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Sustaining the Teaching Profession

Ronald Thorpe

National Board for Professional Teaching Standards

Within the United States and across nations, there seems to be consensus that teacher quality is the most important school-based variable in determining how well a child learns. While such an observation hardly sounds like headline news, it is a milestone in the development of teaching as a profession. It suggests where investments should be made if people really are serious about student learning. It also explains why policymakers and the public should care about what it means to be an effective teacher and what it will take to create and sustain a teaching workforce defined by accomplished practice. Teachers, administrators, and others whose work is designed to support best practice in our schools must seize this moment to rethink every aspect of the trajectory people follow to become accomplished teachers. Getting that path right and making sure all teachers follow it asserts the body of knowledge and skills teachers need and leads to a level of consistent quality that is the hallmark of all true professions. No profession has ever been established in any other way, and there is no reason to believe that teaching is or should be different.

Is Teaching a True Profession?

Before addressing the trajectory and the need to build a coherent continuum of experiences that all teachers should follow as they become accomplished, we must ask a basic question: Is teaching a true profession? If it is, it should be held to the same standards as other professions when it comes to the quality of its practitioners; if not, then such expectations are nice but not necessary.

In *Schoolteacher: A Sociological Study*, Dan C. Lortie explains that teaching, which has the potential to be a profession, lacks many of the characteristics of one.¹ For example, there is no period of mediated entry into practice that all new teachers follow. Perhaps more important, there is no base of knowledge and skills that all teachers must acquire and none of the internal structures common to other professions, such as a standards-based assessment created by practitioners of the profession to certify when people have acquired the knowledge and skills.

Because of the increased interest in education since Lortie's book was published—the high-profile reports and initiatives such as *A Nation At Risk*, *A Nation Prepared*, the reauthorization of the Elementary and Secondary Education Act as “No Child Left Behind,” Race to the Top, and all that has been learned through the Organisation for Economic Co-operation and Development's Programme for International Student Assessment—one might assume that the education community has made some fundamental changes. With one major exception, however—the creation of the National Board for Professional Teaching Standards—little has changed that would move teaching toward becoming more of a profession.

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Furthermore, the policy community—at the state and local levels, and in some way at the federal level, too—seems to have made its voice even more dominant in key areas that are traditionally left to the province of professions, deploying an agenda that in many ways treats teachers less like professionals and more like traditional blue-collar workers. Evidence for such a shift can be seen in the proliferation of alternate routes into teaching, the increase in accountability systems that focus on the most narrow measures of effectiveness, and the move to empower noneducators to make decisions that should be made only by those whose skills, knowledge, and experience provide the judgment such decisions require. Medical practitioners would not tolerate such an intrusion into their domain. Perhaps there is no more telling sign that education has not yet become a profession than how silent its practitioners have been in the face of these policies.

What are the characteristics of a “profession”? As Lee Shulman, Marc Tucker, Lortie, and others have pointed out, a distinguishing operating principle of a profession is that those who are in it define the key terms.² Those terms include:

- what a person has to know and be able to do to begin formal preparation;
- how aspiring practitioners are prepared and who prepares them;
- how they are mediated into the workforce through the induction and novice years;
- what the trajectory of development is beyond the novice phase;
- what practitioners must know and be able to do at the accomplished level;
- how practitioners demonstrate when they have reached that level;
- what the industry standards for success are;
- what the expected code of behavior is for people in the profession;
- how people are removed from the profession if they do not measure up; and
- how changes are made with the advent of new learning and new tools.

Any assessment of teaching against these terms reveals that it does not fare well.

That teaching does not meet these conditions does not mean that it does not deserve to be a profession, only that its practitioners have not coalesced around making that happen. Teaching is a complex undertaking. It almost certainly has an identifiable body of knowledge that is connected to content, the teaching/learning process, and the characteristics of children. There are also skills that must be acquired to help students develop in ways that prepare them for further study and life, including certain habits of mind that will serve them throughout their lives. Many teachers have this knowledge and these skills, but their numbers do not define the teaching workforce, and educators have not done what practitioners of other professions have done to ensure consistent quality. The lack of consistency in the quality of teaching is most apparent in U.S. schools serving large numbers of poor children, where the job of teaching is more difficult and requires greater knowledge and skills for success than it does in schools serving more affluent children. In those schools other factors may be compensating for a lack of consistent teaching quality.

Can teachers and those who are devoted to education and whose work supports what happens at the confluence of teacher and student create the conditions that lead to accomplished practice? Can such practice become the norm rather than the exception? The answer to both questions is yes. Furthermore, these conditions must be created and they must become the norm.

The need for good teaching in all classrooms—in small towns, rural areas, large cities, and everything in between, in wealthy, moderate, and poor communities—and for all children regardless of their age and mental capacity is equal to, if not more compelling than, what is required for other professions. The negative long-term consequence when poor or mediocre

instruction of children is the norm is clear: no society can prosper if it fails to develop its most important asset. Just as nations cannot become great or even good without healthy populations and dependable infrastructure, they cannot do so without an educated citizenry.

Some people think it is not possible for teaching to reach such a level. After all, we are talking about a workforce, unlike that of any other profession, that is made up mostly of middle-class women who take care of children. Furthermore, teachers do work that most people believe anyone can do. That belief stems in large part from the fact that today almost all adults in the United States have spent fifteen thousand hours as students watching teachers. No other occupation is observed so extensively, and this familiarity undoubtedly adds to the belief that teaching just is not that hard. Also, great numbers of people consider themselves successful in life who did not have a particularly good experience in school, raising the question whether school really matters or whether it is just a rite of passage that young people have to get through.

