WORKING WITH WENDY: A TRIBUTE TO SLOW SCHOLARSHIP

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ABSTRACT

This article celebrates a decade long collaboration between an academic developer and a practitioner in the field of the professional development of actuaries. The collaboration is narrated and then the various professional development experiences that emerged are explored using Tronto's (1993; 2013) framework of an ethics of care. The analysis shows that all the elements of Tronto's framework are present in the implementation of the work by the actuarial profession, although ways could be considered to deepen attentiveness to the response of the care receiver. The model of authentic and caring Continuing Professional Development could be useful to academic developers in their work with educators who are also practitioners. Regarding the collaboration itself, the analysis suggests that the presence of all five elements of Tronto's ethics of care contributed to successful and caring scholarship.

Keywords: continuing professional development, ethics of care, professionalization, slow scholarship, Wendy McMillan

This special edition of SAJHE has been dedicated to the memory of the academic life of my late wife, research partner and soulmate, Wendy McMillan. She died of cancer in December 2015 at the far too early age of 54. Wendy was a late recruit to academia, having migrated from a successful career in school- and teacher-education to do her doctoral studies (McMillan 2001) under the invaluable supervision of Professor Glenda Kruss. For the last twelve years of her life, she performed an academic development role in the Faculty of Dentistry at the University of the Western Cape where she contributed greatly to staff and student development and support, the scholarship of teaching and learning, and guiding the Faculty's quality assurance as an educator in the health profession. However, there was another field to which she contributed greatly and where her academic development capabilities have made a difference – that of the actuarial profession, and through that, potentially all of us who interact with financial services.

I am an actuary, and member of the actuarial profession in South Africa. Actuarial work has been described as helping individuals, groups and entities manage the financial risks to the attainment of their goals. Mathematics, statistics, economics, demography, information

technology as well as communication capabilities form part of the actuary's toolkit. At about the same time as Wendy started her career in higher education, I became involved in the professional development of actuaries. This article celebrates the ensuing decade long collaboration between an academic developer and a practitioner. It is my tribute to Wendy, but it also suggests that our collaboration was successful because it demonstrated all the elements of Tronto's (1993; 2013) framework of an ethics of care.

In the article, I first record our collaboration and then using Tronto's framework explore how care ethics illuminates the various professional development experiences that emerged.

OUR COLLABORATION

2000–2006: Professionalization learning

Around the millennium, I volunteered to be a presenter on the so-called "Professionalism Course" to newly qualified members of the Actuarial Society of South Africa ("Actuarial Society"). This was a one day seminar of case studies illustrating professional dilemmas such as conflicts of interest. After a while, my co-presenter and I began to query the content, method and outcomes of the course, and quite naturally involved my partner Wendy in our deliberations, as she had just embarked on her academic development role in the Faculty of Dentistry at the University of the Western Cape.

We lived on the slopes of Table Mountain in Cape Town, an easy walk through the forest to Kirstenbosch Gardens. On a Sunday morning, we would often walk to breakfast at Kirstenbosch, debating these issues and comparing them with similar issues in the health sciences. This "slow scholarship" (Bozalek 2017 – discussed in a later section of this article) continued throughout our collaboration, and allowed different meanings to emerge, especially when we instituted the brainstorming rule of not shooting down any idea that cropped up.

It emerged that although the actuarial profession, locally and internationally, was committed to professionalism, they seemed to embrace static, dated concepts of the role of the profession in society. So our first contribution was to suggest a dynamic model of professionalization. *Inter alia* Houle (1981) and Bellis (2000) informed our first publication "Planning Lifelong Professionalization Learning for Actuaries" (Lowther and McMillan 2006) which was also aired at the International Congress of Actuaries in Paris that year. Accordingly, a vision for the professional development of actuaries was

> "grounded on the proposition that professions are dynamic, offering the public varying quantities and qualities of professional aspects over time. The overall curriculum for the model is derived by ordering these aspects into technical, normative and professional strands. Different aspects of the curriculum need to be addressed at different stages of an actuary's career."

