly along these lines, although even today the guru books and seminars continue to propagate this view – consultants are

wonderful and your business will benefit by engaging one (or, specifically, the one who wrote the book or presented the seminar).

For many critics, notably academics, who seem to be always on the lookout for signs of hubris among the management community, such a stance is to be deplored, or at least questioned (e.g Clark and Salaman 1996). The critique takes a variety of forms but typically invokes a rather unflattering, and sometimes derogatory (eg 'witchdoctor' – ibid) portrait of consultants, invoking them as 'Other' and drawing attention to what is seen as their shamanistic aura.

As Alvesson and Johansson note, such a war of position exists, in part at least, because of a lack of empirical research that could be used to settle the matter. It is to this lack of research that the present work is directed. The matter will *not* be entirely settled through the work, but a modest attempt at illumination will be made by drawing on evidence from a consultancy project in a case study. This evidence will be used to explore the lived experience of consultancy, an experience for which I use the metaphor 'walking the tightrope' because this term speaks to the central problematic that arises in practical consulting – the tension between acting as a source of knowledge and expertise, typically garnered through education and experience including acting as a consultant to other organizations, and being a 'temporary insider' relying on specific and contingent knowledge. It is the tension between these aspects that are have led to the increasing recognition that consultancy is a political process and this, in its turn, can lead to the situation whereby consultants are at once feted and vilified. However, I shall also argue that both feting and vilification can also arise from some specific characteristics - such as philosophy, priorities and modus operandi - of particular types of consultants, almost irrespective of knowledge/insider tensions. I shall also illustrate in the case study – particularly the second and third research cycles – that there are organizational characteristics and issues at the consultant/client interface that can affect the tightrope walk. Moreover, one approach to consultancy – indeed, the one I adopt myself and report in the

case study – has as a central tenet that the client needs to have ownership of the changes to be made as a result of the consultancy. (Other consultants, as we shall see, have a very different approach and this will be discussed later). We shall see three distinctly different aspects of consultancy in the case study. The first cycle of research being a standard ‘fact finding’ task; the second cycle very much a political tightrope walk, with additional management responsibilities coming into play; and the third cycle where ownership of the changes passed to the client organization but the knowledge that had been developed was largely ignored, with interesting consequences.

When organizational changes are made and benefits ensue, the client might recognise the role of the consultant in all this (“we could never have done it without you”) or wondered why they engaged a consultant in the first place (“we did all this ourselves”). In the former instance, the consultant might, indeed, be feted – or at least greatly appreciated. I have been in such a happy position myself. By contrast, if the client came to think that they had done it all themselves, the consultant would not necessarily be vilified, but could well be regarded as an unnecessary intrusion and expense. The case study, oddly, illustrates both of these reactions in a single situation.

Nevertheless, like them or loathe them, there are lots of consultants around and plenty of organizations prepared to employ them. But why? What can consultants do for an organization? Put simply, they make a difference – or at least the client thinks they will. They meet their client’s needs. The question here is how?...and by what process? To continue the ‘tightrope’ analogy, the start and end of the consultancy can be seen as the two ends of the tightrope. Both are relatively secure and stable compared to the journey between them. This journey can be smooth and uneventful, or irregular and wobbly and, as we shall see, it is not just the skill of the tightrope-walking consultant that determines this. As well as the consultant’s knowledge and skills, there are client issues and events at the consultant/client interface that can come into play. Politics might also come

into effect as the consultant and client interact, as we shall see in the case study. The literature, though, is very unbalanced in its coverage of these issues. It has a great deal to say about consultants, much less about client organizations (eg Pettigrew, 1985; Tay and Heracleous, 2001), and practically nothing on the consultant/client interface (Alvesson and Johansson, 2002, being a rare exception and, hence, among the major sources used in this thesis).

As well as being very unbalanced in its coverage of these three main facets of consultants and their work, the literature is also highly biased in the way that different approaches to consultancy are described, and in the relative proportions of published material occupied by each. Moreover, the literature itself has changed considerably during the past 30 years or so, as we shall see in Chapter 2. Nevertheless, a lay person might gain the impression that the only kind of consultants are the gurus, because it is their books (and typically *only* their books) that fill the 'management' sections of the major chains of bookshops. This can give a distorted and sometimes rather depressing impression of what consultants do (eg Bolchover, 2005).

By contrast, in an academic institution where business and management are studied and researched, the writings of academic theorists and practitioners will predominate. The guru's books would be unlikely to be found here. yet, from their writing, neither the gurus nor most of the academics seem to recognise that there is a far larger body of consultants than either, who are simply getting on with the job of consultancy without writing or giving presentations about it. During an early stage in this work, I had identified this group as 'expert consultants' and constructed a case comparing them with two other classifications - the academic consultants and the gurus. However, even with these three apparently distinct classifications it became clear that some individuals are not obviously in any specific group, or else they might migrate from one to another either as their careers progressed or, indeed, from one assignment to the next. In

seeking to rationalise this, I became increasingly taken with Alvesson and Johansson's (2002) framework using four approaches to consultancy:

- Esoteric Experts;
- Brokers of Meaning;
- Traders in Trouble; and
- Agents of Anxiety and Sellers of Security.

I found this to be a better platform from which to explore and explain the issues of professionalism and politics (major themes in the case study) particularly when, as Alvesson and Johansson point out, "instead of being locked into any one of these types we propose that consultants have to continually negotiate their approach.....not only from assignment to assignment, but also within specific assignments" (p234). The case study provides examples of this happening, not once but twice.

This leads us to the main research question:

What are the characteristics of consultants that might be significant in whether or not they make a difference?

This, as we shall see, involves a great deal more than the consultant's knowledge and their ability to apply it to the client organization. In Chapter 2 various approaches to consultancy are described and it becomes clear that certain approaches are more or less appropriate than others to a given situation. Then there are characteristics of the client organization itself and, again, some of these are illustrated in the case study. Thirdly, there is the consultant/client relationship to consider. This has changed significantly over recent years in several respects – for example in the conveying and management of knowledge and the growing recognition of the political dimension to consultancy.

These three facets to the research question - approaches to consultancy, characteristics of the client organization and the consultant/client relationship -

are consistent with the argument put forward by Alvesson and Johansson (2002) that the issue of consultancy is multi-dimensional and dynamic, contingent upon a plurality of consultants, clients, situations and tasks (ibid, p233). In the case study, we shall see that because just one consultant and client were involved, there were some stable elements, but the dynamics were provided because both the situation and task changed substantially and internal organizational politics added hazards and uncertainties to what was in any case likely to be a difficult tightrope walk.

Certainly, the reason that any organization engages a consultant must be in order to effect changes and make a difference. Why else would they bother? Moreover, the belief that consultants do make a difference must be very widely held, or consultancy would not be the huge business that it is. Therefore, before they set about engaging a consultant, we can presume that the client organization is aware of the need for change, is possibly also aware of the nature of the changes needed, and is at least reasonably confident that the cost of the consultant is money well spent. However, these two conditions – recognizing the need for change and confidently expecting to receive value for money - might both be less of a consideration to a Government than to a commercial or charitable organization. Governments might engage a consultant for political reasons such as blame shifting, and, if recent history is anything to go by (the information technology programme in the NHS is a prime example) value for money has certainly not been a discernable outcome. I shall return to issues of Government operations from time to time in order to illustrate some characteristics relevant to this thesis.

The needs that an organization has identified might be highly visible, for example changes to the management structure, administrative procedures, brand image, marketing strategy, staff training and so forth. On the other hand they might be more subtle, such as enhancing the organization's

knowledge base or improving the ways in which knowledge is used within the organization. Consequently the nature and impact of any difference that consultants might make can vary enormously, and will depend on a huge number of variables. Yet almost anyone coming into a small organization, or to an influential position in a large one, will not only be able to change the organizational dynamics, but is likely to actually do so. Indeed, this might be why they were appointed in the first place. So why would an organization need a consultant in order to do this?

There is no simple answer to this question. I shall propose that any difference that is made is not simply the direct and inevitable result of the act of engaging a consultant, although there are consultants who would have us believe otherwise, as I shall describe. There are also organizations that hold this same simplistic view. In proposing that the situation in real life is far more complicated, and often messy, too, I shall argue that making a difference depends on the characteristics of, and developments in, the three key areas that I introduced above. For example, I shall consider whether different approaches to consultancy, typified by the gurus at one end of the spectrum and the academic consultants at the other, might be significant. Also, some organizations are likely to be far more amenable to change than others, for example because of ultra-conservatism, as ICI was prior to John Harvey-Jones' arrival. Then there is the issue of how the consultant and client interact. In this regard there are not only distinct differences on the consultants' side between academics and gurus, but also on the clients' part such as those between the Government and most business organizations, as well as between some business organizations and others.

Evidence and illustrations of these differences and factors that can make the tightrope walk a particular challenge are presented from the case study and other sources. The case study, and this thesis that arose from it, represents an unusual situation because it brings an academic dimension to what may have otherwise been a purely practical project. The two aspects were not originally designed to be congruent and the case study

helps to illustrate the reality of tensions in integrating academic deliberations and consultancy practice in live organizational settings. The consultancy element was driven by a pragmatic timescale and the unfolding of events outside the control of the consultant, allowing insufficient time for much reflection as events unfolded. By stepping outside of the encounter and reflecting on what was going on, a more complex picture of walking the consultancy tightrope emerges.

In respect of congruence, the practical task started simultaneously with the academic aspect, although the great majority of knowledge-gathering had to be accomplished over a concentrated period in order to fulfill the initial consultancy mission. Inevitably, balancing the internal politics and dual roles of a consultant fulfilling a solely consultancy role for the organization, and researcher exploring the situation through a different lens, brings with it additional tensions to be managed. Changes in circumstances, which are described later, meant that it was impossible to revisit situations and gather further evidence for the thesis, so to a very considerable extent much of the methodology was not only pre-determined with the goal of successfully completing the consultancy project, but had actually been carried out before reflection on the implications of events and actions could take place. This meant that most of the methodological deliberations that normally come at a very early stage of academic research were constrained in this instance because almost all of the evidence was gathered to fulfill the consultancy brief with further deliberations inevitably sidelined at that stage. Thus, the main thrust of this thesis is to illustrate aspects of consultant, organizational and interactional behaviour with evidence from the case study, rather than to have undertaken a case study with the primary aim of gathering such evidence. Thus, it was the opposite way around to much of the academic consultancy work where the goal is to test theory in the workplace. In this instance, the work was the primary consideration and was used to illustrate theoretical positions later. Nevertheless, by having an academic dimension to the work, I was still able to tell the story, reflecting on what was happening, rather than focus only on getting the job done. As a result, the project provided an

opportunity to explore, discuss and reflect upon the consultant's personal view of the events, as well as the professional and organizational features of the work. This adds an interesting and unusual dimension to the work because reports from the field, especially regarding the interface between consultant and client organization, are conspicuously under-represented in the literature.

The task that needed to be achieved by the client organization was both essential and urgent. These additional pressures served to force the influences and obstacles to the surface, and the practicalities of achieving major change over a very short timescale resulted in the whole project taking place in three distinct research cycles. The first cycle covers events that led to my engagement as consultant, the preliminary negotiations about my remit, role and identity, and the main consultancy research and report to the Board. The second cycle of research was concerned with subsequent planning and development, and this was also the principal time of change and, hence, tightrope walking. It was during this stage that the work took on a strong academic dimension. The third and final research cycle was concerned with events that occurred after my role as consultant had come to an end. At this time, I was not involved with the client organization on a daily basis, so evidence at this stage was mainly through observation and documents, rather than active research.

We can see from the literature that there are various approaches to consultancy and I shall discuss some of the issues associated with this in Chapter 2. However, it is generally recognized that, whatever the approach adopted, contemporary consultancy is important in generating and transferring knowledge within and between organizations, industries and, indeed, nations (eg Kipping and Engwall, 2002, which contains several chapters describing consultancy in various different countries). In so doing, the consultant aims to make a difference to the client organization (or, as is more usually the case with the management gurus, clients as individuals). My own work, outlined below, has made a modest contribution in each of these aspects.

As I shall discuss in Chapter 2, the literature on consultancy is divided in two respects – the nature of consultancy and the approach used by consultants. Prior to the 1980s, consultancy was predominantly based on Organizational Development (OD) whereas since then it has been concerned with knowledge management. The two approaches to consultancy featured prominently in the literature are the business school based academic consultants and the management gurus. In philosophy, approach and output they are poles apart. This thesis will contribute to the debate regarding academic and guru consultancy and argue strongly in favour of one school against the other. Even so, I will also argue that the case is by no means entirely black-and-white. For example, a number of gurus were formerly academics. There is also a third group of consultants who are distinct from both the academics and gurus. They are numerically the largest by far, yet they contribute the least to the writing on consultancy. On the other hand, I will argue that they are the cohort where the consultant/client interface is best developed and where it is most significant in making a difference. This is the group where I would consider my own approach to consultancy to reside, trading on specialist knowledge and experience and helping clients to disseminate, utilize and develop it. For example, as a professional medical educationalist with particular interests in curriculum and assessment, I have undertaken consultancy projects for several of the UK medical schools and medical royal colleges and for a number of organizations overseas including the Aga Khan Foundation, the Australian government, and the World Health Organization. I am usually engaged to help in developing new curricula or examinations because I have expertise in these areas that my client organizations usually do not have. So essentially I bring subject knowledge and experience in implementation and training with an ‘academic perspective’ – while combining that with a practical concern for ‘what works’. I typically teach my clients how to manage and utilize the knowledge that I bring and have developed within the organization, so most of my work, as with the College on which the case study is based, is medium term. However, my engagement is very often triggered by a crisis,

or an impending crisis, and this was the case in the consultancy project described in Chapter 4. Therefore, much of what I do, particularly regarding examinations, is involved with either getting or keeping my clients out of trouble and, if classified according to the four types of consultant put forward by Alvesson and Johansson (2002, p234), which I describe in more detail later, I would place myself predominantly in the 'Trader in Trouble' category. This is demonstrated throughout the case study, even though the consultant's task was distinctly different in each of the three research cycles.

In order to contrast the complicated, and sometimes confrontational, relationship that can occur between consultant and client, I shall examine some of the major characteristics of Alvesson and Johansson's (ibid) classification. In so doing, I shall make a special consideration of the consultant gurus. This is for a variety of reasons. For a start, guru bashing can be fun! More seriously, as I have mentioned, from the point of view of the person in the street, including the business manager in the street, it is the gurus that they are most likely to know about and whose books they are sure to have seen. Indeed, as I write this thesis it was noted on a radio programme that one of the current cabinet ministers (David Milliband) carries a particular guru book about with him. This might explain a lot.

In addressing our research question, though, another reason arises for our interest in guru consultants. This is because the gurus manage to avoid many of the problems that other consultants have to deal with. They really do seem to avoid walking the tightrope. They are undoubtedly performers, as anyone who has seen one in action can testify, but they are certainly not tightrope walkers. Indeed, their whole approach is geared to avoid the tightrope completely. We shall see how they do this, and in so doing I shall also offer my own answer to the question of whether they are able to make a difference at all to their clients. If they do, of course, it raises the obvious question of why we do not all do what the gurus do. After all, life would be a lot simpler – or would it?

Therefore, the issues illustrated and discussed in this thesis are concerned with the business of consultancy, the contrasting approaches of different types of consultant, and what the consultants might bring to the client organization or develop during their engagement. I shall take an overview of some characteristics of the literature on consultancy, and to contrast different approaches to consultancy, discussing some of the key features that characterize and distinguish between them. These are:

- the marked differences in the nature of their publications;
- the types of knowledge associated with each;
- the contrasting ways in which they engage with their clients;
- the nature of the recommendations they might make, identifying possible implications for each in making a difference; and
- reasons why the consultant might, or might not, make a difference.

Contrary to the generally held views outlined earlier in this introduction, I shall discuss the possibility that the consultant's contribution might make practically no difference at all to the organization, apart from relieving it of some money. On the other hand, I shall also consider the possibilities that a consultant might make a limited and perhaps ephemeral difference – say, in achieving immediate targets - or a lasting difference. I shall propose that the reasons why one of these outcomes rather than another might be reached can sometimes be very difficult to pin down, contending that this is one reason why there is such a rich and varied (albeit highly polarized) literature on consultancy. In reviewing it we can see that not only are there huge differences in philosophy and approach, but also that a very complex interaction exists between client, organization, external influences and requirements, timescale, and other factors. Yet I shall propose that there are consultants who do not seem to know this at all. The real surprise, for the lay reader at least, is not that such consultants exist, but that they are the very ones that they are most likely to have heard of – those whose books are to be found in almost every major bookshop, railway station and airport in the developed world. So this thesis not only aims to set out a case that some consultants might not be able to make a significant

difference to their clients, but will contend that in many instances these will be the famous, wealthy consultant gurus. How do they manage with so few problems, make so little difference to their clients, and yet maintain their guru status and earnings?

The task ahead is a complicated one. For one thing, the literature is voluminous. To make matters worse, it is not always well argued – particularly when writers propose new ideas or challenge old ones. It can certainly be argued that some of these assertions are set out in a combative way in order to provoke debate, but nevertheless it makes it difficult to distinguish between fact and dogma, passion and provocation. Another characteristic of the literature is that it shows deep divisions, with the academic consultants on one side and the gurus on the opposite horizon.

The case study, too, presents challenges. Firstly, it was not originally intended as a research activity aimed at producing a thesis – the academic dimension came well into the consultancy. Secondly, the role of the consultant changed substantially for each of the three research cycles. Thirdly, the story itself is very complicated. A considerable amount was confidential and had to be excluded, but even so there was a great deal of rich knowledge to be drawn upon. Yet selection and editing was still necessary because the paper-based information alone filled several boxes. The presentation of data, too, brought challenges of its own and, after numerous attempts to do this systematically, I decided to adopt a similar format in presenting each of the three research cycles. Following an *introduction and orientation*, I shall report the main *sources of knowledge* before leading into *the story of each research cycle*. This is followed by a summary of *research findings* and then a *discussion and reflection* on the story and knowledge generated. Finally, I summarise the *outcome* of each research cycle and, in the case of the first and second cycles, this sets the scene for the following research cycle.

CHAPTER TWO: TOPIC REVIEW

INTRODUCTION

This thesis sets out to explore some questions about the nature of consultancy, the client organization and interactions between consultant and client that can make the journey akin to a tightrope walk – sometimes smooth and relatively uneventful, though still requiring considerable skill, at other times fraught with hazards. The main research question (*What are the characteristics of consultants that might be significant in whether or not they make a difference?*) concerns factors about consultants, organizations and the interaction between them might affect whether or not a consultant can meet the client's needs. In addressing them, the thesis will identify some characteristics of consultants, aspects within organizations, and events at the consultant/client interface that can affect both the likelihood of a successful outcome and the smoothness of the tightrope walk. Here I shall introduce some factors in the very complicated mosaic of consultancy in action, and illustrate some of the characteristics of consultants and organizations that can contribute to the politics of consultancy.

This chapter opens with a review of some features of consultants and consultancy that might be significant in making a difference. I shall outline what we mean by a consultant before moving on to consider different ways in which consultants approach and carry out their tasks. This will be set within a framework that illustrates the developing role of the management consultant and proposes that there are different approaches to consultancy. This is unsurprising in the light of Clark and Greatbatch's (2002) introduction that reminds us that "The management advice industry is an integrated community of knowledge entrepreneurs and organizations which include management consultants, management gurus, business schools and mass media organizations" (Kipping and Engwall, 2002, p129).

Some of these differences have come about as the profession has developed – for example, from the Organizational Development approach to knowledge management strategies – while others are down to tactical differences between different styles, approaches and outcomes of consultancy. For example, some consultants make numerous contributions to the academic literature, developing and testing theory. Others produce just one or two best-selling books describing their approaches and solutions to management problems, while others do not publish anything at all. In considering these differences, we shall find evidence in support of the contention that one group of consultants, the management gurus, might be unable to bring lasting and beneficial change to an organization at all. Indeed, they might not even be able to bring about the kind of change that the client had in mind, even in the short term. I shall explain why and, in so doing, will make a contribution to the debate by supporting the criticisms made in the academic literature against the gurus.

This is followed by a review of some organizational characteristics, beginning with why an organization might want to engage a consultant in the first place. It will also look at organizational features such as decision-making that might be significant in the organization's ability to translate the consultant's recommendations into action, and thereby ensure that a difference is made.

Finally, there is a review of the different roles and priorities of consultants and organizations. Very little has been written about the consultant/client interface, yet in some cases this might be extremely significant to the outcome and in many instances it will be highly significant in the process. These three domains, the consultant, the organization, and the interface between the two, will be discussed in relation to the case study in chapter four.

CHARACTERISTICS OF A CONSULTANT

The Oxford Reference Dictionary (1986, p184) defines a consultant as “a person qualified to give expert professional advice” and, indeed, many consultants are academically or technically highly qualified and some are also recognised and approved by professional regulatory bodies. Yet in reality, few occupations are as unregulated as consultancy. Outside medicine the word ‘consultant’ is not a protected term and practically anyone who has a mind to do so can set up as a one. There are no mandatory qualifications and in some instances consultants can be lacking formal qualifications of any kind. Scarcely surprising, then, that there is a huge variation in the quality and quantity of work in the field and nowhere is this seen more clearly than in the literature arising from different areas of the profession. This variation, of course, is most evident when comparing the two extreme ends of the consultancy spectrum, and I shall do this to illustrate the nature and extent of differences within consultancy.

In medicine, the consultant is a highly qualified, senior, permanent member of the team. No question here of being in the hands of an unqualified person. The medical Royal Colleges used to lay down strict specialist training requirements, which are now the responsibility of the UK statutory body, the Postgraduate Medical Education and Training Board (PMETB). There are also legal enforcements for general and specialist medical registration (The General and Specialist Medical Practice {Education, Training and Qualifications} Order, 2003). Similar legislation (but not protection of the title ‘consultant’) applies to the organization that was the subject of the case study.

A more appropriate definition for the kind of consultant we are discussing here might be found in that agreed by several of the US consulting associations in the mid-1980s:

Management consultancy is an independent and objective advisory service provided by qualified persons to clients in order to help them

identify and analyse management problems or opportunities.

Management consultancies also recommend solutions or suggested actions with respect to these issues and help, when requested, in their implementation.

(Barcus and Wilkinson, 1995, p5; cited in Czerniawska, 1999, p8)

This is certainly a definition that covers my relationship with the client organization in the case study.

Outside of healthcare, in most other fields of endeavour such as business, it is usual for a consultant to be engaged from outside the organization with a remit to address a specific problem or issue. In fact Handy (1993) describes consultants as 'ritual outsiders' (p337), and this indicates one of the reasons why organizations engage consultants rather than use or appoint their own staff – it is precisely because they are outsiders. Sturdy *et al* (2006, p5) describe this as the dominant view of the consultant-client boundary relationship, where people are seen as 'insiders' or 'outsiders'. They attribute this view to three factors:

Firstly, they say, "and most transparently, in terms of a direct and conventional employment relation, consultants are indeed outsiders..... their organisational goals may conflict with those of their clients, in terms of selling on further business as opposed to long term problem resolution."

"Secondly, consultants and clients are seen to inhabit different social and occupational worlds. They typically spend relatively little time with, or at, a client firm compared to its direct employees and are often segregated from day-to-day client activity..... at best, they may develop only 'arms length relationships' or 'swift trust' (Uzzi, 1997) with clients."

“Thirdly.... the outsider role is reflected in the view that consultants bring distinctive and unfamiliar knowledge to assignments such as that associated with management and change methods and tools.”

Yet, drawing on the literature in knowledge boundary conditions and consultancy relationships, Sturdy *et al* (op cit, p6) conclude that “in particular, it is shown how consultants cannot be assumed to be outsiders...” (p2), but their study did not include consultants on secondment, interim managers (which is the role I assumed in the case study) or specialist contract staff. Citing Anand *et al* (2002); McKenna (2004); and Menon and Pfeffer (2003) Sturdy *et al* conclude that it is the ‘external’, if not the objective, status of consultants’ knowledge, which is often valued by client management.

However, there is another side to this coin that leads us back to the paradox set out in the introduction to this chapter. Being an outsider, a consultant might not be able to make a difference in the way that a member of staff can. The position of ‘ritual outsider’ can, therefore, be both an advantage and a disadvantage compared with a permanent employee when it comes to making a difference. On the other hand, as I remarked earlier, a consultant can also be a temporary insider. However, I shall also put a case that often the gurus and also some consultants from academia really do not have either of these two relationships with the client organization. Similarly, of the four types of consultant described by Alvesson and Johansson (op cit) only two - the *Brokers of Meaning* and *Traders in Trouble* need to develop a meaningful consultant/client relationship. *Brokers of Meaning* must do this in order to help their clients to help themselves, rather like Schein’s (eg 1969a, b) ‘process consultation’ approach. *Traders in Trouble* need to support top management in order to make the required changes and therefore, although subservient to them, must develop at least a working relationship with those heading the client organization. This is the most political of Alvesson and Johansson’s (ibid) four categories and very closely resembles my own relationship with several managers and Board members

in the case study. Therefore, drawing on material from the case study, I shall consider some of the issues involved in walking the consultancy tightrope, particularly in the light of Alvesson and Johansson's (ibid) work on the professionalism and politics of consultancy. I have given a brief resume on professionalism below, but the issue of politics is, almost by definition, extremely complicated. Therefore, I shall touch upon it in various sections, such as when describing the different approaches to consultancy, and illustrate some of its manifestations in the case study.

Approaches to management consultancy

Although often thought of as a modern phenomenon, mainly because of its huge escalation over the past 30 years or so, it has been claimed that if we take a definition of a consultant as one who provides professional assistance to others for a fee, then they have probably been with us since the dawn of civilization (Biswas and Twitchell, 2002, p18). They can therefore be said to share both a definition and point of origin with prostitutes – indeed, some might claim other, coarser similarities. However, it was probably not until the mid-19th century that the profession became more formalised and the first modern consulting firm was established (the earliest I can find was Foster Higgins in 1845, cited in Biswas and Twitchell, 2002).

The turn of the 19th century saw a rapid growth in the demand for consultancy services, mainly in engineering and accounting, and the consequent establishment of new consultancy firms some of which have remained well known until quite recent name changes (eg Arthur Andersen, Kearney, McKinsey). By the middle of the 20th century, partners from established firms were leaving to establish their own consultancy businesses, and the next few decades saw more and more of these new consultancies being established. Also, a number of specialist accounting firms fuelled significant growth in what was by now a major industry by

setting up their own consultancy operations. Many of these are now household names (such as Pricewaterhouse-Coopers, Deloitte and Touche, Ernst and Young, and KPMG) having frequently featured in the news. However, towards the end of the 20th century criticism grew of many of these companies, the largest of which now took a massive share of a still-expanding market. (Accenture – formerly Andersen Consulting - for example, reported a worldwide revenue on \$8.9 billion in 1999, with a payroll of over 65,000 - Biswas and Twitchell, 2002, p21). The essence of the criticism was that many of these firms were providing both consultancy and accountancy services to the same clients and that there was therefore a potential, if not real, conflict of interest. As a result, the consultancy and accounting divisions of these companies separated and agreed to provide one or other, but not both, services to their clients.

Nevertheless, the demand for consultancy services, and hence the consultancy companies' profits, continued to grow, sometimes at spectacular double-digit annual rates. While most of the growth was attributable to private sector engagements, there has also been an increasing trend for national governments and governmental organizations to engage consultants. The net result has been, as Ernst and Kieser (2002) point out, that the consultancy market is exploding. Moreover, this explosion is accompanied by a similar explosion in the market of management fashions, that is "a management concept that has become fashionable" (Kieser, 2002, p167) Keiser contends that the correlation between the two markets is not coincidental (ibid). He identifies the rhetoric, and particularly the buzzword, used by the fashion's creator as a major factor in turning the concept into a fashion (ibid p176).

The growth of consultancy over the past century or so has been significant and fairly relentless, although there was a decline in the recession of the early 1970s, a more serious one in the early 1990s (Czerniawska, 1999) and there will probably be another in the current recession. The range of work undertaken by individual consultants or the specialist firms for whom they work has also expanded considerably from the initial focus on

accounting and engineering and now includes management consultancy (a major growth area for most of the 20th century), and consultancy in recruitment; marketing; business efficiency and development; team management in sport, for example; risk; forensic work; and almost any other specialist area that business, healthcare, education, defence or government might call upon or be persuaded to call for a consultant. The growth in both the volume of consultancy work and in the variety of consultancy specialties available has been accompanied by the publication of a huge volume of literature. However, the focus has been on one aspect of consultancy in particular - management consultancy. Moreover, the literature has derived from two principal sources. On the one hand, it has been produced by the business management and social science academics; on the other by the management gurus. Their approach to consultancy and their writing are distinctly different and I will discuss this in more detail later. Interestingly, the majority of consultants, even those employed by the major consulting firms, have not contributed much to the literature at all. Thus we have consultants taking an academic perspective, a different type of publication from the management gurus, and those who get on with the job of consultancy but do not publish books or articles on the subject.

As well as differences in the nature and contributions to the literature, there have also been two distinctly different approaches to management consultancy, one superceding the other. Prevalent in management consultancy until somewhere around the mid-1980s was a focus on Organizational Development (OD). Clearly very much in the business domain, OD was concerned with identifying and examining the factors that were important in maximizing the effectiveness of organizational interventions. In this the approach of the academics, who generated and tested OD theories, and the consultant gurus, who set out their mantras for successful organizational development, were distinctly different although their aims (as declared, at least) were the same. Nevertheless, a substantial amount of the literature from consultant gurus, or those who were subsequently to become gurus, came from or originated in this focus

on OD. The academics, too, made significant contributions to the OD literature. Their involvement mainly concerned the styles and approaches to consultancy and the need for this was nicely summarised by one of the leading protagonists of the OD movement, Edgar Schein:

Many of us are highly active as O.D. consultants, but little has been written about what we do when we are with a client or what our underlying theory of consultation is. We were also acutely aware of the fact that, though there are common assumptions shared by most practitioners of O.D., there are great individual variations in the strategies and tactics employed by different consultants.

(Schein, 1969a, piii)

Schein's main contribution was through helping to guide and standardise Organizational Development by considering key aspects of the organization, the role of the consultant and the consultant/client relationship. This was an important development because it signalled the need to change the traditional relationship and for the consultant to engage much more professionally with the client in order to research the client's needs, formulate a strategy for change and help the client to implement it. In this he drew on his expertise in organizational psychology (Schein, 1965), the consultation process (Schein 1965a, b) and organizational and personal change through group methods including the application of experimental laboratory findings (Schein and Bennis, 1965). By way of illustration, Schein described three models developed from the literature (he cites Tilles, 1961, Argyris, 1961 and Daccord, 1967). The following is my own summary of Schein's models:

1. The Purchase Model

Schein describes this as the most prevalent model, in which the client defines a need and, if it is felt that the organization lacks the time or capability to meet it, a consultant will be engaged to do so. This need might be for information (for example, about customer preferences or how to

design an administrative system) or to purchase a service (eg to reorganize a department or quality assure a product).

Here, the consultant acts as a *task-interactive* individual or organization (Mills and Margulies, 1980), being primarily concerned with the provision of expert skills and/or knowledge. This, of course, is close to the model used by the early consultancy firms and evidence suggests that it is one commonly favoured by the current UK government. (I have inside information that the ever spiralling costs of the NHS computer system – that is still not working at the time of writing, after huge over-runs and expenditure vastly over budget – is largely due to this model and factors i) and iv) below).

Success in the purchase model is contingent upon four factors:

- i) whether the client has correctly identified their needs
- ii) whether these have been properly communicated to the consultant
- iii) whether the consultant is capable of meeting these needs
- iv) the consequences of information gathering and/or implementing the recommended changes.

2. The Doctor/Patient Model

Here, either the client is unsure about what the problem is (“what is wrong with our xxx?”), or decides to call in a consultant to ‘look them over’.

Schein points out that, despite the popularity of this model, it is fraught with difficulties. For example, the client organization might be reluctant to provide the consultant with all the information needed to make a diagnosis (this initially happened in the case study). A further difficulty might be in getting the client to believe or accept the diagnosis or recommended course of action.

In this model, there is a *personal-interactive* relationship (Mills and Margulies, 1980) where the focus is on the personal needs of the client,

although the client might not be clear about what will serve their best interests or how to remedy the situation.

3. *Process Consultation*

This is the model that Schein advocates and it involves the consultant and client working together to identify the problem and develop a solution. Here the consultant aims to pass on the skills and knowledge about how to identify and rectify organizational problems so that the client can continue to do so after the consultant has left. It can therefore be seen as a cyclical structure. It might begin in a *personal-interactive* mode, focussing on the client's problems or needs, but moving on to empower the client so that they can become self-sufficient.

Another notable early contributor to the debate on the consultant/client relationship was Chris Argyris (eg Argyris, 1961). From a behavioural science standpoint and taking the view that older and more complex organizations were deteriorating in quality yet rigid and difficult to change (Argyris, 1970 p1), advocated that the researcher should become an interventionist. (John Harvey Jones said and did much the same when he arrived at ICI at around the same time - Pettigrew, 1985). Hitherto, researchers tested organizational theory either by making comparative studies of different organizations under different conditions, or by studying change as the organization underwent it. Argyris advocated that the researcher become actively involved in both the planning and execution of the changes (ibid, p iv). Interestingly, he then added the words "so that they test aspects of his theory" (ibid, p iv). (This is a philosophical point that I shall return to later when outlining the characteristics of academic consultants, which Argyris undoubtedly is, because their main motivation is formulating and testing theory. For them, meeting the client's needs is an important, though secondary, consideration). Argyris explores intervention and the factors that might facilitate or impede it, and also gives some thought (though very little at this stage) to the question that "the research may upset the system" (ibid, p230).

Later writing (eg Argyris, 1993) shows that Argyris was still seeking to design and test effective research methods (eg p xi) but was by now placing much more emphasis on the knowledge component of interventions and empowerment of the client in the researcher/client partnership. His work included research into ineffective learning within organizations and strategies to overcome them so that 'key learnings' could be utilised to solve problem situations (eg *ibid*, p151 *et seq*).

Another major topic for OD was the issue of leadership within organizations. Argyris, and indeed, almost all of the academic writers at the time (eg Tannenbaum and Schmidt, 1958, Belbin, 1981), gave consideration to this issue. Another interesting contrast, which I shall return to later, is that while the academic consultants were formulating and testing leadership theories at about this time, some of the gurus were also giving attention to leadership (eg Peters and Waterman, 1982; Covey, 1989). The contrast between the two schools of writing, which characterizes the differences between them across the board, is that the academics are concerned with theory and the gurus with dogma. That said, it is hard to challenge some of this dogma. For example, Covey (1989) sets out a mixture of benign *Seven Habits of Highly Effective People*: (be proactive; begin with the end in mind etc) with some almost incomprehensible ones (synergise; sharpen the saw) that the challenge would be not to argue against them, but to see how they can be effectively put into practice – another characteristic of writing in this genre that I shall return to later.

From the mid-1980s onwards, the approach to management consultancy has shifted radically. This situation, particularly in respect of the consultant/client interface, was to change again following the 1990s recession, when clients became more concerned with tangible results and value for money (Czerniawska, 1999). The beginnings of this change are easy to spot, for example in the writings of Argyris, as the issues of knowledge and empowerment take centre stage over the previous priorities

of theory development and researcher intervention. The shift in approach is characterised by a move away from the effectiveness of intervention as an engine of Organizational Development towards scrutiny of the nature of consultant knowledge and subsequently knowledge transfer from consultant to client (and, possibly increasingly as the consultancy climate changes, from client to consultant). In particular, new ways of obtaining knowledge, such as single-loop and double-loop learning (Argyris, 1977) were developed and new ways of interpreting and reporting observational findings, for example fantasy-theme analysis (Bormann, 1972; Foss, 1989; Jackson, 2001). We were also beginning to see new ways of empowering clients and transferring knowledge to them and this, in its turn, led to a further change. As it developed, this new approach now began to question whether the need for consultants was, indeed, self-evident, as had previously been taken for granted (aided and abetted by the consultancy firms themselves, of course). Clearly, the key players in this were the academic consultants. The gurus, just like the consultancy firms, had built their fortunes on the understood need to engage consultants, and their reputations on their solutions to managerial problems. It was not in their interest to have potential clients thinking that they did not need a consultant, or to make knowledge transfer so easy that the client could do this for themselves. Yet here we have a paradox, of which I shall say more later. One characteristic of the gurus is that most of them have published a book (some more than one) in which they set out their mantra. Surely, one might think, this means that the gurus have led the way in knowledge transfer? Moreover, having bought the book, surely the client will have no need of the consultant? As we shall see, the reality is very different.

In more recent years another major influence has come to bear on management consultancy. This is the combined effect of power and politics, which have come to be major components of many degree and professional development courses in business and management. However, as Buchanan and Badham (2008) point out in the preface to their interesting and entertaining book on the subject “organizational politics is a controversial subject. Advising managers on how to become better

organizational politicians may not be widely regarded as a legitimate activity” (p xiv). Nevertheless, it is clearly here to stay, particularly when the developed world is so highly politicised, and seems certain to shape the process and outcomes of consultancy increasingly over the coming years.

Consultants as professionals

Drawing on a number of sources, Alvesson and Johansson (ibid, p 230) note that in order to be labelled as a profession, an occupation needs to score highly on a number of characteristics. These are:

- a defined body of scientific knowledge
- knowledge acquired through long formal education
- a distinct occupational culture and client orientation
- socially sanctioned and authorized.

Citing Kubr (1996), they say that management consultancy can be seen as both a professional service and a means of providing help. A management consultant, they say (op cit, p 230) has accumulated a number of knowledge and skills components through formal education and experience. The skills competencies would include an understanding of relevant strategies, interpersonal skills, and being able to give the right advice in the right way. A consultant should be in a position to make an unbiased assessment and give advice that is honest and objective. They should be able to tell the client what he, she or it needs to know without being influenced by how it might affect their own interests. Yet, as Kipping and Engwall (2002 p1) point out, the literature on the consultancy industry has taken a very critical tone in which some authors such as Clarke (1995) and Clarke and Salaman (1996) have investigated the rhetorical techniques used by management consultants and gurus to leave a good impression on their clients, based on the idea that their performance can be evaluated only in a theatrical sense.