Still others do not want teaching to be a profession or, put more generously, do not believe it needs to be. They pursue strategies designed to “teacher-proof” schools, and they imagine classrooms led primarily by young people who “do” teaching for two to three years on their way to a real job. Such a scheme ensures that salaries stay low and retirement costs mostly disappear. This attitude toward teachers should be unmasked for what it is: an effort to ensure that poor children never get the education they need.

Then there is the long-standing debate over whether teaching is a science or an art. The implication is that if it is a science it can be learned and measured, but if it is an art it cannot be. One either has the “gift” or does not. In the current environment of excessive accountability and policies that advocate lock-step approaches to teaching, it is not unusual even for teachers to weigh in passionately on the side of art. Putting aside for a second how strongly artists would object to the idea that their skill comes from something innate rather than something gained through hard work, the truth is that the art-science debate is just one more false dichotomy that plagues education. Teaching is clearly both a science and an art, and it shares this duality with the other professions.

Against this dreary backdrop, there is reason for optimism. No profession ever sprang like Athena fully formed from the head of Zeus. Professions are more like Michelangelo’s figures waiting to be released from a great hulk of stone. Each enterprise that we now consider a profession is the result of a mighty and sustained struggle, the work of many who chiseled away until the profession emerged.

In other words, having the primal stuff of a profession does not ensure that the profession itself ever sees the light of day. Such emergence occurs because and when the people in those professions—the practitioners—take deliberate steps to make it happen. They fight over important points; they build and rebuild coalitions of like-minded colleagues; they have the longer view in mind; and they are in it for the long haul. Government policies at every level can hinder or help them in their efforts, but in the end, professions are built by those within the profession.

Those same practitioners also recognize the need for the profession to continue to evolve as new knowledge and skills are constantly being developed. There is no final state of perfection. Moreover, within the culture of each profession there is the expectation that all of its practitioners will be accomplished and that they will arrive at that level of skill and knowledge by following essentially the same path that their colleagues followed. In many ways, the path is not a neutral agent of the profession, it is an integral part of the preparation and what it means to be a member of the profession. Such universality is necessary because the authority of any

professional comes not from what the individual knows and is able to do but from what the collective knows and is able to do.³ We return to the topic of authority and its role in professions in a later section.

Medicine as a Model

Although there are many differences between medicine and teaching, there is much to be learned from the similarities between the two and the story of how the medical profession evolved. In his *Social Transformation of American Medicine*, Paul Starr points out: “In the nineteenth century, the medical profession was generally weak, divided, insecure in its status and its income, unable to control entry into practice or to raise the standards of medical education. In the twentieth century, not only did physicians become a powerful, prestigious, and wealthy profession, but they succeeded in shaping the basic organization and financial structure of American medicine.”⁴ These words summarize an amazing story. Few people in the United States realize that not long ago the practice of medicine was a mess and that those who practiced it were held in low esteem. Many doctors probably do not know the full history. A hundred years ago, doctors were not what they are today, and neither was the practice of medicine. Only a few very accomplished physicians practiced during the nineteenth century, and they tended to come from wealthy families, to have degrees from elite universities, and to serve a patient base with the same pedigree. Dependable medical care was the exception, and it was often connected to people whose life situation already put them in a healthier position. The challenge for the medical profession in the twentieth century was to establish what accomplished practice was and then to take that practice to scale.

While there is no single moment, person, or act that explains how medicine made the pivot Starr refers to, historians frequently point to 1910 as an important stroke on the timeline. In that year, Abraham Flexner delivered his famous “Bulletin Number Four,” *Medical Education in the United States and Canada*, outlining what medical education needed to be if medicine were ever to become a true profession. Commissioned by the Carnegie Commission for the Advancement of Teaching, the Flexner Report recommends that all medical training be moved to research universities, that it be driven by science, and that only individuals who are graduated from these institutions may become physicians. To take one measure of what this report has meant to the medical profession, one need only consider that in the late nineteenth century there were more than 300 so-called medical schools in the United States, many of which were for-profit. Today, there are 141 medical schools. That reduction is even more impressive when one realizes that the U.S. population in 1900 was 76 million, and today it is over 330 million. Those who believed medicine deserved to become a profession felt that the surest way to make that happen was to take on the unregulated free-for-all of medical schools and rebuild them according to a standards-based vision.

Despite how history regards the Flexner Report and its importance, reports by themselves do not have the power to change things. They certainly do not shut down medical schools. At their best, reports can rally like-minded people and provide a road map for action. In the end, it takes the concerted effort of many individuals for change to occur. That effort must be monumental to counter the prodigious force of those who have a vested interest in the status quo, and it must be sustained over years, even decades. Thousands of people made their living in those places that needed to be shut down. Thousands more received their “credentials” in those institutions and risked losing their livelihoods if they were discredited. All of them undoubtedly were connected to powerful people in business as well as in local, state, and national

government, where policies were created that could either stand in the way of what the profession needed or help move it forward.

