



So Long as Somebody is Watching?

The Effects of Transparency in Clinical Professional Appraisal



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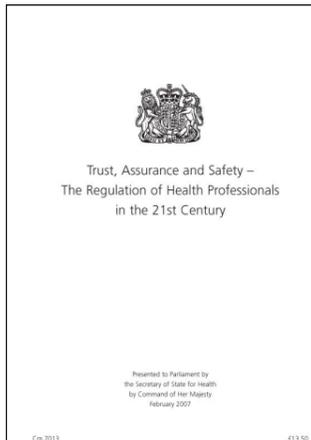


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Background

There is increasing interest in the visible and invisible effects of transparency and the 'audit explosion' in public services in the UK and elsewhere. While transparency and accountability may expose underperformance, leading to measurable improvement in performance and practice, they may also have less visible or measurable effects, for example undermining tacit practices of informal peer-pressure or review.

The 2007 White Paper *Trust Assurance and Safety* proposed a new and more transparent model of regulation for medical professionals in the UK. It also proposed that psychotherapists and counsellors should for the first time be subject to statutory regulation by the Health Professions Council.



"That whole climate of having external reviews... is **so long as somebody is looking on and watching you'll be safe**... innocence just means that we don't yet know what we're guilty of... if we could only ferret it out, we'll all be cleaner. It's somewhat reminiscent of the 14th Century and the Inquisition..." (Psychiatrist)

"... in the service of ... transparency... from the moment of complaint you start posting things on the website. I certainly don't think it's right in relation to psychotherapists... if you are going to work with... mental illness or psychological distress, then false allegations, either malicious or based in psychosis ... are institutional hazards." (Psychiatrist)

Figure 1: Views of transparency

What We Did

- ❖ We conducted 22 informal and 50 formal interviews with GPs, psychiatrists, psychotherapists, counsellors, IAPT CBT therapists/mental health workers, regulators and national patient and professional bodies.
- ❖ We spent over 70 hours observing four professional conferences and ten Health Professionals Council Liaison Group meetings about developing regulation for psychotherapists and counsellors.
- ❖ We held a workshop where we presented our results, validated our findings with professionals in the field, and facilitated discussion between stakeholders.

Findings

- ❖ Doctors and therapists anxiously described complaints, professional disciplinary hearings and litigation in healthcare. The loss of 'safe places' for discussions with colleagues may have perverse consequences for patient safety, professional development and morale.
- ❖ In a 'blame society', professionals and organisations respond to transparent regulation with a defensive mentality; protecting themselves against 'inevitable' accusations of malpractice. Our findings suggest this could cost the NHS £billions each year and could perversely be undermining patient safety by driving poor practice further underground.
- ❖ Professional 'reactivity' to the rationalisation of healthcare (evidence-based standards, efficacy measures, regulation) and economic incentives were beginning to shape professional thinking in these terms.
- ❖ Professional politics and interests affect how stakeholders respond to, negotiate and shape regulatory regimes. These limit their ability to address less visible but significant and potentially perverse changes to the nature of tacit professional practices. For example, therapists may start to concentrate on short-term outcomes rather than addressing their clients' underlying mental problems.

Aims

The aims of this study were therefore :

- ❖ to compare the effects of regulatory transparency on performance in the established medical profession and in the emerging psychotherapy/counselling profession;
- ❖ to attempt to identify 'visible' and 'invisible' effects of transparency in the regulation of these two professions. An 'invisible effect' might be to send a dying patient to Accident and Emergency rather than allow them to die peacefully at home, thus undermining end-of-life care in order to avoid the risk of a future complaint.
- ❖ to develop theory about professional practice and regulation; and
- ❖ to make policy recommendations.

"People who are a serious danger to themselves and others [are] a tiny part of my job [but that] is the only thing the papers, the courts and the regulators are interested in." (General Practitioner)

"Putting your work into boxes and numbering it conceptualizes it in a particular way, despite your best intentions, and will change it" (Counsellor)

"Clinical supervision... where you can in a fairly relaxed way, actually [say] 'I made a real hash...' [is a] very precious oasis in a sort of desert of figures and processes and procedures." (Counsellor)

Figure 2: Quotes from interviews

Find out more...



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