A three phase model of integrated development, broadening and deepening through the lifetime of the professional, was suggested and contemporary pedagogy such as Biggs (2003) and Cannon and Newble (2000) referred to.

This vision, amended and engaged with by ourselves and others, informed the rest of our work, and continues to evolve up to the present.

2007–2010: Integrated work-based normative development

At the time we were not sure whether there would be any take-up of our work. However, the Actuarial Society then decided to decolonise its education programme and offer its own "locally relevant, internationally recognized" courses rather than rely on foreign qualifications. This was a rare opportunity for a normative capabilities programme to be created from scratch. (The term "capability" was chosen because, unlike "skills", "competences" or "attributes", it highlights the qualities of growth and progression which are at the heart of education. Sen (1999) uses the term "capability" to explain human development, highlighting what education enables people to do and to be. The term "normative" refers to the second strand of capabilities in the vision described above – the way in which the actuary delivers the technical capabilities.)

Together with the Society's newly appointed Director of Education – who often joined us on the Kirstenbosch walks – we developed the 2006 vision into a detailed proposal for the aims, range and best practice of normative development. Facilitated by Wendy's growing familiarity with the field of professional development and the methodologies of qualitative research, we delved into the extensive literature, and then analysed the emerging themes of best practice through three sets of data – interviews with a range of actuaries, employment advertisements and documentary evidence from professions.

Our conclusion in "Education for Actuarial Quality must develop more than Technical Competence" (Lowther, McMillan and Venter 2009) was that the purpose of an actuarial education programme should be to encourage the delivery of a quality service. For this to be achieved, attention must be given to technical, normative and professional learning. Relevant normative capabilities and values were identified. Four educational considerations for the development of normative capabilities emerged:

- Substantial bodies of knowledge exist regarding the education of professionals in specific normative capabilities and values;
- This education should be led collaboratively by actuaries and normative experts;

- This education should take place throughout undergraduate and professional life; and

- Properly conceptualized work-based learning is essential.

A broader engagement with other stakeholders ensued, and the Society eventually launched its Normative Skills Programme in 2014. Accordingly, a cohort of interns go through a two year work-based Actuarial Professional Practice (APP) programme including four off-site weekend seminars at which their development of the various normative capabilities and values (such as ability in, and commitment to, effective communication and ethics) are reviewed and challenged. Early indications are that the integrated normative skills programme is assisting the delivery of a quality service, as well as building a professional identity amongst the interns.

2011–2015: Authentic continuing professional development

The remaining unfulfilled part of our 2006 vision was the reconceptualization of lifelong CPD for qualified actuaries. Unlike the *tabula rasa* for APP, there was an existing CPD programme so there was naturally initial resistance to fixing a process that was not obviously broken. We continued to engage with the issues at Kirstenbosch from time to time, including any visitors who chanced to be with us at the time. And Wendy continued to download interesting articles that she came across whilst doing her "day-job" of academic development and research.

In the meantime, our concept of three strands of professionalization aspects had been taken up by the International Actuarial Association. In their "Principles of Professionalism" they set out the core value that actuaries worldwide should deliver a quality service that is competent, ethical and subject to professional oversight (International Actuarial Association, 2012). We gave input to a subsequent review of the Actuarial Society's Code of Conduct, leading to the concept of the actuary's "professional promise" to deliver such a service. This set of circumstances finally provided the catalyst for us to move the project forward. This catalyst was to conceptualize CPD as the way in which the profession assists its members to keep their professional promise, rather than a disembodied compliance requirement.