Two other important inflection points in the evolution of medicine in the twentieth century were the development of “board certification” and the institution of residency. Board certification was the profession’s effort to identify accomplished practitioners in a way that went beyond a degree (issued by a college or university with permission from the state) and a license to practice (issued by the state). This kind of certification recognizes that aspiring practitioners at the end of their undergraduate or even graduate degree programs cannot be accomplished professionals no matter how brilliantly they have performed. They simply have not had enough time with patients or clients to meld knowledge and skills in the context of autonomous practice. “Practice” matters in professions, and one hears it in the language: the practice of medicine, the practice of nursing, the practice of law, and so on. In other words, since a profession is defined by accomplished practice, rather than by initial preparation, it must have a way to assure the public that a person delivering these services has reached such a level.

The first medical specialty to create board standards and a certification process was ophthalmology. In 1916, six years after the publication of the Flexner Report, the first physicians took their “boards.” It was a modest beginning: ten people showed up for the exam, and only five passed. The next set of board standards was created in 1924 for otolaryngology, and the next in 1930 for by obstetrics and gynecology. In 1933, various groups came together to form the Advisory Board for Medical Specialties, which in 1976 became the American Board of Medical Specialties. Now, each year, nearly 115,000 physicians sit for their boards in more than two dozen specialty areas, while thousands more pursue certification in more advanced areas known as subspecialties. Most impressive is that more than 90 percent pass their boards, providing clear and irrefutable proof that medicine has built a trajectory of preparation engineered to move its practitioners from preservice to accomplished practice according to standards set by the profession.

The other change orchestrated by the medical profession involves residency, that period of time after medical school when new MDs work under the close supervision of accomplished physicians to deepen their knowledge and develop their skills in the crucible of clinical practice. Residency, and its precursor, internship—now largely merged into the residency model—has been part of medical education for many years, but it became more universal after World War II, when additional developments in science made it increasingly difficult for physicians to know all they needed to know to provide the best possible care for their patients. Before World War II, the general practitioner was the norm among physicians. Since that time, most physicians move into residencies, which vary in length from three to seven years, depending on the specialty. These are intense phases of training during which new physicians see the breadth and depth of situations presented by patients. It is a time when the knowledge and skills learned in medical school become anchored in practice, but under the close supervision of experienced physicians. In this way, each generation of physicians takes responsibility for bringing along the next generation, ensuring a consistent quality of service, and providing the profession the authority it deserves and needs. Not all new physicians, however, pursue residency. A culling process occurs within the profession at this point of transition because there are fewer residency spots than there are new doctors to fill them.

While the cost of medical school education is borne largely by individuals, the cost of residency—at least since 1965—has been covered by taxpayers, mostly through Medicare and Medicaid. With an average investment per resident of \$500,000 and more than a hundred

thousand residents working in teaching hospitals at any one time, the total taxpayer investment in this phase of medical education comes to more than \$11 billion a year.⁵ The medical profession is involved in ongoing discussions about the length of residencies—are some too long and others not long enough?—and the conditions that shape the residency experience. But no one debates the value of residency. To those in the profession, it is an essential part of medical education, the keystone that holds together an arch of accomplished practice that safeguards the health of patients. Apparently, policymakers and the public share that perspective because one never hears the value of the federal and state investment in residency questioned. There must be widespread agreement that the \$11-plus billion annual cost provides a necessary assurance for the American people that they are receiving the finest possible medical care. (It is also fair to say that the average taxpayer probably has no idea that his or her tax dollars are supporting this part of medical education.)

Two other aspects of residency are essential to the quality of medical practice and the culture of physicians: team work and rotation. Residents are put into teams as soon as they arrive at their teaching hospitals. Residency is not about assigning a newly minted MD to an experienced practitioner. All new doctors learn to work in teams because medicine is very much a team sport. Even doctors who choose to practice alone must know how to work with others in the field in order to provide the best health care to patients. And because the profession knows that a specialist has to have first-hand knowledge of how the whole medical system works, residents move around the hospital, typically in one-month rotations. In many ways, the hospital is the manifestation of that system. These aspects of residency have a particular contribution to make to teaching, which we address later.

Improving Teaching: Lessons Learned from Medicine

Although we can never know all the individual and collective efforts that forged medicine into what it is today, we can rest assured that they were made. We can be equally certain that the same efforts will be made for teaching if it is ever to achieve similar status.

One often hears that education needs a Flexner Report, but that is only a beginning, and one could argue that we already have that in *A Nation Prepared* and many other equally thoughtful pieces published over the years. What education needs more is a coalition of those at its core—especially the two national teachers unions and their affiliates, the associations responsible for teacher education and the institutions that provide that preparation, and the National Board for Professional Teaching Standards—to get behind an agenda designed to build a coherent continuum from teacher preparation through accomplished status. Furthermore, the coalition must insist that all teachers follow that trajectory. At some point, the coalition must also consider the chief state school officers and state governors, since both groups have authority over and a vested interest in their school systems. Educators, however, should be the lead force.

Teaching is as complex as medicine and therefore just as worthy of being a profession. And because we know that a rag-tag group of people who once called themselves doctors was able to organize into the profession we have today, we have every reason to believe that educators can do the same thing. The medical profession provides guidance on what education needs to do and the hope that such a thing is possible.

There are many arguments against medicine as a model for teaching because the differences between the two pursuits are great. But looking solely at the differences forecloses on the opportunity to learn from the similarities. Furthermore, many of the differences are not as “different” as they first appear, and others simply do not matter.