However, as Kipping and Engwall (op cit) go on to say, the recent highly critical literature contrasts sharply with earlier and much more positive descriptions, such as Higdon's (1969) comparison of consultants to medical doctors (*The Business Healers*) and Schein's work in understanding and categorizing the consultant's roles. For example, in Schein's (eg 1969a, b) 'process consultation' approach, we can find a little more about professionalism in consultancy. Here, the consultant adopts a psychotherapist-like role, being counsellor and facilitator rather than subject-expert and problem solver. There is certainly a professional dimension to this, particularly when considering that the consultant's role that Schein (1969a, b) describes is similar to that of a psychotherapist and undoubtedly requires specialist training. However, although Schein talks about the process of consulting, he does not consider the political dimension. This is probably because the facilitator's role is apolitical and non-judgemental. Yet I would contend – certainly from the perspective of and the *Traders in Trouble* – that consultancy is about managing a process that is not just psychological, but professional and (sometimes highly) political. As Alvesson and Johansson (2002) contend, the issue of consultancy is multi-dimensional and dynamic, involving consultants, clients, situations and tasks (ibid, p233). That is certainly the picture to emerge from the case study, as we shall see later.

Overall, Kubr (op cit) concludes that management consultancy, if not meeting all the criteria for professionalism, is on its way towards doing so. However, we are now over a decade down the line, and there is little evidence to challenge Alvesson and Johansson's (2002, p 231) conclusion that there is not a strong case for presenting management consultancy as being, or coming close to, a profession in the strict sense of the word. They argue that in most countries anyone can set up as a consultant; there is no explicit recognition, community sanction, or enforcement of management consultancy. Moreover, they say, the scientific base *for* management consultancy has become fragmented, and (drawing on Kyrö and Enqvist, 1997) that *about* management consultancy is lacking. I shall present

evidence of the fragmentation in the literature review below, and add a little to the writing about consultancy in the case study.

Different approaches to consultancy

For all their real or assumed expertise and presumed status, few consultants have much real power within organizations. This means that they need to persuade their clients to accept the advice they give. The methods of persuasion employed, and the rationale for implementing the consultant's advice, contrast significantly between the gurus and the academic consultants though, as Clarke (1995) reports, both use rhetorical techniques to achieve this. Each group is reasonably consistent in behaviour within its own domain, but they are distinctly different in several important respects when compared with each other. For example, they approach the whole business of research and advising clients completely differently. The ways in which they try to persuade clients to accept their advice are also very different. Consideration of these significant differences leads me to propose that there are certain characteristics of some consultants that might make it difficult or impossible for them to achieve lasting organizational change. Put more bluntly, one entire school of management consultants described in this thesis – the gurus - are unlikely to be able to make a real difference to their clients or client organizations. This is because their philosophy and the way they operate, while loudly and passionately insisting on change, makes it difficult, if not impossible, to achieve.

A major characteristic of the gurus is that they operate with their own individual fixed set of principles and solutions that they advocate as the answer to all management issues. These solutions are typically a list of rules (usually of the 'golden' variety) aimed at individuals – predominantly aspiring individuals. Their message is delivered passionately, and usually expensively. It is based on rules and explained in terms of hubris. Unsurprisingly, the USA is well represented among the gurus. As we shall

see, their rules do not translate successfully to organizations, yet paradoxically organizations, including the one used in the case study, often seem to base their expectations of a consultant on what they know about the gurus. Therefore, even though guru consultants are sometimes engaged by organizations, my contention would be that they are unsuitable choices because they take little heed of the organization's needs but focus on the rhetoric required to deliver their own dogmatic 'solution'. These solutions are often concerned with passing on blame and responsibility, usually to nameless individuals rather than their present audience or readership. Furthermore, their solutions tend to be based on creating the impression that the guru is endowed with special insights that are not bestowed on ordinary people. Solutions might be couched in cryptic terms, and are often impossible to implement – or even translate into plain English. However, because of the culture of blame associated with this area of consultancy, failure to understand or know how to implement the guru's message must inevitably be seen as the fault of the individual concerned. It cannot possibly be the guru's fault.

Usually, the consultant has no power other than persuasion and force of argument to have their recommendations implemented. The gurus are particularly good at this – the problems arise when trying to implement their recommendations. A consultant's influence might be strengthened by their expert status, but seldom would they have the means of ensuring that notice was taken of their advice. (This is what I thought was going to happen in the case study, but what actually occurred was one of a series of surprises that I shall describe later). At first sight, the guru consultants might seem to be exceptions to this. After all, their charismatic performances and emphatic pronouncements in their books give the impression that clients have no option but to do what the guru says. For example, Champy and Hammer, who are both pragmatists, insist that clients must do as they advise 'because you have no choice', whereas Covey adopts a righteous tone 'do as I advise because it is right'. The problem is that none of the three tells the client *how* they can do it. In fact, this is merely the tip of a substantial intellectual iceberg. The gurus claim

that their solutions are universal – generalizable to all people, organizations and situations. For example, Covey's (1989) 7 habits of highly effective people apply to *all* highly effective people. Yet what makes the gurus' claims a non-sequitur is that they all have different solutions, many have different reasons why their message must be implemented, and none tells us how to implement the message. Not a good basis for making a difference, nor for forging a good relationship with the client. However, by avoiding making a close relationship with their clients (they preach to them, but show few signs of liking or empathising with them) they are able to avoid the tightrope by keeping away from the real politics and superimposing their own.

However, recent research by Kakabadse *et al* (2006) reveals that differences exist between the rather pejorative conclusions of previous research and the conclusions of their own study. Whereas previous research highlighted the omnipotence and the more or less deontological practice of consultants, the data analysis from the Kakabadse *et al* study concludes that business consultants appear very humble in their approach to their relationship with clients, and believe that moving clients forward is their ultimate goal. Here, perhaps, we see further evidence in the ability of consultants to make a difference depending on the approach that is used. For example, in my experience 'humble' is not an adjective I would associate with the gurus, nor is this at variance with the findings of Kakabadse *et al*. Their findings can be interpreted as further evidence that the gurus' approach is significantly different to that taken by other consultants and I would contend that this is an important consideration in their ability to make a difference to their clients.

Consultants in the literature

As indicated earlier, the management literature prior to the explosion of the consulting industry in the last decade or so of the 20th century was predominantly concerned with Organizational Development (OD) and took

a generally positive view of consultants and consultancy (see, for example, Fincham and Clarke, 2002 pp 1-18). Since then, however, the nature and content of the writing has changed appreciably. Contributions have come from a broader spectrum including academics, journalists and practitioners and they cover a wider range of issues including general overviews of how consultants work, details of specific consultant interventions, and analyses of consultancy providers and their developing markets (Engwall and Kipping, 2002).

However, the literature over the past 20 years has been conspicuously different in two respects. Firstly, as Engwall and Kipping (op cit) and others have pointed out, it is now much more critical. Secondly, the focus has shifted from OD and identifying and analysing factors that were seen to be important in maximising organizational interventions, towards the management and dissemination of knowledge. As Engwall and Kipping (op cit) report, management consultancy is now seen as a knowledge industry.

Heller (writing in Clark and Fincham, 2002) observes that "the recent critical literature on consultants has yielded a rich harvest from a well manured field of enquiry" (p260). While this might hint at the quality of research (with an exquisitely ambiguous turn of phrase) and emphasise the volume of the output, Heller omits to point out what I have alluded to earlier - that there are actually two distinct bodies of writing on consultancy. The critical literature, to which Heller is actually referring, has been produced almost exclusively by academic experts in business and management. It exists predominantly as journal articles and multi-contributor books and is characterised by the qualities of sound research and clear presentation indicated above. The second body of writing arises from the other end of the consultancy spectrum. To claim a place there it is almost essential to have written, not in the academic journals or textbooks, but a best-selling 'popular' management book, for this is the domain of the management gurus. Their publications are typically single-authored books, characterised by being of the 'how to...' genre, and, in particular, 'how to make lots of

money through management consultancy' (for example, *Million Dollar Consulting* by Alan Weiss, 1992).

As we shall see, it is not simply the number of publications nor whether these appear in the academic or 'popular' literature that distinguishes between these two domains of consultancy. Clear differences also exist in the nature of their writing, their approach to the business of consultancy and, I contend, the very likelihood that they could make a difference to their client organizations.

On turning to the literature on consultancy and management, a number of strong characteristics soon become apparent, some of which are almost exclusive to this domain. Although references to consultant gurus predominate, there is also some discussion (such as by Clark and Salaman, 1996) on management gurus. The general picture to emerge is that there are many similarities between the two. In fact, some people work as both consultants and managers. By contrast, though, the literature on conventional consultancy and management treats these two roles quite separately.

One strong characteristic, then, is the very large volume of writing that exists on the subject, as Heller (2002) implied. Another is the distinct polarization between popular and academic approaches to the material and the characteristic forms in which this literature exists. A glance at the 'business' section of almost any high street bookshop will confirm that the popular management and consultancy publications are, indeed, very popular - otherwise they would not be given such a large proportion of shelf space. Moreover, my personal impression is that they are especially prominent in bookshops in airports and railway stations – presumably because their target readership, managers and aspiring managers, are likely to be frequent travellers. This marketing strategy must clearly be successful, but it is open to question whether selling so many of these books actually does anything to improve the people who buy them. David Bolchover, writing in the business section of the *Daily Telegraph*, described

his vision of hell as “being forced to spend eternity locked inside the business book section of Waterstone’s” with its shelves of the “latest jargon-filled banalities offered by our most prized business gurus” (Bolchover, 2005).

Predominantly in book form, the popular management publications tend to have catchy titles that clearly proclaim the benefits of buying the book and following its instructions. These titles often imply that the book contains special insights and secrets and, once the reader is in possession of them, they will be on the road to riches. Indeed, Mitman (2001) more than implies this, he actually entitles his book *‘On the road to success’*. Needless to say, it does not do ‘exactly what it says on the tin’ – to quote a current advertisement for wood stain – but consists of a succession of anecdotes, poems, golden rules and homilies (‘Attitude of mind’ (p25); ‘Prisoners of the past’ (p127); ‘I believe in me’ (p157) etc) conveying the cryptic secrets of success. In similar vein, Peters and Waterman (1982) were key initiators of the ‘Excellence movement’ with their book *In Search of Excellence*. Both Peters and Waterman’s, and Mitman’s books serve to illustrate another characteristic of the writing by management gurus, which is that it is a near-neighbour of the popular ‘personal development’ literature. Indeed, they are such close neighbours that it is impossible to tell exactly where one genre ends and the other begins. In fact, as we shall soon see when guru consultancy is scrutinised more closely, there is no reason why we should expect a clear distinction between their stance on consultancy, management and personal development because they all follow precisely the same model, make the same presumptions, and share the same characteristic in projecting responsibility onto others – the ‘others’ being either the organization or, more usually, especially in ‘personal development’, the individual.

I am not alone in identifying that the requirement to have written a major-selling book is almost a prerequisite to attaining high guru status though, as Fincham (2002) goes on to say, “relatively few have written more than one best-selling book and many are ‘one hit wonders’ who remain tied to the

idea that brought them fame even as it slides into oblivion” (p196). This, as I shall discuss later, is fundamental to the *modus operandi* of management gurus and contrasts sharply to that of the academic consultants. This characteristic, I will argue, is fundamental to the ‘making a difference’ case presented in this thesis.

In contrast to the writings of the gurus, the academic publications are predominantly journal articles or textbook chapters rather than single-authored best-sellers. They are even found in different places, tending to be the preserve of specialist (rather than high street) bookshops and libraries. Their case is often founded on social science theory, case study or other research and, to be frank, can often be pretty boring to read. Attacks on the gurus do liven things up nicely, though. Just as the guru writings merge into the popular ‘personal development’ genre, academic management literature is a close cousin of social (and, to a somewhat lesser extent, the behavioural) sciences and they have a number of characteristics in common, particularly in methodologies and associated jargon.

Another characteristic of the literature in this area, this time a feature common to both genres, is that the great majority of both academic and popular publications have appeared since 1970. This is not to ignore earlier examples such as Lewin’s (1946) early action research and Handy’s (eg 1976) popular books on organizational management, structure and culture. In fact, Handy merits a little further discussion because, although his books are generally agreed to be in the ‘popular business’ category, he is a notable exception to the general picture of the popular management expert. For one thing, he was an academic. A professor at the London Business School, his books and broadcasts have made a significant contribution to helping managers to understand and apply business principles. Therefore it is unreasonable to group him with many of the gurus who came later. Unlike most of them, Handy has published many best-selling books over more than a quarter of a century, and there will be few bookshops, both high street and specialist, that do not have at least one of his titles on their

shelves. I believe that Handy occupies a special place among management consultants in that he is an academic with practical insights and expertise, who has attained guru status. Others have made the same journey, but Handy was among the first and has done much to explain management principles in a clear and comprehensible way. His work has helped us to see how consultants, managers and gurus came to take on distinct roles and it also serves as an important historical marker because the 1970s were the beginning of what later became an explosion of popular management books and the raising of the business guru to cult status. Indeed, within the last 30 years, the number of gurus and (as Fincham, 2002, observed) the general inflexibility in their specialist domains, has made it possible (and presumably worthwhile) to publish *The Guru Guide* (Boyett and Boyett, 1998)). Even though there are professional listings of publications and specialist interests available, it is most unlikely that a similar volume could be produced for academic or mainstream consultants or managers, and this might constitute further evidence about the considerable differences between orthodox and guru practitioners.

Types of consultants

Alvesson and Johansson (2002) describe four types of consultant (p234):

- Esoteric Experts;
- Brokers of Meaning;
- Traders in Trouble; and
- Agents of Anxiety and Sellers of Security.

They describe the characteristics of each in relation to their professionalism and politics. These are important elements in walking the tightrope and I shall be using some of their work as a framework on which to explore the case study. It is, therefore, appropriate to summarise Alvesson and Johansson's descriptions here. The best summary is their own, set out in Table 13.1 below which I have edited slightly:

Type of consultant	Claim of professionalism	Significant elements of anti-professionalism	Politics	Type of client
Esoteric Experts	Strong Firmly founded in knowledge; technocratic	High technical core with socio-political skills; questionable knowledge base	Technocratic politics; expert rule	Lay person; purchaser of service
Brokers of Meaning	Relatively weak Creative application of a body of partly established vocabularies	Downplaying of expert role	Manipulation of management and meaning	Conversation partner; co-maker of meaning
Traders in Trouble	Ambiguous Context-sensitive processes or problem-solving expertise	Subordinator to interests of power; axeman	Direct support for and legitimisation of top management	Ruler; director of trouble-shooter
Agents of Anxiety and Sellers of Security	Weak Developer and exploiter of new standards, novel/repackaged ideas, and vocabularies	Messianic and revolutionary ideas, breaking with tradition, including science and established, tested 'truths'; fashion oriented	Disciplinary power; normalization	Victim of uncertainty; cultural dupe

However, they state that “instead of being locked into any one of these types we propose that consultants have to continually negotiate their approach.....not only from assignment to assignment, but also within specific assignments” (p234).

Esoteric experts

Alvesson and Johansson describe this as scoring high on rationality and predictability, with actions and judgements based on science and checked by experience (p 235). However, drawing on Werr, Stjernberg and

Docherty (1997), they go on to say that the emphasis is on specific methodology and drilling junior consultants in it. However, in their discussion of the matter, Alvesson and Johansson (op cit, p235) identify that the esoteric expert is likely to attract the lay person as a client, whereas the clients of the more academic consultants tend, overwhelmingly, to be organizations.

Brokers of meaning

These are described as process, rather than expert, consultants. The leading advocate of process consulting is probably Schein (eg 1969a, b, 2002) who describes consultancy in psychological and psychotherapy terms – the consultant does not solve the problem, but teaches the client to help him or herself. This is not the same as the approach used by the gurus, who might operate by pretending to teach their clients how to solve problems, but are actually doing no more than recite their personal mantra.

Alvesson and Johansson (op cit, p 236) note that in practice consultants in this group can range from those claiming true professionalism in handling inter-personal relations (echoes here of Schein's psychotherapeutic philosophy) to self-made consultants.

Traders in Trouble

The two types of consultants outlined above can be seen as relatively neutral to the power and politics of their clients. By contrast, *Traders in Trouble* are likely to be in the thick of it – as we shall see in the case study. However, as Alvesson and Johansson (ibid, p 237) point out, these consultants deal with strong clients and can be categorized as being correspondingly weak. Personally, I would not agree that this was necessarily so – and, indeed, will present evidence of this from the case study. However, I would not challenge it as a broad generalization because it does help in differentiating this group of consultants from the rest. The previous two groups are relatively neutral and the *Agents of Anxiety and*

Suppliers of Security, outlined below, give instructions to the management. Only the *Traders in Trouble* have a relationship with the client's management that demands a particularly high level of interpersonal skill. However, I would maintain that, when carried out correctly (and professionally) this is an essential consultant skill. It is hugely important in both the conduct and outcome of the consultancy that the- relationship between consultant and client is well managed, and that the authority of the client's top management is not undermined. It is precisely this relationship that results in a tightrope walk that may not be smooth and uninterrupted. Part of the consultant's professional role is to manage this interface, particularly when (as Alvesson and Johansson point out - *ibid*, p237 – and will be seen in the case study) a long-term relationship with a limited number of clients is important. Consequently, although I accept that there are instances where this situation is not properly managed, I would argue that it is not accurate to categorize all members of this group with the often-quoted description reported by Jackall (1988) as whores in pinstripes – although I do acknowledge that it was managers themselves, and not Jackall, who described them as such. There are also other narratives (Alvesson and Johansson cite O'Shea and Madigan, 1998) which have similar descriptions. Possibly, one feature of their approach that could be interpreted in a derogatory way is that one facet of managing the consultant/client relationship (which Alvesson and Johansson point out, p238) is that the consultant takes the blame when things go wrong, but ensures that the managers receive credit for success. In this respect they can be seen as well paid scapegoats, which I would contend is a more accurate description than whores in pinstripes.

Agents of Anxiety and Suppliers of Security

A widespread theme among managers, and the very *raison d'être* of the guru books and seminars, is radical change. Indeed, a whole new vocabulary (or, in my opinion, a slaughter of the English language) has grown up to promote this philosophy – hence Bolchover's (2005) condemnation of the "latest jargon-filled banalities offered by our most

prized business gurus". However, I see some distinction between this group and my own classification of the gurus, for one characteristic of the gurus is that they tend to have just one solution to all management problems, and they stick to this in all situations. On reflection, though, this category of Alvesson and Johansson's includes my gurus but also extends beyond it to include the consultants who lead the management fashions. In maintaining their position in this, it is necessary to continually invent new management practices and declare existing ones obsolete. They are therefore both creating the anxiety and providing the security to managers who have no option but to change and modernise. This places them in a very different political situation to the *Traders in Trouble*. The *Traders in Trouble* are subordinate to top management, legitimise and support them, and take the blame when things go wrong. By contrast, the *Agents of Anxiety and Suppliers of Security* operate among a different client profile and exercise considerable power over the management as they lead them from their (allegedly) out-dated practices to the new, anxiety-provoking, jargon-laden, and possibly incomprehensible ways to manage. Consequently, their claims to professionalism must also be distinctly different.

Making a difference?

One of the key proposals made in this thesis is that there are some consultants who cannot make lasting changes to an organization, just as there are some organizations that will not be changed by any consultant. We shall look into some of the organizational reasons later. The descriptions above from Alvesson and Johansson (2002) help us to understand that different approaches to consultancy are associated with claims of professionalism and different political positions vis a vis their clients. Consequently, the tightrope walk is different for different consultants, when undertaking different tasks, and under different circumstances. Generally speaking, though, the main tightrope walkers are Alvesson and Johansson's *Traders in Trouble*. This is because of the

relationship they have to establish with their clients. Other types of consultants are able to avoid the politics of consultancy to a greater or lesser extent.

This section focuses on the guru consultants, for this is the group that I contend to be quite unable to promote lasting changes and, indeed, uninterested in doing so. There are two main reasons for this – knowledge and authority. Gurus start with a very different presumption than most other consultants. As Weber (1964b) originally proposed, gurus have a different base for their authority. To a certain extent, all consultants have a traditional platform (because they are consultants). Many operate on a rational basis of authority – their recommendations are backed by research and the consultant shows the organization how they can be implemented. By contrast, guru consultants have authority based on catchy buzzwords, charisma and, in certain individuals, this is backed up with religious or quasi-religious zeal. The guru consultants typically do not say how their mantras can be implemented (Argyris, 2001, px), and I contend that the main reason for this is that they are not implementable. Indeed, when scrutinised they are often not even entirely comprehensible. For example, Kieser (2002 p178) quotes Champy (1995 p38) “Character is required, and the best sign of it – the reengineering character anyway – is not only to hold two good, contradictory ideas, but to act on them”.

It is not really surprising that the academic literature is often very critical of the consultancy business, particularly in its more mystical guises. For example, Clark and Salaman (1996), unflatteringly (though not alone, and not without foundation), liken the consultant to an ‘organizational witchdoctor’.

I suggest that in consultancy there is there a continuum of qualifications, accountability, relationships with clients, and nature of approach to the task in hand. In each of these particulars, the gurus are found at one end of the spectrum and the academic consultants at the other. During the past decade this polarisation has become increasingly evident as academic

researchers have increasingly sought to separate the work of orthodox managers and consultants from that of the management and consultancy gurus. This is somewhat complicated because, even though the academics see a clear distinction – indeed, this is what forms the basis of the critical literature that has evolved on the subject (eg Jackson, 2001) – there are, in fact, certain overlaps and similarities between the roles. In a later work (Jackson, 2002) he acknowledges that there is no generally agreed definition of what constitutes a management guru (p172) but accepts that the best descriptor to date is Kennedy's (1991, p xviii) that their key qualities are "timely originality; forcefulness; a gift for self-promotion and, perhaps above all else, the ability to encapsulate memorably what others recognize as true". This last point, perhaps the strongest characteristic according to Kennedy (1991), is somewhat at variance with Argyris's (2001, p x) subsequent observation that the gurus do not tell us how it can be done. I shall return to this point later.

Nevertheless, whatever descriptors might be applied, many distinctions can be made between academic and guru consultants, and they are often very useful. I would propose that there are five key differences between academic management consultants and gurus. These are publications; priorities; knowledge; focus of recommendations; and rationale for following the consultant's advice. However, the expert consultants can also fit into this picture and they have some characteristics that are different from both the academics and the gurus. Moreover, the characteristics themselves and their practical implications overlap and interact, resulting in a very complex picture that can be difficult to articulate clearly. In fact, this might be part of the explanation for the dearth of literature from a neutral standpoint that Alvesson and Johansson (2002) report.

Publications

I have already described the main differences between academic and guru literature in that the gurus usually produce single-authored book for the

popular market, whereas academic writing is often jointly-authored and published in specialist journals. Leading academics typically have many publications whereas gurus, by contrast, typically publish one best-selling popular book on which their reputation and subsequent work tends to be based. There are some exceptions, of course. Charles Handy, for example, has already been mentioned as a special case. Stephen Covey, another exception (perhaps), has, at the time of writing, authored four books (Covey 1982, 1989, 1990 and 1997), though with two of them bearing titles beginning with the same six words "*The Seven Habits of Highly Effective.....*" ("people" Covey, 1989, and "families" Covey 1997) one might rightly suspect a rehashing of ideas and an author not entirely outwith Fincham's (2000) observations about 'one hit wonders' who cling to the same idea that brought them fame (p196). In fact, as I write this, another Covey book is about to be published, this time without 'seven' in the title (rumour has it that it is 'ten' this time).

Priorities

I contend that different types of consultants approach their work with distinctly different priorities, and that this difference is an important factor in their ability to make a difference to their client organizations. It is also significant in walking the tightrope because not all types of consultants place the client's needs high on their own list of priorities and I would maintain that unless the client's needs are seen as major priorities consultants can avoid the political tensions that can arise between consultant and client.

The literature paints a clear picture of academic consultants having two main priorities and preoccupations. The first, demonstrated by almost all of them, is to research organizations in order to gain evidence supporting the particular management theory they espouse. The second, demonstrated by a significant cohort of academic consultants, is to argue against the guru

consultants. They do both very effectively, but a neutral observer might question what benefit the client organization actually gains from all of this.

By contrast, the gurus' priority appears to be proclaiming their own particular mantra and promoting their seminars and book sales. Put bluntly, it is to do with advancing their wealth and status. This does not appear to be directed towards the best interest of their clients, be they individuals or organizations. Further evidence against the guru's capacity to make a difference – that they have the same 'solution' to all problems, irrespective of the clients' situation or needs – is discussed below.

Knowledge

The third distinguishing feature is the knowledge base from which different kinds of consultants operate. This comprises two aspects. First, the consultant's own knowledge base, which will be founded on knowledge and experience or, as described above, might be substituted by personal charisma and magnetism. The second is knowledge about the organization and the task for which the consultant has been engaged. Both are significantly different in the personnel and modus operandi of different types of management consultants.

The knowledge a consultant might bring to the task might be administrative, technical, legal, financial, motivational and so forth. Its application to the organization might be very simple and straightforward – 'we need new computer software, come and advise us what to get and show us how to use it' – or complex and multi-dimensional, such as planning and implementing a major organizational change.

However, to return to a point raised earlier, both academic and guru consultants can probably be considered as external to the client organization to a greater degree than other consultants. This, too, has implications for their knowledge base. For example, Gammelsaeter (2002:222) suggests that: "consultants as carriers of knowledge are

generally embedded in contexts that are external to the organization, whereas the management they interact with is embedded in internal organization". As Study *et al* (op cit, p6) point out, it is fellow academic consultants rather than clients who are seen as their key source of learning (Werr and Stjernberg, 2003; Bogenrieder and Nooteboom, 2004). According to this view, clients seen as being mostly concerned with *operational* knowledge directed towards 'regulating' day to day activities of their organization (Armbruster and Kipping, 2002).

However, many types of consultants research the organization and the issues that need to be addressed, and relates these to established theory and proven practice, adding professional knowledge and personal experience to the equation. This is likely to involve extensive observation of the organization, and dialogue with its managers, employees and others. Specific examples of this approach will be given later with reference to the case study. Their sources of knowledge, though, will be different. The academic consultant will have a knowledge based on social and behavioural theory, whereas the technical specialist consultant is likely to be a content-expert with an extensive knowledge base developed from experience in fields relevant to the client's business and aspirations.

The guru, by contrast, will approach the task with preconceived notions that are invariably (inevitably) based on the idea for which they attained guru status in the first place. No need for research here, since the 'answer' is already known. The paradox, of course, is that although the guru already thinks they know the answer, they do not know the question – and, of course, different gurus have different answers. This leads us to another area where we can compare and contrast consultants - the focus of the recommendations that they make, and the evidence on which it is based.

Consultants' recommendations

There are major differences between gurus and other consultants in the nature of their recommendations and the way in which they are delivered. This leads directly from the issues of knowledge outlined in the previous section in that delivery by academic and expert consultants is in keeping with the consultant/client partnership that they foster, whereas the gurus manage it as an event.

Most consultants will research the organization and determine the changes required on the basis of evidence and experience, their recommendations will be specific and possibly unique to each organization. They will take account of the specific set of circumstances that prevail and changes that might occur. This should mean that they are focussed on the organization, its needs and circumstances, and can be successfully implemented. Even so, there are likely to be immediate issues such as a conflict between the organization's requirements and the actions and, indeed, the status and security of individuals within it. This, as we shall see, emerged as another issue in the case study.

The cornerstone of guru consultancy is the quality of the leader's (or consultant's) personal attributes, such as expertise, rhetoric (including the buzzwords), charisma and magnetism. Indeed, it is probably very important for them to demonstrate charisma or magnetism as primary attributes, and it would be almost essential if they lack formal qualifications. Clark and Salaman (1996) discuss the necessity for these personal (rather than professional) qualities in some depth and conclude that consultants are often perceived in the light of ascribed status, an individual's 'being', rather than what Trompenaars, (1993, p92) describes as their achieved status, based on what they have actually done. Fincham (2002) reminds us that Weber (1964a) had made a similar observation several years earlier, contrasting charismatic with rational authority and concluding that the charismatic, portrayed as being set apart from ordinary people and endowed with exceptional powers, has an authority that is specifically

irrational because it is foreign to all rules (Weber, 1964a, p361). This is a major feature of guru consultants that I hold to be highly significant in addressing the research questions about consultant issues and the consultant/client relationship.

Another drawback in reliance on charisma rather than hard earned status is that the aura of admiration can soon dim, so the effect tends to be short-lived. This might explain why some consultants prefer short assignments, or a series of short assignments, rather than a long engagement. Maintaining a high profile of personal magnetism and dynamism must be hard work. Furthermore, if the consultant comes to be seen as having feet of clay, then the whole direction might become reversed as people revert to 'doing their own thing' or even doing the opposite to what their flawed leader advocates.

Argyris (2001) reminds us that "one person's self preservation may become another person's demise." He goes on to say that contradictions in their action plans are recognised by the gurus, but are not seen as built-in. Their belief, he tells us, is that human beings, properly motivated, can overcome them. Argyris (2001) tells us that "unfortunately, they do not tell us how this can be done." Though it is difficult to see how someone can be motivated to implement an action plan that will lead to their own demise. (A consultant, rather than an employee, might implement a plan that will lead to an end of their own involvement with the organization, but this is not their 'demise' as much as part of the natural cycle of consultancy). In fact, of course, Argyris is right – they do not tell us how to do it. But they do pretend to. Guru books and seminars are filled with evidence of this pretence. The goal is clearly set out, often as a rhetorical question ("do you want to become a successful manager?"). Its goal might even be in the title, such as the example I gave earlier: *Million dollar consulting: the professional's guide to growing a practice* – Weiss (1992). There will be a list of do's and don'ts; copious jargon and buzz-phrases; a partial sharing of insight not possessed by other, lesser people; and so forth. Not only is the guru approach a 'one size fits all' philosophy, in that the same solutions

are applicable to all management situations (hence the prevalence of single, best-selling books), but they focus on the individual rather than the organization. These two characteristics are probably the most significant of all the distinguishing features between gurus and academic consultants. They clearly arise from fundamentally different philosophical approaches and almost inevitably have a profoundly different impact on learning by and within organizations. The guru will give existing or aspiring manager the same mantra, irrespective of the nature or plans of their organization, or indeed, their own aims and ambitions. It is the guru consultants who do not seem to recognise that a complex relationship exists between consultant and client. A further flaw is that different gurus, each clinging to their own 'big idea' that brought them to fame (Fincham, 2002) come up with different 'solutions'. Yet, remarkably, the evidence is that these guru action themes are valued by management (Argyris, 2001). Argyris goes on to ask why "if they have deep and historic and cultural roots...is their life span so short? Why do they become fads that inevitably fade away?" In answer to his own questions, he identifies the inner contradictions inherent in action themes themselves, such as "to be in control without controlling", which surface when attempts are made to implement them (Argyris, 2001). This helps us to understand more about the guru's approach to the whole consultancy business. Solutions and golden rules can be dressed up as the answer to almost anything, particularly with the aid of a catchy title and charismatic presentation. It is about motivation – motivation to buy the books and attend expensive seminars. The problems occur when trying to put them into practice. However, the gurus have a solution to this, too. As Argyris (2001) concludes "the gurus (less so in the case of Senge) 'solve' the puzzle by blaming individuals or organizations". They simply project the responsibility onto others (another parallel with the 'personal development' gurus). (Senge is somewhat atypical of the gurus in this respect because his approach supports organizational learning and is less inclined to point the finger of blame).

Projecting responsibility has an implication for another characteristic of guru books. The 'solution' is given (no matter what the problem) with little

discussion. Certainly there is a marked absence of weighing pros and cons in any critical analysis, but to do so would be counter to the whole guru philosophy. Since they have the 'solution' and the best selling book or sell-out seminars to prove it, whatever would be the point of discussing and evaluating it? This is exemplified particularly well in the guru seminars. These events are typically full to capacity and might have hundreds of delegates. They are expensive, strongly marketed and very powerfully presented – charisma and personal magnetism shine through. Although promoted as seminars, they are usually monologues, or often tirades, but with the pretence of interacting with the audience – typically by posing rhetorical questions. The guru is likely to move around the audience and might single out individuals to interact with. The urgency and importance of the guru's message will be emphasised by their extremely energetic presentation and, even if they begin the show (for this is what it really is) wearing a jacket, this will soon be removed as they get down to business. In fact, half rolled up shirt sleeves and a loosened tie are almost *de rigueur*, along with the head-worn radio microphone and mantras projected onto a large screen.

Although there is (carefully controlled) audience participation in the guru seminars, there are comparatively few questions and practically no discussion at all from the delegates. One reason for this is that the guru's message is beyond question. Their insight and solutions are of a higher order than can be accessed by lesser people (ie the audience), and who would want to be seen publicly defending the status quo (of which the guru will almost certainly have painted a bleak picture – hence the need for his solutions), let alone questioning the strategy that will save us all?

Furthermore, the gurus tend to identify either organizations or individuals as being at fault, so people attending their seminars will be reluctant to ask questions in case their personal failings are exposed and possibly ridiculed in public. Clark and Greatbatch (2002, pp164-5) point out that Peters and Kanter (one of the few female gurus) are exceptions to the possibility of ridiculing members of the audience because they use stories to solve the delicate problem of extolling the virtues of the practices they are advocating

while criticising others, and yet still maintaining affiliation with their audiences. In so doing, they never criticise members of their audience, but target either unnamed individuals or organizations.

The typical guru show has striking similarities with the preaching of evangelical and fundamentalist religious leaders. Both claim profound insight. In the religious leaders' case this comes directly from God, management gurus do not usually claim so exalted a source, although some (Senger and Covey, for example) do have a clear religious perspective to their work. Both religious leaders and management gurus lay down rules that simply must be followed and describe the dreadful consequences if they are not. Both also trade on blame and guilt – sins of commission, omission, incompetence or unworthiness – and the whole thing is delivered with showmanship, passionate oratory and encouragement for the audience to respond by chanting the mantra and so forth.

The gurus' climate of blame and their example of projecting responsibility onto others (named or otherwise) can be carried over into the workplace. Argyris (2001, p x) argues that when those who are trying to implement the guru's action themes become aware of the counter-productive consequences, the spontaneous reaction is to blame others. Those who are unaware of the counter-productive consequences, he says, are unaware that they are unaware. In either case "little genuine learning is possible to solve the basic problem" (Argyris, 2000). I would add a third group to the two described by Argyris (2001). As well as those who are trying to implement the guru's solutions and, when they cannot, blame others; and those who remain unaware that they are unaware; I would suggest that there is another group consisting of those who *do* become aware of counter-productive consequences, yet keep quiet about it and simply try to follow the mantra. Maybe later, if the adverse outcome poses a threat to them personally, they might blame others, possibly even the guru. Their initial approach, though, would be to shut up and get on with it. I think this makes Argyris' case that little genuine learning is possible

(Argyris, 2000) even stronger because, short of completely ignoring what the guru has instructed, the manager is simply left with no way out. We, therefore, have a clear contention – and one of the major issues in this thesis. A significant drawback with the way that gurus operate is not simply that their solutions do not work, but that they present an obstacle to organizational learning (Senge, as I mentioned, is probably the least typical of the gurus and an honourable exception to this criticism). If this is so, and gurus do obstruct organizational learning, then the approach taken by academic and expert consultants should be the opposite of this. It should promote learning by providing an evidence-base. This leads us nicely to the next point, which is concerned with the rationale for implementing a consultant's recommendations.

Rationale for implementation

The final distinction between the three types of consultancy arises directly from the previous one and is concerned with the reasons why the consultant's recommendations should be implemented. In the case of the academic consultants this is pretty straightforward. By having a sound evidence base that takes account of the situation of the organization, its plans, needs and resources, it is not too difficult to construct a proposal that is logical, understandable and implementable. Moreover, it is likely to be based on academic theory, since proving (or disproving) theory will have been one of the consultant's main priorities.

When it comes to the gurus, however, the situation becomes, paradoxically, both more simple and more complex. The guru's solutions are easy to summarise, typically as a short series of simple bullet points, but difficult to implement. The simplicity of their summary can be attributable to two characteristics of guru consultancy that we have already identified - the tendency to blame the organization or individuals within it (Argyris, 2001) and reliance on short mantras such as Covey's *...seven habits of highly effective...* (1982 and 1997). The complexity arises from a

characteristic mentioned earlier in this section – gurus do not tell us how it can be done (Argyris, 2001, p x) and managers can get into all kinds of difficulties in trying to implement their ‘solutions’ whether or not they recognise the counter-productive consequences.

I have already indicated some significant shortcomings in the way that gurus operate; yet despite their similarities, there are also conspicuous differences even within the genre. These have been explored in a fine piece of work) by Jackson (2001) (and even Argyris used that same adjective to describe it – Argyris, 2001, p ix). Drawing on the multiple sources demanded for the technique (Bormann, 1972), Jackson (2001) used Fantasy Theme methodology to research the historical and cultural roots of guru behaviour and, in particular, guru communication. Fantasy Theme Analysis is based on Symbolic Convergence Theory, a dramatic method of rhetorical criticism that aims to help our understanding of how and why certain types of messages attract attention using a framework for the analysis of group and mass communication processes. Jackson (2001, pp 44-70) explains this in detail. The process generates a series of questions concerning the way in which the rhetoric created self-image, a sense of community, and addressed the problems of creating a social reality (Jackson, 2001, p68; based on Foss, 1989). From this research, Jackson identified certain basic rhetorical elements that were essential to implementation, yet which varied in nature from guru to guru. Champy and Hammer adopt a position of pragmatic inevitability:- ‘you must do what we advise because you have no choice’, Covey’s approach, (unsurprisingly, in the light of my earlier comment) showed a righteous tone ‘do as I advise because it is right’. Only Senge was found to focus on effectiveness as the reason to implement his recommendations – ‘think about learning because it improves individual and organizational effectiveness’ – hence Argyris’ (2001) caveat that Senge was less inclined than most gurus to pass on the blame, and also my own exclusion of his work from my criticism that the guru approach is an obstacle to organizational learning.

Apart from Jackson's (2001) extraordinary study, the differentiation between consultant, manager and the more 'in your face' approach of the guru is probably done nowhere better than by Clark and Fincham (2002), who both came to the task with impressive track records of research in the area. In an earlier work, Clark and Salaman (1996) had proposed the metaphor of the management guru as an organizational witchdoctor, explaining that the type of consultancy activity undertaken by the guru is a *performance*, (which Jackson, 2001, confirmed) resembling that of a witchdoctor. Although I think that they tried rather too hard to force this analogy, theirs has now become a much-quoted idea, and is certainly a thought-provoking one, which was presumably the intention. However, it is not completely in accord with Jackson's (2001) subsequent findings, although there are certainly similarities. Neither does it match my earlier description of a guru seminar, which is far more professional and business-like throughout.