Wendy was now a regular presenter at local and international health science and higher education conferences and was networked in to emerging sociomaterial views of reality. I presented our initial thoughts at the 2012 conference of the Professional Practice, Education and Learning Network in Stirling, which Wendy was now able to identify as a useful act to enrich our ideas. We delved in to the work-based learning literature, especially Boud and Hager (2011) and Friedman and Woodhead (2012), and developed our findings through interviews with practitioners. Our article "Authentic Professional Development: Key to Quality Service Delivery" (Lowther and McMillan 2014, 1) concluded that

> "CPD is most effective when it takes place through a development cycle of planning, action, results and reflection. Further, professional development is associated with competently completing tasks that are required in the workplace."

These ideas clearly "glowed" (MacLure 2013) for one or two influential colleagues in the Actuarial Society, and a pilot project was set up to try out the new ideas. While we were engaging in the feedback process from participants in the pilot project, Wendy noted that the Organisational Learning, Knowledge and Capabilities network ("OLKC") was planning a conference in Milan. We loved to spend time in Italy, so the idea grew of analysing this feedback academically. This led to our last joint work "I now see CPD as an integral part of my life: Authorship in Continuing Professional Development" (Lowther and McMillan 2015, 1) in which

> "Feedback from volunteers on the pilot project indicated that the proposals were effective in support of the delivery of a quality service. However, it was also observed that the reflective process embedded in the development cycle resulted in professionals authoring on-going positive revisions to their professional identity. Further, that strengthened professional identity might be leading to a 'virtuous circle' whereby the professional is in turn motivated to continue engaging in effective CPD."

Engaging with OLKC participants pointed us to a further refinement of the proposals – that whereas individual reflection in a professional development cycle was necessary, the process was not really complete until discussed with another person, ideally a mutual interaction between two or three actuaries. This resonated loosely with the concept of diffraction in the work of Barad (2007, 243) which Wendy and her colleagues were working through, "reading texts intra-actively through one another, enacting new patterns of engagement". We thought that actuaries, being scientists, and having become used to the concept of reflection, would relate to another term from physics. In fact, reflection and diffraction happily shortens to R & D, which in its other, but similar, meaning of Research and Development is accepted as a natural part of organizational development. We acknowledge though that the "trick" of the double meaning of the English word reflection does not work in other languages spoken by members such as Zulu or Afrikaans. (This seems to imply that some of Barad's word-plays are also limited to English speakers – for example "matter that matters" – but that is a philosophical discussion beyond the scope of this article.)

Postscript

We developed a detailed proposal for implementing authentic CPD at the Actuarial Society.

But just as we received their commission, Wendy's health rapidly failed. She had been living with stage 4 cancer for three years, but so wished to live a full and flourishing life that she was still at work two weeks before her death in December 2015. After about six months, I felt strong enough to complete the work, and the project is now rolling out in a promising way locally, as well as generating international interest.

TRONTO'S FRAMEWORK OF AN ETHICS OF CARE

The nature and use of Tronto's conceptualisation of the ethics of care (Tronto 1993, 2013) as a normative framework to evaluate professional development work of academic developers is described in detail in one of Wendy's co-authored publications (Bozalek et al. 2014). That paper emerged from the Mont Fleur workshops in which Wendy so liked to participate. I understand Tronto to be using the concept of care to make an alternate cut to view social reality, in comparison with say neoliberal cuts such as measurability, efficiency and individualism. Hamington (2014) sees Tronto's idea of the socio-political practice of care as fresh and provocative; and capable of addressing contemporary issues in a way that traditional ethical theory does not. Accordingly, the ethical question is not a one-sided "What ought I do?" but a relational "What is the caring response?"

There is a great deal of research work in this field, in which I as a practitioner am not an expert. It seems appropriate that I facilitate Wendy to provide the following overview of Tronto's framework, based on her abovementioned paper (Bozalek et al. 2014). In this way, interaction with Wendy "continues in ways that matter across space and time although [s]he is no longer physically present with us" as Bozalek et al. (2016a, 202) observed in a similar article inspired by the death of a colleague.