One of the most cited differences is how the money flows from “patient/student” to practitioner. In public schools, that money comes from local, state, and federal sources rather than individuals. This argument is unpersuasive, however, because it speaks to the means, not the ends. If the profession can come together around what those ends must be, then the way in which schooling is paid for may have to change to meet those ends just as it has changed to pay for health care. Not long ago most doctors were paid directly by patients; today the system has shifted in large part to third-party payers and tax dollars.

Another difference that surfaces in any such discussion is the “reserve clause” in the Tenth Amendment to the U.S. Constitution. This amendment says that anything that does not appear in the Constitution “is reserved to the states or the people.” And since the word *education* does not appear in the Constitution, the states—not the federal government—have primary responsibility for schooling. This means that in the United States there are fifty different “systems” for delivering education, rather than a single ministry. Those who doubt the medical model’s usefulness to education point to the state’s responsibility as delegated by the Constitution.

This argument is not convincing. The word *medicine* also does not appear in the Constitution, and therefore it, too, is reserved to the states. This is why states have the exclusive right to issue licenses to physicians, and why medical schools also fall under the jurisdiction of the states. Interestingly, states seldom venture beyond those two areas when it comes to regulation of medicine, and they do very little to prescribe what goes into the education of physicians from medical schools through residency. This lack of political control is particularly interesting because a substantial portion of the costs of medical education and most of the costs of residencies are borne by taxpayers. One reason medicine has been transformed into a true profession is that its practitioners have been able to transcend state boundaries even though key aspects of the delivery of medical care fall within the states. While there are undoubtedly numerous reasons for this transcendence, at the very top of that list must be the way states regard and respect the medical profession. Also on that list is the fact that in forty-nine of the fifty states, in contrast to the make-up of the bodies responsible for issuing teaching licenses, the majority of members on the boards that license physicians are physicians themselves.

It is fair to say that the medical profession also has transcended the federal government. It is national (and even international) in its scope, and much of what it does in meeting the needs of patients is subject to the profession’s decision-making process, even though it must work within the laws that are issued by the federal and state governments.

The medical profession has developed in other ways that can inform the development of the teaching profession. Possibly the most critical element in the rise of the medical profession was its ability to define and implement a trajectory from preservice to accomplished practice and then to insist that everyone in the profession follow that path. It was essential that the trajectory be coherent, each step building directly on the previous one. It was also essential that there be no back doors or side doors. Unless everyone followed the same path, the whole thing would collapse.

To establish such a trajectory, one begins with the end-point, because people must have a clear view of the target if they are going to hit it, and the training must prepare them for such achievement. That means articulating what an accomplished practitioner should know and be able to do and articulating what the standards are that define the necessary knowledge and skills. Moreover, there must be a process to certify when those standards have been met.

The next step is to map backward from those standards through the novice and induction phases and through entry and preparation to ensure coherence and maximize the chances that those who remain in the profession become accomplished practitioners. In a highly functioning system, at each juncture, a small sorting process helps filter out those who do not have the requisite knowledge and skills. Perhaps even more important, as the work of preparation gets deeper into what accomplished practice actually demands, the profession and the aspiring practitioner get a clearer picture of those who may not have the right disposition to be successful. The goal must be to ensure that the required investment of time and money goes largely to those who have the greatest chance of becoming accomplished. In other words, the profession must also seek out certain efficiencies so that it is working with the smallest possible number of candidates needed to populate a high-quality workforce and meet society's needs.

The National Board for Professional Teaching Standards

In 1987, the teaching profession took a bold step toward the construction of such a trajectory when the National Board for Professional Teaching Standards was created. The board came together in the wake of the 1986 report *A Nation Prepared: Teachers for the 21st Century*, which calls for the formation of a national board as a key strategy for improving the quality of teaching.⁶ That challenge was at the center of a report published three years earlier, *A Nation at Risk*, which, as its subtitle describes, was intended to be an “imperative for educational reform.”⁷ Its challenge reverberated like a fire bell in the night throughout the profession.

Although *A Nation Prepared* and Marc Tucker, who had been hired by the Carnegie Corporation of New York to prepare the final report on the findings of the Task Force on Teaching as a Profession, often are given credit for the creation of the National Board for Professional Teaching Standards, the first person to call for such a board was Al Shanker during a speech at the National Press Club in 1985. Shanker, the legendary president of the United Federation of Teachers and later of the American Federation of Teachers, sat on the original commission, appointed by President Ronald Reagan, that produced *A Nation at Risk*. While most of the profession denounced that document as an unfair indictment of teachers and the profession, Shanker was perhaps the most prominent U.S. educator to endorse it. He believed deeply that the profession ultimately would be built on the shoulders of accomplished practitioners, and he looked to the medical model as his guide.

The National Board was launched with a sixty-three-member board of directors, led by James B. Hunt Jr., the governor of North Carolina. Shanker and his counterpart at the National Education Association, Mary Hatwood Futrell, were appointed to the board. Today the board of directors is smaller and, according to the organization's by-laws, at least 50 percent of its twenty-nine members must be board-certified teachers. The presidents of the two national teacher unions have the only guaranteed seats on the board.

The educators who have worked on the National Board have done an amazing job establishing standards of accomplished practice in twenty-five certificate areas and overseeing the assessment process that asserts whether a teacher has met those standards. They developed these standards far more quickly and comprehensively than did medical practitioners, who took several decades to develop theirs.