One distinction made by Clark and Salaman (1996) is that the management guru's work is aimed at hearts and minds, not structures and systems. This, I believe, is another of the key differences between gurus and other consultants – as I noted earlier, academic and expert consultants identify and focus on the needs of the organization while the gurus come with a preconceived message (albeit, often a rather cryptic one) that they are trying to sell. Clark and Salaman (1996) contend that the gurus' work is addressed to senior managers, not to the organizations themselves. However, I believe that, like many of their assertions, this generalization, while plausible at first sight, does not really stand scrutiny. Examination of the prefaces or sleeve notes of the popular guru books or flyers for their training courses frequently indicates a substantial range of individuals for whom the material is intended (or, more commonly, is promoted as invaluable). For example "...a must read for anyone planning to enter the consultancy business" (sleeve note by Tom Walter on the back cover of Weiss, 1992) and "his messages are simple, reliable and every reader will understand them. What is more, they will benefit from them" (foreword by John Major to Mitman, 2001). (These two examples again remind us that

gurus have the same mantra for all occasions). Whilst I would agree with Clark and Salaman (1996) that gurus are concerned with hearts and minds, rather than the organization, I would argue that their messages are by no means confined to senior managers. On the contrary, they extend to junior managers and even to individuals or, more typically, groups of individuals, with managerial (or, as we can see from the example cited above, consultancy) aspirations. Common sense dictates that your book or training course cannot be a best seller unless it has a potentially large audience, and a number of the more charismatic gurus have made this appeal to large audiences their specialist domain. In his preface, Jackson (2001) admits feeling a little resentful at the power that management gurus exert on the management development marketplace, and wonders how someone like Anthony Robbins can attract the same number of people to a single seminar that it takes him to attract in a whole year to over one hundred seminars. He goes on to partly answer his own question by posing another: "...why was it that, by liberally sprinkling the latest buzzwords into our seminar descriptions, we could boost attendance in an ailing programme without necessarily changing its contents in any significant way?" It is a good question!

Clark and Salaman (1996) organized their paper using the same format that is often favoured by management gurus themselves, using numbered (pp85, 86, 90, 91, 92, 94-95) or bulleted (p87) lists. It is not clear whether the intention was clarity or irony, but to my mind it achieved both. They begin by drawing attention to two key features of the 'witchdoctor' metaphor - that the type of consultancy activity they describe is essentially a kind of performance; and that it specifically resembles the performance of a witchdoctor. They assert that the content of a guru's work is distinctive, citing French and Bell (1990) that they work to improve an organization's problem solving and renewal processes. Yet this appears to be in direct contradiction to the point made in the immediately preceding paragraph that "the focus of their work is addressed, at least in the first instance, not to organizational systems and structures..." (p86). Surely, problem solving

and renewal should be an integral part of organizational systems and structures?

Less contentiously, and much more to the point, Clark and Salaman (1996) discuss a third aspect in which they identify gurus' consultancy work to be distinctive (p87). This is a logical extension of their earlier points – in fact, arguably so logical an extension that it is probably not a distinct aspect in its own right at all. However, they contend that, unlike mainstream consultancy work, gurus tend not to conduct organization-based research, make an analysis and produce detailed written reports. Rather, the guru's involvement is typically short and communication is usually verbal and one-way, such as by seminars and presentations to groups of managers. My own experience of gurus operating outside specific organizations, often, for example, by running seminars for aspiring managers, also demonstrates this characteristic, and I contend that it is one that differentiates them quite clearly from orthodox consultants.

Based on observations of public performances by Tom Peters, Clark and Salaman (1996) go on to highlight a number of characteristics. These include a powerful, passionate presentation that challenges the audience, yet poses the message in riddles, dilemmas and mysteriously gained insight (p87). This last point, which has already been touched on, is another very important distinction between orthodox and guru consultants. The conventional (academic and expert) consultant will gain insight through research and analysis, whereas the guru brings insight to the task and is more concerned with, as Oakley (1993) said, managing the guru-client relationship as an event. Fincham (2002) develops this argument, especially in relation to Weber's (1964b) earlier work in which he identified three types of authority – traditional, rational and charismatic. Distinguishing between rational and charismatic authority, Weber (1964b) noted that the charismatic is set apart from ordinary people, being endowed with exceptional powers. Rational authority, he states, is "...bound to intellectually analysable rules" (Weber, 1964b p361); while, as I mentioned earlier, "charismatic authority is specifically irrational in the

sense of being foreign to all rules” (p361). Fincham (2002) emphasises this same important point, saying “charisma and technique are thus strikingly contrasted and juxtaposed. Charisma is personalised and reliant on heroic or even mystical powers, whereas techniques are to some extent formations independent of the individual” (p193). The use of the word ‘heroic’ is noteworthy here because it echoes the three types of management guru classified by Huczynski (1993): ‘academic gurus’, ‘consultant gurus’ and ‘hero managers’. This actually clouds the argument when we consider the examples of each of these types of guru given by Clark and Salaman (1996). Those for academic gurus (Kenneth Blanchard, Rosabeth Moss Kanter and Michael Porter) and for ‘consultant gurus’ (Peter Drucker, Tom Peters, Robert Waterman) seem fair enough, although I would consider only the ‘consultant gurus’ to be ‘true gurus’, particularly in the light of Clark and Salaman’s ‘witchdoctor’ analogies. However, the single example of a ‘hero manager’ they give is John Harvey Jones and I would consider this to be far more debatable. Certainly in more recent years he featured on a number of television programmes where he came across as a charismatic high achiever, but his advice to the failing businesses featured on the programmes was based on research evidence and practical experience. Prior to that, his major achievement, for which he became famous, was at ICI where he turned around one of the largest internationals in the world from a serious position of management failure and incompetence (Pettigrew, 1985). Moreover, he did this not merely on the basis of personal charisma, but with the support of a substantial network of alliances that he quietly established. If the contention of Clark and Salaman is that gurus perform in a similar way to witchdoctors, which seems to be the whole point of their paper, then their case is substantially weakened by describing as a guru someone whose approach is almost the opposite to the picture of witchdoctor behaviour they describe.

It can be argued that Clark and Salaman’s case demonstrates further weaknesses. For example, they go on to develop their critique of gurus under the heading “the nature of magical and guru knowledge” (p97) and it is in this section that they appear to miss the biggest trick of all. By

adopting just one of the alternative definitions of 'magic' - the supposed art of influencing the course of events (Oxford Reference Dictionary) so that "a desired condition can be achieved by performing acts which in some way resemble" (Clark and Salaman, 1996, p97) - they are certainly able to correctly conclude that "it's like trying to make it rain by putting up umbrellas" (p101), but miss the opportunity to emphasise that illusion, deception and conjuring tricks are also components of 'magic'. This, I would contend, is the main distinction between the guru and the genuine consultant. The guru manipulates the process to suit their pre-planned agenda. They make us *believe* it is raining by putting up umbrellas – and blame us if we cannot see the rain. In contrast, the academic and expert consultant writes a unique agenda based on the circumstances and intended outcomes identified through research, analysis and experience. They will establish the presence or likelihood of rain and suggest strategies that might be appropriate in dealing with it – which might or might not include the use of umbrellas.

Attitudes and consultancy

Attitudes serve a number of different psychological functions relevant to consultancy, and these are summarised nicely by Atkinson *et al* (1993) on whose work the following few paragraphs draw, with my own commentary. For example, attitudes might serve an *instrumental function*, involving a general desire to obtain benefits or, on the other hand, avoid punishment, criticism or derision. These are often inconsistent and their inconsistencies can be exploited in empty political rhetoric. For example, most people would like better services but pay less money in taxes – so this is what they are promised. In fact, at the time of writing this section (March 2005) in the run-up to a general election, only one of the major parties, the Liberal Democrats, are campaigning on a balance between services and taxation that can be believed, yet the electorate are likely, as usual, to vote in a government whose sums simply do not add up. (My note, made in July 2005 – they did!)

More important in the present discussion, though, is the *knowledge function* of attitudes. These are essentially schemata that help us to make sense of the world, organizing diverse and incomplete information. As such, there is a tendency to over-simplify, once again raising characteristics of the guru approach to consultancy. There is also the temptation to withhold some of the information, or present it in a misleading light. One has only to recall events concerning the second Gulf war for many examples of this (and, of course, we still do not know those that are still being concealed).

Distinct from the knowledge function of attitudes, though to a considerable extent deriving from it, is the *value-expressive function*. These express our values and self-concepts. They might have a religious or party-political basis and at an individual level are likely to be consistent and not easily changed. Several of the guru consultants display this function, and Covey is a particularly good example.

The *ego-defensive function* is an extension of the value-expressive function arising from Sigmund Freud's theories (eg Freud 1901/1960). They are attitudes that protect us from threats to our self-esteem (real or imagined). Since they are ego-defensive, they can also project onto other having the same characteristic which an individual is protecting themselves from, or is trying to suppress. A development of this, in its turn, is that an individual might come to blame other groups for personal or society's problems – the *scapegoat theory of prejudice* which led to the research described in *The Authoritarian Personality* (Adorno *et al*, 1950).

Finally, the *social adjustment function* of attitudes is that they help us to feel part of a social community. Related to the value-expressive function outlined above, the social adjustment function continues from the example I gave of political values. The social adjustment function brings the extra dimension that views and values might be held by an individual partly because their friends, family, members of the same church congregation

etc hold them. In the environment of a family business, for example, attitudes might be shaped by the values shared by other family members and held in common by the whole family, but held because they were family values rather than strongly-held value-expressive values of the individual in question.

One aspect of the consultant's task might be to change the attitudes of the organization or certain individuals within it. Alternatively, it might be necessary to recognise that attitudes would not be changed and to modify the goals or methods appropriately. Here, once more, we find ourselves facing another major difference between the gurus and other consultants. We are reminded of Argyris's (2001, p x) view that gurus do recognise that contradictions might exist in the Action Plan, perhaps between the organization's requirements and individuals' actions, and that these surface when attempts are made to implement the Plan. However, rather than accepting that these are built-in, as Argyris himself maintains, the gurus believe that appropriately motivated people can overcome them. This, itself, would require a change of attitude and, if that is not forthcoming, then the guru simply passes on the blame.

ORGANIZATIONAL CHARACTERISTICS

The second of the research questions concerned features of and within an organization that might influence whether or not a consultant can make a difference. Some of these are clearly quite important and most are grounded in organizational politics. For example, how and by whom decisions are taken within the organization, and attitudes towards effecting or resisting change. This section reviews some of these points and I will present some practical examples from the case study later.

Why engage a consultant?

I have made passing reference on several earlier occasions to reasons why an organization might engage a consultant. Apart from governments, who might appoint consultants as scapegoats, I have referred to consultants being appointed to meet the needs of the client and make a difference. There is an interesting parallel here. Writing in Alvesson and Willmott (2003), Martin Parker says that the field of business ethics relies on a theory of 'insufficiency' that claims three things:

1. that something is needed;
2. that you are the kind of person that can do it
3. that you can achieve something with your expertise.

He concludes that "...business ethicists must claim that the various customers of their knowledge do not have the resource to deal with moral matters on their own, and hence need guidance from experts" (p198). However, Parker and Alvesson and Johansson are sceptical of such a claim, arguing that it denies the existence of politics in organizations

Continuing with Parker's (op cit) three points, a small organization might seek external consultancy simply because they did not have people with the expertise they need on their own payroll. More tantalizing, though, is why large organizations should engage consultants. Surely they would either already employ individuals with the required skills and knowledge, or have the capacity to engage them? When one considers that the present (April 2006) UK Government uses consultants on a very substantial scale, more complex issues can be identified.

There seem to be two main reasons why organizations use consultants. The first is that they bring specialist skills and knowledge that the organization does not have in-house, and does not want to expand its establishment to include permanently. The second is the consultant's position as an outsider. This is particularly important in process consulting

(eg Schein, 1969), but is also a significant feature in expert consultancy and the *Traders in Trouble* consultants (Alvesson and Johansson, 2002) where, being independent of the client organization, the consultant is better placed to scrutinize the situation and identify necessary improvements without fear of blame or retribution. This, though, is only a theoretical advantage. For example, there are organizations that contain the consultant's activities to such an extent that the potential advantage of independence and freedom to 'tell it like it is' is lost. At first, this happened in the case study on which I shall draw later. Both these reasons – specialist knowledge and independence – seem to apply to the Government's use of consultants, though there is at least one other reason in this particular instance, which is the political requirement to increasingly involve the private sector in Government business. Since this is a policy of both major parties, the Government's use of consultants has gone practically unchallenged until a damning report from the National Audit Office (2006) on 15 December 2006 revealed that consultants had cost £7.2 billion in the previous 3 years with no proof of any benefits. Moreover, the report argued that almost £1 billion had been wasted annually through inefficient use of management consultants by Government and other public bodies. This presents an interesting situation where the client, rather than the consultants, might have to walk the tightrope (or maybe the plank?).

Clearly, the likelihood of a successful outcome to a consultancy job will be impaired if there is a mismatch between the consultant's role and the organization's preconception of what that might be. This situation occurred in the case study, as we shall see. Therefore we might usefully look into what a consultant is; what organizations might think a consultant is; why organizations might engage a consultant; and what their expectations of a consultant are.

I have already noted that management consultants do not necessarily require formal qualifications. In the case of the consultant gurus, their qualification to give expert professional advice is more likely to be based on reputation, personal charisma, and maybe even the amount they charge.

Nevertheless, the very big question remains about why an organization might place itself in the hands of someone without qualifications.

It will be helpful to consider this point briefly in respect of how the popular literature deals with consultants, because this is probably where the lay readership receives their impressions.

As I mentioned earlier, Handy (1993), writing in the popular genre, describes consultants as 'ritual outsiders' (p337). He explains that a self-confident manager finds it stimulating to discuss management issues with interested outsiders – though he also cautions that "to the insecure the stranger is a threat, to the confident he is a catalyst" (a caution not without relevance in the case study). Alan Weiss (1992), also writing in the 'popular' business literature, lists six areas in which consultants might bring benefits to a client – content, expertise, knowledge, behaviour, special skills and contacts. (pp 5–7). He points out that if the consultant is not contributing something in at least one of these areas that the client does not already possess, then why would they engage one? (p5) This, itself, is ironic because a significant characteristic of the guru's approach is to make an organization (or more usually, individual people) *think* that they will gain something (money, in Weiss' own instance) from what the consultant provides either personally at a seminar, or by proxy through reading the book.

Nevertheless, Weiss' (1992) areas in which a consultant might make a contribution do give us a point of reference when considering why an organization might engage one and, hence, what their expectations of a consultant might be. From the organization's point of view, a consultant will probably be brought in to undertake a specific task. The task might be management-related, although it can also be technical, concerning recruitment or, less commonly, might address any other aspect of the leadership or dynamics of the client organization. They might tackle that task using one or more of the attributes from Weiss' (1992) list, but the primary expectation of the client organization will be that the task will be achieved.

There are, of course, some consultants who serve only one organization in more or less a full-time capacity for prolonged periods and, therefore, become members of staff in effect, even though they are not strictly in terms of employment law. Currently (August 2006) the Forensic Science Service has a consultant working in this long-term capacity, leading the organization through very complicated and far-reaching management restructuring, and I, myself, am engaged as a full time consultant by one of the medical Royal Colleges. This use of consultants, however, is still unusual, though it is becoming more common. Most consultants are still engaged to deal with a specific issue, or a set of issues, over a relatively short timescale, and then move on when the task is complete. The task might be to advise on medium or long-term development (especially if there are major strategic or financial considerations) or to address an urgent problem. The case study has some interesting illustrations of these two alternative reasons for engagement – problem-solving and future development, which I shall describe later.

But, whether permanent or temporary, why engage a consultant at all? Surely it is not simply so that the confident manager can find stimulation in discussing management issues with a ‘ritual outsider’ as Handy (1993) would have us believe? Yet consultants can, indeed, contribute to an organization in this way. A friend of mine who is an arable farmer ‘walks the farm’ every week with his consultant doing precisely this. Being neither an academic nor a guru, she is also an excellent example of an expert consultant, as well as of that comparatively rare species - the female consultant.

However, an organization is more likely to engage a consultant for a specific purpose rather than routine maintenance. Even so, as I shall discuss in relation to the case study, the task that the consultant actually undertakes might not be the one the client originally had in mind. This raises an important issue. To effect a shift from what the client understood to be the task, to what the consultant perceives it to be, requires the

consultant to have both expert knowledge (probably, but not necessarily, beyond that already existing within the organization) and negotiating skills. This leads us to a further issue. Consultants often (in fact, usually) possess skills or expertise that the organization does not have among its own staff. Therefore, it would be perfectly logical for an organization in need of this knowledge in order to complete a task to hire it, in the form of a consultant. Less obvious, though, is why an organization should hire in expertise that it already possessed? Yet this does happen.

One explanation is that the decision makers in the organization simply did not realise that this expertise was, in fact, available. One unintended consequence of engaging a consultant in such circumstances is that they might identify and perhaps rectify inadequacies in records or communication that led to the management being unaware that the expertise they needed was already available to them.

Another explanation is that the person with the required expertise was either in too junior a position (the presumption being that they would not be taken sufficiently seriously and, hence, be unable to adequately influence) or had different, unrelated, responsibilities within the organization. Both, of course, can be addressed perfectly well by management, but the dynamics of some organization, or the attitude or abilities of its managers, might preclude this. Such occurrences are difficult to research and this aspect of organizational dynamics certainly does not seem to feature in the literature.

However, it is not just knowledge that might attract an organization to engage a consultant. The second reason harks back to Handy's (1993) reference to the ritual outsider – independence. It is sometimes politically important that an organization receives advice that is as independent as possible. This might be, for example, so that there is clearly no conflict of interest, or possibility of bias or favouritism. In circumstances where it is necessary to engage an independent consultant, it is possible that the organization is already in possession of the requisite knowledge and expertise, and even recognises this, but is unable to use it for these other

reasons. I was involved in just such a consultancy in the mid-1990s (Holsgrove *et al*, 1996). The Federal Government of Australia commissioned research into alternative approaches to vocational training for medical General Practice. However, this was extremely politically sensitive and, although there was plenty of subject-expertise in Australia, the government chose an overseas team – indeed, one from the other side of the world. We drew extensively on the knowledge and expertise in Australia, especially from the rural doctors, the officers and members of the Royal Australian and New Zealand College of General Practitioners, local and federal health officials, and medical schools. However, it was a difficult matter to get agreement on because there were so many factions each with different agendas and priorities and, with hindsight, only a completely independent consultancy would have been likely to succeed. In fact, the measure of success was such that not only did all the key medical officers and doctors' organizations sign up to our recommendations, but, though the work was commissioned by the previous government, it is being implemented by the present one.

Decision-making in organizations

In all but very small organizations, decisions – including those about implementation of consultants' recommendations – are likely to be taken by groups of people, such as the Board of Directors, rather than by an individual. The ways in which groups of people use knowledge and power, especially in decision-making, can be highly political and of considerable importance to the consultant. It was certainly a very important issue in the case study, which yielded some interesting evidence. Therefore, it is worth briefly reviewing some aspects of group decision-making and also some of the factors that might lead to groups making decisions that they later come to see as obviously wrong, even when they were obviously wrong at the time they were made.

Case studies and research have identified various factors that lead to poor decision-making. These include, for example, the complexity of the problem, powerful emotions, time pressures and so on (Furnham, 1997, p505-6). Yet it can be argued that if these conditions do not apply, the decisions would not necessarily be any better. What really matters is who makes the decisions and the strategies they use (Furnham, 1997, p506). In the case of academic and expert consultancy, there are two platforms for decision-making; in the case of the gurus, just one. The academic and expert consultant first needs to reach decisions concerning what and how they will recommend; the client will then need to decide what to do about those recommendations. The guru, by contrast, will usually recommend more or less the same thing in all circumstances, so the only decision is by the client – whether to implement it or not. (In fact, as I have discussed earlier, the guru's recommendations may prove impossible to implement anyway).

The consultant's decisions will ultimately be made by either a single individual, if the consultant works alone, as it often the case, or by a very small group. Implementation decisions, by contrast, might be made by a larger group – the Board of the client organization, for example.

It used to be thought (for example, by Whyte, 1956) that decisions made by groups were typically conservative and cautious. Business decisions at that time were increasingly often being made by committees and Whyte and others speculated that bold risk-taking decisions by entrepreneurs such as Andrew Carnegie (Whyte's subject) would become things of the past. According to Atkinson *et al* (1993), this assumption was first tested by an MIT business graduate, J.A.F. (Andrew) Stoner (1961). In his study, participants were asked to consider a number of hypothetical dilemmas – for example, a situation where an engineer should remain in his present job or move to a new company offering higher salary and a possible partnership, but only if the new venture succeeds, with no long-term security. Stoner refined his method by attaching numerical odds to the vignette asking, for example, whether they would advise that the engineer

should move to the riskier job if the odds of success were, say, 50%, 30%, or only 10%. Participants were first asked to make their own individual decision, then to meet in groups to reach a group decision. On comparing the individual decision with the group decisions, Stoner found that, contrary to the prevailing assumption, the group decisions were actually riskier than the individual decisions. He also found that this reflected genuine opinion change by the individuals, not simply conformity with the group decision. Individuals' decisions made before and after their 'group decision' showed what became known as the 'risky shift' effect (Atkinson *et al*, 1993, p778). Although other workers (eg Wallach, Kogan and Bem, 1962, 1964) replicated these findings, they were subsequently found not to be an accurate characterisation (Atkinson *et al*, 1993, p778). Although Atkinson *et al* (1993) do not make this point (which is surprising because Daryl Bem was one of the co-editors of the book) the 'risky shift' effect was partially correct. The reason that it did not give the fuller picture that we have today is that it looked *only* at the shift in the direction of increased risk, and that in a restricted range of scenarios.

There followed many more studies (Myers, 1990, for example cites over 300), and the picture we now have is that group decisions are not necessarily more risky, but *more extreme*. If individuals comprising the group are initially inclined to be risky, then the group decision will tend to be more risky (as Stoner, 1961, originally found). However, if group members are initially cautious, then the subsequent group decision is likely to be even more cautious. Thus, the phenomenon was renamed from the 'risky shift' effect to the '*group polarization effect*' (Myers and Lamm, 1976). The group polarization effect will be seen in the case study where, extraordinarily, it operated in both directions – towards greater risk and also towards caution. It is related to the phenomenon of 'groupthink' that is developed in the next section.

Furnham (1997, p505) gives two reasons why groups might polarize – social comparison and persuasive information. In social comparison, people compare themselves with others and endorse strong cultural values

to gain approval. Thus, he notes, they would shift to caution over issues such as child protection, environmental pollution etc, but shift to risk over personal matters such as job change. Persuasive information is that produced in discussions that appear to accumulate in favour of one side. Furnham also suggests two significant factors in promoting the group polarization effect. The first is that group members like to be seen as 'first among equals' – that is, similar to, but better than, the group as a whole. The second that the diffusion of responsibility among the group means that it is easier to be more extreme because individual responsibility is lessened (Furnham, 1997, p504). A particularly important manifestation of this (apparently completely ignored in our judicial system) is group polarization in juries. Both Atkinson *et al* (1993) and Furnham (1997) discuss the dynamics of the group polarization effect on juries. Lamm and Myers (1978) found that jury members who believed in a defendant's guilt or innocence before group deliberation tended to be even more certain afterwards. Isozaki (1984) found that this leads to more extreme verdicts, and Kaplan and Miller (1987) found that polarization is more likely to occur in judgments concerning values and opinions (eg what would be an appropriate punishment if the defendant is guilty?) than of fact (is the defendant guilty?). Moreover, they found that polarization is even more likely when the jury is required (as they usually are) to reach a unanimous verdict (Kaplan and Miller, 1987).

Although groups are known to outperform individuals on logical tasks, especially if its members are bright (Furnham, 1997, p506), certain groups, especially when undertaking tasks that are not specifically logical, can come to suffer from a phenomenon known as '*groupthink*' that leads to particularly poor decision-making. A characteristic of such groups is that they tend to be cohesive, homologous and with a history of success. Obviously, a strong and successful family group, such as will be seen in the case study, is potentially very vulnerable to groupthink and, since groupthink can lead to bad decision making, it will be helpful to review some of the causes and consequences of groupthink.

CONSULTANTS AND CLIENTS

A key aspect of all of the approaches to consultancy is that the client organization and the consultant are likely to have different priorities. For example, the guru's priority will probably be fame and wealth; the academic's theory testing and publications.

Whatever the consultant's priorities, it is almost inevitable that the organization's main concern will be issues of day-to-day management and operation. After all, there is not much point in planning for the future if the business goes down in the meantime. In fact, some organizations seem to be totally locked in the present, with little or no future planning taking place. Arguably, there are even organizations such as ICI prior to the arrival of John Harvey Jones, that are actually locked in the past.

The consultant might be brought in to fix a current problem or advise on future developments, and is more likely to engage quickly with the organization's management if working on a topical rather than a planning issue, unless, of course, the planning issue was urgent. For the organization to understand and act on advice from the consultant that might remove resources (people, funding etc) from current operations in order to build for the future, they will need reassurance that this will not jeopardise the organization in the meantime, and the consultant will need to take account of this when formulating advice to the client.

However, there is a major exception to all of this and that, unsurprisingly, comes from the relationship between organizations (and individual clients) of the guru consultants. The guru consultants would generally not be at all concerned with establishing a mutual understanding of priorities, or indeed of any other aspects of the nature of knowledge in the client organization. There is no need - they already have the universal solution. Consequently, whereas most consultants will ascertain the unique characteristics and qualities of a situation and strive to work within it, the gurus will not need to because their *modus operandi* is to apply the same solutions, irrespective of the circumstances.

There are also several features of organizations that have the potential to promote, obstruct or shape the pattern and outcome of change. They include the way in which the organization sees itself – for example, does it proudly maintain longstanding standards and traditions, or have a mission to be at the forefront of developments, pioneering new ideas and approaches to its business? Neither of these stances is better or worse than the other *per se*, but whether or not the organizational mindset is compatible with necessary or desirable changes remains an important consideration. Moreover, it is one that can work both ways. A business enjoying a strong reputation of traditional service, quality and values might be very foolish to abandon this in favour of entrepreneurial modernisation. Since such an organization would probably have developed a staff and management structure that tended to be conservative in both outlook and working practises, its institutional thinking would probably be strongly opposed to such a modernising proposition. It would probably not engage a consultant with a radically different outlook, and if it did, would probably not implement their recommendations if they were to be seen as taking the business away from its niche in the market. Similarly, a pioneering organization might not even consider ‘marking time’, yet also be unwisely cavalier were it to make changes for which it is unprepared or unsuited, simply in order to innovate, even though its members might be excited by the idea. There are, of course, examples of traditional organizations that can successfully use modern approaches. I recently bought some (excellent) shirts from TM Lewin (“shirtmakers since 1898”) via their website.

TOPIC SUMMARY

In addressing characteristics of consultants and organizations that might influence whether or not they can make a difference to their clients, this chapter has reviewed some characteristics of consultants and the business of consultancy. Drawing on the (voluminous) literature, it has touched upon

the development of management consultancy, reported on its rapid expansion as a major international business, and identified rhetoric and management fashion as important factors in its popularity. It has also been noted that the development of consultancy has moved from Organizational Development to the emergence of a knowledge industry. This has been accompanied by a shift in the nature of the literature from early work that placed management consultants on a par with medical doctors to the large volume of contemporary work that is far more critical of the profession, particularly in respect of its rhetorical and theatrical aspects. Leading on from rhetoric and theatre, a second genre of contemporary management literature has also been discussed – the guru management and self-improvement books. These are to be seen in the popular management sections of bookshops across the country and are likely to shape many people's impression of management consultancy and what it can achieve. Distinctions between the guru and academic literature have been made to illustrate the differences in philosophy and approaches of gurus compared to other consultants and to serve as an explanation of their respective likelihood of making a difference.

Different approaches to consultancy have been discussed, particularly in respect of making a difference to their clients. There has been a particular focus on management gurus because their approach is conspicuously different to that used by most consultants and this has an impact on their likelihood to make a lasting difference. However, the guru approach avoids the potential pitfalls of walking the tightrope that other consultants might face and that will be illustrated in the following case study.

CHAPTER THREE: METHODOLOGY

This chapter outlines the research philosophy, strategy and methodology chosen to explore the research questions. However, unlike most research projects, this work actually had two methodologies. One is the methodology of the consultancy task itself, the other the research methodology for this thesis. This occurred because I had two different tasks to achieve. I needed to be successful in my task as a consultant so that my client would obtain Recognition by the General Osteopathic Council (GOsC) and University validation for its course and qualification. I also needed to find evidence to help in answering the research questions. These two tasks had much in common, of course, but were not congruent. For example, the consultancy research was predominantly quantitative and shaped by the requirements of the GOsC and how the situation at the College mapped onto them. By contrast, the research questions were addressed through the literature and quantitative methodology in action research.

I have already reviewed aspects of the literature that help in answering the research questions, and the literature review was, indeed, an important component of the evidence-gathering programme for both the research and consultancy dimensions of this work. Important not only for the evidence it produced, such as the differences in the writing of different cohorts of consultants, but also because it identified gaps in the literature. The most conspicuous of these was the dearth of descriptions of consultancy actually taking place and, if anything, the even greater lack of critical reflection by consultants. In order to build on what is already known, and to help fill some of the gaps in the literature, I need to supplement published evidence with examples of their practical manifestations. Therefore, this chapter will describe the philosophy, strategy and methodology for evidence-gathering in the workplace.

My own situation as a researcher

This research was unusual in various respects. The client organization was both unusual as a research environment, and was also atypical of organizations in the same sphere of operations in several respects. The research itself had two different purposes – one academic, the other concerned with getting the consultancy job done. These purposes overlapped, but, as I have mentioned, were not concurrent.

My own background has always been in the scientific field, and both my MSc and PhD are research degrees (in different disciplines). However, both have been largely, though not exclusively, based on quantitative data with high statistical robustness. Moreover, an element of the consultancy work on which the case study is based is also robustly quantitative. It was undertaken in a scientifically oriented organization that was itself accustomed to quantitative evidence, and the two tasks that had to be achieved also required what was predominantly specific, measurable data and outcomes. Already, these characteristics set this work apart from much of what is reported in the literature and these unusual features also contribute to an atypical research methodology. There were two additional factors that shaped the work. Firstly, I was involved with the client organization over a considerable period of time – four years – yet in three different roles. Secondly, very unusually for a management researcher, even in action research, I was highly involved in proceedings and played a major role in knowledge production and management decisions.

Cassell *et al* (2005) identify the need for the qualitative researcher to have a set of interpersonal skills in order to gain access, maintain prolonged contact and build trust. The richest data, they say, is “obtained when the relationship between the participant and researcher is one of trust and rapport”. Taylor and Bogdan (1984) state the importance of projecting the right image and convincing the gatekeepers that you are non-threatening (p20). Cassell *et al* (2005) go on to identify data handling and analysis skills necessary to transform “massive amounts of data/text into theory” by

reducing the volume of raw information, separating out significant material from trivia, and constructing a conceptual framework. Having done this, reflexive skills come into play in order to critically appraise the research. Two of the three aspects of this are particularly relevant to this research – the role that the researcher plays in knowledge production, and how the process of research shapes the outcomes.

It is fair to say that I was able to achieve access, maintain prolonged contact and build trust. I was probably also successful in building the right image (certainly the GOsC and University thought so, and said so). The issue of being non-threatening is another matter, though, for although I might have appeared as much to the gatekeepers (initially, at least) my findings turned out to be very threatening for some of them.

Just as consultants have different philosophies, beliefs and approaches, so do researchers. Thus, I undertook this project with two perspectives on this – one as a consultant and the other as a researcher. This, along with being actively involved in what was happening rather than being a neutral observer, added potential confusions, conflicts and complications. For example, the ontology – what was I studying? – was different for the research than for the consultancy. The research ontology was concerned with consultants, clients, and the relationship between them. The consultancy research was about finding out the College's status in relation to the required standard of provision. Similarly, the epistemology yielded predominantly hard measurable evidence for the consultancy, but interpretative and reflective knowledge about the organization and what was happening.

As an expert consultant, my approach itself was different from either the guru's or the academic consultant's. Earlier discussion in this thesis has made it plain that I reject the guru approach for a number of reasons. However, I am also critical of that used by academic consultants and contend that their approach would also have been unsuitable in this work. For example, despite its mainstream status and credentials as a "common

sense benchmark” (Cassell *et al*, 2005, p47) positivism was out for two main reasons. Firstly, the assumptions that the recorded events are independent of the observer were impossible to maintain since I was driving many of the events. In any event, the well-known Hawthorne effect and subsequent work based on it has established that workers are affected by any attention being paid to them, suggesting that no events are independent of the observer unless the observer is not known about by those being observed and remains undetectable by them. Secondly, because the research environment was far from the quasi-experimental conditions that predominate in academic management research, and hence the conditions of equality of experimental treatment, matching control and experimental groups etc could not even be attempted. Neo-empiricism (Alvesson and Deetz, 2000) (or qualitative positivism, as Prasad and Prasad, 2002, call it) has the advantage of combining qualitative and quantitative methodologies (eg Jick, 1979) but, like positivism, bases its reliability on presumptions of stability and neutral observation, neither of which were characteristic of this study. Nevertheless, as will become apparent, there was an organizing philosophical logic to both aspects of my research, although neither was theory-driven, in the manner of the academic consultants, nor dependent of a pre-determined solution of the kind used by the gurus.

RATIONALE FOR A CASE STUDY APPROACH

I chose to illustrate this thesis with material from a case study because it was during the course of working on the consultancy project on which this case study is based that I became aware of some of the issues that might be helpful in describing a consultant at work. As I explored and researched the issue of a consultant’s ability to meet the client’s needs I became aware that there are, in fact, three different dimensions to it. There are features of the consultants themselves, other aspects within the client organization, and still further issues at the consultant/client interface. The case study is relatively light on the consultant issues, but the literature is not and I have

already discussed this in the topic review. What really came to the fore in the case study, however, were organizational issues. It also provides some examples of factors in the relationship between consultant and client. This fits nicely with the three facets to our research question because the style of consultancy will determine whether or not an individual consultant is a tightrope walker at all, or whether they just remain aloof from their clients; whereas the organizational and interpersonal issues will govern the smoothness or otherwise of the tightrope walk itself. The literature is rich with information about consultants; the case study with material about the organization and consultant/client interaction.

Another factor in favour of this case study is that I was actually there, and was highly involved in both the research and implementation. I was therefore in a good position to report from the field and contribute to the very sparse literature of this kind.

The work described in this case study fell into in three distinct research cycles. The first covers events leading up to my engagement as consultant, preliminary negotiations about my role, identity, and accountability, and the main research and report to the Board. The second covers subsequent planning and development and represents the predominant period of change in which my role changed to that of consultant plus interim manager. The third and final research cycle is concerned with events that occurred after these roles had come to an end.

RESEARCH METHODOLOGY

Referring to Process Consultation, Schein (1969a) emphasises the importance of making a number of decisions about the settings and method of work in exploratory meetings between consultant and client (p89). These involve the setting in which the work will be undertaken; the time schedule and method of work; and preliminary statements about the goals to be achieved.

He makes four particular recommendations:

1. that the choice of what and when to observe should be worked out collaboratively with the client;
2. that the setting should be as near to the top of the organization as possible;
3. the setting should be one in which it is easy to observe interpersonal and group processes
4. the setting should be one where real work is going on.

Although not primarily Process Consultation, this consultancy work lent itself well to following Schein's guidance.

The College where this case study took place had three principal aspects to its work, and therefore, three settings where evidence for both the consultancy and thesis would be found. These were in its theory teaching, clinical teaching, and the clinical service it delivered to the public. From the consultant's and executive's point of view, if all was going well in these 3 areas, then the College would probably gain GOsC recognition and full University validation. If anything was not going well, it would have to be identified and put right. This, in essence, was the purpose of the consultancy project and my subsequent role as Academic Dean at the College.

The settings, therefore, were clearly identifiable. Theory teaching was carried out at one of the University sites while clinical teaching and service delivery were based in the College's Clinic. Therefore, the chosen settings also met Schein's fourth criterion that observations should be made where the real work was going on.

Although not in my original brief, it soon transpired that I also needed to look at the College administration, which was also carried out from the College Clinic. In both of these settings I agreed with the Board what and

how I would make observations, conduct discussions and make questionnaire evaluations.

Schein's second recommendation, though sound, was rather more difficult to implement. Certainly, by observing at the highest level in the organization, which is where I started, enables the basic goals, values and norms to be observed. In this particular instance, though, it very soon became apparent that the College did not function as a single, united entity. Rather, it functioned as three almost entirely separate units. I found little connection between the clinical and academic areas (even though the same students were involved in both); an administration that was practically a law unto itself (and I shall present some shocking evidence of this later); and a Board focussed on financial and ceremonial affairs but far removed from what was really going on at the College. Nevertheless, by starting my research cycles at the top of the organization, these points probably became clear much earlier than had I begun my observations on the shop floor.

In line with Schein's third point, opportunities were found to observe interpersonal and group processes during routine academic and clinical sessions. Indeed, this is a research environment that, as a Medical Education specialist, I am very familiar with and, indeed, making observations in clinical settings is a particularly specialist area. This is because patients (and sometimes relatives or carers) are present and the clinician/patient interaction can be highly sensitive in nature. As I have mentioned when discussing the ethical issues of the research, informed consent was always obtained whenever my work took me into contact with patients.

Turning to the aims of the observations and surveys, there were two similar but different intended outcomes. The first, and the reason for the consultancy in the first place, was to help the College to gain RQ. Secondly, from the academic research perspective, I was looking for signs of the three central themes associated with the key research question:

- 1. Are there characteristics of different approaches to consultancy that are significant in the consultant's ability to make a difference?*
- 2. Are there factors within an organization that are important in making a difference?*
- 3. Are there issues at the consultant/client interface that might impact upon the change process?*

Since the project was about making a difference, and the difference that needed to be made was in the 3 key areas outlined above, then this is where most of the evidence for the case study would also be found. It could then be woven into the conceptual framework established by the literature review.