Tronto (1993, 2013) identifies five elements of the practice of care – attentiveness, responsibility, competence, responsiveness and trust. *Attentiveness* involves noting the existence of a need and making the assessment that this need should be met. Merely recognizing the needs of those around us is difficult, and a moral achievement. Then, one should take *responsibility* for the identified need and determine how to respond. In contemporary rights-based western democratic societies, this practice goes beyond one's obligations as a citizen. The identified need for care will not be met unless the required care is *competently* provided. This actual work will usually be in contact with the object of care, and can be assessed by its outcome rather than say mere compliance with a Code of Professional Ethics. There will obviously be conflicts of resources in achieving a successful outcome. Then the *response* of the (often vulnerable and disempowered) care-receiver should be elicited and engaged with. The care-giver should try on the shoes of the care-receiver, acknowledging that power differentials

make it impossible to actually walk in another person's shoes. The final element is trust which Sevenhuijsen (2003b) thinks of as the oil for the other four cogs. In other words, both care-giver and care-receiver implicitly agree on diligently and attentively applying all the elements. (I understand that there are other interpretations of Tronto's fifth element, such as solidarity with the needs of society, but I have used Sevenhuisjen's interpretation as it suits the habits and patterns of care that emerged in my work with Wendy.)

What initially concerned me – as a practitioner needing to deliver a service – was the impression I gained from some articles that "care" should take precedence over "delivery" – for example have the band play rousing music as our ship sinks rather than try to get the lifeboats working or throw one or two people overboard to lighten the load and save the rest. But on a further reading of Tronto (1993) I discovered that

> "[she does] not mean to pronounce care as a first principle and to deduce all other forms of virtue and of life from that principle. Rather, care will be congruent with other aspects of social life that also require our serious attention."

Based on my experience, this point may be obvious to academic developers but perhaps not to the doctors, engineers, actuaries and other practitioner academics that they engage with! I therefore use the ethics of care as a diffractive (Barad 2007), complementary "both/and" view of social life, not an "either/or".

Tronto acknowledges that applying the framework will be complex. In this article I do not need to investigate whether the concept can be usefully applied beyond the parochial level to the complexities of power, culture and self-interest at a national/political level. What is relevant here is that the practice may offer value both for a profession that has made an explicit undertaking to act in the public interest, and for researchers who have implicitly committed to caring about their project.

ANALYSING OUR COLLABORATION THROUGH TRONTO'S ETHICS OF CARE FRAMEWORK

I have used Tronto's ethics of care framework to shed light on the fruitfulness of slow scholarship in this decade long collaboration between an academic developer and a practitioner, as well as the relationship between care ethics and professional ethics and development.

Our collaboration: Slow and caring scholarship between the academic developer and the practitioner

Bozalek (2017) values slow practices in reading and writing as they encourage hesitation and

thoughtfulness. Participants in slow scholarship take the time to "render each other capable" (Haraway 2016, 1). Bozalek bemoans the poor quality scholarship that faculties' needs for deliverables encourages. Wendy and I were fortunate to be able to engage in very slow scholarship, including (as identified by Bozalek 2017, 54) both "pleasurable activities such as walking, sharing food, intra-acting with nature while rendering each other capable" and "serendipity, allowing the unexpected to reconfigure the research". This is clearly a culture of care, and being one-on-one, less complex to analyse through Tronto's five point framework than the multiple stakeholder scenarios discussed below.

Firstly, we "cared about" or were *attentive* towards each other, and the meaningfulness of the work for our respective identities – Wendy developing the capability to apply her academic development skills in a work-based financial profession, and I contributing to the professionalization of my colleagues and my identity as an actuary. Then we "cared for" or were *responsible* to each other for finding the times and places to carry the work forward. As well as the breakfast walks to Kirstenbosch, we engaged on holiday, often in Mauritius. Diagram 1 is my sketch of Wendy tackling a difficult text on a 50th birthday trip to La Pirogue.