For the most part, however, that is where the effort has remained. Educators have not come together to map backward from those standards so that the trajectory of preparation, licensure, mediation into the field, and advanced development coheres in ways that move the majority of teachers to board certification. Today, rather than 90 percent or 60 percent or even 30

percent of U.S. teachers, fewer than 3 percent have earned such status, and that number is only as large as it is because three states—North Carolina, South Carolina, and Florida—created early financial incentives for those who pursue the credential.

The profession also has not created a value proposition that would help lead practitioners to the goal of attaining certification. Part of that proposition needs to be extrinsic. That means certification must be accompanied by some assurance that different levels of work and responsibility are available and that the jobs pay well. An equal measure of the proposition needs to be intrinsic. That means that the culture of teaching—the norms of behavior of those who teach—must encourage movement toward accomplished practice as defined by the profession. One cannot underestimate the power a profession has over its own members when its expectations are universally understood and accepted. From the moment a medical student first dons that white coat, he or she assumes also the habits of mind shared through the Hippocratic Oath with colleagues everywhere.

An undeveloped value proposition for the profession itself and the system in which it works is the placement of board-certified teachers in leadership roles in schools and districts. One might imagine, for example, that superintendents confronting the difficulty of embedding a working knowledge of the Common Core State Standards into the teaching workforce would turn to board-certified teachers as agents for this work. After all, board-certified teachers have demonstrated that they know how to teach to high and worthy standards and are in a good position to coach their peers in doing the same. Yet very few principals, superintendents, or school boards look to board-certified teachers for leadership and, in most instances, see them as an additional cost rather than a resource that could be deployed for school or district-wide improvement.

The National Board is as much at fault as anyone for this lack of progress. As it moved into its second decade, it became satisfied living on an island where it safeguarded the standards and assessments. Though its experience provided a vantage point that could have been very useful in helping the profession develop, it did not seem to care that it was increasingly removed from the rest of the profession.

One strong example is the board's potential contribution to teacher preparation. Over the years only 40 percent of teachers who attempt board certification achieve it on the first try, and only 70 percent of the initial cohort achieve it by the third try, which is the last opportunity a candidate has before having to start over. The National Board has chosen to use these numbers as evidence that its standards are high and rigorous, when it could have used the low rate of success as the catalyst for a profession-wide discussion about the inconsistent way teachers are prepared and how disconnected licensure and development are from the profession's own standards of accomplished practice.

Here, again, the medical profession provides an important guide. Physicians achieve board certification at a rate of over 90 percent. This success does not reflect low standards; rather, it speaks directly to a carefully aligned series of steps that begins on the first day of medical school and continues through residency, with each step designed to result in board certification. That alignment might appear simple, but it requires several conscious decisions, and it requires forging alliances among disparate partners. The curriculum in medical school must be connected to the same standards that are reflected in the boards. (That connection also guarantees consistency across medical schools, which is essential to producing a workforce of consistent quality.) The faculty in the medical schools know those standards because they themselves are board certified and therefore are prepared to move aspiring doctors in that

direction. Similarly, the requirements for receiving a license to practice—even though such requirements are the responsibility of each state—are aligned to board standards, as are requirements for the residency phase of work. Physicians sit for their boards immediately following residency, and certification tends to be the “seal of approval” at the end of the process rather than an additional course of study one pursues on top of that process.

This description of the continuum from preparation to accomplished practice seems to assign a level of privilege to board certification both in medicine and in teaching. In theory it does, but the continuum has to be fluid with information flowing in both directions along the chain as new knowledge and skills are developed. In teaching, the National Board standards are strong and have been well tested by independent research. They also go through regular review by standards committees, made up primarily of board-certified teachers and others with expertise in that particular content area and whatever developmental level of students is connected to that content. The profession must own that continuum, and the culture of teaching must expect that most practitioners will travel that path.

As previously stated, research must play a role in confirming the validity and reliability of the National Board. Since the earliest days when teachers became board certified, the process has been studied over and over again. The National Research Council has done the most comprehensive study.⁸ Their report declares the board’s standards and process to be generally promising and in many ways compelling, and it includes several recommendations about how to improve board certification. Nowhere, however, does the report suggest that the board is not on the right track. Other studies have found a statistically significant impact of board-certified teachers on student learning and achievement. Others have found no difference. All studies indicate that board-certified teachers tend to remain in the profession longer than those who are not certified, which itself is a good thing for schools, assuming that the teaching quality remains strong.

More recently researchers at Harvard’s Strategic Data Project looked at the impact of teachers on student learning in Los Angeles Unified School District in California and in Gwinnett County, Georgia.⁹ In both studies, board-certified teachers were the only identifiable group of teachers who had a statistically significant impact on student learning. That impact translated into two additional months of instruction in math and one additional month in English language arts. That difference may not seem significant, but it points in the right direction.

That researchers can find any difference at all, however, may be more remarkable than it first appears. Because every teacher knows that his or her work is never independent of the work of every other teacher in a school and because there are few board-certified teachers in any one school, it is hard to know what measurable impact any one or two teachers should or even could have on student learning or achievement. Measuring impact is especially difficult if those teachers are in a high school or middle school where they interact with each of their students for a small part of the school day. Furthermore, they may be dealing with students who bring to them a shaky base of knowledge and skills that reflect the quality of instruction they had in previous years.

