Author’s Introduction

The regulation of the medical profession is an important topic of concern for health and social policy analysts as well as social scientists who possess an academic interest in medical autonomy, institutionalised medical power and contemporary shifts in the governance and performance management of professional forms of expertise. The last three decades have seen substantial changes in how medical work is quality assured to protect the public from medical malpractice and underperforming doctors. Medical practitioners have become increasingly subject to formal peer review mechanisms and third party managerial surveillance and performance appraisal. Bound up with this have been moves toward including lay people as well as other health and social care professionals in the regulation of the medical profession and quality assurance of medical work. This shift has been said to signify a move toward a stakeholder model of medical regulation.

Author Recommends:

A good place to start understanding the historical background to changes currently occurring in the regulation of medical expertise is Andrew Gray’s and Stephen Harrison’s Governing Medicine: Theory and Practice (Oxford: Open University Press, 2004). This appraises the current medical regulatory context as well as analyses the impact of contemporary reforms in the quality assurance of health care delivery on medical practice and training. Donald Irvine’s The Doctors Tale: Professionalism and the Public Trust, (Radcliffe Medical Press, 2003) provides an insightful ‘insider account’ of the history of medical regulation in the United Kingdom and the competing interests involved in the contemporary governance of medical expertise. A more critical account of how the medical profession has responded to calls to become more open and accountable can be found in Celia Davies’s Regulating the Health Care Workforce: Next Steps for Research (Journal of Health Services Research and
Policy, 2004 9: 55 – 61) as well as Sally Lloyd-Bostock’s and Bridget Hutter’s Reforming Regulation of the Medical Profession: The Risks of Risk Based Approaches (Health, Risk and Society, 2008 1: 69-83)

**Online Materials**

http://www.gmc-uk.org/
This is the website for the General Medical Council, which is the regulatory body responsible for overseeing the governance of the medical profession in the United Kingdom.

http://www.bma.org.uk/
The British Medical Association is the professional medical association and trade union for doctors and medical students.

http://www.bmj.com/
The British Medical Journal is an international peer reviewed medical journal.

**Sample Syllabus**

**Week 1 Introduction and overview**
Definitions, Problems & Issues: Medical Regulation and the Sociological Study of Medical Power and Autonomy

Associated Reading:


**Week 2 From Ancient beginnings to the birth of the clinic**
Hippocrates, Galen and humoral medicine. Medieval Christianity, the early regulation of the medical profession and the birth of clinic

Associated Reading:

Week 3 The 1858 Medical Act and the foundation of the medical club

The 1858 Medical Act and the institutionalization of medical autonomy in the form of the General Medical Council.

Associated Reading:


Week 4: Challenging medical power I: health service reform

Medical autonomy, the re-emergence of neo-liberal political ideology and the rise of consumerism and managerialism in the health care system. Introduction of medical and clinical audit and shift from a primary to secondary care led service.

Associated Reading:


Week 5: Challenging medical power II: the patient revolt

Lay perceptions of medicine and medical power. Medical malpractice and the rise of the patient movement.
Associated Reading:


**Week 6: Contemporary changes in medical regulation**

The 2008 Health and Social Care Act and reforming the General Medical Council. The emergence of revalidation and the performance appraisal of doctors continued fitness to practice.

Associated Reading:


**Week 7: The decline of medical autonomy?**

Reappraising the sociological study of medical regulation: decline or restratification? The emergence of a new power elite within the medical profession

Associated Reading:

Week 8: Future visions: risk, responsibility and the performance appraisal of medical work

Medicine’s new professionalism and next steps in theory and research. The importance of analyzing revalidation and patient involvement in the monitoring of medical work.

Associated Reading:


Focus Questions

1) According to Foucault, how did the birth of the clinic transform the epistemological foundation stones on which the early medical profession stood? What other developments in medical science and technology occurring in the 18th and 19th centuries do you think also contributed to this transformation?
2) ‘The 1858 Medical Act secured the interests of the medical profession as much as it served to protect the public from poorly performing doctors’. Critically discuss this statement with reference to a neo-weberian model of medical power.
3) Critically evaluate the impact of consumerism and managerialism on medical autonomy.
4) Summarise the key changes to the General Medical Council introduced by the 2008 Health and Social Care Act and critically discuss if they curtail medical autonomy.
5) Provide a critical account of why studying the impact of revalidation is vitally important to the future study of medical autonomy by social scientists.

Project Idea:

Construct a portfolio of images which over time tells the story of the rise of modern medicine from Hippocrates and Galen to the birth of the clinic and the rapid advances in medical science made in the nineteenth and twentieth centuries. Provide an accompanying account (1500) words which critically discusses how your narrative
illustrates the power of ‘the medical gaze’ and its ability to transform our lives for the better while also opening up new possibilities for the surveillance and control of the population by the state and its agencies.