Diagram 1: Sketch of Wendy tackling a difficult text on a 50th birthday trip to La Pirogue

Thirdly, we rendered each other *competent* and capable – Wendy developing research and writing skills in me, and me developing field skills in her. Fourthly, we were *responsive*, mindfully engaging with each other's contributions (which were both separate work and joint sessions). A regular source of material for cartoons is the father who unwisely tries to teach his daughter how to drive. Similarly, there are dangers in writing a paper with your life partner –

perhaps our (implicit) ethics of care approach allowed these joint sessions to be slowly productive, and sometimes serendipitous. Finally, we *trusted* each other's commitment to the big picture, as well as attention to the smaller pieces. Four of Wendy's academic development capabilities that particularly amazed me were her ability to identify relevant literature, to conceptualize the flow of a qualitative research project, to formulate the right phrase from a messy concept, and to knock a list of references into acceptable shape. Her post-graduate students can also vouch for this – as well as her caring "tough love". But more than this, she was sufficiently attentive, responsible and competent to be able to cross the boundary into the actuarial profession, just as she did in her academic development role with the dental profession. She said (Van Schalkwyk and McMillan, 2016, 216)

> "I can't occupy the 'being a clinician' space, but I can bring things from my side over to theirs, packed in ways which match ontological and epistemological assumptions about being a clinician."

Wendy had what she called dual citizenship with the dentists, taking on markers such as the white coat she wore on the floor (now a treasured memento). An example of her border-crossing success with the actuaries was her professional development presentation (not in a white coat!) at the 2010 International Congress of Actuaries.

Care ethics inspires service delivery beyond mere compliance

As mentioned above, we had suggested a dynamic vision of the profession, offering the public varying quantities and qualities of technical, normative (ethical) and professional aspects. During our slow scholarship, we linked this vision with the critical consciousness technique of the education reformer Paulo Freire, whereby people are first made aware, or conscientised, of a situation – "what is going on here?" – and then spurred to action by a question along the lines of "what are the implications if nothing is done about this". Thus the concept of the professional promise was born. Subsequently, and after more slow scholarship, we made the conceptual leap that CPD be the way in which the profession assists its members to keep their professional promise, rather than being merely a disembodied compliance requirement. We proposed revisions to the Society's rule-based Code of Professional Conduct

- starting from the public interest mission that the Society has undertaken;
- positioning the professional promise as a way to deliver this;
- following up with various virtues such as honesty, integrity, competence and due care; and finally

- narrating CPD as the way to maintain the ability to deliver this service.

Supplementary documents highlight particular moral dilemmas such as conflicts of interest and whistleblowing.

Four of the five elements of Tronto's formulation of the ethics of care may be observed here. Firstly, there is attentiveness or conscientization to the public interest needs of society for actuarial expertise, and then there is responsibility in the call-to-arms of the professional promise. Care-giving or competence is required, as well as trust or integrity. However, what is not obviously emphasised is care-receiving or responsiveness – that is how the clients respond to the service. The framework thus usefully gives direction to further development. Care ethics (for example Banks et al. 2008, 280) positions this responsiveness as "treat others as they want to be treated" rather than the golden rule found in many religions and deontological ethics "treat others as you wish others to treat you".

Such development will be complex. Firstly, as with doctors, one of the *raisons d'etre* of the actuarial profession is the lack of expert knowledge on the part of the public, so that "treat them as they want to be treated" may not be in their best interests. Sevenhuijsen (2003a, 396) usefully explores the power relations in this "a-symmetrical reciprocity". Accordingly

> "reciprocity should [not] always be based on equality or on an equal exchange of care and attention. On the contrary, it should be acknowledged that caregivers and care receivers are differently positioned in the caring process. They have different forms of expertise and often also conflicting interpretations of the need concerned or different interests in or viewpoints on how the caring process should proceed. The dependency inherent in care causes that caregivers are invested with power *vis a vis* those who are in their care."