The challenge, then, is to look at the impact of board-certified teachers in schools where they make up a critical mass, especially in elementary schools, where teachers have more time with students and where the students may have had less exposure to weak or mediocre teaching. Though such concentrations can be found in a few schools—for example, Mitchell Elementary School in Chicago and Julius Corsini in Desert Palm Springs—there are not enough of those schools for researchers to control for other factors and thus to know for sure whether board-

certified teachers or some other factor is making the difference. Still, when a school such as the Mitchell Elementary School goes from having only 8 percent of students performing at the top level to 24 percent and reduces those in the lowest tier from 12 percent to only 0.3 percent during a period when the faculty went from having no board-certified teacher to having 70 percent of teachers board certified, common sense suggests that something important has happened as a result of that change in the workforce.

The reports from the Strategic Data Project raise another issue that is rooted in the culture of those who make policy about schools. We have a strong and mostly unhelpful tendency in education to reject the good and promising because it is not perfect. How much better, how much smarter, how much less expensive is it to improve something that is promising rather than to throw it out and start over again, or even worse to perpetuate multiple and competing models that ensure there is little consensus around what the teaching profession stands for. The National Board falls into this category. With more than a quarter century of investment and promising results, and a model borrowed from other professions that have used it to great benefit, one would hope that educators would choose to find ways to make the National Board process better rather than to keep it at arm's length because it is not perfect.

Finally, the question is often raised: Does becoming board certified make a person a better teacher or does it just put a "seal of approval" on people who are already accomplished? The answer is it doesn't matter. What's important is that the profession has a valid and reliable way to identify for the public people who are accomplished teachers.

What is interesting about the question, however, is that it is connected to the assertion made by many board-certified teachers that the work they did to achieve board certification was the best professional development of their lives. One even hears this claim made by those who failed to achieve certification. Sitting for National Board certification was not supposed to be professional development, though it does have the potential to shape professional development and preparation. Teachers mention, for example, how powerful it is to prepare the videos and reflective papers for the portfolio part of the certification process. Many admit that the first time they ever did such a thing was when they prepared to sit for the boards. Ideally, aspiring teachers and practicing teachers should be doing that kind of work continually. By the time a person sits for the boards, it should be the eighth or tenth time he or she has had such an experience, not the first. Such realities, however, emphasize how poorly constructed the continuum is from preservice to accomplished. When the profession gets the trajectory right, teachers will sit for their boards having done no more additional preparation than doctors currently do.

If teaching is to become a true profession, that trajectory must be clearly articulated and universal. It cannot mean one thing in Florida and something else in Massachusetts. States can have their individual differences, but a profession at its base must stand for the same thing wherever its practitioners are trained or do their work.

The National Board's standards and assessment were created by educators and tested and revised, and the process is performance-based and peer-reviewed. Those are good things. If educators mapped backward from board certification, embedding the standards and the process, even as they are now, into the steps every teacher takes from preservice on, teaching in general would be stronger, and the profession would have a sturdy base on which its future could be built.

What matters is the continuum and the agreement within the profession that there can be only one. That has been the key to the success of every other profession. It is the underpinning of

a profession's authority, and there is no reason to think teaching will ever achieve the same status without it.

Every profession has a culture that is shaped by a shared experience that in turn is defined by the profession's standards and expectations. The experience must be universal, and everyone must travel the same path into and through the profession. Teachers complain that they do not receive the respect they deserve, but respect seldom comes from asking for it. It is hard-earned, and it comes not from what one member of the profession does but from what they all do. As Paul Starr writes: "Doctors and other professionals have a distinctive basis of legitimacy that lends strength to their authority. They claim authority, not as individuals, but as members of a community that has objectively validated their competence. The professional offers judgments and advice, not as a personal act based on privately revealed or idiosyncratic criteria, but as a representative of a community of shared standards."¹⁰

Five Recommendations for Sustaining the Teaching Profession

The recommendations that follow are essential for creating and sustaining the teaching profession. The list may not be complete, but if we succeed in these areas, we will have transformed the teaching profession to the same depth and breadth that the practitioners of medicine achieved during the twentieth century.

Connect Teacher Preparation to Accomplished Practice

The National Board has thousands of videos and reflective papers submitted by teachers who have achieved certification. These videos and the accompanying papers that put them into context will be placed into a searchable electronic database and licensed to teacher preparation programs across the country. The resource is called ATLAS (Accomplished Teaching, Learning, and Schools).

Thanks to a federal grant, the National Board is working in partnership with Stanford-based edTPA and six institutions of higher education in three states to test a prototype of ATLAS. Faculty in these institutions are helping to figure out what the resource needs in order to be the most useful to them and their students. They also are developing strategies for using the resource effectively in teacher preparation programs. The hope is that ATLAS will be embedded in all teacher programs to help provide a common understanding of what accomplished practice requires and to set aspiring teachers on a path to such achievement. If ATLAS is put at the core of teacher preparation programs and if teacher educators develop effective ways to use it, ATLAS will be a game-changer.

In other professions, the content of preparation programs is standardized around principles of accomplished practice, and those who deliver that content and engage students in acquiring the requisite knowledge and skills are themselves accomplished. Most medical school faculty are board certified in the area they are teaching in medical school or residency. No such expectation exists in teacher preparation programs, even for clinical faculty. How will undergraduates know about board standards and what it means to become board certified if their faculty do not have first-hand knowledge themselves? Medical students understand from the outset that they are aiming not just for their MD degree and their state-issued license to practice but also for board certification, and they get that understanding from their faculty and from the knowledge and skills they master. Teacher preparation programs need to recruit more faculty who are board certified, especially in clinical programs. One of the best levers for such change is

an organization like the Council for the Accreditation of Educator Preparation that accredits teacher preparation programs.