Therefore, the first port of call was, inevitably, the literature and I have summarised and discussed some of the evidence from the literature in the preceding chapter. However, as I have remarked, there are considerable gaps in the literature on all of these research questions. Certainly, there is plenty of material about the first research question - approaches to consultancy - but almost all of it is from the academic consultants attacking the gurus, or from the gurus telling us how wonderful they are, or how wonderful we could be if we do what they tell us. We can draw on inferences from what these two groups have to say to partially answer the first research question, but we could also do with some practical evidence from the case study. Therefore the methodology needed to enable such evidence to be gathered and recorded. This was necessary for two reasons. Firstly, at the beginning of the project I was neither an academic consultant nor a guru, but an expert consultant engaged to advise on, and subsequently be responsible for achieving, a practical task. As such, I was very much involved in what was going on. When the research dimension was added, I found myself in two different consultant roles, wearing a expert consultant's hat in getting the job done, and a academic hat in

developing and exploring the conceptual framework for my thesis. Secondly, the client organization probably wanted a guru who would tell them a few things that should be done to meet the external requirements, so part of my role was to re-educate the Board to understand that the job really would not be that simple. This involved gathering and presenting to them complex information and this process, itself, automatically led to an extension of my own role and remit.

The literature also describes characteristics of organizations that might affect a consultant's likelihood of making a difference. Here, too, there are considerable gaps. For example, the literature has little to say on issues of families in business, yet this was an aspect of making a difference that proved to be relevant to the case study. There was also another important characteristic of the College in that all the students and almost all of the staff were part-time. The literature has little to say on this topic, too. Yet in the case study both these issues required exploration because both contributed to the College's need to engage a consultant in the first place, and two aspects of making a difference – identifying and effecting the necessary changes, and reverting to almost the original pre-consultancy situation after I left. Here, too, I needed appropriate research methodologies.

The literature also brings us very few accounts of the actual process of making a difference (Pettigrew, 1985, being the best known), and only one that I could find of not making a difference (Tay and Heracleous, 2001). Yet this would be an important aspect of the case study, partly in order to explain what was going on, and secondly to help in contributing to the literature. However, here, much more than in regard to the first research question, we encounter a significant issue that makes this particular work different from most other case study research. This is the issue of the active involvement of the researcher, rather than their passive observation or neutral interviewing. It would be impossible to use a methodology that required passive observation, adopting a neutral position, or aimed to prevent the ethnographer 'going native'. I was enormously involved! Even

when quietly observing proceedings in the Clinic or classroom, I would almost inevitably affect what was going on. This would be mainly because my presence, as consultant and later as Academic Dean, would almost certainly encourage staff and students alike to perform as well as they could in order to impress me. Thus, an important feature of the methodology was to acknowledge that this would inevitably happen.

The issue of involvement is also highly significant in addressing the third research question. In fact, it is probably the fundamental component of it. This, alone, would go a long way towards explaining why accounts of the consultant/client interface are almost completely absent from the literature. Almost all of the relevant literature comes from the academics, and their research methodologies are very largely hands-off. Guru writing does not contribute at all to this debate, because they manage to completely avoid meaningful interaction with the client. A surprising contention, one might think, since the tools of their trade are inspirational, motivational presentations, in print and in person. However, I would contend that even their face-to-face interaction is part of a performance, very much under the control of the consultant, and cannot be seen as a proper working relationship.

The area of consultancy where the consultant/client interface is of fundamental importance is practical consultancy. However, expert consultants generally do not publish. Therefore, as an expert consultant myself, I was keen that examples of the working relationship, warts and all, could be found in the case study. This, though, poses something of a research dilemma. As I noted above, the methodology of this type of research normally requires a non-involved, neutral approach (eg Saunders *et al*, 2003). However, in the context of both the consultancy project itself, and also in addressing the third research question in particular, through a case study approach, the consultant had to be very involved. In fact, it is difficult to see how someone who was not involved could gather evidence from the consultant/client interface. How could they know what the consultant was thinking at any particular time, or what they were trying to

achieve? Passive observation and post-hoc questioning are surely poor substitutes for being in the thick of it and then subsequently reflecting. Therefore, I simply had to be involved. Without being involved I could not get the consultancy job done, nor could I know what was really involved in making a difference in this particular organization.

In addressing the research questions, I obtained information about the first (consultant characteristics) from the literature, anecdotal evidence, direct observation, and surveys of staff and students. I shall say more about this in a moment. The second research question (organizational characteristics) also draws on evidence from the literature including relevant case studies, and observations, records and reflections on the client organization itself. The third research question (the consultant/client relationship) leads us to a 'report from the field' – something very rare in the literature because it is from the perspective of a participant rather than an observer. The methodology supporting this is concerned with what can probably be technically described as an interpretivist philosophy and qualitative data capture with the aim of exploring the socially constructed reality of the situation and to identify factors associated with making a difference in the client organization. In plain English, a case-study framework was used in order to report events, illustrate their significant aspects, and add my own observations and reflections.

Turning to the selected research methods in more detail, it is helpful to remember that much of it was completed, and unrepeatable, by the time that I came to work on the thesis, and secondly that I was highly involved in the consultancy and executive processes. This meant that I could not re-create or re-visit situations that I had researched before embarking on the thesis, in order to use different methods. It also meant that, even when I used passive observational methods, I would almost inevitably still influence what went on. Nevertheless, despite these departures from the norm for qualitative research, direct observation was a very important method. This is because it is a credible and reliable way of evaluating

classroom teaching, and probably the best way of evaluating clinical competence.

Direct observation

Direct observation was one of the principal instruments for obtaining evidence on the 3 main aspects of the College's business – clinical service, clinical teaching, and academic (theory) teaching. I undertook all of the direct observation myself and supplemented this with surveys of staff and students. This evidence was later expanded with material from the GOsC official report.

My reasons for carrying out all the observations and subsequent surveys myself were to ensure consistency and confidentiality, and also because this was such an important aspect of the consultancy work. The evidence was used for reporting and planning, but it also gave useful information about the nature of the College, its principles, priorities and professional perspective. It also illuminated aspects of the consultant/client interface.

I have described elsewhere (Holsgrove, 1997c, p195) that observing and assessing the real thing was the most realistic approach to assessing high-order skills such as clinical competence. I have also identified other methods of assessing clinical performance including case presentations (Holsgrove *et al*, 2006, p492) and have designed assessment forms for these for use in specialist training in Psychiatry (Appendix 1).

Both clinical teaching and clinical service to patients were observed and recorded on evaluation sheets originally designed for use in the undergraduate medical school at St Bartholomew's and The Royal London Hospital. Case presentations were also observed and evaluated on the version of the form from which I developed the one attached as Appendix 1. These observations were mainly undertaken in the first 7 weeks of the consultancy cycle of the overall project, but did continue on a reduced

scale throughout the second cycle. They provided information about the standard and quality of clinical teaching from all of the main clinicians (ie those who undertook clinical teaching at least once a fortnight). It also provided information about the quality of care provided by both students and the supervising clinicians, as well as about the standards of clinical supervision itself.

Initially, during the first 7 weeks, sixteen half-day sessions of academic teaching were also observed and evaluated. The aspects for evaluation were based on standard academic audit procedures similar to those I have outlined elsewhere (Holsgrove, 1997a, pp 207 – 9). These were:

- content of the teaching session
- teaching plan and organization of materials, students etc
- linking the theory with other teaching or Clinic work
- delivery of the teaching
- interaction with the students
- student involvement (were they active participants or passive recipients?)
- quality, usefulness and use of visual aids and handouts.

In both the clinical and academic evaluations, detailed notes were made at the time and discussed informally with each teacher afterwards – usually at the end of the session.

Evaluation of clinical and classroom teaching continued throughout the first and second research cycles of the study.

Interviews with staff and students

Open and semi-structured interviews with individual staff and students, and also with groups of students, were carried out at intervals throughout the study. Asking specific questions of the students about their perceptions and

satisfaction with what the College provided and where improvements were necessary, the surveys all allowed other points of the students' choosing to be included. This supplemented information from the direct observations, but also allowed additional evidence about the College to be gathered. For example, the ways in which staff and students saw the College as an educational and clinical organization, and as an employer.

A number of the staff interviews were structured along the lines of a SWOT analysis, providing views on the College's strengths, weaknesses, opportunities, and threats.

Information from these interviews proved to be useful in identifying institutional characteristics such as attitudes that contribute to the discussions on the second and third research questions.

Managerial and professional profile analysis

In order to identify interests and strengths within the senior management team, the two Vice-Principals and I completed the Belbin Team Role Inventory (Belbin, 1981, p147 *et seq*). I chose this because two of us were familiar with it, it did not need a license to use, and, although much less exact than some other techniques, would at least give a starting point. I analysed the responses myself.

Later two of us (GH and DD) completed the opq32 Managerial and Professional Profile Chart, version n (SHL, 1999) under the supervision of John Gatrell at Bournemouth University. The results of both analyses (Belbin and opq32) were discussed in detail with John and were congruent.

Research philosophy

The research required an exploration of the social dimensions in order to reach an understanding of what was going on. Building on evidence from the literature, the approach required in order to address the second research question, in particular, needed an insight into the situation as it was perceived and interpreted by those involved.

This last point is significant. It is well established that the involvement of a researcher can, itself, influence the findings and the outcome and case study research typically sets out to remove or minimise researcher involvement (Saunders *et al*, 2003). Often, researchers attempt to counter this either by adopting low-profile approaches or by posing questions without using emotive words and in a neutral tone. However, in the work outlined here, I actually *wanted* to influence what happened because I needed to make a difference to the organization – that is why I was engaged in the first place. I had to be involved, whether I liked it or not. As I have described earlier, being a neutral observer was not an option. Although there were some aspects of the data collection that were undertaken confidentially and alone, for the great majority of the time I was actually very involved in the process rather than a neutral observer. Consequently, the sentence at the end of the preceding paragraph referring to the perceptions and interpretations of those involved also includes me.

Research strategy

The consultancy element of this work required a deductive/analytical approach. It was, of necessity, based on establishing facts and proposing (and, subsequently, achieving) observable outcomes.

By contrast, the academic element was more exploratory, interpretivist, and qualitative. The aim was to build a model of what was going on, to identify

and explain its significant features and, where possible, to test it. As I shall explain later, an important aspect of the model testing actually occurred through changing the model after I had left the College. There were two major factors associated with these changes. Firstly, I was no longer directly involved and, therefore, ceased to exert the kind of influence I have described above. Secondly, the management strategy changed significantly. We can quite reasonably attribute subsequent developments to these changes – this is quite compatible with our evidence-base. However, we cannot quantify the contribution of each of the two components. Nevertheless, it contributes to my conclusions regarding generalizability, which I shall make in the next chapter.

The main elements of academic research were the literature review and the case study. The literature review was actually substantially broader than is reported here. It covered domains such as organizational dynamics, including families in business, and learning by and within organizations. This is because the original plan was to address more than the three research questions I eventually narrowed the work down to. Alongside this, there were also additional elements of qualitative research that are not reported here, either.

Having decided to focus more sharply on the three key research questions, it became clear that a major source of evidence, particularly in regard to the second one – organizational characteristics – would be the case study.

Case study research

Since the work was being carried out ‘live’ through a period of extensive change, approaching it as a case study had many points in its favour, not the least of which was logic. A case study could be carried out in real time and, as it happened, related to the theory later. After all, the prime objective of the project was to enable the College to achieve its two essential goals. However, the academic aspect to the work came as a considerable bonus.

For example, it provided a platform for the work to be explored, reflected upon, and analysed in much greater depth than would otherwise have happened. This, itself, is unusual and is not something that consultants from any of the three groups normally do. Consequently, this reflection and analysis represents a further contribution to our knowledge about consultancy. Moreover, the process, discussion, and the conclusions that can be drawn, help in forming a better understanding of what went on in the client organization. Taken as a whole, this has also helped me as a consultant, especially since I am routinely much more reflective than before, and much more aware of organizational dynamics. My time as interim manager was significant in this because, prior to that, most of my consultancy work had involved presenting findings and making recommendations. I had had very little to do with implementation. As a result, my own focus as a consultant has shifted from problem-solving to 'making a difference' and the nature of my involvement with client organizations has changed as a consequence.

The case study research consisted of a number of data-collection activities. It is important to note that in medical education (my own specialty) and related subjects, which would certainly include Osteopathy, there is a distinct difference between academic (theory) teaching and clinical teaching. Typically, as was the case at the College, different teachers, using different methods, carry the m out in different environments. Consequently they are usually evaluated separately, as they were in this study, and often using different instruments. For example, if structured evaluations are made through observations in the clinic and in the classroom (as they were in this work) they cover different characteristics. The main data-collection was though:

- observation of academic teaching
- observation of clinical work, including clinical teaching
- student questionnaires
- interviews with individual and groups of students
- staff questionnaires

- interviews with individual members of staff
- Belbin Team Inventory and opq32 Managerial and Professional Profile Chart analysis on senior management staff.

Research design and timescales

The work described in the case study took place in three distinct research cycles. The first, which was the major fact-finding work for the consultancy aspect of the work, covered a 7-week period in November and December 1998. It is of interest to us here because it established the principal aspects of the difference that needed to be made, which is relevant to the research questions. It not only involved accurately ascertaining the requirements of the University and the GOsC, but also establishing the current situation at the College *vis a vis* meeting them. The first few weeks of the project were almost completely taken up with this work and the findings formed the basis of my first Report to the Board (Holsgrove, 1998).

The second research cycle, where my role changed from adviser to manager, began in January 1999 and ended in summer 2001. It was during this stage that I decided to add an academic research dimension to the work. In order to accommodate this, a greater analytical and reflective element came into play. In particular, I was now an interested and involved observer with a research agenda, seeking to understand the perceptions of reality within the organization and some of the inter- and intra-personal characteristics that were driving the organizational dynamics. The research design was extended considerably during this research cycle to include profiles of the senior management teams and detailed surveys of staff and students. It also involved a comprehensive review of College activities and the roles of many members of staff.

During the third research cycle, which lasted from summer 2001 until December 2002, I continued to be involved with the College, but as a

Board member rather than in an active role. I continued to observe the developments, but in a more detached and analytical way than previously. This was firstly because my job as consultant and manager was done, and secondly because I now had a substantial body of evidence available about the College and its workings and could concentrate more on constructing my own model of past and present events.

Data collection and analysis

Data collection and analysis developed across the three research cycles of the study described above. It began as straightforward investigation and factual analysis producing fairly clear-cut evidence and leading to specific recommendations (Holsgrove, 1998). During the longer second and third research cycles, the methods and domains of research evolved towards a model more closely associated with academic business and social science research, with analysis focussing on understanding what was going on within the organization.

The main formal research methods are outlined below and the findings are discussed in the next chapter.

Issues of bias, reliability, validity and generalizability

Bias

Since I was active in a very major role in the business of making a difference to the client organization, my comments and interpretations are inevitably biased. To a certain extent, bias can be reduced through careful selection of which events to report and which adjectives to use in describing them. However, to do this would also change the way in which I could report my reflections on the situation. Since I was very involved in the situation and had a major responsibility for making a difference, I naturally

encountered some circumstances and developments which I felt very pleased and enthusiastic about, and others that I reacted far more negatively towards. Since my own interpretation of events and reflections upon them is an important component of this thesis, in that they are one source of evidence on which conclusions are based, the issue of bias is not just inevitable and unavoidable, but an essential component. Therefore, I have not attempted to minimise or conceal it.

Reliability

Reliability is a feature that I am used to dealing with in formal, high-stakes medical examinations, where it is calculated mathematically using either Cronbach's *alpha* formula or Generalizability theory. Therefore, it can be reported in numerical terms. These same techniques, as long as the sample size is adequate, can also be used for numerical, quantitative data. However, similar measures do not exist for qualitative data. Indeed, this is one of the challenges I am one of a group of medical educationalists currently looking into in respect of workplace-based assessments of trainee doctors. To date, the solution we are working on relies on defining competencies and to measure progress and attainment against these using anchored rating scales.

In the absence of a mathematical measure of reliability in qualitative research, the best we can probably do is to judge reliability on the basis of four characteristics:

- Whether the data gathering methods appear to be valid (see below) and are appropriately structured.
- To what extent responses are honest and adequately detailed.
- To what extent the same respondents would give similar replies to the same items on another occasions.
- To what extent a different researcher would obtain similar results.

I will outline the validity issues below, but can address the other 3 points here.

The issue of honesty is an interesting one. In medical education, the Royal College of Psychiatrists uses 4 criteria (which I developed) to help ensure the integrity of workplace-based assessments, which are a major component of contemporary specialist training in Psychiatry. However, workplace-based assessments are potentially quite unreliable, for various reasons. The 4 criteria have been approved by the statutory body responsible – the Postgraduate Medical Education and Training Board (PMETB) – and are likely to be adopted as formal PMETB principles. They are:

1. The focus must be on *performance* (ie what the Doctor does, day in, day out, in the workplace).
2. They must be *evidence-based*.
3. Wherever possible, the evidence must be *triangulated* (coming from more than one source and on different occasions).
4. Records must be *permanent*.

Although I did not produce these specific principles until well after this study finished, my research was still guided along the same lines. The evidence that I gathered was predominantly gathered in the workplace; it was recorded and much of it was also triangulated.

My own observations, biased though they were because of my close involvement in the process, must have been largely acute and adequately detailed because they were consistent with evidence received from staff and students. Together, they formed the basis upon which change was made, and the two external stakeholders – the GOsC and the University - approved the nature and outcome of the changes. It is unlikely that there would have been a successful outcome had it not been based on an adequate body of reliable evidence. There is further indirect proof of this in events that took place during the final research cycle (summer 2001 to

December 2002). Here, many of the evidence-based changes that I had made were undone and the College found itself back in trouble.

However, I did find evidence of unreliability in a substantial piece of evidence that I examined, and that concerns the evidence that the College supplied to the GOsC. This is discussed later in the thesis.

Turning to the third bullet point, the indicators available for this were that in the main the evidence triangulated, so what one contributor was saying was almost always endorsed by another, and there were several examples of contributors being consistent in what they were saying on different occasions.

The fourth bullet point is necessarily somewhat speculative because there was only one researcher for the academic element, and this work was not repeated. My successor made changes *despite* the evidence I had gathered, rather than because of it, and without gathering any further evidence herself. However, my evidence concerning the College and its status in respect of the external requirements was checked and endorsed by both the University and the GOsC. The GOsC also undertook several days of evidence-gathering themselves and their findings closely matched my own. Therefore, since a substantial part of my evidence was externally endorsed and part of it was replicated, it is probably reasonable to assume that the rest was also accurate and potentially reproducible, at least in theory.

Validity

Validity is an important but complex issue, discussed in more detail, for example, by Wood (1991); van der Vleuten *et al* (1994); and Holsgrove (1997b, pp 184-5), especially in relation to learning and examinations. However, some issues of validity also apply to research and the most important of these is content validity. This is an extension of face validity, which is concerned with whether we appear to be sampling the right things.

Content validity goes on to look at whether they are being sampled in an appropriate way. It is also concerned with representatively sampling across the appropriate domains.

In this work, I was seeking evidence about consultants, the organization, and the consultant/client interface. Much of the evidence about consultants came from the literature, supplemented by anecdotal evidence about how consultants work, my own experience as a consultant, and observations of guru consultants at work.

In respect of the second research question, it was necessary to gather a great deal of evidence about the organization for University validation and, to an even greater degree, for GOsC Recognition. In both instances, a considerable component of this evidence was quantitative (for example, concerning student recruitment and drop-out rates, equipment, premises and financial matters). However, there was also a qualitative component, especially in the GOsC's 16 areas of capability:

1. ***Knowledge relevant for the safe and competent practice of Osteopathy***
2. Concepts and principles of Osteopathy
3. Therapeutic and professional relationships
4. Personal and individual skills
5. Communication skills
6. Information and data handling skills
7. Intra and interprofessional collaboration and co-operation
8. Professional identity and accountability, ethics and responsibilities
9. Professional self-evaluation and development by means of reflective practice
10. Identification and evaluation of the needs of the patient

11. *Acquisition, use and enhancement of the skills of Osteopathic palpation*

- 12. Planning, justifying and monitoring Osteopathic treatment interventions
- 13. Conducting Osteopathic treatment and patient management
- 14. Evaluation of post treatment progress and change
- 15. Advice and support for the promotion and maintenance of healthy living
- 16. Operating an efficient and effective environment for the provision of Osteopathic health care.

These are discussed in more detail later, but are clearly qualitative aspects of the evidence base that can be gathered through direct observation, scrutiny of curriculum documents, and interviews with staff and students. Both the GOsC and I used all of these methods.

The third research question concerns the consultant/client relationship. There is a certain amount of documentary evidence here, such as various letters and reports, but the most useful element from the point of view of this thesis, and hence the most valid, is personal reflection.

Generalizability

Although not an essential prerequisite, a potential outcome of this research is its application to other situations. In other words, to what extent, if any, can findings and conclusions from this work be generalized into other consultancy projects, or even other projects in the Higher Education sector? Although the answer to this is not very clear until the work is completed and the big picture can be seen, it is nevertheless one factor to be taken into consideration when planning the methodology.

However, we can see from the literature that the guru consultant's approach is probably generalizable because gurus usually have the same solutions to all problems. Since the solutions are generalizable, so, to a

certain extent at least, would be the outcomes. Moreover, guru solutions do not take much, if any, account of any of the issues, especially organizational dynamics. Since I shall be exploring organizational characteristics as a factor in making a difference, if I conclude that they are significant, then it follows that gurus will, at best, be sub-optimal at making a difference since they ignore them.

Similarly, there are characteristics of the academic consultant's approach, such as the focus on theory-testing, that appear to be generalizable. A strong feature of the academic writing is that it begins with a theory and then sets out to prove it. Issues such as solving the organization's problems seem secondary to this. Perhaps this would be an impediment to making a difference?

Similarly, some aspects of organizational structure and behaviour have been discussed and appear to be generalizable. For example, family (or family-like) businesses, and those where decisions are habitually made without proper consideration of the facts, seem to have characteristics in common. Could making a difference be among these, too? There are examples from the case study.

Access, ethics and confidentiality

Based on the principles drawn up by the American Psychological Association (1982), which are reflected in the ethical codes of similar organizations across Europe, there are five main ethical considerations for conducting research using human participants:

- *Physical welfare of the participants*
- *Respect for privacy*
- *Use of deception*
- *Informed consent*
- *Debriefing.*

The particular nature of this work has two additional areas for ethical consideration:

- *the rights of the participants and*
- *consequences of the research.*

These, too, will be considered below.

As Hogg and Vaughan (1998) point out “although ethical considerations most often surface most often in experiments.....they can also confront non-experimental researchers” (p17). In this particular study two of these five considerations would not apply. There was no threat to the physical welfare of the participants and there was no use of deception. Indeed, on this last point it is important to note that all of the participants knew exactly what I was doing and why I was doing it. However, this very point itself raises a research question. Since I was operating as both a researcher, investigating the work of the College and seeking opinions from both students and staff, and as the person charged with ensuring that it was brought up to the required standard, would this duality of role potentially bias the research so that I found the results I was looking for? This point is important both to this study and to the role of a consultant more generally and merits further discussion.

The conundrum of Schlesinger’s cat, used to explain findings in particle physics, could be applied to this (and, indeed, many other) experiments in the social sciences. Basically, in particle physics, it has been proposed that Schlesinger’s cat (an analogy for certain sub-atomic particles) changes its behaviour as a direct result of being observed. Could this be so of observations in business, management, education, the social sciences and so forth? I shall not go too far down this philosophical route, but would maintain that in the study under discussion here if this effect did occur, then it would probably be more likely to be helpful than an obstacle. This is because the ‘experimental’ (predominantly observational) research was a prerequisite to a much larger project of quality improvement. It was not

simply research in its own right. Therefore, any change in behaviour as a result of being observed would be likely to be a change for the better – or at least a change that the person being observed considered to be better. Consequently, if their performance was good – as it often was – then this could be used positively both by reinforcement and giving praise, and also be using as an example of good practice. If, however, the observed performance was sub-standard, then this could be addressed during feedback (*debriefing* from the principles above).

This leaves five ethical principles that were relevant to this research.

Respect for privacy

The identity of all of the research participants was kept confidential to me. I carried out all the observations and evaluations personally and findings were reported only in anonymous terms. Some of the questionnaire surveys were conducted anonymously throughout.

Informed consent

Informed consent is an essential aspect of work in my own profession of medical education and is one in which I not only have substantial personal experience, but is also among the clinical skills that I have taught to medical students and others. Since my research in this study covered both the academic and clinical aspects of the College's work, informed consent was an essential component of the ethical framework.

Where interactions between Clinicians (or students) and patients were observed, I personally obtained informed consent from all parties involved. On no occasion was this refused. Indeed, the patients usually seemed very pleased to contribute to the study. In passing, it is worth noting that it was during these observations that I saw some of the College's best work – generally patient care and treatment was of a very high standard. This proved to be of great value in identifying those aspects in need of

improvement (which included the management of the Clinic, where considerable improvements were required, but not the delivery of clinical care itself).

Debriefing

Each of the Clinicians and academic teachers whom I observed received feedback and the opportunity to discuss their views. In almost every instance this followed on immediately after the event that was observed.

Findings from student group discussions and questionnaire evaluations were fed back and discussed at special meetings which I convened during the College teaching weekends. This was important not only from the point of view of research ethics, but also because it was essential to keep the students, in particular, fully informed as findings, plans and developments were made. This was important for two further reasons. Firstly, the students were major stakeholders – it was their careers and license to practice as Osteopaths that would be jeopardised if the College did not obtain GOsC Recognition of its qualification (RQ). Secondly, rumours began to circulate that the College would not obtain RQ and some students approached other Colleges with a view to transferring there. Obviously, if this happened it would be a serious development for the College, and possibly bring about its closure even before the GOsC announced its decision.

Rights of the participants

Potentially, this could have been a very difficult area and, had it been conducted in a different way this could easily have been the case. In addition to the safeguards discussed in relation to the other ethical points, there were two principal factors that prevented ethical difficulties here. The first is that my arrival and role were well advertised to all members of the College and I was personally introduced at a plenary meeting on the first College weekend of my involvement. This ensured that everyone knew

who I was and what I was doing. The second is that the research (and, subsequently, the development) process featured frequent debriefing and feedback. In addition to this, I made myself as available as possible to staff and students.

Regarding the rights of participants, it was made clear that, although I needed to observe as much of the work of staff, faculty and students as possible, this would be in every case by invitation. Therefore, all participants understood that they had a right to decline. However, even though I usually 'asked to be invited' I have no record or recollection of ever having been refused. On the contrary, most members of faculty were pleased to have their work observed and to receive feedback on it and this process itself led to some clearly observable improvements in preparation and delivery of teaching.

The students were generally very enthusiastic about having an outsider brought in to help the College to obtain RQ and were very forthcoming about aspects that could and should be improved. Although the student questionnaires did not produce a 100% response (these things seldom do), the return rate was always high and there was no indication that any students had declined on principle.

As noted above, all patients who contributed to observation of the Clinic work gave informed consent.

As well as the right not to participate in either the observed sessions or the questionnaire surveys or student group discussions, participants were guaranteed anonymity in reports etc arising from the research. This has been respected, of course, in this thesis and also in withholding certain research findings.

Consequences of the research

This research was intended to benefit the College, its students, staff and faculty. It would also benefit Osteopathy generally throughout the UK by helping to ensure that the professional standards were met and that graduates of the College practiced in accordance with them. Thirdly, it would also help to ensure that the requirements of the validating University were met. Consequently, there were many stakeholders who stood to benefit from this work – and many who would be affected, in some cases very seriously, if the College did not achieve RQ.

The purpose of the research, though, was to identify aspects where the College was meeting the GOsC standards, and to specify where they were not being met in order to plan remedial measures. It was not *per se* to declare whether the standards were being met and to award or withhold QA – that was the job of the GOsC. Neither was it to certify that University requirements were being met, that being the University's role. The research was aimed at identifying what needed to be done and, later, to monitor progress during the change process. The consequences of the research, therefore, were directly the business of the College rather than the licensing or validating bodies. This is an important point because, as we shall see, the College was slow to act on some of the research findings and recommendations, with almost disastrous effect. This, though, was not the result of the research failing to identify any key issues, but delay by the College in taking the recommended action.

Formal ethical approval

I approached both the Board of Directors and the Principal of the University to ask if formal ethical approval would be required and was assured by both that no aspect of this work required approval by the Ethics Committee. However, several aspects of this work were, and remain, confidential.

CHAPTER FOUR: THE CASE STUDY

BACKGROUND TO THE CASE STUDY

Introduction

The main research question posed earlier was *What are the characteristics of consultants that might be significant in whether or not they make a difference?*

However, it has become clear that, although the literature tends to emphasise approaches to consultancy and the generation and utilisation of knowledge as the main issues, there are also characteristics of the client organization and at the consultant/client interface that come into play when considering the effectiveness of a consultancy project and, indeed, the smoothness or otherwise of the tightrope walk. These issues are much less prominent in the literature, but were prevalent in the particular consultancy project described here. Consequently, it is appropriate to discuss these through a case study approach, particularly since of the authenticity obtained because I was actually there as a very active participant, most notably in research cycle two, which is where many of the key issues surfaced and were addressed. However, research cycle three brought a fascinating twist just as most of us thought that the tightrope walk was successfully completed.

The case study is based on three cycles of research and, even as these led one into the other, important example of consultant and client behaviour can be identified. Moreover, in the second cycle, we can see themes emerging around the consultant/client relationship such as the balance between being prescriptive and allowing the consultancy to develop.

This section begins with an introduction to the client organization and some of its key characteristics, some of which are very unusual and presented complicating circumstances. It also provides some additional background

about the setting in which the consultancy took place and introduces some of the main players.

I was initially engaged for what turned out to be the first cycle of research and, at the time of my appointment, had no plans to bring a personal academic dimension to the work. It was just a straightforward consultancy job, fairly typical of the kind of work that I undertake. However, as my remit developed I was able to build and reflect upon findings and subsequent actions and, in so doing, realised that here was an opportunity to contribute to the theory and practice of consultancy because I was able to 'report from the front' by recording the actual process of consultancy, and relate this to the literature.

Principal sources of knowledge and my findings from each research cycle are summarised towards the end of the relevant sections below. There is a short overall summary at the end of this chapter recapping the main events and research in each cycle and the relationships between the cycles.

The client organization

The client organization was a long-established Osteopathic training college faced with the twin challenges of meeting the requirements of the General Osteopathic Council (GOsC) and of the University that would accredit the BSc degree it would be awarding to students successfully completing its training course.

Although there were training courses for Osteopaths (indeed, some very good courses of many years' standing), until the time that this study took place anyone who wished could set up as an Osteopath in the UK, even if they were completely untrained. The entire reason for this consultancy was that this situation was about to end as Osteopathy became protected by national registration governing both training and practice. This came about through the implementation of the Osteopaths Act (1993) and would affect

every practicing Osteopath, student Osteopath and Osteopathic training institution in the country.

The General Osteopathic Council (GOsC) was established to regulate Osteopathy as a profession, and its primary statutory responsibilities were twofold. Firstly, to ensure that people already practicing as Osteopaths (whether formally qualified or not) were competent and safe to do so. Although this involved all of the Osteopaths working at the College (because they had to obtain Registration) it did not concern me directly. However, by giving the Osteopaths a practical insight into the standards required by the GOsC, it would prove helpful to me in researching the College's provision, planning the necessary improvements, and implementing changes so as to meet the GOsC requirements.

The second statutory responsibility of the GOsC was to ensure that future trainee Osteopaths, including those already at college, were trained to the required standard and that the training colleges were themselves properly equipped, staffed, and delivering an approved curriculum. This was the main purpose of my engagement as a consultant – to advise on the necessary improvements so that the college's qualification would be recognised by the GOsC. This was formally known as Recognition of Qualification (RQ). Without RQ the college would be unable to train Osteopaths and would inevitably cease to operate. Moreover, without RQ those students scheduled to graduate when it became operational would be unable to practice and would have to retrain at an approved college. The stakes were therefore extremely high. Furthermore, time was running out because of earlier delays. It would be helpful for me to outline these earlier events in order to place the consultancy into context and provide some insight into college politics prior to my engagement.

The College qualification

Ever since its foundation, the College had awarded its own Diploma in Osteopathy. This had no robust external Quality Assurance – just a very light touch from one External Examiner who was ‘a friend of the College’. The College had complete control over the content and duration of training, and the conduct and outcome of examinations. However, about one year prior to my arrival the College (reluctantly) decided to award an accredited qualification instead of just their own diploma. In fact, although the decision was a reluctant one, the College actually had little choice in the matter – it had to award a qualification that the GOsC recognised and it would have been almost impossible for the College’s own diploma to obtain such recognition (in fact, the GOsC told me that they had informally told the College this). In fact, although not specifically required in any of the GOsC documents that I saw, it was very clear that they were looking to recognise qualifications at degree level only. The only realistic option for the College was to award a degree-level qualification that was approved by a university. The choice was limited to which university to collaborate with.

Initially, the College began talks with one of the ‘new universities’ to try to get its diploma qualification approved, but at quite a late stage the university broke off the negotiations. The College claimed that one of the university team had conflicting interests and had treated the College unfairly, but I have no evidence one way or other about this. However, as we shall see, the issue of being unfairly treated did arise again at a significant point in the case study. Nevertheless, these events did have the significant disadvantage of putting everything back to the starting line. On advice from the GOsC Education Adviser, the College approached another, and more prestigious, university. They agreed to collaborate and thus became the second important external organization in the life of the College. Initially, the University granted provisional recognition of a BSc curriculum developed by strengthening the College diploma programme, but made it clear that further improvements, preferably replacing the

curriculum entirely, were required for full accreditation to be granted. In this, just as in obtaining RQ, there was a tight time limit.

Having now gained accreditation (albeit provisional) for their exit qualification in Osteopathy, the Board of Directors of the College agreed to make an application for GOSc Recognition. However, GOSc officers informally advised them that the College was operating significantly below the required standard and would not achieve RQ without specialist help.

After more detailed discussion with the GOSc, it was agreed that specialist help was needed in reforming the curriculum, or preferably replacing it entirely as the University had asked. Along with reforms to the content and organization of the curriculum, improvements were also required in teaching and assessment. At this stage the Directors were aware of the broad domains in which improvements were required, but not details of the precise aspects. This would be for the consultant to advise, in collaboration with the University and, informally, the GOSc. The GOSc could not be seen to be too closely involved at this stage, for two reasons. Firstly, they themselves would have to carry out a full inspection of the College as part of the formal RQ process. Secondly, a member of the General Osteopathic Council itself was very much involved with the College, and one of the College Directors was also legal adviser to the GOSc. Both of these people were members of the same family.

My engagement with the College

My engagement as a consultant to the Osteopathic training college arose directly from the requirements of two external organizations - the General Osteopathic Council (GOSc) and the validating University.

The College engaged me as a consultant because of my knowledge of contemporary issues in training healthcare professionals. I was, therefore, a source of specific knowledge rather than a manager, motivator or

strategic planner. However, each of these other dimensions to consultancy work came into play in research cycles 2 and 3 and it was in these cycles that the tightrope walk really took place.

The College sought the assistance of a person with expertise in curriculum, teaching, learning and assessment in the healthcare sector, and preferably clinical experience and an understanding of teaching and assessment in a clinical setting. There are comparatively few people worldwide working in this highly specialist area, although the GOsC Education Adviser was, himself, one. Clearly, though, it would have been inappropriate for him to become the College consultant. However, the GOsC Education Adviser had known me professionally for several years and we had worked together on a number of major projects, so he suggested to the Directors that I might be able to help them with the improvements that were required. Taking his advice, I was duly approached by one of the Directors and was engaged as a consultant to the College at the end of October 1998.

THE CLIENT ORGANIZATION FOR THE CASE STUDY

The client organization was a long-established training college for Osteopaths and the task was to bring about improvements so that it would meet the requirements of the General Osteopathic Council, and of the University that had given provisional validation to the degree course it had recently started. Theory teaching was carried out in classrooms and lecture theatres hired from the University, and some of the teaching was undertaken by University staff. The Clinics provided both supervised practical training for the students and a clinical service for the public, for which they paid.

The College had a number of unusual features, some of which proved to be important in helping or, more frequently, hindering the tightrope walk. For example, all of the students, and almost all of the staff, were part-time. Also, three members of one very close family held important positions in

the College and two of these have been mentioned earlier in this chapter because they also held positions of responsibility with the GOsC. These points merit further description.

The College as a part time organization

All but two College employees were part-time, and a considerable number of them never met each other from one year to the next. This was probably an important factor for the College.

The literature has little to say on the topic of part-time work, and I was unable to find anything at all on organizations that are almost entirely staffed by part-timers – though, as we shall see below, I did come quite close.

The literature during the past decade on part-time working tends also to feature aspects of flexible working such as teleworking and home-based working (eg Barnes, 1997). Issues of flexible and home working are of interest here because almost every Osteopath working for the College carried out their main employment from home, so most did not depend on the College but on their own practices for their main source of income.

The Institute of Management and Manpower Survey of Long Term Employment Strategies (1996) found that employers were seeking competitive advantage by reducing the number of core staff and using flexible working arrangements. Mullins (1999) points out that part-time employees are more likely to be working in lower grades, but also notes that “their presence is increasingly at more senior levels” (p655). The situation at the College was rather more advanced than this because almost everyone, including all the senior clinical and academic staff, were part-time. Rollinson *et al* (1998) describe increasing diversity in working arrangements (p53), citing Robinson’s (1985) findings that between 1951 and 1982 approximately 2.3 million ‘normal’ jobs disappeared and 3.7

million part-time jobs were created. Rollinson *et al* (1998) go on to report that in 1993 the Burton retailing group moved all its sales staff to part-time contracts – a rare example of large-scale part-time working within an organization. They also point out that before the Employment Protection (Part-time Employees) Regulations were amended in 1995, part-time employees were treated as an underclass in terms of employment rights and (citing White, 1996) that, because they have lower access to training and development activities, they are often seen as underperforming. Handy (1999), too, raises the issue of training, and he also points out that part-time workers are at a disadvantage regarding pensions and several other rights enjoyed by full-time workers (p368).

Moorhead and Griffin (1998), however, present a more positive case. Citing Jackofsky and Peters (1987), they argue that the part-time option might benefit both employee and the organization. This was certainly the situation at the College, and another characteristic of the College as an employer also comes into play. The College provided practically no training activities for any members of staff, while pension and other arrangements would have been taken care of through each individual's own arrangements. These would probably have also covered items such as professional indemnity insurance. The College, therefore, definitely benefited from part-time arrangements because there were so many things that it did not have to provide including pensions, insurance, sick pay, and even white coats to wear in the Clinic. There is not doubt that this arrangement also suited most of the Osteopaths it employed because the College paid very well, made practically no demands apart from turning up and doing the job, and was seen by many of the staff who had been students of the College themselves, as an opportunity to 'put something back'. Conversely, since the College was not the main source of income for any of the part time staff, it is reasonable to conclude that work at the College might not have featured as highly on their list of priorities than full time employment might have. Oddly, though, I was unable to find any reference at all in the literature to this possibility, and it is certainly an issue that could be researched further.