Secondly, although some actuarial work is one-on-one (for example quantifying a claim for maintenance by a widow against a deceased estate) most has a second party acting on behalf of third and even fourth parties. (For example, an actuary developing a financial product for an insurance company to make available to financial advisers to assist the financial planning of their clients.) Similarly, a doctor working as a medical superintendent, or as the Minister of Health, would face greater complexities than a doctor struggling to provide good patient care on the hospital floor.

An example of this complexity of care in the actuarial profession was investigated by the Public Interest Work Group of the Actuarial Society (Lowther et al. 2005). Their research revealed that the term public interest is generally acknowledged to be difficult to define. Some legal systems avoid defining public interest, but rather give guidance as to its implementation. It was considered impractical to require a practitioner to decide which of many complex issues

is in the public interest. Rather, the profession should specify any mandatory public interest duties in guidance standards, and beyond that the practitioner is encouraged to think about broader public interest issues. I see the ethics of care offering value here in guiding a practitioner through this uncertain, performative and relational space – as opposed to principle ethics which is not able to go beyond the mandatory level of technical and ethical compliance.

Another illustration of the complexity of caring in the actuarial field is the concept of solidarity. Actuaries are able to apply principles of equity in their work (each according to their means) as well as solidarity (each according to their needs). In my view, care ethics cannot replace the client's instructions as to how much solidarity or equity is required in a particular project – but it could provide a useful ethical sounding board for the result.

A number of ethical development structures exist in the Actuarial Society beyond the Code of Conduct. Ethical dilemmas are explored in case studies during the normative education programme; the Society has a "Treating Customers Fairly" committee; as well as an independent oversight body, the Actuarial Governance Board. In all these structures, Tronto's five elements of care could provide a useful ethical sounding board, especially the fourth item – the extent to which (given the a-symmetrical reciprocity) the responses of the various and often competing care-receivers / clients could and should be part of establishing both the problem and the solution; or the extent to which the actuarial students could co-design their normative education programme. As Sevenhuijsen (2003a) points out, since the ethic of care emphasizes communication and collective deliberation, it is aimed at inclusiveness about who can participate in decisions about the application of standards. As a start, the concept of "due care" included in the Code of Conduct could be expanded to include Tronto's framework. Further, I now see that our amendments to the Code were already moving in this direction – and the Code could usefully be repositioned as a Code of Practice rather than Conduct.

A model for authentic CPD for use by academic developers

This volume of the SA Journal of Higher Education explores the concept of the ethics of care in relation to academic development in higher education. CPD could be seen as the pinnacle of higher education – after attending undergraduate classes, and engaging with post-graduate supervision, the individual self-directs her/his broader and deeper learning and development. I therefore consider here whether Tronto's five point framework for an ethics of care can illuminate aspects of our work in reconceptualising CPD, which could be used by academic developers in their work with academic staff.

As discussed above, as a result of our work the Actuarial Society has reconceptualised CPD away from a somewhat disembodied compliance requirement of attendance at verifiable

events towards cycles of professional development which will assist the delivery of a quality service. Initial reaction from actuaries following the new process confirms this with comments such as "I no longer see CPD as a chore" and "It really helps me do my job" (Lowther and McMillan 2015, 6).

The similarity between our concept of learning cycles and the five steps of Tronto's framework indicates to me that an ethic of care is at work here. Perhaps that is why there has been such favourable initial reaction from practitioners. As mentioned above, in Tronto's framework *attentiveness* involves the non-trivial noting of the existence of a need and making the assessment that this need should be met. In our model, the professional starts the development process by analyzing in detail what the requirements of her current (and possible future) role are, and making the assessment of which capabilities she needs to acquire, broaden or deepen. For actuaries and many other professionals, these requirements will often relate to a complex mix of clients, for example a retirement fund and its members, with differing needs. (It is often said in actuarial work that stating the problem is the most difficult part of the role – the attentiveness required here is not trivial, but the iterative nature of the learning cycles allows a broader and deeper understanding to emerge over time.)