Align Licensure with National Board Standards

Every state in the United States has some sort of licensing board for teachers. These bodies are formed in different ways and have different reporting paths, but in one way or another, they assume responsibility for issuing a license to teach and oversee the process of keeping those licenses current. At the moment, the requirements for earning a license to teach have little connection to what educators have determined are standards of accomplished practice. In a carefully engineered career path, young teachers, like medical students, would recognize that the steps to achieving licensure are similar to those required for board certification and help build toward certification.

Aspiring doctors do not pursue one set of activities to become licensed and another, completely unrelated, to become board certified. Furthermore, medical licensing boards, unlike state licensing boards for teachers, tend to be made up of practitioners who themselves are board certified.

Require Universal Residency Programs for Teachers

While teacher preparation programs in the United States can and must become much better than they are now, they are only one step on the path to accomplished practice. Very few twenty-two-year-olds can be good at their job, let alone accomplished, directly out of college no matter how strong the teacher preparation program was. Teaching is too complex to be mastered without strong clinical experience that comes after formal study and student teaching. How people are brought into teaching matters, and we must re-imagine the period of induction that precedes autonomous practice.

Because most doctors in the United States spend between three and seven years in a residency program on top of their undergraduate work and four years of medical school before they go out on their own, the medical establishment is able to guarantee to patients that these doctors are going to provide a level of care that the profession stands for.

In March 2014, eighteen board-certified teachers went to the U.S. Capitol to meet with eighteen members of Congress who are board-certified physicians. The point of the conversation was to compare medicine and teaching and in particular to address the critical differences between the way doctors and teachers are prepared for their work. It was a historic conversation. At one point, Andrew Harris, a Republican member of the House and a board-certified anesthesiologist, spoke about the importance of residency to the quality of health care in the United States. He told the teachers that after four years of undergraduate school and four years of medical school, doctors are not prepared to be unleashed on patients. There was general agreement in the room that since teaching is at least as complicated as medicine, we probably should not be asking young people right out of college to be the teacher of record with students.

The time has come for the teaching profession to demand that new teachers have experiences that are similar to those for new doctors. The initial goal should be to expect that all new teachers will spend at least one year in a “residency school,” similar to a teaching hospital, where they will work under the close supervision of board-certified teachers. These residencies must be earned through a competitive process designed to support perhaps 75 percent of all newly licensed teachers. Approximately five thousand residency schools would be needed to accommodate this number of teachers. While some residency schools could be created anew,

most would be existing schools that have met certain standards determined by the state in consultation with educators. A state would figure out how many such schools it would need and their geographic placement to meet the anticipated openings at the elementary, middle, and high school levels, and within the various academic disciplines and student service areas. Each residency school would get approximately \$500,000 a year (in addition to its other normal revenue) to cover the costs associated with residents, such as their salaries. Schools would have to “win” their position as a residency school and meet ongoing expectations to maintain that status. This entire network of residency schools could be funded almost entirely with the \$2.5 billion in Title II of the Elementary and Secondary Education Act, especially if similar funds in the Higher Education Act were added to the pool to cover costs of residency schools operated by colleges and universities.

Highly regarded residency programs are now operating throughout the United States, most notably in Denver, Chicago, and Boston. These programs present a good place to start, but it is time to take them further. For example, residency in these schools is more akin to an extended student teaching experience with a first-year teacher assigned to a mentor teacher. If we followed the medical model, teachers would enter residency programs as part of a team, and, while they would spend the year focused on the subject or grade level they want to teach, they also would be exposed to the broader school system. A teacher hoping to work in fifth grade, for example, would spend time in fifth grade classrooms but would also learn about fourth grade and sixth grade—even if the sixth grade were in a middle school rather than the elementary school. Residents would also spend time with the principal and other support staff, as well as with the superintendent and central office. Very few teachers know how all these pieces fit together, and that lack of knowledge limits their ability to be effective.

Introducing a residency experience into the teaching profession would have a major impact on the culture of the profession and the quality of teaching and learning in schools. Imagine what it would be like on college campuses for seniors during their spring semester as they compete for residencies. Imagine how different residency schools would develop reputations for being “the place” to go for special education, for example, or elementary reading or high school physics. Some places would become strong in urban education, others in rural. Different supervising teachers would arise as experts, creating new pathways for teachers in search of professional opportunities that keep them connected to teaching, and they might well further those reputations by being the principal investigators on clinically based research programs that will inform practice. Principals and superintendents interviewing candidates would ask such key questions as, “Where did you do your residency?” or “Who supervised your residency?” And university-based preparation programs would be judged, at least in the court of public opinion, by how many of their graduates are admitted into residency programs.

One day, it is likely that the profession will decide—as medicine has—that a person cannot prepare sufficiently for certain kinds of teaching in a single year of residency. In a fully developed residency that expects entering teachers to understand more about the whole system of schools and districts, for example, basic residencies might become two-year experiences, and in certain specialties, such as ESL or urban elementary teaching, residencies might even be longer. If residency ever differentiated in these ways, one could expect that pay, too, would differentiate. Again, this is what happened in medicine.

