Invited article

The dilemmas of inter-professionalism in health and social care: The role of professions in collaborative working

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Introduction

At my higher education institution, University Campus Suffolk based in Ipswich in the United Kingdom, we educate a variety of professional groups - from social workers to nurses. We also have a tradition of inter-professional education in health and social care going back to the 1990s and are affiliated to the Council for the Advancement of Inter-Professional Education. As such, we are strongly committed to inter-professionalism, not least in health and social care.

However, an inter-professional approach has its dilemmas. On the one hand, it has many potential benefits including greater efficiency and effectiveness and creating a more satisfying work environment for staff centred on benefiting the service user. Against this, there can be drawbacks ranging from the increased time that may be taken to achieve goals across organizations to the complexity of the communication networks involved.

In Japan there has been a particular driver for using an inter-professional approach to health and social care - namely, meeting the diverse needs of the large proportion of long-lived people in health and social care which is one of the highest globally. Along with other drivers also relevant to other modern societies such as the need for more focused service delivery in a recessionary economic climate, this has led to the increasing incorporation of inter-professional education into Japanese universities [1].

It is vital in charting such a path forward that factors that can act as potential impediments or facilitators to inter-professional working in health and social care and other areas are identified such as organizational structures and management policies. These factors which affect collaborative working between professions include the role of the professional groups themselves on which this paper focuses - drawing on the changing policy context in the United Kingdom as an illustration.

The nature of professions and inter-professional working

In this paper, therefore, I want to underline the importance of the role of professional bodies to inter-professional working. Although in social theory and public perception there has been a traditionally positive view of professions, they are now coming under increasing attack for not being altruistic, rational and open but pursuing their own parochial self-interests to the detriment of the public interest, including in inter-professional collaboration in health and social care [2].

In defining professions a neo-Weberian

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approach is adopted here. Key aspects of neo-Weberianism are that professions are centred on exclusionary social closure, based on ethical codes, credentials and licensure - where legal boundaries are established against outsiders. Professions are also seen as privileged in terms of income, status and power, linked to state licensure in the market and often operating on the basis of group self-interests, which may or may not favour the public interest [3].

The neo-Weberian approach has many benefits - not least because of its minimalist definition of professions based on legally-defined exclusionary closure. It therefore does not assume that professions are positive or negative forces in society - this is a matter for research, even if it is accepted that professions may pursue self-interest at the expense of the public interest. As such, professions are seen as self-regulatory bodies which have the potential to influence patterns of inter-professional working through their silo-based autonomy, including in health and social care.

The case of health and welfare professions in the United Kingdom

This can be illustrated by the case of the United Kingdom, where the medical profession obtained exclusionary social closure in the mid-nineteenth century. Limited professions such as dentists and opticians and subordinated professions like nurses and occupational therapists have grown up around medicine and were complemented in 2001 by the social work profession under the General Social Care Council - which has recently become part of the expanded Health and Care Professions Council.

Historically, this has been an area characterized by the political outcome of turf wars between the medical profession and other groups, in which more or less complete medical dominance prevailed up to the 1960s through the medical-Ministry alliance. This left a number of emerging professions - from physiotherapists to certain types of complementary practitioners - unduly marginalized in the shade of the medical umbrella in terms of serving the general public either singly or in collaboration [4].

However, since the 1970s counter culture the United Kingdom government has striven for regulatory improvement in the operation of health and social care, not least in light of professional self-interest. The main drivers include a desire for enhancement of quality and standards, advances in knowledge, changing patterns of health, rising consumer demand and a desire to protect the public. Subsequent policy reforms in England provide a good illustration of the difficulties involved in encouraging inter-professional working.

From 1979 to 1997 the Conservative government saw professions as unhelpfully hindering the operation of market forces, leading to the introduction of reforms such as bringing in general managers in the National Health Service, the creation of an internal market, and the development of a Citizens' Charter. These met with varying rates of success, highlighting the issues of ensuring collaborative professional working to best effect in a system still dominated by the medical profession [5].

As a result, the Labour government in 1997 to 2010 sought to modernize the health and social care professions through revalidation and registration procedures; increasing lay representation on the General Medical Council; replacing the United Kingdom Central Council/ English National Board with the more accountable Nursing and Midwifery Council; and substituting the Council for the Professions Supplementary to Medicine by the more effective

Health Professions Council [4].

The government also introduced a new White Paper [6] focused on assuring continuous fitness to practice; harmonising regulatory practice; and improving information for professions. It aimed to raise professional standards and ensure public safety in relation to professional conduct and competencies. This signalled a shift from a self-regulatory system of independently policed health and social care professions to one where the state was more central in orchestrating joined-up performance management.

This model has since been overtaken from 2010 by increased de-regulation by the new Conservative and Liberal Democratic Coalition government in relation to professions and other services aimed at increasing efficiency and economic growth. A new White Paper [7] has given rise to the 2012 Health and Social Care Act providing for more devolution of power to the public and professions, with greater patient choice of healthcare professionals and general practitioner responsibility for commissioning care which should in theory increase inter-professional working.

In this respect, the government has decided that social work will now be regulated by the new Health and Care Professions Council rather than the General Social Care Council. Health and Wellbeing Boards are also being introduced as a key forum for professions in the health and care system to work together to improve the health and wellbeing of local populations. The Council for Healthcare Regulatory Excellence overseeing the nine regulatory bodies for the health professions is also becoming more inclusive.

Key dilemmas for future inter-professional working

Although there have been enhancements to professional regulation and further work is being undertaken to aid inter-professional working to public benefit in health and social care in England by creating an even more streamlined, transparent and responsive system, key questions for the future include how far the inter-professional workforce can operate together in practice and what framework of regulation would best facilitate this.

Although these questions are derived from shifts in policy in health and social care in the United Kingdom, they are just as relevant to Japan and other modern societies - given the increasing interest of both professions and the public in the benefits or otherwise of different forms of inter-professional working, not least in health and social care (see, for example, [1]).

In overcoming obstacles to inter-professional working, it is clearly vital to address potentially divisive professional group interests and identities. In addition to regulatory reform, inter-professional education is crucial in this task [8], which - as noted earlier - is currently being increasingly introduced in Japan. Recent research suggests that this can most usefully be theoretically oriented, practice based, pivoted on service user engagement, centred on on-line techniques, case study focused and based on mixed methods research (see, amongst others, [9]).

Having said this, it should of course be observed that inter-professional education does not necessarily lead to positive inter-professional practice given factors such as organizational and managerial constraints on practitioners in employment following qualification. Alongside such issues as changing organizational cultures, the regulatory framework for professional bodies may therefore need to continue to be addressed as one of the most intractable dilemmas in

facilitating inter-professional collaboration.

In the interim, it is politically important that professional power is harnessed for the public good within existing structures through leadership strategies informed by an understanding of the dynamics of professional self-interest [10]. In this respect it is important to acknowledge that professional self-interests are not always opposed to the public good [11] - and it is vital that they are harnessed by leaders to positive pragmatic effect in areas such as inter-professional working in health and social care.

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