The relationship between the College and its staff was less demanding on both parties than might often be the case elsewhere, whilst at the same time being even more mutually convenient. However, in the time of change in which this thesis is set, part-time employment proved to be a considerable obstacle because it made organizational learning (and even communication) more difficult than would have been the case in a full-time organization.

A further issue was that the College had no legal contracts with any of the part time staff. This was slightly surprising since the Chair of the Board and family-member was a lawyer. Instead, it relied on what the College would describe as goodwill and management theory would describe as psychological contracts. "The problem with having these rather vague, implicit contracts is that the employer may not know when he/she has broken the contract" (Furnham, 1997 p682). In fact, of course, the employee might not know when the contract has been broken either.

The family group at the College

One of the most unusual features of the College was that there were four distinct groupings in operation: the clinicians, the academic teachers, the administrators, and a very influential family group. The family group consisted of EE, who was a lawyer and Chair of the Board, his sister GG who was the College President, and her daughter BB who was the Clinic Director and a Vice Principal. BB was, uniquely, in all four groups. Apart from this, these four groups had little to do with each other. The reasons for this included the predominance of part-time staff, academic teaching being undertaken at a different site and at different times to Clinical work, and the absence of training or other activities that would bring staff together – the only exception to this being the graduation ceremony. The requirements for change at the College made this lack of collaboration a

significant disadvantage and, as part of the knowledge transfer process, it was clear in research cycles 2 and 3 that this would have to be rectified.

Evidence from the Case Study

In this section I shall select events from the case study that help in illustrating some of the consultant characteristics described by Alvesson and Johansson (2002). Obviously, it is not possible to do this for each type of consultant that they describe, so I shall draw on their descriptions of *Traders in Trouble* since that is where I would see myself in this particular undertaking. The College was, after all, in trouble and my job was to get them out of it.

Claim of Professionalism

Alvesson and Johansson (2002) outline the claim of professionalism as ambiguous, with a plurality of interests involving both problem-solving ability and context-sensitive process skills. The problem solving aspect itself implies content expertise because, unlike the *Agents of Anxiety and Suppliers of Security*, whose skills lie in knowledge of contemporary fashion in management and application of its attendant jargon, *Traders in Trouble*, like my category of *Expert Consultants*, are principally engaged to apply their subject expertise to solve the client's problems. This aspect of their engagement is typically fairly straightforward. It consists of researching the client's situation, clarifying their goal or intended outcome, interpreting findings, and making recommendations. I shall illustrate each of these factors from the case study. Moreover, it will become evident that this aspect, particularly as it was manifested in the first research cycle was fairly problem-free.

The context-sensitive process is concerned with balancing the requirement to make a difference with the necessity of legitimising and supporting the

management. As my use of the word ‘balancing’ suggests, this is the aspect where the tightrope walking becomes a major feature, and there is evidence from all three research cycles of the work, but particularly the second and third research cycles.

THE FIRST RESEARCH CYCLE: CONSULTANCY

Introduction and orientation

Engagement, role and negotiation

When originally appointed as a consultant, it was only the first cycle that was in my remit. I was asked to look at the College’s educational provision and tell the Directors what needed to be done to bring it up to the required standard. Therefore, at this stage the tightrope walk had not begun, nor had the opportunity to bring an academic dimension to the work (ie this thesis) presented itself.

The required standards were established from GOsC documents and meetings with the GOsC and the validating University. Further details are given below.

Knowledge in this cycle was created principally through direct observation and this was supplemented by unstructured and semi-structured interviews with small groups and, more often, individuals. Guided by Schein’s (1969a) work on Process Consultation, I was mindful of his four recommendations that the choice of what and when to observe should be worked out collaboratively with the client; the setting should be as near to the top of the organization as possible; the setting should be one in which it is easy to observe interpersonal and group processes; and the setting should be one where real work is going on.

As well as the opportunity for direct observation, I also had access to a limited number of College documents such as the curriculum, information provided for students and past examination papers. Since, at the time, this was the only research cycle in my remit, dissemination of the evidence gathered and recommendations concerning the action required was through my written report to the Board and subsequent discussion at the Board meeting. However, this material subsequently formed the foundation of research cycle 2.

It was during this first research cycle that I was able to establish some of the points on which a difference needed to be made, although others came to light during the second research cycle. It is, therefore, helpful to outline some of the main features of this short cycle of the project.

My engagement as a consultant to the Osteopathic training college arose directly from the requirements of two external organizations - the General Osteopathic Council (GOsC) and the validating University.

The GOsC was established to regulate Osteopathy as a profession, and the College had (reluctantly) decided to award an accredited qualification instead of just their own diploma. In fact, although the decision was a reluctant one, the College actually had little choice in the matter – it had to award a qualification that the GOsC recognised and it would have been almost impossible for the College's own diploma to obtain such recognition. In fact, although not specifically required in any of the GOsC documents that I saw, it was very clear that they were looking to recognise qualifications at degree level only. The only realistic option was to award a degree-level qualification that was approved by a university. The choice was limited to which university to collaborate with.

Initially, the College began talks with one of the 'new universities' to try to get its diploma qualification approved, but at quite a late stage the university broke off the negotiations. The College claimed that one of the university team had conflicting interests and had treated the College

unfairly, but I have no evidence one way or other about this. (However, the issue of being unfairly treated did arise again at a significant point in the case study). Nevertheless, these events did have the significant disadvantage of putting everything back to the starting line. On advice from the GOsC Education Adviser, the College approached another, and more prestigious, university. They agreed to collaborate and thus became the second important external organization in the life of the College. Initially, the University granted provisional recognition of a BSc curriculum developed by strengthening the College diploma, but made it clear that further improvements, preferably replacing the curriculum entirely, were required for full accreditation to be granted.

Having now gained accreditation (albeit provisional) for their exit qualification in Osteopathy, the Board of Directors of the College agreed to make an application for GOsC Recognition. However, GOsC officers informally advised them that the College was operating significantly below the required standard and would not achieve Recognition without specialist help.

After further discussion with the GOsC, it was agreed that specialist help was needed in reforming the curriculum, or preferably replacing it entirely as the University had asked. Along with reforms to the content and organization of the curriculum, improvements were also required in teaching and assessment. At this stage the Directors were aware of the broad domains in which improvements were required, but not details of the precise aspects. This would be for the consultant to advise, in collaboration with the University and, informally, the GOsC. The GOsC could not be seen to be too closely involved at this stage, for two reasons. Firstly, they themselves would have to carry out a full inspection of the College as part of the formal RQ process. Secondly, a member of the General Osteopathic Council itself was very much involved with the College, and one of the College Directors was also legal adviser to the GOsC. (Both of these people were members of the same family).

In preparation for the formal RQ process, the GOsC held a number of meetings which all colleges were invited to attend, and also gave informal guidance to any college that requested it. The philosophy being that although the GOsC would be responsible for ensuring that high standards were being reached, they would be helpful to colleges as they worked towards those standards. The standards were published in a document called Standard 2000 (GOsC, 1999).

The College sought the assistance of a person with expertise in curriculum, teaching, learning and assessment in the healthcare sector, and preferably clinical experience and an understanding of teaching and assessment in a clinical setting. There are comparatively few people worldwide working in this highly specialist area, although the GOsC Education Adviser was, himself, one. Clearly, though, it would have been inappropriate for him to become the College consultant. However, the GOsC Education Adviser had known me professionally for several years and we had worked together on a number of major projects, so he suggested to the Directors that I might be able to help them with the improvements that were required. Taking his advice, I was duly approached by one of the Directors and was engaged as a consultant to the College at the end of October 1998.

My brief was initially quite straightforward - to advise on improvements to the academic performance of the College necessary to obtain Recognition of its Qualification (RQ) by the GOsC. It was summarised in my first Report to the Board of Directors in December 1998:

The Directors of (the College) are keen to ensure that their undergraduate curriculum consistently achieves high quality in professional education and that this quality is recognised both by (name withheld) University, which validates its academic award (currently a BSc honours degree), and by the GOsC for its ability to graduate Osteopaths who can be entered in the professional Register. In achieving this goal, it is important that the continued development of the curriculum is enlightened by the most up-to-date

thinking and supported by good quality assurance measures. This Consultancy has been established to assist in this process by scrutinising the curriculum, recommending strategies for its development and quality control, and providing advice and professional development for those who teach and examine on the course.

(Holsgrove, 1998).

At this stage there was comparatively little negotiation to be done with the Board. My remit was very clear – to look at the curriculum and recommend improvements. I was not required to look at management, finances or clinical teaching at this stage, and it was clearly felt by the Board that once the necessary improvements had been made to the curriculum, then that would satisfy both the University and GOsC.

My fee was agreed, a date was set for me to report to the Board, and it was felt by all concerned that it would be helpful for me to maintain regular informal contact with the Board member who had been responsible for my appointment.

The consultation was a short period of just 7 weeks between October and December 1998, during which I was engaged in a straightforward consultant's role. This involved researching background issues and planning a strategic response to the requirements of the University and the GOsC. Principally concerned with fact-finding, reporting and making recommendations, data were captured from University and GOsC Regulations; reports; records of meetings and discussions; incidental notes; and observations of academic and clinical teaching and examinations. Although the GOsC requirements covered many aspects of the College, my consultancy brief did not extend to most of them, such as the clinical treatment and facilities and the College's management and administration. I was concerned solely with examining and recommending improvements to teaching, learning and assessment.

Negotiations regarding my role were, like all my dealings with the Board, positive and friendly. It was clear that the College wanted someone to look quickly into the areas they had identified and give them the solutions. Despite the informal warnings from GOsC officers (which I only found out about later) that the College had major deficiencies, the general feeling at the College was that just a few minor changes would be required and this is what was communicated to me at my briefing meeting. There were a few people who thought that some major changes would be required, and in areas beyond teaching, learning and assessment, but the prevailing view at this stage was that a few minor changes would suffice. Considering that the College had two representatives who were actively involved with the GOsC itself, on reflection I found it quite remarkable that this view was allowed to continue for as long as it did – which was well into research cycle 2.

Soon after beginning my task, it became clear to me that a great deal more needed to be done than the majority of the Board or staff expected – or even believed at first. Because so many of the College activities overlapped, I inevitably came into contact with aspects that were not in my brief. For example, the College administration dealt with most aspects of the examinations, which were in my brief. In fact, I found that the administrators, particularly the Chief Executive, were far more involved with the exams than they ought to have been. Observing the examination processes therefore inevitably gave me an insight into the College administration – and I found much that was unsatisfactory. Similarly, clinical teaching took place in the Clinics, using real patients, so I saw the clinical work and facilities and found these, too, below an acceptable standard in certain respects.

As a result of my broader than intended observations around the College, my first report to the Board (which was actually intended to be my only report) covered more areas of activity than required in my brief. Board members were not completely surprised by what my report contained because I had informally briefed individual members from time to time – and they had already decided on a course of action before I presented it to

them. However, my findings, even at that stage and from a limited brief, made it clear that major and widespread change was necessary.

KNOWLEDGE CREATION IN THE FIRST RESEARCH CYCLE

This cycle required knowledge to be generated about the College's educational provision, the requirements of the GOsC and the validating University, and improvements that would be required to enable the College provision to reach the required standards. The principal sources of information, on which the knowledge base was established, are given below and evidence was typically triangulated so that different sources of information and evidence yielded compatible findings.

The GOsC publications

These were :

GOsC (1998a) Regulation Process;

GOsC (1998b) *Standard of Proficiency*

GOsC (1998c) The GOsC Code of Practice

GOsC (1999a) *Standard 2000: Standard of Proficiency*

GOsC (1999c) *The Statutory Registration of Osteopaths*

These publications set out the required Standards and timescales, and also contained the outline of future developments that emphasized that the Standards required for initial Recognition of Qualification did not represent the final requirement, but were an interim stage that would need further development by recognised educational providers.

Meeting at the GOsC in November 1998

This meeting began with a series of presentations from the Chief Executive, the GOsC's Education Adviser and others. These reiterated the requirements set out in the publications listed above, clarified specific points of time and procedure, and took questions from the floor. I took many notes

during this meeting that I later drew on as sources of evidence and clarification.

Meetings with senior University staff

At this stage, these meetings were principally to introduce myself and outline my remit. They were to become much more important in the second research cycle as we worked towards applications for GOsC accreditation and University validation. However, even at this stage it became clear that the University (and I was told this directly by the Vice-Chancellor himself) had serious concerns about the College's attitude towards them and their commitment to making the required improvements to their curriculum and examinations.

Direct observations

I made observations of teaching at every teaching weekend throughout the first research cycle, making notes of good practice and points that required improvement. I also observed many teaching episodes in the Clinic.

Incidentally, I was also able to see the College management and administration at work and, again, made notes of good practice and aspects that would benefit from improvements.

Discussion with staff and students

I carried out both semi-structured and unstructured discussions with students, theory teachers and teachers in the Clinic. This provided information about many aspects of the College's educational provision and the commitment of individual staff and students.

WHAT HAPPENED: THE STORY OF THE FIRST RESEARCH CYCLE

I was engaged as a Consultant to evaluate the educational provision at the College and recommend improvements so that it would secure Recognition of its Qualification by the GOsC. The question of curriculum re-validation by

the University, which became a second objective of the consultancy, was not mentioned at all until I raised the issue myself during the second research cycle.

Early in the consultancy, in November 1998, the Principal, two Vice-Principals and I attended a meeting at the headquarters of the GOsC at which the procedures for application for RQ were introduced and explained. This meeting was also attended by senior representatives of the 10 other colleges of Osteopathy seeking RQ. During the course of this meeting it became plain that there was a general, serious underestimate of the magnitude of the task and the high standards that colleges would need to have in operation by the time of Recognition (May 2000). This was one of the first, of many, 'ah ha!' moments I experienced during this project. The view of my client College that all that would be needed was a little straightening out and bringing up to date was clearly also the view of several other colleges, too.

Later, when we received the formal documents on which to make the RQ application, I was very surprised to discover that this meeting at the GOsC was not the first to address the standards and values that would be expected. One year earlier, in October 1997, an Osteopathic Liaison Conference had been held to do precisely this. This makes it all the more extraordinary that most delegates at the November 1998 meeting should be so shocked to discover the magnitude of what was required to obtain RQ.

Two points that arose during discussion by the delegates turned out to have interesting implications for the College. During the very anxious discussion about the extent to which existing practices would have to change, it was suggested, so massive were the changes needed, that some colleges would have to completely rewrite their curricula. Someone mentioned that this might be an appropriate time to introduce a modular design but a dominant representative of the largest school of Osteopathy in the UK summarily rejected the notion as impossible - "you can't have a

modular curriculum for Osteopathy” (my note, recorded at the time). Most other representatives seemed to agree with this view.

I could see no rational reason why a modular curriculum would be inapplicable to Osteopathy and, in subsequent private conversations with the Director of Education and the Secretary of State’s representative on the GOsC, who was a distinguished educationalist, it was clear that they felt as I did and that this opinion was nonsense. In fact, we went on to prove that it was nonsense by actually doing it. Moreover, a few years later, the college whose representative was so adamant that it was impossible brought in their own modular curriculum.

Following discussion with the two GOsC officers, I decided that a modular design would certainly be worth discussing at the College and with the University. It was already becoming apparent to me that such a design might have significant advantages for the College, especially in the circumstances that existed at the time. For example, it would offer much greater flexibility for updating, introducing a core-plus-options design etc. It would also predispose towards integrated, rather than subject-based teaching and learning, and would probably appeal to the University since almost all their own courses were modular. I felt that the GOsC might approve of a new, modern design, rather than a re-vamped old one. Moreover, my own experience has show that a modular curriculum is easier to design. I also felt that it might facilitate the future development of a ‘top-up’ course for practitioners who failed to obtain Registration by the planned ‘grandfathering’ route and needed to enhance their skills or knowledge. I saw this as a good potential source of income for the College that they were geographically well placed to meet, and which would be highly compatible with their part-time course.

A second issue that I made note of during the discussion at the GOsC was another that I would meet again later at the College – a strongly-held view that only Osteopaths can train Osteopaths. This, too, seemed to meet with general agreement from other representatives (but then, apart from me

they were all Osteopaths). This opinion seemed to show a general ignorance in the Osteopathic training colleges of what was at the time a routine learning method in medicine. Perhaps ignorance of best practice might be an organizational obstacle to learning?

I was surprised that the insular and complacent attitude that I had detected at my client College seemed to be prevalent throughout most of the other training establishments, too. I also thought it remarkable that the requirements for change came as such a surprise to almost everyone. I had already become aware of the unofficial networking within the College, through which information from within the GOsC became known by some individuals outside its committees, and thought it reasonable to assume that such networks existed at other colleges (surely, they must). If I, who had been involved in the world of Osteopathy for only a matter of days, knew roughly what to expect, based on reading GOsC articles and talking to people, why, I wondered, did it come as such a shock to most of the college representatives?

Later, on reflecting about this, I wondered whether this might be quite an important point. I had been engaged as a consultant to bring to the College my knowledge of the Higher Education system. In addition to attending this particular meeting, I had read background documents quite carefully and had done so without some of the professional prejudices that senior teachers of Osteopathy might have brought to the task – for example, that a modular curriculum was unsuitable and that only Osteopaths can train Osteopaths. Moreover, I had familiarity with the principles and practical experience in their application, which non-academics might not have acquired. Was it unfamiliarity, or was it perceived threat? Or was it both? Certainly, as things stood, it was a potential institutional obstacle to making a difference.

I subsequently deduced from research at the College that even people with many years' of involvement (as well as possible inside information) held several mistaken ideas which, taken together, resulted in a clear picture of

denial at work – the reality of the situation being too unpleasant to face up to (see, for example, Atkinson *et al*, 1993, p 609). Three views were expressed particularly at the College:

- on the whole, the College is OK (a very prevalent opinion)
- we do not have to meet all the criteria (possibly based on the same philosophy as adherence to the Commandments – only 7 out of 10 should be attempted)
- the GOsC are not going to close any colleges down .

All three of these opinions have since been proved wrong. However, even after the meeting at the GOsC, at which expectations were made so abundantly clear, these views continued to be expressed at the College – providing me with another ‘*ah ha!*’ insight. Indeed, the extent to which ideas such as these circulated within the College provided an early example of self-reinforcing virtuous and vicious circles that, over the course of the study, were to become commonplace. Stacy (1992) describes them as one of the signs of chaos in an organization (pp70-71) and, although he advocates that where success means continual innovation it comes from operating in the border areas of chaos, within the College they served as means of resisting or thwarting change.

At this stage of involvement, my brief was confined to academic matters and my role was non-executive. I was simply required to research, evaluate and report. The College administration was deemed to be doing a good job and the Clinical activities were under the control of the Clinic Director (BB). Neither were perceived by the Board to be inadequate. In reality, though, even at the time, both administration and clinical teaching were reported to be seriously deficient by the students. I noted these points in my field notes, along with my own observations and this confirmed that what I had seen myself was in line with what the students were telling me. There was reliable, triangulated evidence, but it was not yet being taken seriously.

My research revealed that there were a number of issues requiring attention and that several aspects of the Clinic were among them. For

example, I found that on the academic side, the curriculum was not particularly well organized; teaching was predominantly very formal, didactic, and of greatly variable quality – but most of it was mediocre or worse. It also became clear that students' Clinical experience was inadequate, did not begin until a long way into the course, and was inadequately supervised and monitored. These findings were included in the first consultancy report, which was presented to the Board early in December 1998 and is summarised in the next chapter. They were subsequently endorsed by the GOsC report on the College.

RESEARCH FINDINGS FROM THE FIRST RESEARCH CYCLE

Very soon after beginning the consultancy work, it became clear that the College was severely under-performing in almost every aspect of its work. This extended beyond those aspects that I had been engaged to advise on, which were concerned with the educational provision in relation to the requirements of the GOsC. Personal observation and discussion with some faculty and students soon revealed that Clinical teaching and administration were the most obviously sub-standard aspects of work at the College, although, to be fair, there were also some good aspects of both. However, both of these were outwith my original remit, yet clearly impacted on the overall educational provision. The curriculum, which is what I had been engaged to look at, certainly did need improvement, but I very soon came to the conclusion that other areas were also in need of overhaul and a simple curriculum revision would not be enough.

I very soon gathered ample evidence that the College was operating at cottage-industry level rather than at anything like the professional standard required for RQ. Some of these shortcomings were quite striking for an organization that was educating students to degree level and delivering a clinical service to patients. It is helpful to review some of the main findings because it will help to illustrate three things, in particular. One is the extent to which improvements were necessary. Secondly, it shows, by implication,

the extent of the denial that had been going on at the College. Thirdly, it will help in considering what organizational characteristics might have been obstructing a difference being made.

Summary of knowledge generated in research cycle 1: in the Clinic

- there was no receptionist in the Clinic to greet patients or answer the phone (this was done by anyone who happened to be around and typically meant that a member of staff or a student would have to leave a patient they were treating to do this)
- there was no proper waiting room for patients and their relatives
- nobody wore name badges (unacceptable in a contemporary healthcare setting)
- some of the Clinicians did not wear white coats (this is also unacceptable, except in very special circumstances such as paediatric clinics)
- students were often unsupervised or inadequately supervised when treating patients (this was variable, certain Clinicians were notoriously lax in supervising students, others were excellent)
- there was hardly ever a sufficient number of Clinicians on duty (a contributory factor in the inadequate supervision, but not the only reason)
- there were no creche facilities for the children of Clinicians, students or patients (there were often children in the Clinic)
- inadequate areas for tutorials or private study in the Clinic (there was a library, but it was inadequate in size, stock of material, and IT facilities. Moreover, it was often used instead of a crèche – even for infants to sleep in).

Summary of knowledge generated in research cycle 1: administration

Sub-standard administration was evident in a vast number of points including:

- chaotic lack of organization, which was immediately apparent on entering the office, with piles of documents all over the place. Members of the Clinic staff had great difficulty in finding things in the office, and so at times did the office staff.
- student fees were often collected extremely late
- there was no proper mechanism to ensure that exam papers were marked on time (they were often weeks, or even months, late – a situation that simply would not have been tolerated by the University or GOsC)
- borderline pass/fail adjustments were made (astonishingly!) by the Chief Executive, rather than the examiners (I really could not believe this and so checked and rechecked – it really did happen)
- students were given exam results very late and with little or, usually, no constructive feedback
- there was an attitude in the office that it was not important to answer the phone (I often heard the explanation “if it is important they will ring back” and noted this at the time)
- the secretary at the time (JJ) was the subject of several formal complains from staff and students because of rudeness, but these had always been ignored.

Although there were many unsatisfactory aspects of work in the Clinic and the College office, there were good features to be found in both. For example, the administration was computerized and both the Chief Executive and Secretary knew every member of staff and all the students by name. The Clinic rooms, though still obviously rooms in a domestic house, were in good repair and decorative order. They were always

spotlessly clean and were reasonably-well equipped with diagnostic instruments and power-operated treatment tables. Some Clinicians were excellent with both patients and students and served as very good role models.

The organization of the Clinic and the Clinical teaching were the responsibility of the Clinic Director and, as noted above, the Clinic was not among the points I had been asked to look into. Nevertheless, it was clearly a very weak aspect of the College's overall provision. The building was patently unsuitable and, without even a receptionist or proper waiting room, the initial impression it gave was far from professional. I passed on my concerns about this to the Board and, in due course, was able to initiate some significant improvements.

Sixteen half-day sessions of academic teaching were observed and evaluated. Various aspects were identified for evaluation, based on standard academic audit procedures similar to those outlined elsewhere (QAA, 1997; Holsgrove, 1997a, pp 207 – 9). Detailed notes were made at the time and discussed informally with each teacher afterwards – usually at the end of the session.

The standard of teaching was found to be very inconsistent, covering the whole spectrum from excellent to abysmal. This point was confirmed through student questionnaires and from formal evaluations of teaching. Most of the teaching (12 of the 16 sessions observed) was by didactic lectures, although some teachers used modern, interactive approaches including small group work and team-teaching.

A significant amount of the teaching did not follow the prescribed curriculum at all and a few lecturers appeared to be making up the material as they went along. Some teachers were better prepared with visual aids and handouts for the students, and some of these were of a high standard. Others did not provide any notes or handouts, or came equipped with an inadequate number.

Discussion with the Principal confirmed that throughout the academic curriculum, examination questions were set and marked by the individual who delivered the teaching. Consequently, some of these questions did not follow the curriculum, just as the teaching had not. Other questions were found to test material that had not been covered in the teaching. Students were particularly aggrieved by questions of this kind and they told me that they complained about it almost routinely after nearly every exam, but the problem still continued.

Observation, evaluation and discussion, therefore, revealed serious and widespread problems with both academic teaching and examinations. This was not unexpected, since it was one of the main reasons that I was engaged in the first place. What was more surprising, though, was the extent to which some of the teaching and much of the examinations departed from what had been agreed with the University when it granted provisional accreditation. Even though some of the teaching that was evaluated was very good indeed, most of the teaching and all the examinations were identified as major areas requiring urgent attention.

Despite its shortcomings and general need for improvement, academic teaching was actually judged to be considerably better than clinical teaching by the students, by me, and later by the GOsC as well (1999b, pp19). Once more, we have reliable, triangulated evidence of the need for change but, as we shall see, the process of making a difference ran into some organizational obstacles.

I also researched the attitudes, aspirations and motivation of members of the teaching staff since this would be an important factor in making a difference. Many of the teaching staff agreed that, while they were committed to the College, this commitment was probably lower than it would have been if they were full-time employees because in reality their private Clinical work took precedence. It also became clear that some of the long-established members of faculty, might be reluctant to change their

practices at the College, because they were very set in their ways, felt that what they were doing was fine, were resistant to being accountable, or that they would simply be unable to cope with a different way of doing things. This seemed to echo the traditional view the College had about itself, rather than any particular hostility towards change – some members of staff simply did not believe that change was necessary on their part. The feeling (articulated by more than one person, including the Chief Executive and Clinic Director and noted by me at the time) was that, as consultant, I would polish up some of the academic points and perhaps advise on the RQ application, but College life would be largely unaffected, especially in the Clinic.

DISCUSSION AND REFLECTION ON KEY KNOWLEDGE GENERATED IN THE FIRST RESEARCH CYCLE

Organizational characteristics of the College

The College had some unusual organizational features that were probably significant when it came to making a difference. One of the most unusual features of the College was that there were four distinct groupings in operation: the clinicians, the academic teachers, the administrators, and a group of members of the same family. The family are so important that they will be discussed in the next chapter, but the other three groups will be briefly described in this section.

Various factors led to the four groups having little to do with each other. These included the predominance of part-time staff, academic teaching being undertaken at a different site and at different times to Clinical work, and the absence of any training or other activities except for the graduation ceremony that would bring staff together. The requirements for change at the College made this lack of collaboration a significant disadvantage. Moreover, healthcare services that might be comparable with the College Clinic tend to have two teams – management and service delivery – that

both include most of the same people (Holsgrove, 2006). At the College, though, even in the Clinic, the composition of the management and service delivery teams scarcely overlapped at all. In fact, the only clinician with any real management function also did some theory teaching and was a member of the family. She was, uniquely, a member of all four groups.

It is true that patients and students can be identified as fifth and sixth groups, but they were users of the services ('consumers') rather than providers, so operational issues were mainly associated with just the first four. However, the student group certainly cannot be ignored because they were an important source of my research evidence and were actively encouraged to be very much involved in the process of making a difference.

Before looking at the family group in more detail, it will be helpful to briefly review the other three groups, particularly since, as I have described earlier, one member of the family (BB) was also a member of each of the other groups.

Part time staff

All but two College employees were part-time, and a considerable number of them never met each other from one year to the next. Also, almost every Osteopath working for the College carried out their main employment in their own Clinics, which were usually at their homes. Therefore, they tended to work in relative isolation and were not particularly dependent on the College for income or any other advantages of employment such as pensions, sick pay etc. Surprisingly under such circumstances, I discovered that the College had no legal contracts with any of the part time staff. This was even more surprising considering that the Chair of the Board was a lawyer. Instead, the College relied on what it called goodwill (and management theory would describe as psychological contracts). As

Furnham (1997) points out: “the problem with having these rather vague, implicit contracts is that the employer may not know when he/she has broken the contract” (p682). In fact, of course, the employee might not know when the contract has been broken either. It could be argued that all of these factors might present obstacles to making a difference, and that they might also impact on the consultant/client relationship, especially during the change process.

The Clinicians

The clinicians constituted the kind of team described by Clutterbuck (2002) as a ‘stable team’. “These teams perform the same task, or variations of it, with relatively stable membership. Participants fall into routines easily and rarely question how work is done. Only under crisis, normally externally generated, do they put great effort into learning – sometimes not even then”. (p68).

The Clinic Director, BB, led the Clinical team. Clutterbuck’s description in the previous paragraph fits the situation that I found in the Clinic very well. This, in its turn, also goes a long way towards explaining why, on inspection by the GOsC, the Clinic was found to be highly unsatisfactory when measured against the standards expected of a modern teaching clinic.

The academic teachers

Academic teaching was carried out on one of the University sites, some miles from the Clinic. With a few exceptions, academic teachers did not do any clinical work with the students and the clinicians did not deliver any theory teaching. A few of the academic teachers were staff of the University, none of whom was an Osteopath, and their teaching was generally rated in evaluations by the students to be better than that

provided by College staff. They were also generally more popular and more respected.

The administrators

The only two full time employees of the College were the Chief Executive (HH) and secretary (JJ). When I first became involved with the College, the Chief Executive ran almost everything. This, I came to discover, was a characteristic that was greatly valued by the family and the Board and their failure to learn from experience worked significantly against the College in a development that I shall describe later when, once again, they handed great powers to someone ill equipped to properly use them.

The Principal and two Vice Principals also had management and administrative responsibilities, but HH retained day-to-day control of these.

The family

Although it was not a family business in the generally-accepted sense, members of one particular family were involved in virtually every area of College activity. This group consisted of EE, who was a lawyer and Chair of the Board, his sister GG who was the College President, and her daughter BB who was the Clinic Director and a Vice Principal.

This family influence could have been an effective instrument of change, but in reality it was nowhere near the powerful force for change that it might have been. Family members would often speak of the necessity for change while at the same time doing things that made it difficult to achieve or, in some instances, that had a negative impact on change by actively supporting the *status quo*. Initially limiting of my role to exclude the clinic and administration is a good example of this, because I soon discovered that most of the aspects of the College that really needed to change were

in the very areas from which my initial terms of engagement excluded me. The case here is probably associated with their tendency to allow considerable powers to a single inappropriate individual, and there are two examples illustrating this in the case study – the Chief Executive and the Clinical Director, who was a member of the family.

OUTCOME: THE CONSULTANT'S FINDINGS AND RECOMMENDATIONS IN THE FIRST RESEARCH CYCLE

My first Consultant's report was based on information gathered during November and early December 1998. The information was obtained through formal and informal contact with the Governors; various documents from the College and the GOsC; a staff meeting at the College; observation of Practical Examinations in Osteopathy in the Clinic; observation of academic teaching at the University site; discussions with the Principal and Vice-Principals, with the Director of Education at the GOsC, with the whole 2nd year student group, with a number of other students including all the year representatives; and detailed semi-structured discussion with three of the 'theory' teachers. I took many pages of notes during this process and they form the evidence-base for the events described in the report.

Although the consultancy brief was two-pronged, with the aim of achieving both re-validation of the curriculum by the University and RQ status by the GOsC, the prevailing focus, as I have noted earlier, was skewed very strongly towards the GOsC. Indeed, the prevailing attitude of the majority (but not all) of the senior staff and administrators was that the curriculum had been validated and now that was all over and done with. Changes that were necessary to obtain RQ would be made, but the feeling was that the College had done all it needed to *vis a vis* the University. I identified three main factors contributing to this view: unfamiliarity with university education, a threat to self-regulation, and the apprenticeship model of training. These can all be seen as organizational barriers to change.

1. Unfamiliarity with university education

The first factor is that very few members of the College staff, and none of the Board, were university graduates. At the start of the consultancy, only the Principal and four of the 29 Osteopaths on the academic or clinical staff held degrees.

The lack of qualifications other than a Diploma in Osteopathy among the staff was later noted by the GOsC in their response to the College application for RQ (GOsC, 1999b, p15) and was strongly criticized in discussion with some key members of the University.

It is interesting to note that after I left the College the number of graduates on the staff actually decreased to 3 (having risen to 6 while I was there) and none of the new senior management team held a university degree.

At the time of my first report, the College view tended to be that a degree was unnecessary (even irrelevant) either to the practise of Osteopathy or to teaching it. The College was certainly not anti-academic, the feeling was simply that academia had nothing to do with Osteopathy. However, all but one of the Osteopathic training colleges in the UK at the time awarded university-validated degrees - and the other one that did not closed down soon afterwards. Therefore, a degree level qualification was, even then, the standard qualification from UK Osteopathic training colleges and students at the client College were keen to receive a degree on completion of the course.

However, the College saw being a qualified Osteopath as the defining criterion for teaching Osteopathy. The appropriate qualification to be an Osteopath was traditionally the Diploma of Osteopathy (DO) because the degree-awarding courses were comparatively recent introductions in all but one college and this, generally (and still) acknowledged as the best in the country, had been awarding a BSc for several years. However, the client College had been awarding its own DO, under its own rules and regulations, for many years. Moreover, it held its own DO in such regard

that the majority of its faculty members were DO graduates of this College (this, too, was subsequently specifically criticized by the GOsC – GOsC, 1999b). Awarding a University degree was felt to be something that might look good in the prospectus but was not particularly important. Indeed, this was later demonstrated when the first batch of students graduated with degrees – the College continued to hold its own graduation ceremony (in addition to, but separate from, the University ceremony) and awarded the graduates with the College DO as well.

By contrast to the College attitude, the GOsC and University (and, to be fair, most other Osteopathic training colleges) placed high value on the academic standard indicated by a degree. The students at the College also shared this view.

2. A threat to self-regulation

The College had become accustomed to self-regulation, indeed almost complete autonomy, over many years. Since its foundation the College had set and taught its own curriculum; produced and marked its own exams; hired and fired its own staff; and made (and interpreted) all its own rules and regulations, without any external input apart from the very benign influence of external examiners (appointed, of course, by the College). I soon became aware of a strong (and understandable) reluctance to relinquish any of its powers, especially by the Chairman of the Board (AA) and the Chief Executive (HH). As they saw it, (and as HH pointed out in discussions which I noted at the time) the GOsC process left the College free to take care of its own affairs, whereas the University wanted to ‘interfere’ by imposing external requirements and accountability. In fact, neither part of this argument was entirely correct. The GOsC had clearly set out what it expected, and if the provision was below standard it would simply not grant RQ. The University, on the other hand, was simply protecting its own interests and standards. Both organizations, if approached in the right way, had the potential to be extremely helpful to the College (as proved to be the case). Being hostile or indifferent towards either of them really would not help (as we shall soon see!)

3. *The apprenticeship model*

The third factor is closely related to the previous two, though there is a subtle difference – one that needs to be approached in a slightly different way. The tradition of Osteopathic training is that it follows an apprenticeship model, rather than an academic one. As such, some members of the Board, management and staff saw it as none of a university's business. This attitude is from the same frame of reference as the one that saw the Clinic as none of the Consultant's business because I was not an Osteopath and, therefore, could not possibly understand what it was all about. It also goes some way towards explaining the lack of academically-qualified staff.

Even as I was preparing this thesis, the College attitude, which changed noticeably during my involvement, had once again reverted to a considerable extent. There have been major changes to the Board, but teaching is still predominantly by non-graduate Osteopaths and the majority are still ex-pupils of the College. As soon as the factors driving development were gone, it reverted to type becoming complacent, insular, authoritarian and once again falling foul of external stakeholders and the students.

Evidence for the Report

At the time I thought that this would be the only cycle of research – I had no idea that I would be asked to continue beyond this report. Consequently, I used research methods that would provide information that would enable me to fulfil my brief:

to assist in the process (of obtaining re-validation of the curriculum and Recognition of the qualification by the GOsC) by scrutinising the curriculum, recommending strategies for its development and quality

control, and providing advice and professional development for those who teach and examine on the course.

(Holsgrove, 1998).

Both qualitative and quantitative information was needed, though it was predominantly qualitative. Direct observation was clearly an essential instrument of data-gathering and sixteen half-day sessions of academic teaching were observed and evaluated. I also sat in on 2 days of practical examinations held at the Clinic and observed Clinical teaching over several days. As mentioned earlier, I made my observations of academic teaching using standard academic audit procedures and principles used by the Quality Assurance Agency for Higher Education (QAA, 1997) and those I have outlined elsewhere (Holsgrove, 1997a, pp 207 – 9). These were:

- content of the teaching session
- teaching plan and organization of materials, students etc
- linking the theory with other teaching or Clinic work
- delivery of the teaching
- interaction with the students
- student involvement (were they active participants or passive recipients?)
- quality, usefulness and use of visually aids and handouts.

My observation of the examinations focused on the content of the examination, how it was conducted, how examiners briefed the students and interacted with them during the examination, and issues of validity reliability and feasibility. (For further information on validity and reliability see, for example, Holsgrove, 1997b, 1997c and Southgate, 1997).

I also gathered information through informal and semi-structured discussions with students, both individually and in small groups. During this research cycle, I also held informal individual discussions with almost every member of staff, with each member of the Board, with officials at the University and officers at the GOsC. Lengthy and detailed discussions

were held with three members of the academic staff. I also attended the meeting at the GOsC with the two Vice-Principals and brought away papers supplied by the Council, together with my own notes of the meeting. I read documentation from the University and GOsC, student's records of progress and Clinic Logs, various items of correspondence and other relevant documents supplied by the College office.

Having gathered evidence from a variety of sources, I proceeded along two lines. Firstly, since the object of the exercise had been to report on what the College needed to do in order to meet GOsC requirements, I compared my findings with the published GOsC Standards (GOsC 1999a). Because my remit was limited at this stage, I was concerned only with the academic standards, not those that would govern the clinical work, facilities or business and management aspects of the College. My report, outlined below, was based on my interpretation of the evidence compared to the GOsC Standards.

Later, on completion of the consultancy task, my role at the College changed and I revisited the evidence, and added considerably to it, in order to build a more comprehensive picture of the College, agree this with the Board and Senior Management Team, and plan a strategy for development in order to meet the GOsC Standards and University validation requirements.

