

Book review

HEALTH WORKFORCE GOVERNANCE – IMPROVED ACCESS, GOOD REGULATORY PRACTICE, SAFER PATIENTS

Edited by Stephanie D. Short and Fiona McDonald.
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This edited book puts forward the proposition that the effectiveness of our health systems, regardless of where they are in this increasingly globalised world, depends to a large extent on the effective governance of our health workforce. And effective governance, in turn, relies on ensuring good access to health services, sound regulatory practices, and the safety of patients. Consequently the book has three parts, addressing these dimensions. The first is titled ‘Improved Access’, the second ‘Good Regulatory Practice’, and the third ‘Safer Patients’.

The contributors are primarily from Australia, with a handful from Canada and Indonesia, and consequently their focus reaches across these countries to address issues of international concern. The skills and interests of the contributors are also varied, including both legal and medical practitioners as well as academics and researchers, with specialities ranging from sociology and public health, to health services and the health workforce, to ethics and law. These contributors clearly share an interest in the complex issue of health governance, and the social and legal changes that have rendered past regulatory approaches to the health system inadequate and ineffective.

The chapters are quite varied in approach and key themes, reflecting the many disciplines and practice arenas of the authors. The practitioners mostly offer a view ‘from the floor’, full of detailed observations and insights; while the academics – as one might expect – provide more conceptual discussion and take a more objective, i.e. distant, approach to the subject matter. For example, we find Helen Turnbull’s chapter about medical negligence and medical error to be mostly concerned with practical solutions to preventing these through professional check-lists, greater self-regulation and the encouragement of the ‘traits’ of professionalism within a supportive organisation. We do not get a sense of the extent of medical negligence across jurisdictions, regions or countries, nor are we provided with evidence – or even examples – about the effectiveness of these various strategies and solutions. We get, as might be expected, a forceful polemic. Turnbull is a practicing medical defence lawyer. Toni Schofield’s chapter on workforce shortages on the other hand, is a well structured argument about the way gender hierarchically organises the management structure of the health sector, and she offers many examples of how the structured inequalities of gender relations produce problems with retention and morale (particularly for nursing and allied professionals), thus exacerbating workforce shortages. Schofield is an academic.

There are some real strengths to this book. Most prominent is the book’s central idea of the need for a new approach to governance in the midst of rapid and radical social change.

Readers are left with a vivid picture of the dramatic shift in approach to the health system from protecting the autonomy of the professions, to the protection of patient rights and rising public demands for professional accountability. Judith Healy takes up this theme in Chapter eleven, showing the tensions that have arisen historically between patient rights and professional autonomy. Fiona McDonald, a legal academic, offers an alternative set of insights into the same issue in chapter six, taking the position that health professionals cannot be the sole focus of regulatory strategies, because their practices and activities are equally a product of the organisations and systems they work within.

Several other chapters are concerned with discussing a second conceptual pillar of this volume: the new inter-connectedness of the modern era, where changes in any one part of the system will have ramifications for all other relationships. Thus, the editors argue, the health sector is a ‘continuum’ of social relationships, with all major developments having implications for health workforce governance. An example of this interconnectedness is explored with regard to labour shortages in the health workforce. The scene for a discussion on workforce shortages is set with Robyn Iredale’s chapter on migration patterns. Here we are provided with an historical analysis of past trends and shown the disruptions and continuities over the decades. The connection between these patterns and social relationships is brought together in a very strong chapter by Toni Schofield, where the implications of unequal gender relations become evident in understanding workforce shortages. They are evident also in William Lahey’s piece on inter-professional systems of negotiation in Canada, where the design and operation of systems of self-regulation cannot be divorced from issues of federalism and national efforts at health care reform.

There are some features of this book that may disappoint readers expecting a more scholarly, and critical approach to health workforce governance. For one thing, there is surprisingly little theorisation of the concept of governance itself, with Paul Dugdale a lone voice in pointing, somewhat briefly, to the origins of governance and governmentality in Michel Foucault’s work of the 1970s. Moreover, while there is considerable discussion about ethics, values and integrity, there is very little investigation (with the exception of the chapters by Schofield and Healy) of the societal processes and structures which engender and curtail the development of appropriate behaviours and practices in the health system. There is, for example, an almost total absence of discussion about the impact of private medicine on regulation, on systems

of planning, on governance (with the exception perhaps of some references within the chapter on Indonesia by Stephanie Short and colleagues). William Ransome and Charles Sampford give us stakeholder lists devoid of private stakeholders (p.49); and Paul Dugdale talks of Medicare Locals as the first effort to tender out governance itself (p.191), but does not discuss any of the potential implications of this development. The book on the whole, as a consequence, does not face up to the very real threats to patient safety, access to health services, and good regulatory practices, that are brought about through the growth in corporate control over blood products, technologies (such as diagnostic testing), training and education systems, the privatisation of knowledge (where discoveries are patented and knowledges withheld for the sake of profits), and the growing power of corporations such as insurance companies and hospital conglomerates to dictate policies to national, provincial and local governments.

In large part, these problems arise from the otherwise admirable aim of bringing together practitioners, policy makers and academics in a single volume. All edited volumes show evidence of the varied agendas and interests of their contributors, and this is no exception. This volumes crosses disciplines and fields of practice, it offers case studies, polemics, historical analyses and informal discussion pieces mixed with a couple of highly structured conceptual pieces. Such a mixture of styles and objectives may be disconcerting for readers like myself, who work primarily within a disciplinary space. Others, working in a community or policy environment, and well acquainted with such diversity may find this smorgasbord of offerings exciting and invigorating.

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