Then, Tronto's framework encourages one to take *responsibility* for the identified need, always aiming to move beyond the minimum level of professional obligation, and then determine how to respond. In our model, the professional identifies suitable work-based or off-site development drivers and opportunities to acquire, broaden or deepen these capabilities. Thereafter, the professional exhibits *competence* in two ways – diligently carrying out the identified development, and incorporating it into their practice. Thereby she improves her professional competence. Being work-based, some of this development will involve interactions with clients and peers. As envisaged above, there may well be conflicts of time and resources in achieving a successful outcome whilst continuing to deliver a professional service.

The fourth element of Tronto's framework for an ethic of care focusses on interaction with, and *response* of, the care-receiver. In professional life, the object of care may be complex – not only the multiple layered client mentioned above, but other parties such as the regulator and the profession. In our model, the practitioner is encouraged first to reflect on their progress towards quality service to their clients. Thereafter they should engage in a mutual review / feedback session with one or two other practitioners. After which, a new learning cycle begins. Carless (2013, 90) defines feedback as "the interactive exchanges in which interpretations are shared, meanings negotiated and expectations clarified". Bozalek et al. (2016b) likened the feedback process to one of care giving and receiving. Referring to the university setting, Boud and Molloy (2013) see the need for students to be actively engaged in the process of improving

their learning. And it is trite that one of the shortcomings of individual reflection is that "you don't know what you don't know". Accordingly, although the last step in our CPD model incorporates some feedback, the focus on care receivers in the fourth element of Tronto's framework highlights to me an area for further development. This would be to encourage practitioners to elicit meaningful response from their clients to include in the review. As mentioned above, the care-giver should try to walk in the shoes of the often vulnerable and disempowered care-receiver, although it should be remembered that this is a professional development exercise and not a peer review of a specific delivery.

The final element is trust which Sevenhuisjen (2003a) describes as the oil for the other four cogs. In other words, all the elements should be diligently and attentively applied and integrated. In order for the reflection and diffraction to be as honest as possible, we proposed that the professional keep private records of their development cycles. Rather than request these records, the Actuarial Society trusts their members – who are bound by their professional promise – to engage diligently and attentively in the process, just requiring an annual declaration to this effect.

As the term suggests, academic developers engage with academics regarding their professional development. The model of CPD which we developed for the actuarial profession is showing promising results, perhaps because it contains the five elements of care. Academic developers could consider applying these ideas in their work. Some of their professionals will be required to do CPD by both of their professions, for example as an educator and as a dentist, often using unhelpful prescribed tick-box compliance methods. Our model might be able to be diffracted into these systems – so that CPD credits are still collected for the old-style systems, but these credits emerge from the more authentic and caring cycles of development. For example, not just attending a seminar, but incorporating learning from the seminar into their practice.

CONCLUSION

On a sunny November day in Cape Town 2016, two of Wendy's co-authored papers were presented posthumously at the International Consortium for Education Development conference. I attended these presentations, but then had to rush across town to the International Conference Centre to present our work on CPD at an actuarial congress. This serendipitous juxtaposition of Wendy's work in space and time sparked the idea of this reflective article. I have used a diffractive, relational methodology to give light and tribute to our decade long slow and caring scholarship regarding the professionalization of actuaries.

This analysis shows that all the elements of Tronto's framework of the ethics of care are

present in the application of our work by the Actuarial Society. Ways could be considered however to deepen the aspect of care receiving, subject to the complexities of the multiple parties potentially involved. Our model of authentic and caring CPD could be useful to academic developers in their work with practitioners who are also educators. Regarding our collaboration itself, the analysis suggests that the presence of all Tronto's five elements of care contributed to our successful and caring slow scholarship.

ACKNOWLEDGEMENTS

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