Summary of recommendations from research cycle 1

The executive summary of my first report to the Board is included here to illustrate the changes recommended as a result of findings in research cycle 1

The Consultant's First Report to the Board – 10 December 1998

Executive Summary

This report looks at various aspect of the (name of College) curriculum. It identifies areas where there might be problems with the curriculum and indicates how these might be improved. In particular, earlier patient contact is urged to maintain motivation, help students to appreciate the relevance of the basic principles they are learning, and change the balance of the curriculum which appears to be too theoretical at present.

The following specific recommendations are made in this report. Those which are in italics may be considered urgent, the remainder are medium-term aims.

A. Regarding student learning and the curriculum:

- 1. Enable students to identify their own preferred learning styles and ways in which these can be utilised**
- 2. Introduce students to learning methods which they can continue to use after their formal education**
- 3. Select the most appropriate teaching and learning methods for each task**
- 4. Modify teaching and assessment to promote good learning strategies**
- 5. Substantially decrease the amount of didactic teaching**
- 6. Use a variety of approaches in every session (didactic, small**

groups, whole-group discussion, practical)

7. *Have several breaks and changes of activity within teaching sessions*

8. More clinical experience is required and much better monitoring of what students are actually doing in the clinical setting is essential. Introduce patients (real and simulated) very early in the course and give the students substantial experience of working with them

9. Relate scientific principles to practical observations, experiments, patient experience and case histories, so that students can see their relevance

10. Integrate teaching and assessment across subject boundaries - develop a holistic approach to teaching

11. *Make students active participants and stakeholders in their learning*

12. Give the students interesting and relevant work to do off-campus, supported with appropriate learning material. Significantly reduce the amount of book-reading and essay-writing required

13. Prepare student study guides for each topic, following an agreed format and including both the general aims and specific learning objectives.

B. Regarding student assessment:

1. Short Answer Questions (all urgent)

I. standardise the format

II. standardise the number of marks available for, and time spent on, each item

III. be much more specific about what is being asked (eg instead of 'list the principles of xyz' ask 'list the 4 key principles of xyz')

IV. be much more specific about exactly how the marks are awarded

V. require all students to answer all questions - do not allow options such as 'answer 3 from 6'

VI. brief the students in advance about the number of items and how long to aim to spend on each.

In the medium-term I recommend that it would be worth considering replacing SAQs with a more modern format such as Extended-Matching Questions.

2. Long essays

I would recommend that if they are to be used at all, long essays are used occasionally and only for in-course assessment

3. Practical assessment

I. students should accurately complete a clinic log which stipulates all the techniques they will need to be proficient at on graduation and recording their progress towards achieving this. I recommend that this log should be issued at the start of year 1 and contain items which the students can begin to record very early in their course.

II. two examiners, marking independently, are sufficient - there is little point in having more than 2 examiners for any aspect of examinations

III. it is much better to increase testing time than to increase the number of examiners

IV. students should be allowed to demonstrate the technique without interruption and then asked questions afterwards. Furthermore, ratings for their performance under questioning should be recorded separately from (and not added to) their rating for physical examination

4. Examiners

I. even if there is not time to train examiners, they must be properly briefed. This briefing should remind them to be

polite to the students, who will be anxious in any case and might misinterpret lack of politeness as hostility

II. examiners should be properly selected; trained; supported; monitored given feedback; and rewarded. I recommend this to you, for immediate attention, as one of the most important steps that can be taken.

5. External audit

External audit of the curriculum, teaching and examination processes would be a very significant advantage to (name of College), placing it above many other colleges. This could later be developed into an internal audit system.

RESEARCH CYCLE 2: WALKING THE TIGHTROPE

Introduction and orientation

Research cycle 2 was based on the findings in the first cycle and the recommendation contained in my first report to the Board (December 1998). The first research cycle, which was originally intended by the College to be my only involvement, clarified the requirements of the validating University and, more importantly at this stage, the GOsC and mapped the status quo in relation to them. It also identified and prioritised improvements to the College's educational provision that would be required in order to meet these standards. Cycle 2 included further research into areas of the College not included in the first cycle and incorporated all of these findings into a management plan so that the required standards would be met. The methodology broadened considerably in this research cycle (only to narrow dramatically in cycle 3). Direct observation and interviews continued, but I now had access to more College documents and also had frequent meetings with senior officers of the GOsC and the University, from which I took notes.

This second cycle of the work came as a surprise to me because I thought that I had completed my task with my December 1998 report to the Board. It extended from January 1999 to the summer of 2001 and was the most active and complicated aspect of the project, principally involving working out how the College had reached the situation it was in and how to get them out of it. In other words, why it had not made the required difference already, and how to be sure that it did in the limited time available. In this section I shall give an overview of events. In the final chapter, I shall pick up several of these to illustrate aspects of making a difference, walking the consultancy tightrope and addressing the research question.

A major component of the RQ application was the College's self-assessment of its progress towards meeting Standard 2000, and I shall return to this later.

This cycle also saw the development of a new curriculum, which was intended to be validated by the University and implemented in September 2000.

This research cycle began with a significant and unexpected change in role for me. On presenting my report to the Board, in the expectation of receiving my cheque and bidding farewell to my client, I was actually asked to take on the new role of Academic Dean and implement the educational changes that I had proposed. Thus, I switched from consultant making recommendations, to manager implementing them. My change in role meant that in addition to identifying what changes needed to be made, I also had to implement many of them and setting in place the knowledge management, leadership, team development and responsibilities involved in achieving this. I had to make a difference and the issue of making a difference suddenly became personally important.

What needed to be done?

The key features of this research cycle included strategic planning, measures to strengthen the academic management team, establishing some new teams and areas of responsibility, improving interaction with and between faculty and students, and delivering targeted faculty-development workshops. The aim remained to ensure that the College would meet GOsC and University validation standards. These were quite explicit, so the goals were clear.

A crucial aspect of this cycle was the preparation of the College report on its provision for the GOsC. The GOsC would then review the report, make their own detailed inspection, and in turn make their own report to the College. During this research cycle, and afterwards, a number of issues were identified that affected the ability to make a difference. Therefore, along with researching the College provision, the research extended to

gathering information on the process of and obstacles to making a difference, particularly with regard to the situation that the College was in.

The first element of the actual process of making a difference, as opposed to finding out what difference had to be made, was taking action on the areas identified as urgent in my report to the Board, and in preparing the report for the GOsC showing progress towards their *Standard 2000* (GOsC 1999a).

From September 1999 the focus shifted to the College's response to the GOsC Report. This involved substantial reflection and the generation of a range of options for making improvements. It probably represented the stage where the College, as a whole, finally began to operate as a learning (as well as teaching) organization and, for the most part, understood what had to be done and what their roles would be in doing it. There were, though, conspicuous exceptions, as we shall see.

KNOWLEDGE CREATION IN THE SECOND RESEARCH CYCLE

In this research cycle, knowledge was built concerning the College's educational provision, the requirements of the GOsC and the validating University, and improvements that would be required to enable the College provision to reach the required standards for RQ and validation of its exit qualification.

The principal sources of information, on which the knowledge base was established, are outlined below and evidence was typically triangulated so that different sources of information and evidence yielded compatible findings.

Evidence for this cycle of research was obtained from many sources, including records of meetings, together with summaries of material relating to the College management submitted to the GOsC. The quantity of

paperwork gathered was very large- the GOsC application alone filled several boxes and had to be transported by taxi.

The Chief Executive was a valuable source of information during this cycle of research and other senior members of the College staff also contributed to the knowledge base. The students, too, continued to be a valuable source of both information and suggestions for improvement.

As this research cycle developed, patients were surveyed and interviewed and many of the improvements in the Clinic and at the Clinician/patient and student/patient interface were based on their contribution.

The University became an increasingly-important partner in this cycle as the time for formal validation of the curriculum and assessment programme approached.

The University

Meetings at the University became more frequent and detailed during this research cycle. Although focusing mainly on the requirements for validation of the exit qualification, the University officers were also insistent upon the College gaining RQ from the GOsC before fully approving the BSc qualification since they did not want to find themselves in the position of validating a qualification from a course that did not meet the standards of the statutory body.

Some of these discussions were highly confidential, and must remain so.

I had numerous (often confidential) meetings with the Vice-Chancellor, who took a great personal interest in this matter and offered valuable advice, as well as other senior University faculty members.

There were also two key University documents:

*University Documents: Academic Standards and Quality Committee,
1996*

University Documents: Academic Standards and Quality Committee, 1997.

These set out the requirements for validation and how the College curriculum and assessments mapped to them. Both indicated work still to be done in order to achieve validation.

However, since the main aim of the whole project was to attain RQ status, the most important evidence in this research cycle is the College's application for RQ and the GOsC Report on the College submission and the recommendations it sets out.

The GOsC publications.

These continued to serve as a reference point throughout the second research cycle and were supplemented by an additional GOsC document:

GOsC (1999b) Process for the Recognition of Osteopathic Qualifications: Report Regarding Application for Recognised Qualification Status by (name of College).

This, as the title says, reported on the GOsC response to the College's application and was a key document in shaping the second part of research cycle two.

There were also three other GosC documents that were extremely important in this research cycle:

Developments towards Standard 2000

The detailed Profile of Provision

Summary of overall course provision in the context of GOsC values.

These three were documents to be completed by the College which would form the basis for the inspection visit by GOsC officers and, subsequently, the RQ decision.

Further meetings with the GOsC

Notes from both formal and informal meetings with the GOsC added to the knowledge base and helped to shape the strategic response to the GOsC requirements.

Direct observations

I continued to make observations of teaching at every teaching weekend and also in the Clinic.

In the light of evidence gathered in the first research cycle, I was charged with reviewing the College management and administration.

Staff and student surveys

A number of anonymous questionnaire surveys were conducted among both staff and students. All teaching and Clinical staff were included, as were all of the students. Response rates were generally very high (the student response rate was typically approaching 100%).

The main topics were evaluations of theory and Clinical teaching, in which individual teachers (including myself) were identified. This covered 15 items for theory teaching and 9 for Clinical teaching, such as “objectives clearly defined and expressed”, “relevant and appropriate content”, and “effectiveness of teaching”. Rating was on a 5-point Likert-type scale and additional, written-in comments were encouraged. These evaluations provided rich data that almost always confirmed the evidence of direct observation and student interviews, whilst also sometimes raising new issues.

Reports from evaluations were used for individual confidential feedback to the teachers concerned, as well as to enhance the developing knowledge base.

Discussion with staff and students

I continued to have both semi-structured and unstructured discussions with students, theory teachers and teachers in the Clinic. This was partly to obtain further information leading on from findings in the first cycle and, later, to monitor changes that were introduced as this research cycle progressed.

Patient interviews and surveys

I carried out confidential interviews and surveys with a representative sample of patients. These identified several points that they liked about the Clinic and the care they received and were also critical of a number of aspects and suggested several improvements, most of which were implemented.

The College *Summary of overall course provision in the context of GOsC values*

This was essentially the College's application for RQ status. It was a document of some 50 pages which was submitted along with a huge (ie a taxi-full) of appended material such as curricula, examination data, College publications etc.

The core document covered each of the headings and sub-headings in *Standard 2000* (GOsC, 1999a) and required a written description of provision, a rating on a 4-point anchored rating scale (*well developed, developed, under-developed, absent*) or both for each element (such as *problem solving and thinking skills* {item D3}). The headings covered curricular matters such as *concepts and principles of osteopathy*, professional development issues such as *professional self-evaluation and development by means of reflective practice*, and administrative points including *staffing, equipment and resources, and accommodation*.

WHAT HAPPENED: THE STORY OF THE SECOND RESEARCH CYCLE

The tightrope walk begins

Until now, I had been engaged to carry out a straightforward consultancy task to identify the improvements necessary to meet the GOsC and University standards. Even though I soon discovered that some important areas had been excluded from my remit, I had been able to report to the Board on a number of requirements. During the second research cycle, however, things were to get a lot more complicated as my role was extended to actually implementing my recommendations as well as being in charge of the day-to-day running of the College. With the extent of the changes needed, many of which had not been identified at the start of this cycle, and the organizational and political issues within the College, this was never going to be an easy task.

Faced with the unexpected responsibility of running an Osteopathic training College, my first task was to get 'the big picture' and familiarize myself with the way the College ran, plan urgent and medium-term changes, agree a strategy about the way forward, and prepare an implementation and support framework for reaching the goal of RQ.

We were by now on an extremely tight timescale, with our RQ application needing to be lodged in April yet with very little work having been done to date. I also decided to submit the accreditation documents to the University during the summer so that it would be done by the time the official decision on RQ came to be made in September. This seemed to be the only feasible way of handling these two issues in the time available.

In order to accomplish these tasks, I established a Senior Management Team of the Vice-Principals, the Chief Executive and myself. We considered the work we needed to complete and the timescale within which we must operate. These are discussed below, but first it is appropriate to consider some relevant issues of leadership and management. Relevant

not only to successfully attaining both goals, but also in giving the College a firm foundation for the further development that would be necessary to sustain RQ and accredited degree-awarding status and build as a business. This involved creating a progressive learning culture within the College – a learning environment within a learning environment.

Application for RQ status

When I was first engaged as a consultant, the College intended to apply for RQ by April 1999 so that it could come into effect from May 2000. Success in obtaining this would have ensured that students graduating in the summer of 2000 (ie the final intake of the old Diploma course) and thereafter would have automatically become Registered Osteopaths.

Application for RQ status involved the submission of the College's Profile of Provision. This is a formidable document set out under 26 different categories of performance indicators and running to almost 250 pages in length. The GOsC, who drew on several sources in its preparation, supplied the template for the Profile of Provision. However, it was based on the 16 'areas of capability' in Standard 2000 with an overall framework derived from the QAA Subject Review Handbook (QAA, 1997). It also reflected the values identified at the Osteopathic Institutions Liaison Conference in October 1997:

Provision of:- an effective learning environment; - high quality learning; - structured, progressive and sequential learning; - opportunities for self-reflection; - opportunities to demonstrate scholarship; - opportunities for interprofessional collaboration.

There were also 10 additional headings:

Q Management

R Staffing

S Staff development

T Accommodation

U Equipment and resources

V Liaison and marketing

W Students

X Teaching and learning (application of curriculum and course structure)

Y Curriculum

Z Assessment and recording of progress.

Of the 26 headings under which the application is made, no fewer than 19 are concerned directly with the content, organization and delivery of the curriculum and assessing student progress. This shows the relationship between the RQ process and University validation – there was so much common ground that I felt it absolutely essential to make progress jointly with the University and the GOsC. In addition to formal responses to the GOsC performance-indicators under each heading, it was also necessary to append numerous supporting documents, including some sourced from the University, leading to a final submission that amounted to several boxfulls.

University validation

Even though the College had traditionally awarded its own Diploma in Osteopathy (DO) to students successfully completing the course, the content, delivery and assessment of the DO curriculum was decided by the College and not liable to external validation or QA. In contrast, all but one of the other Osteopathic colleges had established academic links with universities and had developed validated curricula leading to the award of a

university degree. The College eventually decided to follow suit and approached a university in 1995. However, almost at the final stage of the validation process, the university declined to validate the course and terminated the relationship. This happened some time prior to my engagement by the College and it has been difficult to find out exactly what occurred. Therefore, it is difficult to explain why this important difference had not been made. Some documentary evidence appears to have been lost at the College and other documents may not have been made available to me. However, discussion with various individuals who were involved in the validation (particularly DD) suggests that the curriculum offered for validation, which was basically the College Diploma curriculum, was of inadequate quality.

The College then made contact with a leading academic in medical education (MM) who was the Secretary of State's appointee to the GOsC. He introduced the College to a second University, which was much larger and more prestigious than the one originally approached, with a highly-rated School of Health and Biological Sciences. It was also much closer geographically than the first university. Indeed, at first I found it difficult to see why the College did not go to them in the first place – though it later became clear (from informal discussions, which I made a short note of) that the university it first approached was felt to be less demanding and validation would be easier to achieve.

The second University also required high standards of curriculum design, teaching, learning and QA. Comments to me made it clear that some individuals perceived this as a threat, rather than an opportunity. It was argued by some as another reason that the College should continue to award its own un-validated qualification. However, this was a completely unrealistic option in view of both the RQ process and the situation in all the other Osteopath training colleges.

In the event, though, the University proved to be extremely supportive towards the College and was helpful throughout the validation process. The

College Principal (CC) and academic Vice-principal (DD) (both university graduates) headed the validation project. Both were well-regarded by the University and University sources have indicated (and I recorded in my field notes) that their professional approach to the task was an important factor in establishing a positive relationship. Nevertheless, the process did not go without incident.

The College curriculum was originally considered for validation by the second University in September 1996. However, the validation panel expressed concerns, in particular that “the Programme team as tutors on what was traditionally a highly skilled vocational training needed more time to develop the concept of teaching and learning at undergraduate level” (University Documents: Academic Standards and Quality Committee, 1996).

My own reflection on this was that it was an accurate and perceptive view and the decision not to validate at that time was correct. The academic standards and practices at the College were a lot poorer than was generally recognised by many of those in authority. My own research was the first proper evaluation that had ever been made of the delivery of the curriculum and many people (with the general exception of the students!) were surprised at the findings.

The curriculum was revised and re-submitted. After further consideration by the University, validation was granted in May 1997 (University Documents: Academic Standards and Quality Committee, 1997).

I was not given sight of the validation document until a copy came my way in June 2000. However, various issues discussed at the validation event were of relevant to subsequent developments at the College and it is interesting to see that many of the criticisms and recommendations made by the University at validation were also made, independently, by me 18 months or more later.

The management of change at the College

As I reflected on my observations and research findings, I concluded that there were two main issues at play. The first was a high degree of complacency about the extent of change that would be required to meet the external requirements. The second was that, even though the College had very strong links to the GOsC, knowledge about the standards that would be required was either not being adequately assimilated or it was not being appropriately transferred and translated into action. Since both of the College contacts with the GOsC were highly experienced and very intelligent people, it seemed likely to me that knowledge transfer, rather than understanding, was the problem. This, again, raises another paradox, for the GOsC contacts were both members of the highly influential family group at the College.

Thus, I concluded that the strategic plan for the College must have two main elements in order to achieve transformational change. The first was that the external requirements should be clearly articulated and compared with the present status and the steps necessary from the status quo to the required standards should be identified and agreed. This would clearly set the goals in place, indicate the timescale available (which was extremely limited) and provide the 'big picture' for all the major stakeholders (staff, students, GOsC etc). The second factor, inextricably linked to the first but conspicuously lacking when I was first engaged, was to improve knowledge transfer within the College. Obstacles to the first of these criteria included complacency and those to the second included the part-time nature of the College, having different teachers of theory and Clinical practice, and very limited opportunities for members of staff to meet each other.

Ellis and Kiely (2000) cite Marshak (1993), Schön (1995), and Flood and Romm (1996) to emphasise that in a rapidly changing environment (which the College was about to become), transformational change is essential for long-term business survival. There can be few business environments

where this was so starkly clear than at the College. The required standards and the date by which they needed to be achieved had been clearly spelled out and were about to be enshrined in legislation. Failure to meet the statutory requirements would mean the end of the College – it was as simple as that. Yet, apart from the very late engagement of a consultant, the College, despite its potential access to information from the heart of the GOsC, had done virtually nothing about the required changes.

Therefore, the first step in effecting change at the College was to convince the key players that the environment was, indeed, rapidly changing, and then to identify the appropriate responses. However, even at the time of my appointment, the evidence reveals an expectation that little needed to be done. They knew some aspects of curriculum delivery had to be improved – two universities and officers of the GOsC had told them this. However, the general view was that the other aspects such as the Clinic and administration, were fine, so my remit at the College was restricted to academic matters and there are only two likely explanations for this. Either it was thought that change would be required only in academic areas, or the Chief Executive (through the Chair of the Board, AA) and the Clinic Director (through her uncle, EE) had insisted that I should not be concerned with their areas of responsibility, the College administration and the Clinic. Since, after only a few weeks, my remit was considerably widened, the first explanation is almost certainly correct and they had assumed that all was well with both the Clinic and administration, but clearly without checking for themselves. All was well; why should we change? - just as Pettigrew (1985) described at ICI. This had created a climate where generally the attitude was often mildly resistant to change, and where it was not resistant it tended to be neutral, at best.

The Senior Management Team

The principal function of the Senior Management Team was to define strategy and provide leadership. This involves having a clear vision of the goal (seeing the 'big picture') and motivating those who will achieve it.

The Senior Management Team was very small initially consisting of the two Vice-Principles and me, with administrative support from the Chief Executive. Under other circumstances, it would have been helpful to have had a larger team, but this was simply not feasible. The main problems were logistical. Both of the Vice-Principals had busy practices of their own, so their time was limited. The Clinical Director, although she lived quite close to the Clinic, also had two young children to look after. The other Vice-Principal lived over 50 miles from the College, and most of the other staff also lived a considerable distance away. An additional problem was that the Chief Executive became increasingly unwell, due to a longstanding health problem, and her attendance at the College was becoming more and more erratic. However, the Vice-Principals and I did manage to meet at least once a week during this stage and the Chief Executive joined us whenever she could. All four of us were in almost daily telephone contact, although we did try not to bother the Chief Executive when she was off sick. Sometimes, however, it was inevitable because she was the only person in possession of quite a lot of key information. In fact, having seen at first hand the dangers of having so much power and information residing with just one person, I was determined that one principle of College reorganization would be to ensure that this could not happen again. Interestingly, some time after leaving the College I became head of department at one of the medical Royal Colleges and found almost the same situation. The deputy head had been there longer than anyone else in the department and personally ran two major projects. She left and moved away from the area within a few weeks of my arrival and the team members who took over her responsibilities found great difficulty in locating material or understanding how and why certain things had been done.

One of the advantages of having a small team is that business can usually be dealt with more quickly than with a larger team. However, there is always the risk that something will be overlooked. It also means that the type of resource provided by different types of teamworker will be limited.

Other staff at the College

The College had a small administrative staff, but a large team of academic and Clinical teachers. In order to decide which people to involve in which ways, we classified them into four groups. In some instances, this was done through the personal knowledge and experience of the two Vice-Principals (and, when available, of the Chief Executive). In those instances where we were unsure about anyone's attitude and interest in being involved, I spoke to them personally in private.

A small minority of people were identified who would be very likely to oppose change in any shape or form, even though, as I reported to the Board and to the faculty, the *status quo* was not an option (Holsgrove, 1998). My usual strategy for dealing with this attitude (especially if demonstrated by only a small minority) is simply to sideline these people on the grounds that it is pointless trying to win them round and, if allowed to participate, they will do more harm than good. This is what we had done successfully earlier at Bart's.

Another small group were not in favour of change and tended to speak against it. However, the arguments they raised were based on attitude rather than a realistic appraisal of the situation in hand. We felt that they were 'moaners' rather than opponents, as such, so we saw them as a hindrance rather than a threat.

A larger group were potentially in favour, and certainly wanted well for the College, but they did not want to be involved – often because they simply did not have the time to spare or, perhaps, felt they lacked academic

expertise. We kept this group informed of decisions, goals and progress, and sought their general approval.

Finally, a group of enthusiasts who wanted to be actively involved in the process was identified. Apart from the Senior Management Team, there were ten people in this group. Three were University staff who taught some of the basic and clinical science aspects of the course. The remainder were all qualified Osteopaths. Two taught only in the Clinic and five taught both Clinical and academic aspects of Osteopathy. This was interesting because few members of staff taught in both the clinic and the classroom yet almost all of those who did came forward to join this group of enthusiasts. Thus, not only did we have a group of appropriate size – small enough to be easily managed, yet large enough to generate ideas and undertake the workload – but it was also well representative of the different aspects of the educational programme that we wanted to develop at the College. This, the Curriculum Management and Development Team, became a key group in producing the new curriculum and in implementing change in Clinical and academic teaching. Even when the project was completed, most members of this group continued to play a major part in the life of the College until all but one was removed by my successor.

The first thing to be agreed was to come to a decision about what to do regarding the curriculum. For example, was a new curriculum really necessary, or would the existing one suffice – perhaps with some minor adjustment? As it turned out, most of the key players took little convincing and there was general, though not universal, enthusiasm about the idea. Three members of the team favoured amending the existing curriculum, but nevertheless accepted the decision to start from scratch. Similarly, the proposed modular format met with approval, despite the fact that only the University staff who taught on the course and I had any experience of a modular curriculum and word-on-the-streets was that a modular curriculum was unsuitable for Osteopathy. However, the three University staff were

very supportive of my point of view on this and, since they were highly thought of by College staff and students, this helped a great deal.

The students were also consulted on this and they were strongly in favour of a new curriculum and also preferred a modular format. (This was evidenced by my field notes and, later, in a student survey by questionnaire).

Thus, we had important support in making a difference. A group of professionals, held in high regard in the College, were in support, as was student (consumer) opinion.

THE APPLICATION FOR RECOGNITION OF QUALIFICATION

Introduction

The application for RQ and the subsequent inspection by the GOsC are inextricably linked to the main activity in this research cycle, which was the preparation and submission of the College's formal application to the GOsC. It is helpful to outline a few of the key aspects of this process because it assists our understanding of the situation at the College and the process of making a difference.

I had raised many areas for improvement in my Report to the Board of December 1998, including some (such as Clinical supervision) that were outwith my original remit, but nevertheless needed to be addressed. However, in my role as Academic Dean I was soon to discover still more aspects of the College that failed to meet the standards required. Furthermore, in some cases the College would be unlikely to achieve them within the time available. Indeed, various aspects would probably never have reached the required standards without major intervention. Improvements were needed across the board: in management and administration as well as in academic standards and teaching facilities.

We agreed to have the material ready for submission to the GOsC on Monday 22nd March 1999. Although this was a month ahead of the closing date that the Council had set (April 20th), there were two reasons for this decision. First, I had long-standing commitments which would take me to Plymouth from the 23rd until the 26th. I would then be back at the College until the 29th, when I flew to Pakistan and then the United Arab Emirates on consultancy missions until Friday 23rd April. The second reason was that I had made an informal arrangement with the GOsC who would quickly review our application and let us know if anything was missing. We would then have time to rectify this before the closing date.

Responsibilities fell broadly within the areas where each of us was already taking a lead. As Clinical Director, BB would lead in preparing responses to the Profile of Provision (PoP) concerned with Clinical activities. HH (or in her absence the secretary in the College office, JJ) would find appropriate data from the files (student numbers, exam results, progress through the course etc). The academic Vice-Principal, DD, would lead on documentation regarding the academic curriculum, at the same time producing this in the format required by the University for accreditation. Each identified appropriate members of staff to assist them, although for the final month before submission of the RQ application it became clear that the office were seriously behind schedule and I lent them my son to help, too!

College administration

Although the College had a small but very powerful administration, it was to prove a great weakness in making the RQ application (but not in the curriculum development work, where the administrative work was undertaken by the Academic Vice-Principal, DD).

The Chief Executive (HH) kept a firm hold on her power and influence, which was not too difficult in the College environment. However, her poor health, frequent absences and chaotic filing methods meant that much of the information required by the GOsC was very difficult (or even impossible) to retrieve. Indeed, during the preparation of the RQ documents, it came to light that a mass of old College records were in fact stored in a rented garage some distance away from the College building. We learned of this quite fortuitously – even the secretary, former Principal and Vice-Principals did not know of its existence, HH, happened to mention it in passing when we were looking for some old records – “I don’t think they are in the garage?”

In the circumstances, however, we were highly dependent on the Chief Executive and her cooperation was essential. She had so much vital information that nobody else knew that we simply could not have managed without her. Sorting out the College administration would have to wait – our priority was to provide the information required for a successful RQ application and we had only a few weeks to do this in.

As we knew from the briefing meeting in London, the RQ application process was thorough and far-reaching. It consisted of a number of components and the final submission consisted of:

- a 10-page summary of overall course provision in the context of GOsC values
- a Profile of Provision – a detailed description of the College provision, running to 185 pages
- a 50-page summary of the state of development towards achieving the GOsC’s Standard 2000 (GOsC, 1999a, p4)
- several boxfuls of supporting documents.

The GOsC Standard 2000 formed the basis for RQ application. It was intended as an indicator of the standard of performance expected of colleges whose Osteopathic qualifications were Recognised by the time

RQ status was confirmed in May 2000. It was not necessary for all to be developed at the time of application, but that there had to be evidence to justify recommendation to the Privy Council that they would be developed by May 2000. This document was intended to summarize the College's progress towards achieving the required standard, indicating aspects that were considered to have been achieved and those that were, as yet, under-developed. It consisted of the College's own appraisal of its standing in each of the 26 areas presented in summary form on pre-prepared documents provided by the GOsC. This ran to 50 pages and is summarized on the section below on research findings.

The College's submission indicated the general feeling that most aspects were reasonably well developed, although it also recognized that several aspects required further development. In particular, E (communication skills), F (information and data handling skills), G (intra and interprofessional collaboration and co-operation) and I (professional self-evaluation and development by means of reflective practice) had been identified for action and, in fact, this was already under way when the GOsC inspection team visited in May 1999.

Issues of management, staffing and staff development had already been identified as areas for further development and this was reflected in our submission. Moreover, action was being taken in all three areas.

It is clear that several aspects of the situation which was envisaged by May 2000 differed very considerably from my own assessments of that in October 1998, which I had included in my report. In particular, accommodation (point T in the graph under 'research findings in the second cycle') was forecast to be 'developed' in all 6 aspects set out in Standard 2000, yet my own opinion, from the very first moment that I saw the College premises, was that it was highly inadequate. Clearly, to meet this standard the College would have to move within the next 12 months. Even the University accommodation which the College was using at the time was not particularly good, although soon afterwards we did move the academic teaching to much better University accommodation on a different

campus. (This was largely due to the better relationships that I had been able to foster with the University). Also, under the circumstances it was probably not unreasonable for the College to make its assessment of progress as favourable as possible, though it was never likely that they would get away with this one.

The detailed Profile of Provision

This was the main document for the formal submission, to be filled in on a template of 185 pages supplied by the GOsC. The template was the best document of its type that I have ever seen. It had been meticulously designed, with crystal-clear guidelines and examples. In my view, it was also a masterpiece in getting as much information as possible set out and developed throughout the Profile.

Most of this document was word-processed, although some parts, such as the cohort analyses across the programme, were filled in by hand because their layout was so complicated.

Preparation and submission of the RQ application

The original plan had been to deliver the application to the GOsC on Monday March 22nd 1999, and an appointment was made with the relevant GOsC officials. However, a number of problems were encountered that delayed the application. It was eventually delivered on the closing date, April 20th, and without the benefit of being able to go through the submission and supporting documents personally with the officers at the GOsC.

As noted earlier, the original application date had been set because prior commitments (arranged before I had any involvement with the College) would keep me away for most of the time between 23rd March until after

the closing date. Also, we wanted the 'safety net' before the closing date in case it was necessary to make alterations to any of the documents. As things turned out, the final stages of preparation and delivery had to be done without me and I know about some of the things that happened only because I was told them by the Vice-Principal, DD, or my son, RR who helped the College with application. Nevertheless, they do give quite a graphic picture of the mess that the College had got itself into!

Of the three sets of forms that had to be completed - *Developments towards Standard 2000*; *The detailed Profile of Provision*; and *Summary of overall course provision in the context of GOsC values* – only the *Summary* proved to be free from problems. There were enormous difficulties in locating some of the information required for the two main documents. A great deal of the information required to complete the *Developments towards Standard 2000* and, particularly, the *Profile of Provision* was administrative. It covered student admission data for all the students currently enrolled on the course, including their entry qualifications and progress through the curriculum; numbers declining offers or deferring entry; patient profiles (as evidence of the range of clinical experience available to students); teaching contact time; relationships between marks awarded in different components of the course; etc. Many of the archive documents, even comparatively recent ones (in fact, even current ones!) proved very difficult to find. Some came to light long after the RQ application had been made, and others have still not been found to this day.

In the case of curriculum information, the design of the curriculum meant that topics were sometimes covered in several different sessions, even in different years of study. This made it difficult to cross-reference. This difficulty was exacerbated because the curriculum itself was not particularly well written and some (in fact quite a lot) of the content details were vague or missing altogether.

This, though, was a comparatively minor issue when compared to the other problems. The College administration was chaotic. It had clearly been out of hand for a long time, yet instead of getting help and advice, the Chief Executive had covered the situation up. Since she was one of only two full-time College employees (the other being the Secretary who worked under her), had placed herself in such a powerful position, and was so highly thought of by the Board, her work had gone totally unsupervised and she appeared to be unaccountable, in any real sense of the word.

Looking back on the situation, my guess is that she and the Clinical Director had persuaded the Board to exclude both the Clinic and the administration from my terms of reference. HH, through her long-standing relationship with the Chairman, and BB because the Vice-Chairman at the time was her uncle, both had huge influence over the Board. It also became clear that both HH and BB had a lot to hide.

Eventually, the three documents were assembled and supporting material was cross-referenced and put into filing boxes before being loaded into a taxi and taken, by my son and HH, to the GOsC headquarters just an hour or so before the deadline.

Inspection visit by the GOsC

On May 9th and 10th 1999, three weeks after the RQ had been submitted, the official inspection of the College took place. The purpose of this visit was to verify key facts in our application and to carry out an inspection of the facilities and interview students and staff. Even though the inspection would last only two days, the team actually brought the whole of our application, including all the appendices, with them!

Interviews by the inspection team

Of the Senior Management Team, the GOsC inspection team first saw the academic Vice-Principal. On returning to the room where we were waiting she seemed reasonably positive about the discussion and reported that the inspection team had seemed very interested in the plans we were making for the new curriculum. They were impressed that the College had made a critical review of its academic provision and was planning for short, medium and long-term development. They saw this as an important and worthwhile (if rather overdue) exercise. DD became aware that the inspectors were not particularly impressed with the existing curriculum and they had experienced difficulty in finding certain inter-relationships between various academic components in the curriculum documents. She reported that they had been critical of the predominance of didactic teaching and were positive about the plans to introduce more imaginative and active learning methods. They were also critical about the apparent lack of IT facilities available to the students.

The second of us to be interviewed was the Clinical Director. On returning to my office where DD and I were waiting she seemed very unhappy. She told us that it became increasingly clear during her interview that there were aspects of the Clinic that the inspection team found unsatisfactory. Indeed, her first comment on entering my office was "It's the Clinic – they don't like the Clinic". In particular, the inspectors told her that they thought that the Clinical teaching was not up to standard and that students were not planning and recording treatment adequately. She said that the team felt that some of the students were following Osteopathic procedures, but without properly understanding what they were doing. However, she disagreed with this conclusion saying that the inspectors simply had not understood what they were seeing and she blamed one junior Clinician on duty that day for not explaining properly to the inspectors.

I discovered, though much later, that immediately following this meeting with the GOsC, BB rang her uncle to resign from the College. However, her resignation was refused and she remained in post.

The inspectors' conclusion is in line with my own observation in Research cycle 1 which was contained in my first Report to the Board: *".....there may be a problem with either the teaching or the assessment of this aspect of the course (practical Osteopathy)"*.

In my own interview by the team, which was wide-ranging and much longer than either of the Vice-Principals had taken, some additional concerns came to light. In particular, they noticed that the College had for many years appeared to lack vision and forward-planning (in fact, they were very blunt about this), although they did acknowledge that it was an issue that was beginning to be addressed in the short time that I had been Academic Dean. They also acknowledged that my main priority as Dean had been the RQ application, though I had also identified many areas requiring further development over the next several months, including the curriculum, assessment and staff development. They were complimentary about some of the changes I had introduced and seemed very positive about others that were planned. However, I was left with a sense that the College had an enormous amount to do and they felt that we might have insufficient time and resources to do it before recommendations had to be made to the Privy Council.

Privately, I was inclined to agree with what the inspectors were implying. It was only since my change of role that I had access to aspects of the Clinic and administration that, as a Consultant in research cycle 1, had not been in my brief. Although my first Report to the Board did contain references to the Clinic, it was mainly about academic teaching and learning. Even on becoming Academic Dean, the Clinic was to remain the domain of the Clinical Director, although I went into the Clinics myself from time to time and became increasingly aware that there were some fundamental problems. Also, I gained insight into the problems with the College administration and these became even worse with the declining health of the Chief Executive. Even so, the extent of administrative chaos that we discovered when preparing the RQ application still came as a surprise. The massive improvements needed in the Clinic and College administration, on

top of those already needed in the curriculum, teaching and assessment, seemed highly unlikely to be achieved in time. However, we had no alternative but to press ahead with the RQ application because details of second-wave applications had not been finalized and, even if we went for second-wave, the graduates of 2000 would not be on the Register, so they would not be able to practise and the Board felt that they would almost certainly sue the College. As it turns out, this is precisely what is happening at the time of writing this section (autumn 2005) at a university whose Osteopathic training course has persistently failed to reach the GOsC standards and whose qualification therefore remains unrecognized.

The report of the GOsC inspection team

The GOsC inspection team published their report on 21st July 1999 and a copy was sent to me at the College. The main part of the report was a summary of the team's findings from the documentary evidence and their visit in May. The key points reported for each of the 26 areas can be summarized as follows:

The inspection team found only two areas out of the 26 that were reviewed to be satisfactory. These were *'personal and individual skills'* and *'equipment and resources'*. In fact, they particularly praised the Integrated Personal Portfolio (IPP) that each student compiles throughout the course. The IPP enables students to record and critically appraise their progress, identify weak areas and integrate theory and practice.

They did acknowledge under certain headings that developments were taking place, for example, under *'management'* they reported that "we experienced energized leadership from the Academic Dean, who appears to have motivated many staff and students to adopt realistic approaches to assessment and other key issues identified in his 1998 report"; and under *'assessment and recording of progress'* they reported that "considerable active development is being undertaken to remedy this through initiatives

by the Academic Dean". They also specifically praised the students, describing them as "highly-motivated and enthusiastic".

The team reported that they had been unable to locate two topics at all in the documentation, which is in line with my own findings. All other areas were found wanting to a greater or lesser extent, and some were quite strongly criticised, particularly the Clinic accommodation and teaching. For example, they felt that most of the Clinical teachers had insufficient experience.

Overall, I considered the report to be a fair and accurate summary of the College's provision and DD shared this view (indeed, apart from the curriculum, which we were going to replace anyway, the academic side of the College seemed to be evaluated reasonably well). However, The Clinical Director (BB) was very defensive about the Clinic, disagreeing with almost every criticism made by the inspectors. Similarly, the Chief Executive dismissed criticism that had been made about documentation, liaison and marketing by saying that there was no need for the College to do any liaison and marketing.

We had identified the need for further development in several areas in our own application, and the inspectors agreed with this. However, the inspection team had criticized several points, mainly concerning the Clinic, which our submission had identified as satisfactory. The question would be what would the College do about it? The answer surprised even me!

