

# **Professionals & neo-bureaucracy**

**IPEG symposium, 22-23 January 2004**

**Steve Harrison**  
**Professor of Social Policy**  
**University of Manchester**

[s.r.harrison@man.ac.uk](mailto:s.r.harrison@man.ac.uk)

# **The myth of the NHS ‘Third Way’**

- **It is ‘neither the old centralised command & control systems of the 1970s’ nor ‘the divisive internal market system of the 1990s’ but ‘based on partnership & driven by performance’ (Cm3807)**
- **Empirical research 1966-1990 shows little trace of ‘command & control’ (Harrison *et al* 1992)**
  - **doctors determined the shape of services**
  - **NHS managers were ‘diplomats’**
- **Empirical research post-1990 shows quasi market much less divisive & competitive in practice than in theory (Flynn *et al* 1997)**
- **Third Way rhetoric tends to conceal a new philosophy of command & control**

# **From ‘public administration’ to ‘new public management’?**

- **Public administration associated with Weberian bureaucracy, in particular**
  - organisations conceived as hierarchies of ‘rational-legal’ authority delimited by office held
  - importance of formal rules
- **NPM associated with**
  - market-mimic mechanisms (quasi-markets, PIs etc)
  - expanded local managerial discretion
- **But hospitals (etc) have usually been regarded as Mintzberg’s ‘professional bureaucracies’ in which**
  - bureaucratic & professional domains are separate
  - professional autonomy is prominent

# **The trajectory of medical autonomy 1960s-2000**

- **Organisational formalities**
  - **Medically-dominated consensus replaced by CEOs**
  - **Indirect employment of doctors giving way to direct employment by Trusts**
  - **Loss of direct appeal rights to Ministers**
  - **New institutions of surveillance (NICE, CHI, NPSA, Modernisation Agency etc)**
  - **Failed BMA challenges to Griffiths & quasi-market**
- **Empirical research findings**
  - **Legitimation of managerialism after 1984**
  - **Managerial willingness to challenge doctors after 1984**
  - **Doctors increasingly resigned to loss of autonomy**
  - **Managers increasingly driven by central govt agendas**

# **Neo-bureaucracy & medicine: Rules without hierarchy?**

- **Clinical governance: focus on systems**
- **National Service Frameworks**
- **NICE and other clinical guidelines**
- **Commission for Health Improvement:  
focus on systems & procedures**
- **Performance assessment framework &  
star system**
- **Proposals in DoH *Financial Flows* paper**
- **New GP contract: pay based on 'quality  
markers'**

# **In praise of bureaucracy?**

- **Naïve to imagine that professionals can be uncritically trusted**
  - ‘scandals’ since ‘Sans Everything’ & Ely Hospital in late 1960s
  - politics of professions as market shelters etc
- **Naïve to imagine that bureaucracy is necessarily bad: Du Gay (2000)**
  - effectively criticises allegations that bureaucracy is unethical, dehumanising
  - calls for rehabilitation of bureaucracy as a vehicle for fairness & due process (cf current NHS concerns with equity)
- **But other critiques of bureaucracy should be taken seriously by policy makers**

# **Politicisation of professional judgements**

- **Bureaucracy undermines pragmatic & largely invisible health care demand management (rationing) by doctors**
- **Scientific judgements embodied in bureaucracy may not meet public approval (Interferon Beta, MMR vaccine examples)**
- **Bureaucracy may undermine the ability of professionals to get their work done in the available time (cf Lipsky 1980)**

# **Indeterminacy of rules**

- **Not all knowledge can be adequately reduced to rules (Polanyi 1967: ‘tacit knowledge’ – we can know more than we can tell)**
- **Logical problem of applying population probabilities (on which rules may be based, eg evidence-based guidelines) to individuals (patients) (Byrne 2004)**
- **Insistence on rule adherence leads to inflexibility, inability to cope with crises (Burns & Stalker 1961; Fukuyama 1995)**

# Goal displacement

- **When rule adherence is the subject of performance measurement, rules may be treated as ends in themselves (Blau 1955)**
- **Bureaucracy implies *distrust*, contrary to current rhetoric. Compulsory rule following implies redundancy of professionals' moral engagement with their work and their clients (Smith 2001; also O'Neill's 2002 Reith Lectures)**