The impact of such changes would be felt quickly. With the current rate of people entering the profession and the aging out of the baby-boomers, by five years after the introduction of such nationwide and state-based residencies, 25 to 35 percent of all teachers

would have entered the profession through this experience. Within ten years, a majority of teachers would have started their careers in this way. At that point, the profession would be almost unrecognizable by today's standards, attracting and retaining high-quality practitioners, well prepared to serve the needs of children in a consistent and dependable way. There would still be differences, but they would fall within a much smaller variance range. I believe there is no other single thing that would have a greater, more systemic, and more sustainable impact on forging teaching into a true profession and improving student learning and achievement than the introduction of residency as a universal step toward becoming a teacher.

Make Teacher Leadership Core to the Profession

Perhaps the most talked about topic in education today—besides evaluation—is teacher leadership, a topic so prevalent that its meaning is beginning to be lost. We have to remember that at the heart of teacher leadership is the recognition that we simply are not deploying the talent of teachers to make schools the best they can be for students. The way we regard teachers is a vestige of the industrial model, where teachers are plugged into certain classrooms and groups of students, expected to work within conditions that someone else controls, and held to accountability standards that assume they are not doing what they should and therefore need to be supervised. That is where their responsibility begins and ends, and there is little opportunity for them to immerse themselves in the various dimensions that define a vibrant learning environment. In the early years, a student's classroom provides sufficient stimulation, but as he or she approaches middle school, growth is more dependent on a larger context of peers and challenges.

The seriousness of this situation came home to me when I met with five board-certified teachers who were completing their year in Washington, DC, as Einstein Fellows in a program that recognizes the best science and math teachers in the country. The conversation was exhilarating. Here were real STEM teachers, the kind that I would have wanted for myself as a student and for my daughter. But as the conversation came to a close, they revealed the bad part of the story: they were not looking forward to returning to their schools and classrooms. Why? Because they had just experienced—perhaps for the first time in their professional lives—what it is like to be treated as a real adult with real knowledge, skills, and opinions that people working at the National Science Foundation, NASA, and other places wanted to shape their policies. They would never receive such respect back in their schools, where they might even encounter resentment from colleagues and administrators. What a loss!

The bottom line is that if our schools cannot reabsorb the handful of Einstein Fellows and give them more responsibility for improving teaching and learning, there is no hope for our profession and our schools. All of the recommendations offered here, if implemented, would set people up for disappointment rather than growth. Everyone involved with schools and districts must find ways to use the talent they have among their teachers to the greatest advantage. Holding them in lock-step positions forces the best people out of the profession and undoubtedly convinces many people not even to explore the possibility of becoming a teacher.

Strengthen the Profession's Culture

If teaching is to join the ranks of other professions, it must embrace the same expectation for its workforce that every other profession has: accomplished practitioners must be the norm. We need to create a culture in which all teachers aspire to be board certified, and the profession itself must be designed to support that aspiration. If we are going to be a true profession and claim the

authority that professionals enjoy, we cannot accept the assertion by a teacher “I’m not board certified, but I’m just as good.” National Board certification is peer-reviewed and performance-based, and its standards and certification process have been created by teachers and for teachers. Though it can be made better, it stands alone as the profession’s clearest statement of what it stands for.

Coda

I want to end by returning to the first paragraph I quoted from Paul Starr’s book. This time, I have exchanged some key words: “In the *twentieth* century, the teaching profession was generally weak, divided, insecure in its status and its income, unable to control entry into practice or to raise the standards of *teacher* education. In the *twenty-first* century, not only did *teachers* become a powerful, prestigious, and wealthy profession, but they succeeded in shaping the basic organization and financial structure of *American education*.”

I am convinced that someday we or our successors will read a paragraph like that in a book possibly titled *The Social Transformation of American Education*. The government cannot do it. Business cannot do it. Only educators can make it happen, and we need to seize the opportunity we have now to do just that.

Notes

¹ Dan C. Lortie, *Schoolteacher: A Sociological Study* (Chicago: University of Chicago Press, 1975).

² See, e.g., Lee S. Shulman, *The Wisdom of Practice: Essays on Teaching, Learning, and Learning to Teach* (San Francisco: Jossey-Bass, 2004).

³ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 79–80.

⁴ *Ibid.*, 7–8.

⁵ “Graduate Medical Education (Updated),” *Health Policy Brief* (Robert Wood Johnson Foundation), August 31, 2012.

⁶ Carnegie Forum on Education and the Economy, Task Force on Teaching as a Profession, *A Nation Prepared: Teachers for the 21st Century* (New York: Carnegie Forum on Education and the Economy, 1986).

⁷ National Commission on Excellence in Education, *A Nation at Risk: The Imperative for Educational Reform* (Washington, DC: Author, 1983).

⁸ National Research Council of the National Academies, *Assessing Accomplished Teaching: Advanced-Level Certification Programs* (Washington, DC: National Academies Press, 2008).

⁹ “Mitchell Elementary School: Changes in Chicago; How Board Certification and a Principal’s Vision Inspired a Struggling School,” National Board for Professional Teaching Standards, accessed July 23, 2014; <http://www.nbpts.org/newsroom/mitchell-elementary-school>; “Julius Corsini Elementary School: How National Board Programs and a Principal Transformed a Struggling School,” National Board for Professional Teaching Standards, accessed July 23, 2014, <http://www.nbpts.org/julius-corsini-elementary-school>.

¹⁰ Starr, *Social Transformation of American Medicine*, 79–80.