Response to the Report

The GOsC report identified so many shortcomings that it was clear that the College would not be granted RQ until most of them were rectified. The majority were to do with the Clinic, and that was a fundamental part of the College activity. I confirmed this view by making some confidential enquiries and, after discussion with the senior management team, we felt that we should withdraw the application, rectify the weaknesses that the

GOsC had identified, get the new curriculum validated and in place, and re-apply in the second wave in March 2000. This advice, having been agreed by the Senior Management Team, was put to the Board.

The family discussed this, without my knowledge at the time. Even though BB was involved in the recommendation to withdraw the application, she must have subsequently changed her mind because our advice was overturned by the family, who decided instead to take legal action against the GOsC!

Following a considerable amount of legal work, much of which was undertaken by EE, I accompanied him to three long meetings with a barrister in London. The barrister's advice was that the College did not have a very strong case and it would be expensive to pursue it. From my notes, I recall that he felt that the GOsC had acted fairly, reasonably and within their powers. Their grounds for finding aspects of the College provision inadequate, he felt, were justified and he advised the College against continuing with legal action against them.

A further family meeting took place, again without my involvement, and this time the advice was accepted. Consequently, the College application for RQ was withdrawn with the intention of re-applying in March 2000.

In preparation for this, I agreed with the Senior Management Team a series of priorities that included improving the Clinic (which seemed almost inevitably to involve finding alternative premises), preparing the new curriculum and getting it validated, recruiting some new staff and getting rid of some others, and setting up professional development workshops for staff. But would it make a difference?

RESEARCH FINDINGS IN THE SECOND RESEARCH CYCLE

Building on the knowledge developed during the first research cycle, further areas for improvement were identified during this much longer period of research. These have been identified in the story of the second research cycle, above. They included aspects of the College organization and facilities, particularly shortcomings in the Clinic. Research also enabled me to gain an insight into the powerful influence of the family group at the College and the sometimes peculiar decisions that they made, often without reference to anyone outside the family. Further examples of this behaviour are reported in the third research cycle below.

In addition to my own findings, in this stage I gained access to knowledge generated by the validating University prior to my arrival and found that this was very similar to what I had subsequently reported based on my own research.

Even though both the first and second research cycles generated rich data on many aspects of the College, there were two key bodies of evidence in this cycle.

The first was the College application for RQ and, in particular, its summary of progress towards Standard 2000 – the standard against which RQ applications would be judged. Although I contributed to this document, based mainly on my findings in research cycle 1, it was mainly concerned with the administration and Clinic and at that time, just a few weeks after my appointment as Academic Dean, I had not had the time to engage properly with these aspects of the College, so they were contributed mainly by the Chief Executive and the secretary, with input about the Clinical teaching and facilities from the Clinical Director.

The second body of evidence was generated by the GOsC. This consisted of their feedback and decisions on the College RQ application.

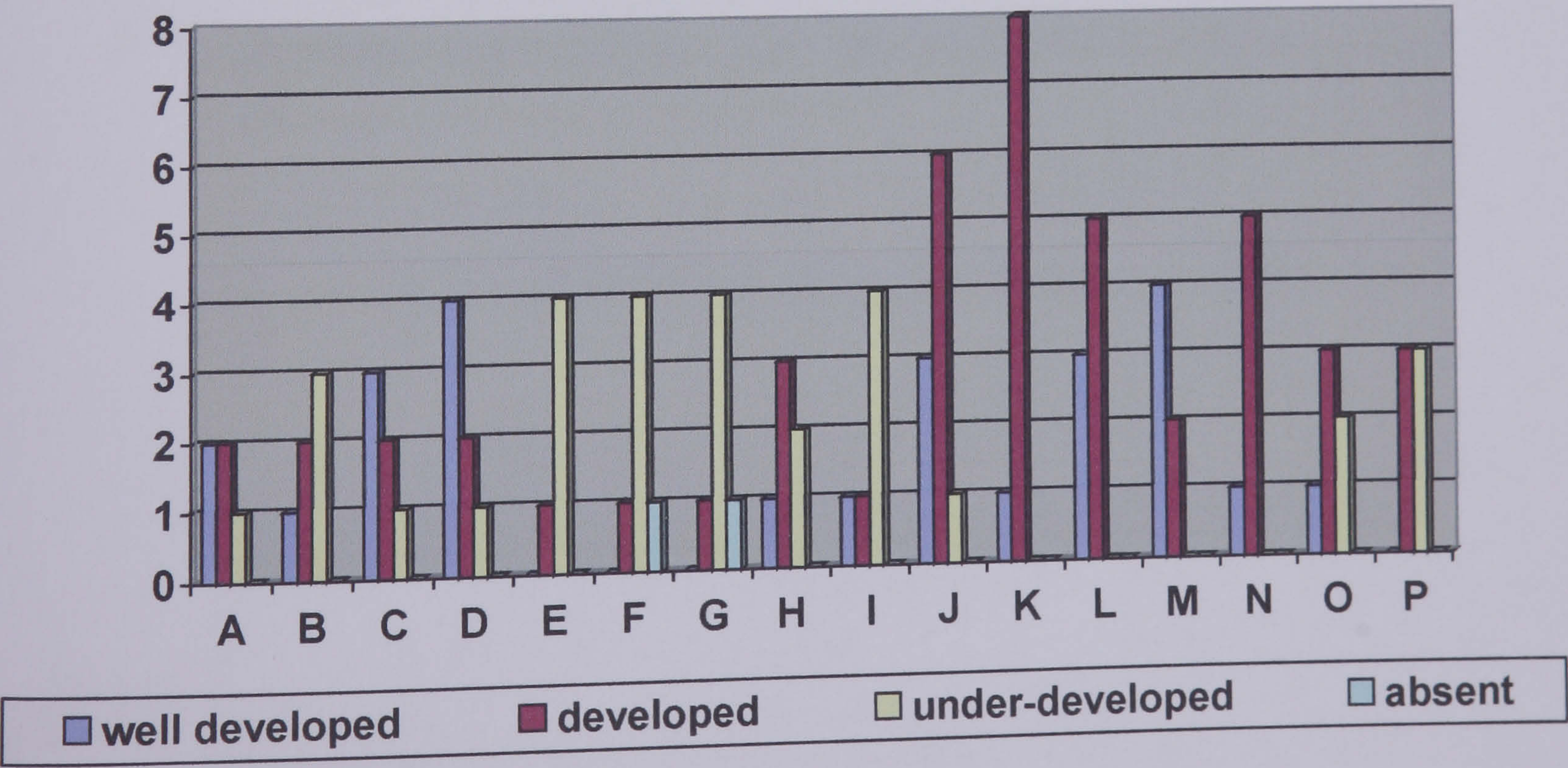
The importance of both these sources of knowledge lies in the fact that the College's application reflected what the College actually thought of its provision (or at least what it wanted to present to the GOsC about it) and the GOsC response because it was a review by the statutory authority, completely independent of the College, on the evidence that had been provided.

The College application: summary of progress towards Standard 2000

The College submission showing progress towards Standard 2000 is summarized in the following two charts. This serves as a summary of the findings in some areas that resulted from research cycles 1 and 2 although, at the time of submission, I had not been able to research those aspects concerning the Clinic and administration so this evidence was supplied by others.

College summary of progress towards Standard 2000

a) in the 16 areas of capability



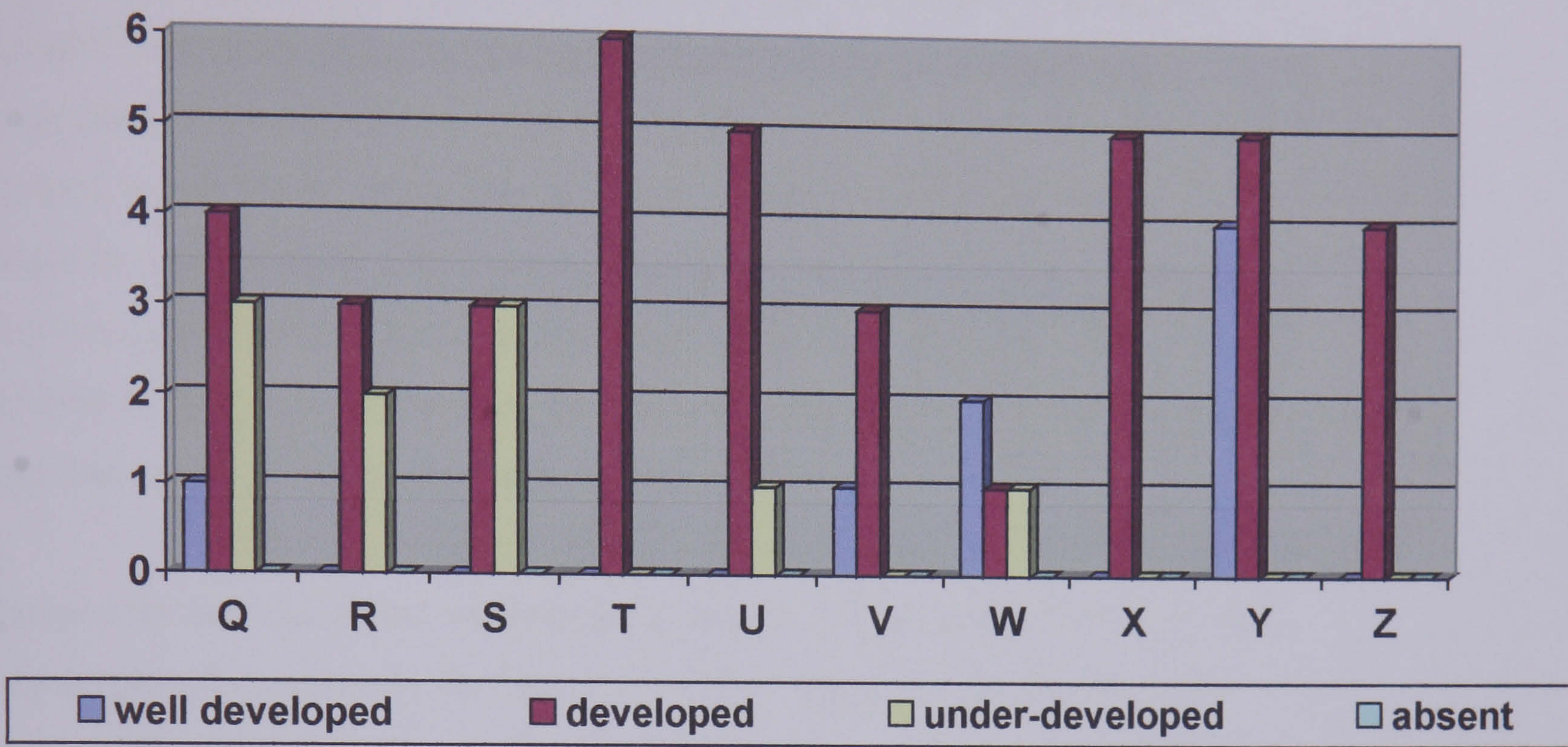
A *Knowledge relevant for the safe and competent practice of Osteopathy*

- B Concepts and principles of Osteopathy
- C Therapeutic and professional relationships
- D Personal and individual skills
- E Communication skills
- F Information and data handling skills
- G Intra and interprofessional collaboration and co-operation
- H Professional identity and accountability, ethics and responsibilities
- I Professional self-evaluation and development by means of reflective practice
- J Identification and evaluation of the needs of the patient

- K Acquisition, use and enhancement of the skills of Osteopathic palpation
- L Planning, justifying and monitoring Osteopathic treatment interventions
- M Conducting Osteopathic treatment and patient management
- N Evaluation of post treatment progress and change
- O Advice and support for the promotion and maintenance of healthy living
- P Operating an efficient and effective environment for the provision of Osteopathic health care.

College summary of progress towards Standard 2000

b) in the 10 aspects of facilities and management



- Q Management
- R Staffing
- S Staff development
- T Accommodation
- U Equipment and resources
- V Liaison and marketing
- W Students
- X Teaching and learning (application of curriculum and course structure)
- Y Curriculum
- Z Assessment and recording of progress.

Knowledge generated through patient interviews and surveys

Patients were, of course, extremely important to the College, so their views made an essential contribution to the knowledge developed during this research, and especially in this cycle. The requirement for teaching necessitated a much larger number of patients than a normal Osteopathic practice would have, and it also required a continuity of care so that students could remain with individual patients throughout their treatment. This brought logistical and administrative challenges that the College was not able to fully meet. However, on the whole the patients got a very good deal, but many of the students fared rather poorly.

There were two particular benefits for patients at the College Clinic. Firstly, they would receive treatment from some of the best Osteopaths around because, for all its shortcomings, it was generally agreed that the Clinical practitioners were carefully chosen according to their clinical skills. Most were highly experienced, although there were also a few more junior Clinicians. (However, as student surveys and personal observation showed, a significant number were not very good teachers or supervisors). Patients being treated by students were supposed to have been cared for under the supervision of the senior Osteopath(s) on duty, but surveys and observation revealed that this was often not the case – even quite junior students were frequently unsupervised or very poorly supervised. Nevertheless, patients reported that they were usually ‘satisfied’ or ‘very satisfied’ with the clinical treatment they received and a substantial number had attended the Clinic over quite a long period of time.

The second advantage reported by the great majority (in fact, almost all) of the patients was that the cost of treatment at the College Clinic was very much less than a private Osteopath would charge. Even though it was located in a prosperous area, a considerable number of patients reported that they would have not been able to afford treatment elsewhere.

Summary of knowledge generated

In the second research cycle further knowledge was generated about the College's educational provision. This built on the foundation of knowledge established in the first cycle of research, providing more specific examples of improvements needed to meet both GOsC and University standards.

However, this cycle also saw a change in my own role and a consequent broadening of the areas for research. This now covered aspects that were specifically outwith my remit in cycle 1, such as the Clinic and the College administration. Serious deficiencies were identified in both. These were particularly highlighted by the GOsC in their verbal and written feedback following their inspection visit and decision not to award RQ status in the first round application.

The evidence that all these problems had been adequately addressed is found in the University and GOsC documents that confirm validation of the exit qualification by the University and the awarding of RQ status following the second wave application to the GOsC.

During this research cycle, I was also able to identify issues concerning the family group at the College and gain insight into the influence they held and the decision-making powers they had built for themselves. Their refusal to accept the Clinical Director's resignation, even when it was obvious that the Clinic was the main problem in the RQ application, and their u-turn on the response to the GOsC decision on the first wave application – in both instances without any consultation beyond the family - are both good examples of this.

DISCUSSION AND REFLECTION ON THE SECOND RESEARCH CYCLE

In this cycle both my role and the scope of the research expanded very substantially. Both built on the work done in the first research cycle. In

respect of my role, I was now charged with implementing my own recommendations and, in order to run the College effectively, I needed to find out a lot more about how it worked.

Generally, implementing my recommendations following research cycle 1 went without major incident. My own assessment of the educational provision and the steps being taken to improve it was agreed without any significant reservations or conditions by both the GOsC and the University. Indeed, the GOsC report specifically acknowledged and supported the steps that were being taken and the University had also done so verbally. In terms of theory teaching and examinations, and staff development, we were on the right track having identified the main problems and implemented a strategy to address them. Although there were a few ruffled feathers, the great majority of the teaching staff and almost all of the students were at least accepting of the changes and, in the great majority of cases, they were enthusiastic about them. This part of the tightrope walk was quite straightforward.

The real problems lay with the Clinic (which was still beyond my direct control) and the administration. We were in the process of dealing with the administration, but this had to be done slowly and very carefully in case it jeopardised the College's RQ application. This was definitely a delicate piece of tightrope walking because it was essential to maintain the cooperation of key players, especially the Chief Executive and Clinical Director, even though they would be dispensed with in due course. This created a real balance of prescription and contingency where a wrong step could see the College heading for the abyss. Too light a touch would not have seen the GOsC application completed in time – and we came perilously close to this. On the other hand, too firm a hand might well have exacerbated the Chief Executive's health problems, losing us the essential information that only she possessed or knew how to find. By the same token, upsetting the Clinical Director might well have brought down the wrath of the family, in which event I would have been the first into the abyss.

OUTCOME

Making a difference?

As soon as we had decided to apply for RQ on the second wave, I called a meeting of staff and students to explain the decision, outline what we would be doing to ensure that our application would be successful, and explain to the students who would be completing the course before RQ was obtained what special arrangements would be made for them. I had previously agreed these special arrangements with the GOsC, and their Chief Executive was at this meeting and addressed the students. Members of the Board were also present.

This was an important meeting for many reasons, one of which was that all kinds of rumours had been circulating and we were able to set the record straight. In fact, it proved most successful and both staff and students left it in a very positive frame of mind, confident that we would achieve our aims.

One of my first tasks was to hold private meeting with students and staff. During the first semester of the 1999/2000 academic years I met all the student year representatives, other individual students who accepted my invitation to meet in private, and also each year group of students. I took notes during each meeting and checked these before ending each meeting. I then supplemented this information with a confidential questionnaire, which sought comments to help me to decide on *“people I can promote/involve more; people who might need some additional help or advice regarding their teaching; and people we should get rid of”*.

During the first semester of the 1999/2000 academic year I also held private meetings with each member of staff. Each person was asked to talk about their own job, both in their private practice and also within the College. They were also asked whether they wanted to increase or

decrease their commitment to the College, what form these increases or decreases might take, and what training, facilities etc would be required.

Preparing for second-wave RQ application

Much of the process in making our second-wave application was similar to the first. However, it was considerably easier this time around for several reasons.

By this time, HH had retired on grounds of ill health and was replaced by a secretary (LL) who had already made a good start in putting the College administration in much better order. We had also appointed a Clinic receptionist and introduced additional Clinic sessions at weekends.

After negotiation between myself and the GOsC, they had agreed under the circumstances not to press for information that we had been unable to find for the first application.

We now had a clear idea from the report on our first application, supplemented by personal meetings at the GOsC, on exactly what was required for our application to be successful. I had documented these, identified areas of responsibility and agreed strategies for achieving all the necessary improvements.

By the end of 1999 good progress had been made with the RQ application and the new curriculum and most of the required improvements had already been made. It was important to meet this deadline because I had a previous commitment, made before becoming involved with the College, to work overseas in January and February 2000, following which I was to go into hospital for an operation in April. This meant that the application would have to be finalised on my return at the end of February, so most of the work needed to be complete by Christmas 1999.

As planned, the application was completed and submitted on schedule and this time it was successful.

Therefore, research cycle 2 gathered further evidence about the College, particularly in areas of activity that had been specifically excluded from my remit for cycle 1. This cycle, more so than cycle 1, involved the interpretation of this evidence and its translation into an action plan for implementation. The action plan was multi-faceted, involving knowledge management, leadership, team building and resource management and culminated with the successful second wave application for Recognition of the College's qualification by the General Osteopathic Council. Therefore, the tightrope walk was successfully completed. Or was it?

RESEARCH CYCLE 3: AFTER THE CONSULTANCY

Introduction

This stage saw yet another change of roles and responsibilities for several of the key players and events serve to underline some of the main organizational issues that are so important in making a difference. I remained involved with the College until December 2002, so was able to observe these developments closely.

By now, most of the immediate changes set out in cycles 1 and 2 had been carried out and the College knew that it was about to obtain RQ status from the GOsC. The third research cycle was, therefore, distinctly different from the previous cycles in that I was no longer the researcher of information, but was given what it was felt appropriate, and I was no longer in an executive position. Therefore, I was now still involved with the College but as an arm's length observer watching what they did next. As in the previous research cycles, there continued to be surprises.

KNOWLEDGE CREATION IN THE THIRD RESEARCH CYCLE

In contrast to the previous two research cycles, where the focus had been evidence-gathering and strategic planning in which I had been the key player, the third research cycle saw me in the role of a relatively passive observer. I was, thus, in the very unusual situation of having researched the College's situation and requirements and guided them through the action plan, but was now more or less an onlooker. My sources of information were now (officially) limited to Board papers and discussions, though student representatives and certain senior members of staff continued to keep in touch and provided me with interesting information.

WHAT HAPPENED: THE STORY OF THE THIRD RESEARCH CYCLE

In the introduction, I mentioned that there were continuing surprises in the third research cycle. The first of these was the event that concluded the second and began the third research cycle.

On returning from my overseas trip in March 2000, I found that two senior appointments had been made at the College without involving me in any way, or even telling me – I found out about both by chance from the people appointed themselves, only one of whom was surprised that I did not know. This was a man already on the payroll who was promoted to a new non-teaching, non-clinical position concerned with facilities. This was a very good and sensible appointment, but nevertheless one in which I should have been involved.

The other new appointment was a different matter entirely. I found out that one of the Clinicians (SS) had been asked to be responsible for making improvements in the Clinic. This seems to have been a decision made by EE, or possibly the family, but I was unable to get a straight answer when I asked. Nevertheless, it had his fingerprints all over it. The first I knew was about this was when I called a meeting of the Senior Management Team on my return and SS invited herself along saying that she had been instructed to do so by the Board.

This appointment proved to be a very unwise decision, and her remit went much further than first appeared. The warning signs were present from the very start. A few weeks previously I had asked SS to help in drafting some postgraduate programmes for the College once we had obtained RQ, as part of our planned expansion of the College's educational provision. However, I would never have considered putting her into any management position. In fact, she was probably the only member of staff that I would not have put in charge of anything at all. This is because she was not at all well liked by either the staff or students – in fact she was very much disliked and was a real misfit in an otherwise friendly and supportive environment.

She was difficult to communicate with, was authoritarian and very uncooperative. However, I was shortly to go into hospital and decided to take no further action until after my operation apart from protesting to the Board by means of a telephone call to FF (who, interestingly, seemed to know nothing at all of this appointment – which, again, suggested that another family decision had been made) and in a letter to EE. In my letter I wrote that “I was surprised to learn that two senior appointments had been made...” that I was “extremely surprised not to have been consulted, or even informed at the time” and that I was “increasingly concerned by the poor response the College is making to the inadequacies in clinical facilities and teaching” (both of these points being essential requirements of both the GOsC and the University). I pointed out that “some of what (SS) is (already) doing cuts across plans for developing clinical teaching and integrating theory and practice” that had been set in place and that these developments are “clearly incompatible with the team approach to management that I have tried to build up”. I reminded EE that “many of the College’s problems stem from a long history of lack of consultation, accountability or attention to proper procedures” and that “I am very seriously considering my position as Academic Dean, which seems untenable in the light of these recent events”. I received no reply to this letter.

However, a few days later, shortly after my discharge from hospital, with stitches still in situ, I was invited to lunch by FF (who had always been my main contact with the Board) and QQ, who had recently joined it. The topic of conversation, unsurprisingly, was the future management of the College. This seemed reasonable since my main reasons for being involved were now almost finished. Both the RQ application and the new curriculum were more or less complete and we had been informally told that approval would be forthcoming from both the GOsC and the University. Many changes having been made and others were planned for the future development of the College. I was a little surprised, though, at the short notice I had been given of this meeting and the fact that I had been out of hospital for just a

couple of days. There did seem to be an indecent haste about the whole thing.

Over the next few days it became increasingly clear that EE had already decided to appoint SS as Dean and he began to tell other people that SS actually was the Dean even before I had agreed what my own future role with the College would be. By this stage, though, there was no point in further protests. The family had made up its mind. In any case, apart from dotting the occasional 'i' and crossing the odd 't' I had successfully completed my mission both as a consultant and then as Academic Dean. As long as the College continued to do what it had undertaken to do, RQ would be formally granted and students completing the course would receive a university-validated BSc degree.

Once terms were agreed, therefore, I did step down as Dean but was asked to continue to be the College educational consultant to assist SS in her new role. However, as expected, the new Principal (she changed the title from Dean) did not ask for my input on anything at all during her entire time in office, even though I was being paid a generous retainer by the College.

Almost immediately after I stepped down as Dean the academic Vice-Dean (DD) resigned. She knew SS well and confided in me about what she felt would happen, which was that SS would take control of everything, would probably undo some of the work that had already been done, and would almost certainly soon alienate the staff and students. There would, she said, be many resignations from the teaching and Clinic staff because SS would prove practically impossible to work for. I made a note of these concerns at the time and events were to prove her predictions very accurate in almost every particular.

As predicted, one of SS's first acts was to remove almost all the areas of responsibility that had been delegated to various working groups and members of staff during research cycle 2, and took control of them herself.

She delegated practically nothing, insisting on almost every aspect of College activity to be referred to her. It was the most extreme example of being a 'control freak' that I have ever encountered – far beyond acceptable management practice. As a direct result, her workload increased to such an extent that she was actually sleeping overnight at the Clinic (incidentally, breaking the planning laws which precluded the building being used for residential purposes). Meanwhile, hitherto enthusiastic and committed members of staff felt suddenly unvalued and demoralised as their responsibilities were taken away from them and their professional standing at the College diminished. Most of them left the College within three months of her appointment. Bearing in mind what these people had achieved for the College, and the challenges of building good spirit and relationships in an organization consisting of almost entirely part-time staff in 3 different teams that had very little contact with each other, this was an extremely ill-judged piece of management.

This, and other aspects of her management of the College, caused enormous concern among the staff and students. Staff tended to protest by leaving, in large numbers. The students formally complained several times to the Board and held an emergency meeting one College weekend that, I was later informed by a student representative, almost led to them quitting en masse. It was only the fact that they had committed a great deal of time and their own money already, and the College was now operating a university-validated BSc honours programme and was on the verge of formally obtaining RQ that persuaded them to stay. Whatever the College's management problems, on successfully completing the course, the students would get a degree and go onto the Register of Osteopaths. I later discovered that student representatives had even made informal approaches to other Osteopathy colleges to explore the possibility of transferring into their courses, and found that news of the situation at the College had become well known. However, the College was the only one to offer a part-time course and most of the students were not in a position to switch to full time study, so most (but, I was told, not all) decided to stay. Had they left, of course, the College would have had little option but to

close immediately, at least as an educational organization. It might well have ceased to be a clinical service, too, because most of its previous advantages discussed earlier, such as quality of care and cost to patients, would disappear. Many experienced Osteopaths had already left and, without students, treatment charges would have to increase substantially. The potential for disaster was, therefore, very real and now, instead of being the tightrope walker, I was an interested onlooker with access to quite a lot of inside information. In fact, as a case study in management and decision making, this third research cycle could make a thesis in its own right.

As the problems increased, EE stepped down as Chair and I was invited to join the Board, which I accepted. It was explained that, once again, the Board needed my educational expertise. Two other new Board members were appointed at the same time, one a very successful businessman, the other a university academic. These appointments probably strengthened the Board considerably, and certainly brought additional expertise, particularly in education in which the Board had been completely deficient until then.

Obviously, information that I obtained as a Board member must remain strictly confidential, but I can report developments that the informed outsider would have been able to deduce anyway, in general terms.

Even at my first Board meeting, it was clear that there was serious concern about the way that SS was running things. This immediately presented a dilemma. The College was being very badly run and this was becoming common knowledge. However, there was concern about how the University and, especially, the GOsC might view replacing the Principal yet again and after such a short time. They had, after all, now had 3 different people in this role during the comparatively short duration of the RQ process and the Board felt that further, possibly terminal, damage would be done to the College's application if there were to be yet another change at the top.

By this stage the College's RQ application had been approved except for the final formalities. (In fact, shortly after SS became Principle, the formalities were indeed completed and the College was granted RQ status, albeit on a provisional basis, because further improvements were required by the GOsC, including relocation to more appropriate premises.) This is presumably why the family had decided that it was time to replace me as Dean in the first place – they felt that the job was done and that they were sending out a very positive message by putting an Osteopath in the driving seat. It was almost a catastrophic decision because they put precisely the wrong Osteopath in place. Concern was also expressed by certain Board members that the appointment had followed the traditional College process in which the post was neither advertised nor interviewed for, and there was only one candidate, selected by the family. No surprises there, then. However, the new Board was beginning to challenge the family's omnipotence and taking a more active role in the College's management.

The Board were at this time still unaware of the student unrest (as was I), but other worrying aspects of the Principal's performance were now being reported. An emergency Board meeting was called at which it was decided to contain the damage by increasing the frequency of Board meetings and requiring her to appear at each one. She would be required to give a progress report, retire while the Board discussed this and agree the next steps, and then return to receive the Board's instructions.

At the first two or three of these meetings it was very clear that she was not following the Board's instructions at all, but gave a variety of excuses some of which were, frankly, incredible. The Board soon took a much firmer line, with various members (but not me) calling unannounced at the College at frequent intervals to ensure that the right policies were being followed. They soon discovered that they were still not.

Having been firmly steered in the right direction by the Board in respect of running the College, SS then did something that even in this convoluted situation seems decidedly odd. Without consulting (or even mentioning it

to) anyone, she significantly altered the draft curriculum that by then was well on its way to being validated. She presented it at the first validation meeting she attended at the University and they were distinctly unimpressed. I was not present myself, but received a detailed (and angry) account from one of my senior contacts at the University who was present. As a result, SS was called before the University Vice-Chancellor, who wrote to me in confidence telling me the nature and content of what must have been a fairly blunt and one-sided discussion, the result of which was the altered version being rejected outright and, in due course, the original version being validated in the summer of 2000.

By now, the Board were becoming very concerned indeed about the Principal and her behaviour. Still reluctant to sack her, they decided to appoint an effective Vice-Principal and leave SS as Principal in name only, with no real powers at all. They duly appointed as Vice-Principal one of the comparatively few remaining members of staff who had been in post throughout this project, who had been a key player in the reforms that occurred during my tenure. They ensured that he was given substantial areas of responsibility and executive powers and afforded him the full backing of the Board. This appears to have been a popular and successful move, welcomed, with relief, it must be said, by staff and students alike.

The Principal left early in 2002 and the Vice-Principal was promoted to Principal almost immediately. At the time of writing, he is still in post and, by all accounts, making a great success of it.

RESEARCH FINDINGS IN RESEARCH CYCLE THREE

Research cycle 3 was concerned with my stepping down as Academic Dean and being replaced in that role by a family-appointed Osteopath who almost brought the College to its knees.

Drawing on evidence from meetings, Board documents and discussions, correspondence from the University vice-Chancellor and verbal information from staff and students, this research cycle saw me as an interested, but relatively uninvolved, observer - although following my appointment to the Board during this cycle I did become more involved.

The main research findings concern the appointment and subsequent conduct of the new Principal. The way in which the appointment was made provides further information about the involvement of the family group within the College, and the effects of this disastrous appointment show the consequences of poor management and leadership. The irony of the situation being that, after two years of my involvement as consultant and Dean, almost everything that had been achieved was jeopardised through the actions of a single person who, almost as a point of principle, did almost the opposite to what I had done and even repeatedly disregarded instructions from the Board.

Thus, we have knowledge about the family's activities; consequences of making a poor appointment and concentrating excessive power into one pair of hands; the importance of having a strong and effective Board; and a strategy for removing power from someone without replacing them.

DISCUSSION AND REFLECTION ON THE KEY KNOWLEDGE GENERATED IN RESEARCH CYCLE THREE

The two senior appointments made in my absence, without involving or even informing me, offered further evidence of the family's tendency to take executive action without wider consultation. Even though SS told me that she had been instructed to attend the Senior Management Team meeting by the Board, the Board member I spoke to on hearing this (FF) knew nothing about it. The College seemed to be about to head back to the bad old days which were the source of so many of the problems that I had been called in to fix, with decisions being made without proper consultation of

accountability and the family treating the College as their private property to be managed and manipulated as they saw fit.

Also, by appointing her “to make improvements in the Clinic” the way was clearly being cleared for her to become Principal in the near future – and this did, indeed, happen within a matter of days. Therefore, in the eyes of EE and the family, at least, my job was done and it was time to replace me. This is fair enough, but the means by which it was done were quite unnecessarily covert and the person appointed was so obviously unsuitable that one can only imagine what they were thinking of. The thought did cross my mind that they felt that SS, being very much a controlling person, would show firm and determined leadership, which would impress the GOsC. Yet the GOsC did not need to be impressed – they had already indicated that our second wave application would be acceptable. Maybe the family just wanted a guru with all the answers after all?

OUTCOME

The third research cycle saw the confirmation of the two main objectives of the whole consultancy task – formal approval of the educational provision by the GOsC and validation of the BSc that students received on completing the course. The irony of this situation is that these two successes were confirmed during a highly dysfunctional period in the College’s history, with an incompetent Principal in charge and the Board taking urgent steps to restrain both her and the family group responsible for her appointment.

The lead-up to this successful outcome had been research into the College’s situation *vis a vis* the GOsC Standards and the University validation requirements in research cycle 1 and further research combined with an action plan in cycle 2. These cycles saw the real work done. The third cycle came precariously close to seeing it all undone. Nevertheless,

soon after I left the Board, and hence ended all official contact with the College, the Principal finally left and her successor, still in post at the time of writing, has steered the College back into safer waters, restored its reputation, and fulfilled all of the GOsC requirements including moving into much more suitable premises. So, after a complicated and at times challenging journey, everything has turned out well.

SUMMARY OF THE THREE RESEARCH CYCLES

The first research cycle was of just a few weeks' duration and, at the time, was to be the limit of my involvement. The Board simply wanted to know what needed to be done to obtain Recognition of Qualification by the GOsC and had engaged me to tell them. They therefore sought a consultant with specific expertise in higher education in healthcare, particularly regarding curricula and assessment.

Knowledge was created about the educational provisions of the organization and the standards that it was required to achieve. This was researched predominantly by direct observation and interviews with key players. Some documentary evidence was also obtained. A report was prepared for the Board, which specified aspects that required action and prioritised those on which action was most urgent or which it was necessary to attend to in preparation for later developments.

The real tightrope walk occurred during **research cycle 2**. This was the longest cycle, some two and a half years, and began with a sudden and unexpected change in my role. Originally engaged as an education expert to research the College's educational provision, ascertain the standards required and advise the Board on the necessary improvements, I suddenly found myself offered the post of Academic Dean with responsibility for implementing my own recommendations. The role therefore now extended beyond investigative consultancy to hands-on management consultancy. In this role knowledge was still being created but now, as well as being

communicated to the Board as it had been in the first research cycle, it was utilised and disseminated throughout the organisation. This required the development of new knowledge pathways, which itself was a challenge given that all of the students and almost all of the staff were part-time, the College operated across different sites, and there was a strong tradition of power and knowledge being confined to a very few key personnel, with very little accountability. The utilisation of knowledge now meant setting action plans in place, developing management teams, and promoting collaboration across the organization. Meanwhile, there were two major external stakeholders to be satisfied, internal domains under threat, and a family group who, throughout the consultancy, continued to make (and sometimes reverse) decisions entirely on their own. Research cycle 2 was most certainly the tightrope walk!

Research cycle 2, therefore, began as the implementation stage of research cycle 1. Not only did this bring a genuine 'management consultant' dimension to the work, it also required further research into the organization as a whole.

Early in this cycle, the University was recognised as an essential stakeholder. They had actually been so for quite a long time, even though their involvement was not included in my original brief for research cycle 1 and their importance had been significantly underestimated. Although less important than the GOsC, they were undoubtedly very major players and, in my view, it was essential to meet the requirements of both because I felt it extremely unlikely that either the GOsC or the University would approve the College's provisions unless the other one also did. In fact, the University made this explicit to me. Therefore, even though they had not been given much attention by the College hitherto, it was agreed that the University validation requirements, as well as the GOsC standards, must be met.

Knowledge creation continued to utilise the same research methods as cycle 1, but extended to include a much broader range of College activities

(such as facilities and administration), a wider spectrum of stakeholders (such as senior University staff), and sources of information (such as confidential documents) that had not been accessible in the first research cycle. Additional research instruments, such as student and staff questionnaires and interviews with patients, were also used in this cycle.

The main activities in the second research cycle were threefold: further Knowledge creation and dissemination; ensuring that the College continued to function at a satisfactory level; and bringing about the changes required to achieve the two goals of RQ and University validation. The formal application processes for both of these goals were completed during this research cycle, and both were ultimately successful. However many factors, mostly but not exclusively within the College, significantly complicated what was already a substantial programme of change that had begun too late and was perilously short of time. These included missing documents, administrative shortcomings and an inappropriate and time-consuming response to the GOsC decision on the first application.

The third and final research cycle saw my role change yet again. Suddenly replaced as Dean by a family-appointed Principal who proved to be so obstinate and incompetent that she was soon stripped of power by the Board, I was retained (but never used) as educational consultant and then, when problems with the new Principal became all too evident, appointed to the Board. Therefore, in this third research cycle, my day-to-day management and leadership responsibilities were handed over to the new Principal and then taken away again, while I looked on at a distance.

Nevertheless, there was rich knowledge to draw upon. The first and second research cycles had created a wealth of knowledge about the College and the standards it was required to meet. This knowledge base was extended considerably in research cycle 2 to include the Clinic, administration and, although it was not part of my remit, the activities of the family group within the College. During this lengthy and eventful cycle, action plans were formulated, agreed and implemented and both the GOsC and University

applications were about to be formally approved, so this was an appropriate time to hand the College back to an Osteopath. The only problems were the way that it was done and the person who was given the job.

Unfortunately, the person chosen to lead the College turned out to be a very poor choice indeed. Although the information available to me during this cycle was mainly through Board papers and discussions, the student representatives and several members of staff remained in contact with me throughout. Even though many of my staff contacts left the College quite early in this cycle, the information available to me made it quite clear that the new Principal had not made a good impression. A substantial number of staff were leaving and there were a number of student complaints and protests. The Principal was actively reversing many of the changes that had been made in the second research cycle and this seriously (almost fatally) damaged both the RQ and validation applications and enraged the University Vice-Chancellor – never a wise thing to do. The Board, now enlarged and considerably strengthened, responded and, indeed, saved the day, by appointing an effective Deputy Principal and handing over almost all the responsibilities to him. This action almost certainly saved both the RQ and University validation. However, the Principal was still in post when my contact with the College ended, although she left soon afterwards and the Deputy took over.

CHAPTER FIVE: MAKING A DIFFERENCE?

This thesis set out to examine the capacity of consultants to make a difference to their client organizations: *What are the characteristics of consultants that might be significant in whether or not they make a difference?* and has hinted that the answer is that they do not invariably do so. Moreover, consultants from one particular school are quite unlikely to or, if they do, then it might be a difference for the worse rather than an improvement. This is at variance with the generally held view, cited in the introduction, that consultants almost always make a beneficial difference because that is their job.

In support of the contention that consultants do not always make a difference, I have identified some factors that lead to sometimes making a difference and, more importantly, to sometimes not. Some of these are found in the literature, others can be illustrated with examples from the case study and elsewhere. In this chapter I shall review the research questions and summarise evidence that helps in answering them.

However, in several instances, particularly the philosophy and practical approach of the gurus, related factors were found in answering more than one of the research questions. This is not surprising since consultancy can be a complicated business and, when reduced to the 'one size fits all' approach of the gurus, it could fail on several accounts. In cases where it is not possible to implement their advice – or sometimes not even be able to make sense of it – we could be looking at the inability to make a positive difference more or less across the board.

The evidence in the literature is identified in two different ways. Some is clearly specified, and some obtained by a process of deduction. The academic literature is typically fairly clear about the factors that contribute to successful consultancy and, though less frequently (but they do occur),

those that result in failure to make a difference. Usually, success is attributed to the correct utilisation of the best theory, which is hardly surprising since this is what most of the academic writing on consultancy is all about. By contrast, when it comes to the guru literature, there is a conspicuous absence of any cause of failure except failure to implement the advice contained therein. The fact that the advice is typically presented in cryptic ways and might actually be impossible to implement, or even comprehend, simply helps us to expect failure. Despite evidence that their case is fundamentally flawed, in the guru world failure to make a difference is entirely the fault of the individual or organization concerned.

The academic literature is rather clearer, and indeed more honest, about success and failure. For example, among many others Pettigrew (1985) with his case study on changes at ICI, and Citrin (2002) *To win, create a learning organization* identify important characteristics of successful organizational change. Tay and Heracleous (2001) with their case study of an Asian police force, and Chris Argyris (2000) *Flawed Advice* are among those who describe factors (within the organization and the consultant, respectively) that can lead to failure. Actually, though, the reasons for success or failure are not usually as clear-cut as even these authors, at first sight, are suggesting. Certainly, there might be organizational characteristics that present a virtually unsurmountable obstacle to change. The case study provides some evidence of this. Similarly, there are qualities of the consultant that might make change very difficult, if not impossible, to achieve even if the client organization is highly motivated to change. This is especially so of the guru consultants, and evidence of this has been presented in the literature review. Less specifically explained in the literature, though, are issues of consultant/organizational interaction that might impair or prevent a difference being made. Both Pettigrew (1985) and Tay and Heracleous (2001) do acknowledge this important interface and include it in their discussions, but it remains a significant factor in making a difference that is under-represented in the literature, and the gurus actually ignore it altogether.

WHAT ARE THE CHARACTERISTICS OF CONSULTANTS THAT MIGHT BE SIGNIFICANT IN WHETHER OR NOT THEY MAKE A DIFFERENCE?

There is no doubt that consultants can and do make a difference to an organization. What is challenged in this thesis is that they always, or almost always, can. The contention is that there are characteristics of consultants, (and also of organizations, and the relationship between consultants and organizations) which can promote or impair the likelihood of making a difference. There are also different reasons why an organization might need a consultant, and the interplay between the type of consultant appointed and the reasons why they were engaged is also significant in making a difference. Therefore, to understand more about consultant characteristics that might be significant in making a difference, it is helpful to remind ourselves of the reasons why an organization might engage a consultant in the first place, and then to look at some of the characteristics of different types of consultant.

The reasons for engaging a consultant, and the client's perceptions of what the consultant might be able to do for the organization, might influence the kind of consultant appointed. However, some organizations, such as the one in the case study, are fairly ignorant of the consultancy business and generally choose one for one of two reasons – either because they have been specifically recommended (as I was), or because they or the consultancy firm for which they work is well known and trusted.

The main reasons for engaging a consultant are:

- To solve a specific problem
- To advise on future strategy and developments
- To serve as the 'ritual outsider'
- To impart their special vision and insight
- To motivate managers.

Some of these reasons apply to all kinds of consultants, whereas others are specific to just one approach or other. For example, any kind of consultant might be brought in to solve a problem. The ways in which they do it might be very different, but the reasons for engaging them can be the same.

Problem solving and advising on strategy and developments are the main roles of the consultants who are subject experts (rather than necessarily process experts), which is exactly why I was engaged by the client College. They are also important aspects of the academic consultant's work. However, their approaches are typically distinctly different. For example, their data gathering methodologies are different (essentially qualitative vs quantitative) as are the ways in which data are interpreted and utilised.

Consultants who are content experts tend to operate within their own specific domains – healthcare education in my own case. They are often from technical or financial backgrounds and their approach is to research the organization's problem and propose practical solutions. Academic consultants, by contrast, are theory experts who solve problems by developing an insight into the complexities of organizational behaviour. They employ data collection methodologies (on which there is a rich literature) and qualitative analysis (which features much less prominently in the literature) that are much more in the domain of the social than of the traditional sciences. A strong feature of the academic consultant's approach, which made it unsuitable for this particular research, is the special issue of remaining independent of the data and of conveying this independence in subsequent writing (eg Cassell *et al*, 2005, Workshop 6, p21).

Both the academic and content-expert approaches can, indeed, lead to a difference being made, but it certainly seems likely that the types of problems that each deals with will be different, and they will each make a different difference.

Gurus would solve an organization's problems either by finding someone or something to blame, or by advocating their universal solution. For reasons described in some detail earlier, their approach is much less likely to make a difference because they have the same solution to all problems and yet their solutions are not easy (or often not possible) to implement. These same limitations would apply to instances where they gurus are called upon to advise on strategy and development.

The third reason for engaging a consultant harks back to Handy's (1993) reference to the ritual outsider – independence. It is sometimes politically important that an organization receives advice that is independent. This might be, for example, so that there is clearly no conflict of interest, or possibility of bias or favouritism. In circumstances where it is necessary to engage an independent consultant, it is possible that the organization is already in possession of the requisite knowledge and expertise, and even recognises this, but is unable to use it for these other reasons. I was involved in just such a consultancy in the mid-1990s (Holsgrove et al, 1996). The Federal Government of Australia commissioned research into alternative approaches to vocational training for medical General Practice. However, this was extremely politically sensitive and, although there was plenty of subject-expertise in Australia, the government chose an overseas team – indeed, one from the other side of the world. We drew extensively on the knowledge and expertise in Australia, especially from the rural doctors, the officers and members of the Royal Australian and New Zealand College of General Practitioners, local and federal health officials, and medical schools. However, it was a difficult matter to get agreement on because there were so many factions each with different agendas and priorities and, with hindsight, only a completely independent consultancy would have been likely to succeed. In fact, the measure of success was such that not only did all the key medical officers and doctors' organizations sign up to our recommendations, but, though the work was commissioned by the previous government, it is being implemented by the present (2006) one.

The 'ritual outsider' role is perhaps best suited to a consultant who is an expert in the relevant aspect of the business. My friend's farming consultant, with whom he 'walks the farm' each week, is an excellent example.

Gurus, unlikely to be able to advise on strategy, are also unlikely to serve as 'ritual outsiders'. Indeed, the true 'outsider' role would be most unappealing to a guru – they prefer (indeed, depend upon) stardom.

Turning to the last two reasons to engage a consultant, we move very much into guru territory, for they are the consultants whose reputations are built on their special insights, visions and motivational seminars.

Organizations wishing to avail themselves of these special business advantages have little choice but to engage a guru. Furthermore, the guru can be sure to deliver an impressive presentation, because they are very good at it. Both their writing and presentations (performances) are polished and passionate. They share profound insights and motivate the ambitious, and because their message is always the same, the client can be confident of getting what they want. It is only when they try to do something with it that the problems and retribution starts.

More about different approaches to consultancy

I have reviewed literature that proposes that there are different approaches to consultancy, each having key discriminating characteristics but also having qualities in common to some, or several, different types of consultant. This is a key argument in the case for and against making a difference because I contend that one of the approaches, in particular, is unlikely to make a difference. Inevitably, throughout the thesis there has been a strong focus on this group –the gurus. They are distinctly different from other types of consultants in four particular respects. There is a marked differences in the nature of the gurus' publications, being typically single-authored books (and often just one single, single-authored book).

Gurus bring a distinctly different type of knowledge and authority and the nature of the recommendations they might make are, therefore, also distinctly different. There are also different reasons why the guru consultant's recommendations might be implemented (such as 'you must do this because it is right').

Each school of consultants is reasonably consistent in behaviour within its own domain, but they are distinctly different in several important respects when compared with each other. For example, as indicated above, they might approach the whole business of research and advising clients completely differently and the ways in which they try to persuade clients to accept their advice are also very different.

Publications

It is almost a prerequisite to have written a major-selling book in order to attain high guru status. Fincham (2002), though, observed that, "relatively few have written more than one best-selling book and many are 'one hit wonders' who remain tied to the idea that brought them fame even as it slides into oblivion" (p196). This, as I have discussed earlier is fundamental to the modus operandi of management gurus and contrasts sharply to that of the academic consultants.

In contrast to the writings of the gurus, the academic publications are predominantly journal articles or textbook chapters rather than single-authored best-sellers, and leaders in this field typically have many publications. Academic consultants' publications are found in different places to the guru books, such as specialist (rather than high street) bookshops and libraries. Their content is often founded on social science theory, case study or other research, although they are increasingly turning to attacks on the gurus. Just as the guru writings merge into the popular 'personal development' genre, academic management literature is a close cousin of social (and, to a somewhat lesser extent, the behavioural)

sciences and they have a number of characteristics in common, particularly in methodologies.

The third group, the expert consultants, have produced very little literature in any format. They just get on with the job of consultancy.

Knowledge and authority

The consultant's own knowledge base will be founded on knowledge and experience or, in the case of the gurus, might be substituted by personal charisma and magnetism. There is also the matter of knowledge about the organization and insight into the task for which the consultant has been engaged. Both are significantly different in both the personnel and modus operandi of academic and expert consultants compared with the gurus.

Gurus start with a very different presumption than do the academic and expert consultants, and have a completely different base for their authority (Weber, 1964b). This is based on charisma and, in certain individuals such as Covey, is backed up with religious zeal. A major characteristic of the gurus, that sets them apart from the other two groups, is that they operate with their own individual fixed set of principles and have stock solutions that they advocate as the answer to all management issues. Their message is delivered passionately, and usually expensively, and it is based on rules and hubris. They might be couched in cryptic terms, and are often impossible to implement – or even translate into plain English. However, because of the culture of blame associated with this area of consultancy, failure to understand or know how to implement the guru's message must inevitably be seen as the fault of the individuals concerned. It cannot possibly be the guru's fault.

The cornerstone of guru consultancy is the quality of the leader's (or consultant's) personal attributes and personal magnetism. Indeed, it is probably very important for them to demonstrate these as primary attributes, and this would be virtually essential if they are lacking formal

qualifications or specific subject expertise. Clark and Salaman (1996) discussed the necessity for these personal qualities in some depth and conclude that consultants are often perceived in the light of ascribed status, an individual's 'being', rather than what they have actually done.

Contrasting the guru's charismatic authority with the with rational authority of academic and expert consultants leads us to conclude that the charismatic guru, portrayed as being set apart from ordinary people and endowed with exceptional powers, has an authority that is specifically irrational because it is foreign to all rules (Weber, 1964a, p361).

I proposed that there are striking similarities between the gurus' performances and the preaching of evangelical and fundamentalist religious leaders. Both claim profound insight. In the religious leaders' case this comes directly from God. Management gurus do not usually claim so exalted a source, (although some such as Senger and Covey, for example, do have a clear religious perspective to their work). Both religious leaders and management gurus lay down rules that simply must be followed and describe the dreadful consequences if they are not. Both also trade on blame and guilt – sins of commission, omission, incompetence or unworthiness – and the whole thing is delivered with showmanship, passionate oratory and encouragement for the audience to respond by chanting the mantra and so forth.

Recommendations

The guru's rules and recommendations do not translate successfully to organizations, yet paradoxically organizations, often seem to base their expectations of a consultant on what they know about the gurus. However, I contend that gurus are unsuitable choices for organizations because they take no heed of the organization's needs but simply deliver their own predetermined 'solution'. These solutions are typically a list of rules aimed at individuals – predominantly aspiring individuals. They are not concerned with explanations or logical argument, but with passing on blame and

responsibility, often to nameless individuals rather than their present audience.

Implementation

The consultant usually has no power other than persuasion and force of argument to have their recommendations implemented. The gurus are particularly good at this – the problems arise when trying to implement their recommendations. A consultant's influence might be strengthened by their expert status, of course, and this is probably an important quality of expert consultants, especially in financial and technical arenas. Even so, they would seldom have the means of ensuring that notice was taken of their advice. (This is what I thought was going to happen in the case study). At first sight, the guru consultants might seem to be exceptions to this. After all, their charismatic performances and emphatic pronouncements in their books give the impression that clients have no option but to do what the guru says. For example, Champy and Hammer insist that clients must do as they advise 'because you have no choice', whereas Covey adopts a righteous tone 'do as I advise because it is right'. The problem is that none of the three tells the client how they can do it.

An important distinction between the different types of consultancy is the reasons why the consultant's recommendations should be implemented. In the case of the academic consultants, having a sound evidence base that takes account of the situation of the organization, its plans, needs and resources, it is not too difficult to construct a proposal that is logical, understandable and implementable. Similarly, the academic consultant will explore organizational qualities using a defensible methodology and painstaking analysis and interpretation of the findings. Both research and interpretation will be grounded in theory and their recommendations will be clear and logical. When it comes to the gurus, however, the situation becomes, paradoxically, both more simple and more complex. The guru's solutions are easy to summarise, often as a short series of simple bullet points, but difficult to implement. In fact, the guru consultants typically do

not say at all how their mantras can be implemented at all (Argyris, 2001, px), and I contend that the main reason for this is that they are not implementable. Indeed, when scrutinised they are often not even entirely comprehensible.

A further flaw that I have highlighted is that different gurus, each wedded to their own 'big idea' that brought them to fame (Fincham, 2002) would almost certainly come up with different 'solutions'. Yet what is quite remarkable is the evidence that shows that the guru action themes are actually valued by management (Argyris, 2001), even though the inner contradictions inherent in the action themes themselves, such as "to be in control without controlling", surface when attempts are made to implement them (Argyris, 2001). This helps us to understand more about the guru's approach to the whole consultancy business. Solutions and golden rules can be dressed up as the answer to almost anything, particularly with the aid of a catchy title and charismatic presentation. It is about motivation – motivation to buy the books and attend expensive seminars. The problems occur when trying to implement them. However, the gurus have a solution to this, too. As Argyris (2001) concludes "the gurus (less so in the case of Senge, whose approach – possibly uniquely among the gurus - supports organizational learning) 'solve' the puzzle by blaming individuals or organizations". They simply project the responsibility onto others, just as the 'personal development' gurus do. This can support the conclusion that the gurus are unlikely to be able to make a difference to their client organizations because their philosophy and the way they operate, while loudly and passionately insisting on change, makes it difficult, if not impossible, to achieve.

ARE THERE SIGNIFICANT FEATURES OF BUSINESSES THAT MIGHT AFFECT A CONSULTANT'S CAPACITY TO MAKE A DIFFERENCE?

I have described how the reasons for engaging a consultant, and the type of consultant appointed, can both have an impact on making a difference. I

shall now consider some features of the organization itself that might influence the process. The first of these follows on from the reasons for appointing a consultant – what are the organizations expectations?

The organization's expectations

Organizations are almost certain to engage consultants in order to make a difference. Clearly, therefore, the likelihood of making a difference will be impaired if there is a mismatch between the consultant's role and the organization's preconception of what that might be. This situation occurred in the case study.

The basis on which organizations might expect consultants to make a difference is that the consultant will bring something that the organization lacks, cannot access from its own resources, or to contribute more of what it needs – maybe quicker, maybe more authoritatively, maybe in greater detail.

The client organization in the case study, like many small organizations, brought in a consultant to solve a problem that it felt that it did not have the wherewithal to solve for itself. However, in the messy and complicated situation that existed there, even this reason was disputed by some senior individuals who felt that, far from there being a problem, practically everything was fine and little or no change was needed at all. Even when the competent external authority spelt it out for them, they persisted in clinging to this conclusion. So one of the problems was that several of the key players within the client organization did not think there was much of a problem in the first place.

The prevailing view was that the academic side of the College (but specifically none of the other aspects of the establishment such as the Clinics and administration) needed expert attention. I was engaged as

having the necessary expertise to solve this problem, and my original brief excluded other aspects of College activity.

The expectation, clearly shared by the Board and staff alike, was that I would come in either with a ready-made solution, or would very quickly devise one. The general feeling that I would be in and out in a few weeks, as my original terms of engagement stated, and up to a point this is exactly what happened.

Given that the College was probably looking for a 'quick fix' solution, events went on to show that it did represent an example of Furnham's (1997) point that crises can be a positive influence "crises can nurture cooperation" (p351), and, later, also the other side of that same coin "..... and success indifference" (p351). The case study provided evidence of a difference being resisted, made, and almost catastrophically undone. The difference that was made is evidenced by the establishment of new policies (such as a recruitment policy), management structures (such as the Senior Management Team), the curriculum, and external endorsement by the GOsC Recognition of Qualification and the University's validation of the new curriculum. Subsequently, all of these achievements were jeopardised by the attitudes and activities of the new Principal.

The Board expected a list of recommendations (ie the 'quick fix'), but when they received them (and it was, indeed, in just a few weeks) they realised that the College lacked the management structure to implement them. Being a friendly, paternalistic and highly conservative organization used to doing things its own way and in its own time, which inevitably meant little and slowly, it was structurally unable to cope with the urgent and widespread changes that I recommended. This led to a change of expectations. The 'quick fix' solution they had envisaged was, in reality, not an option. Even at that early stage of involvement (and things got a lot more complicated when my remit became broader) further input was clearly essential in order to implement the necessary changes. Consequently, the College's expectations shifted and they asked me to

change roles and take on the executive function of carrying out the improvements I had recommended. With this change of roles, of course, came the identification of further problems that needed to be solved and further opportunities for a difference to be made or resisted.

Resistance to change

There was more than a corporate *attitude* at the College that change was not necessary, there were strong individual attitudes and a corporate culture. Strebel (1991) described what he called 'personal compacts' - an extension of psychological contracts to include formal and social dimensions. He found that at the multi-national giant Philips, although the external competitive environment had changed, the company and its employees had not. Because employees' personal compacts favoured maintaining the status quo, resistance to change was embedded in the culture (p149). This is helpful in explaining what was happening at the College, for taking account of the College's long history of almost total independence and the widespread scepticism about losing this to the University (through having its curriculum validated) and the GOsC (who would be imposing standards), resistance to change was undoubtedly embedded in the College culture at both individual and organizational level. Later, during the change process, there were a few small pockets of resistance, but this was more than matched by the enthusiasm of individuals who had wanted to change things for a long time but had been prevented (usually by the Chief Executive) from doing so. However, following my departure (indeed, very quickly following my departure) the College reverted to type, with almost disastrous consequences. The Curriculum Management and Development Team, which comprised these keen people and did so much to ensure success with both the RQ and curriculum validation, was disbanded almost immediately the new Principal (SS) was in post and she took personal charge of practically everything going on at the College. She followed the same management model that the Chief Executive used when I first became involved with the College.

Practically nothing was delegated, nobody but her had power or responsibility, and she tried to run every aspect of the College single-handed. The consequences were almost catastrophic and she left at the eleventh hour, just before the GOsC were about to withdraw recognition. Thus, we can illustrate aspects of making a difference twice over, once in each direction.

Ellis and Kiely (2000) point out that the overall climate needs to be right for action enquiry interventions, to which I would add that it needs to be right for other interventions to be successful, too. "The wholehearted commitment of senior management is vital" they go on to say (Ellis and Kiely, 2000) and clearly the new Principal was committed neither to the new structure of management and responsibility nor to the vision for the future of the College. What she had in mind must have been quite different.

Bennett (1997) summarised issues that can lead to resistance to change:

- insecurity about the proposed changes
- disruption to relations and behaviour patterns
- threats to status or financial reward
- influence of group norms, peer pressures etc
- doubts about the feasibility of proposed changes
- threats posed by needs to retrain, acquire new skills etc
- resentment over not having been consulted
- realization that one's skills and experience are no longer of value.

The situation at the College was sufficiently complicated and unusual for all of these to come into play at either the individual or organizational level. In some instances, though, they were manifested in atypical ways. For example, there was widespread consultation about many issues, including postponing the RQ application from round 1 to round 2. Therefore, it was not the lack of consultation that caused resentment on this point. Rather, it

was that, having consulted and reached agreement, the decision was overturned (without further consultation) by the 'family' group.

Overcoming resistance to change

The literature review included reference to the early influence in management theory and action research of Kurt Lewin. He proposed three steps towards overcoming resistance to change (Lewin, 1948) *Unfreezing*, *Changing* and *Refreezing*. Unfreezing involves developing an awareness of the need for change, and removing potential obstacles such as existing practices. Changing, of course, refers to making the changes themselves; and refreezing makes the changes relatively permanent, for example, by establishing new norms and procedures. Although this work has since been taken forward by several schools of management theorists, it serves us well as a very simple model with which to compare the change process at the College, particularly since it highlights the one major shortcoming in what we were able to achieve.

The unfreezing element, to give due credit, was actually instigated by the Board themselves when they realised that external assistance might be helpful to the College in identifying areas that needed changing. The consultancy cycle duly identified a substantial number and others subsequently came to light during my early days as Dean.

The change process itself involved confirmation of the University and GOsC requirements, putting together the Curriculum Management and Development Team, wide consultation with staff, students and others, planning and agreeing the change strategy, and effecting the changes. The first two of Kotter and Schlesinger's (1979) four possible approaches to implementing change – *education and communication* and *participation and involvement* were predominant in this work, and the third, *negotiation and agreement* also featured at appropriate points, particularly when dealing with the University and GOsC.

The nature of the exercise also required that the outcomes of change, for example in changes of policy, needed to be recorded and supported by evidence. This resulted in a very large quantity of documentation which we provided to both the University and, particularly, to the GOsC. Examples would include the clinical skills matrix, new College prospectus, and details of a proper recruitment policy which the College had never had before.

It was the third stage, refreezing, where the process proved deficient. This was because there simply was not time to develop the new norms and practices so that they became embedded. This was one of my two main grounds for concern over the decision (by EE) to appoint SS as Principal. SS was well known as a 'dabbler' (as I pointed out in a letter to EE) and she also had a reputation, evidenced by her attitude in the Clinic, as a 'control freak'. It was plain to see what would happen if she took over at the College and events proved this to be absolutely correct – the management structures were demolished and areas of responsibility re-centralised. Consequently, instead of refreezing, the College went back to unfreezing and change – straight back to where it had come from.

Vision, environment and organizational change

As mentioned in the literature review, Collins and Porras (1991) prescribe a framework comprising both core ideology and "*envisioned future*" (p22). This approach was adopted at the College, particularly in assembling the Curriculum Management and Development Team and organizing the workshop weekend at the management centre. It was also identified as very important to communicate these ideas and progress to staff and students, and frequent meetings were arranged at College weekends to achieve this.

Darwin *et al* (2002) argue that "the organisation's analysis of its environment is itself part of the organisation's core dynamic capability"

(p13). We set out to do this at the College in a number of ways by involving those members of staff and students who wanted to be involved in the consultancy, analysis and subsequent implementation strategies. Darwin *et al* propose that the dynamic capability to which they refer is the organization's intelligence. Over just a few years at the College, there was clear evidence of the positive interaction between organization and environment, with managers taking account of the way in which the organization creates its environment, and the environment creates the organization (Darwin *et al* 2002 p13). This can be tracked through the situation when I arrived, when we were preparing the new curriculum and RQ application, and after I left. Darwin *et al* go on (in chapter 7) to challenge the crisp, two-valued logic that circumstances at the College had obliged us to employ, constrained, as we were, by the need to make substantial changes rapidly in a part time organization. Instead, they contend that binary thinking can be beneficially replaced by fuzzy logic and complexity theory. Their case is certainly persuasive, and fits well with a model of action learning and action research, but in the time available at the College it was impossible to get anywhere close to such a sophisticated level of management theory, let alone translate it into practise. However, under more appropriate circumstances, it would have been a worthwhile avenue for an organization concerned with learning to explore.

Power within the organization

I have described some features within organizations that might a difference, or obstruct change. These include the organizations expectations, and its traditions regarding autonomy, vision, and the pace and nature of change. An important factor in this, and therefore an important feature of making a difference, is the organization's power base. This will include both the people within the organization who exercise power, and external stakeholders, who were principally the University and the GOsC.

As the case study has described, the external power brokers remained unchanged throughout the work, but there were some changes to the internal power base although the family continued to make major decisions without consultation or going through proper channels throughout the consultancy.

Initially, the powerful figures at the College were the family members and the Chief Executive. The CE made all of the key day-to-day decisions including, remarkably, the fate of borderline examination candidates – an achievement as far as I can tell, only equalled by Mrs Dillworth at the University of Poppleton (as reported from time to time by Laurie Taylor in THES). Her close relationship with the Chairman of the Board served as the main interface between the College and the Board, with a secondary route provided by the Clinic Director and her uncle. Similar messages are likely to have been agreed in both instances.

Although remaining largely in the background, and therefore atypical of family-run business, the family members nevertheless exerted a strong influence over the workings of the College. For example, in overturning the decision to postpone RQ application until the second round; declining to accept the Clinic Director's resignation (even though it was clear that this was a significant reason for refusing the College RQ on its initial application) and taking steps to sue the GOsC instead; and appointing my successor without advertisement or interview.

When I moved into my executive role in research cycle 2, I found that we were able to make many of the changes that the College needed, but were still hindered by both power groups. The CE, now in quite poor health, was unable to locate some of the required information on time because it could not be found – and much of it still has not. None of this information had been shared with anyone else, so there was no backup position. This did not help our RQ application and it required considerable negotiation on my part to ensure that it would not prejudice the second round application. Decisions to sue the GOsC, which they got to hear about even though in

the event it did not happen, also did not place the College in the best possible light. Finally, the appointment of my successor probably did not affect the RQ application at the time, because it was almost done and dusted by then, but it almost wrecked the University validation of the degree because she started to rewrite the curriculum that was submitted for approval. The seriousness of this can be gauged by the fact that the Vice-Chancellor wrote to me personally and confidentially on the matter. Had it been allowed to continue, the behaviour of the new Principal would have almost certainly led to the Recognition status being withdrawn by the GOsC (this is based on a personal communication from a highly trustworthy, but also highly confidential, source).

So in this aspect of making a difference we have some paradoxes. We have a successful organization of many years standing. Patient surveys that I conducted show that it was well regarded. Clinics were well booked up and yielding a good income. Many of the teaching staff, the majority having trained there themselves, were very well disposed toward the College and several had taught there for a long time, even without pay, to 'put something back'. Management had been easy and apparently conducted without problems. Students had occasionally complained - but that's students for you! However, when the time came to be explicit about the College's standards of provision and the quality of the education it provided, the inadequacies became clear. The College's own evaluations of the Clinic and administration significantly exceeded those made by the GOsC, yet the decision makers continued to disregard the inadequacies in these areas and, even when the Clinic Director recognised them and very honourably offered her resignation, it was refused. Yet the very people who made most of these decisions had given great service to the College and were passionately keen for it to continue to flourish. I do not have an explanation for this – simply an observation that it happened. Could it have been denial, or features of family business such as those that Keith Eales identified, or groupthink at work, where irrational decisions were made? The answer is probably yes to all of these possibilities, but the specific evidence is neither there nor, probably, obtainable in this study. However,

we can conclude that, just as there are characteristics of a consultant that can influence making a difference, there are also clearly organisational features that can assist or obstruct making a difference and help or hinder the consultancy tightrope walk.

HOW IMPORTANT IS THE INTERFACE BETWEEN CONSULTANT AND CLIENT?

An extraordinary feature of both of the sources of power and influence identified above, that ran throughout the case study, is that we actually enjoyed a friendly and respectful relationship, even though the ways in which we each believed we were serving the best interests of the client organization were significantly different.

As a consultant, I think that I made contributions to the client organization in various ways that involved interacting with and making a difference to those in positions of power. However, this did require a considerable amount of tact and diplomacy, and even so they were not completely successful, as the reversion to the pre-consultation situation shows. They only worked while I was there.

Diplomacy is not normally thought of as a consultant characteristic, yet, as mentioned in the literature review, Kakabadse *et al* (2006) conclude that business consultants appear very humble in their approach to their relationship with clients, and believe that their ultimate goal is moving clients forward. While I would certainly feel that an important part of my job with the College was to enable them to achieve their twin goals of RQ and validation, I do not think my approach was humble. However, it is worth considering our shared perspective of the goals.

My initial terms of reference were to advise the College, at Board level, of the academic improvements that would be required in order to meet the external requirements of the GOsC and the University. It was clear that the GOsC requirements were seen by the Board as far more important than

the University's. My own view was that they were not only both important, but could be seen as interlinked in that university endorsement of the academic quality of the curriculum would be seen as important evidence by the GOsC of the overall standard of provision. It would also be seen as a quality indicator by existing and prospective students, particularly since a degree level qualification was by now the standard in almost every Osteopathic training college in the UK. Moreover, the validating University enjoyed a very good reputation. However, our different perspectives on this did not constitute a significant problem and the Board did move towards my own view somewhat as our relationship progressed. Therefore, in research cycle 1 the consultant/client relationship was generally very good with a good level of interaction and close agreement on the developments needed, within the limits of my brief. It predisposed towards a difference being made.

During the first research cycle of my work with the College, my remit had been confined to the academic teaching. However, towards the end of this research cycle the Board had already decided on the next step. I had liaised closely with my main contact on the Board throughout this short time and he had obviously spoken to his colleagues, so that when I presented my first report to the Board they had already decided to offer me a senior executive post at the College with a brief to implement my recommendations. Inevitably, this would bring me into contact with all aspects of the College activity. As a result, my sphere of influence at the College broadened to include management and administration, as well as some financial and other matters. Even so, the Clinic, including the treatment and teaching that went on there, remained firmly the province of the Clinical Director whose uncle, you will recall, was a Board member, soon to become Chairman, and whose mother was the College President. Although my relationship with them as individuals was always very good, the 'family' dimension did present significant obstacles to making a difference. For example, although I did observe clinical facilities and teaching quite extensively, there was resistance to acting on any of my recommendations or advice. Yet it was clear that there were many

unsatisfactory aspects of the Clinic and protecting it in this way proved to be a very significant misjudgement. By contrast, the recommendations that I made regarding the academic teaching and administration were almost all implemented and resulted in a considerable difference being made. However, I do not see this so much as an issue of the consultant/client interface as of protecting a family member. I would think that any consultant would have run into the same problem. Certainly the previous Principal told me that she had encountered it. Even though she was herself a clinical Osteopath, she had been unable to exert much influence at all on what went on in the Clinic.

During most of research cycle 2, when I served as Academic Dean, the Board continued to be helpful and supportive, even though the Clinic remained effectively off-limits. I continued to brief Board members both individually and at formal Board meetings, and they were generally in agreement with the action plans that the Senior Management Team (SMT) had made and supportive of their implementation. As a result, we were able to make a significant difference to many aspects of the College provision, guided by the GOsC and University requirements and informed by expert observation and other trustworthy evidence from staff and students. Therefore, we submitted our application for RQ with the expectation that it would be successful, even though everything had been left until very late - and even the formal application itself arrived with an hour to spare, instead of the month originally planned.

However, when the GOsC team made their inspection visit, they were severely critical of the Clinic and advised us to withdraw our application (so that it would not be officially refused) and reapply in the second round after putting them right. The Senior Management Team agreed to do this. However, the family then overturned this decision in favour of taking legal action against the GOsC. I have described this earlier, so will not repeat the details here. However, it did have a significant impact on the consultant/client relationship for various reasons and, with hindsight, was probably the beginning of the end.

As Academic Dean I was serving in the role of executive consultant, responsible for researching, presenting the evidence, agreeing action plans, and implementing them. However, restrictions regarding the Clinic had presented real obstacles in respect of making a difference to the facilities and work done there – and it was precisely this area that the GOsC were most critical of. The College would almost certainly have obtained RQ had the Clinic been up to standard. Therefore, this aspect of the consultant/client relationship prevented me from being able to make a difference and also probably prevented the College from obtaining RQ the first time around. Moreover, since I was leading the Senior Management Team that had agreed to accept the GOsC's advice and withdraw the RQ application, my position was undermined – along with that of the rest of the team – by the family decision to sue. The Clinic Director's position was also compromised for several reasons. Firstly, it was her area of responsibility that had led to the application being unsuccessful. She was also a key member of the SMT that unanimously agreed to withdraw the RQ application, and also of the family team that overturned that decision – and then subsequently reversed their own decision. Thirdly, we subsequently discovered that she had phoned her resignation immediately after meeting the GOsC team, but it had been refused. In effect, this had all made her position barely tenable, yet I would have to continue to work with her to bring the Clinic up to standard for a second round application.

As it turned out, this went better than I had thought and together we were able to make a difference. I think that a contributory factor here was that the Board and Clinic Director knew what I had been suggesting regarding the Clinic and had been proved correct by the GOsC report. Therefore, I now had credibility to give advice regarding the Clinic, together with a track record of making the required difference in the academic areas. Moreover, her position now weakened, the Clinic Director needed all the help she could get. Therefore, we could now focus on making good enough of the inadequacies that the GOsC had identified to obtain RQ in the second round. Which is what we did.

When the end came, it was unexpected and sudden and I am still uncertain of the reasons. Perhaps the Board's trust was waning when the family overturned the SMT decision to withdraw the RQ application, although there were no particular signs of this – it just seemed like another family decision of the kind they had become used to making. Had this been the case, then surely that would have been the time to part company from me. On the other hand, it could have been that they felt that my overseas visit and stay in hospital meant that I was not doing the job properly. On reflection this might not necessarily be correct either, because they had known about both these things in advance and had not raised any concerns. The third, and to my mind most likely explanation, was that they realised that they would almost certainly gain RQ at the second attempt and ought to have the College in the hands of an Osteopath once more. I have not managed to get any particular explanation, but discussions did support the idea that my job was thought to be almost done. The problems had been solved and a difference had been made. Beyond this point, I continued to receive a retainer as a consultant, but was never called upon in this capacity. I did join the Board, and was an interested observer as so much of what had been achieved was undone by the new Principal, and so many of the people who had achieved it left the College.

CHAPTER SIX: CONCLUDING REMARKS

This thesis opened with a quotation from Alvesson and Johansson:

Interestingly, the general image of management consultants in contemporary society is, for different groups, provocative as well as appealing. Few occupations and activities trigger such strong reactions, both positive and negative (Alvesson and Johansson, 2002 p229).

I set out the aim that the thesis would explore some of these issues, drawing on a case study by way of illustration. I aimed to show how differences within and between consultants, within their client organizations, and at the consultant/client interface, can impact on the process and outcome of management consultancy. I likened this to a tightrope walk – sometimes very straightforward, at other times beset by difficulties and dangers. However, I was very quickly able to identify a group of consultants who seem to be quite untouched by the tribulations that the rest of us might encounter. The guru consultants, with their mantras that solve all situations – not to mention turning mere mortals into management geniuses. Unfortunately, as we found, their self-assurance is not well founded. One of the problems is that, although they hold that their solutions are universally-applicable, all of the gurus have a different solution. Moreover, they never tell us how they can be implemented. Finally, any failure is laid at the client's door – it must be the client's fault.

Two other cohorts of consultants were identified – the academic consultants and the expert consultants. The former, typically based in business schools, operate from (usually) contemporary management theory and tend to disseminate their accumulated knowledge to their students and peers, rather than necessarily to their clients. Publication is the name of the game here. Clients can most certainly be helped, but that is not at the top of the academic consultant's agenda. Meeting their

institution's targets for consultancies, earnings and publications take precedence.

Expert consultants formed the largest of the three types of consultants. However, I argued that even interested lay people are likely to know a lot less about them than they will of the gurus (whose best selling books are often in prime position in bookshops) and the academics, whose writing fills shelves in specialist libraries and bookshops and sustains a number of journals. The expert consultants tend to publish very little. The academics prove theories and bash the gurus, the gurus count the profits from their books and seminars, while the expert consultants simply get on with the job.

I summarised how the knowledge base differed between these three types of consultants, and compared their characteristics with categories of consultants proposed by other writers. I also reviewed their different *modus operandi*.

From this broad picture, I proposed the research question:

What are the characteristics of consultants that might be significant in whether or not they make a difference?

I also considered two related issues: significant features of businesses that might affect the capacity to make a difference and the interface between consultant and client.

I have drawn on the literature and observations about styles of consultancy and concluded that there were, indeed, significant differences. These were not just differences in their entire philosophy of consultancy, but also in their knowledge, priorities, and the way they worked. This was not a question that could be explored in the case study because that client had only one kind of consultant – me. However, there was some suggestion, that I have described, that they might have been expecting a different kind.

By contrast, organizational issues were highly relevant to the case study. Here we saw a complex organization with some very unusual features such as an almost entirely part time staff and student body, and a single family with wide involvement in and influence over the College's operation. In addition, the College had a very conservative and self-centred tradition and outlook. Yet it had to achieve extensive changes over a very short timescale – a timescale that was reduced, in part, because of its conservatism and reluctance to change. Failure to meet its various deadlines would lead to its almost immediate closure. Therefore, the stakes were very high and the situation far from ideal. Then finally, the sting in the tail was that, to use a sporting metaphor, they almost snatched defeat from the jaws of victory. Evidence from the case study certainly suggests that there are significant features of a client organization that might predispose to messing things up, irrespective of the quality of the consultant.

Finally, I looked at the consultant/client interface. Evidence from both literature and case study suggested that this, too was a significant feature in making a difference and in the smoothness of the tightrope walk. However, it remains a very under-researched aspect of the consultancy business and could make a thesis in its own right. It is a complex issue. Its components include the style and expertise of the consultant; traditions, goals and attitudes within the client organization; interpersonal factors such as trust and confidence; and external influences or governing factors. All of these were illustrated with examples from the case study.

What, then, has this work contributed to our understanding of the issues of consultancy? It has explored some of the approaches and priorities of different consultants and proposed that, while other writers have used a variety of different classifications for consultants, it is probably practical in many instances to use just three – academic, guru, and experts. These three groups have entirely different characteristics than include knowledge and to whom it is disseminated, quantity and nature of their publications,

and their relationships with their clients. Moreover, it represents an unusual example of academic writing from an expert consultant.

This work has also identified and given examples of organizational characteristics that might affect the work of a consultant and its possible outcomes. These examples have been drawn from the literature and have been identified in many aspects of the case study.

It has, as Alvesson and Johansson themselves concluded, involved strong positive and negative reactions. Evidence has been found in the literature and in the case study itself. It goes towards explaining why consultancy can be like walking a tightrope, as well as offering an insight into how some consultants manage to avoid this problem entirely, while becoming rich and famous in the process. Perhaps next time?

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