

Brian Salter

King's College, United Kingdom

Analysing the politics of knowledge control: lessons from the politics of medicine (0221)

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This presentation will analyze the policy-making process in two areas of social policy: higher education and medicine. The contention is that policy-making in these areas has been restructured in recent years along broadly similar lines with the rise of the new public management model of governance and an increase in the pressure of market forces. The presentation will demonstrate that the politics determining how knowledge production is controlled and how knowledge resources are allocated is not a form of politics confined solely to the higher education system. In the UK the politics of the Health Service are informed by precisely these kinds of considerations and provide a useful analytical

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foil to an understanding of the power struggles of higher education.

One of the more surprising characteristics of research into the politics of social policy in Britain has been the lack of a sustained and in-depth comparative approach that incorporates different policy fields. In part, this is the product of a socialised belief in the 'uniqueness' of the researcher's own policy arena as possessing a 'special' character with particular policy lessons (both in terms of its political construction and administrative implementation) to convey. But it also reflects the transference of the traditional disciplinary focus that has underwritten the British research agenda to the field of policy research. Each policy field has tended to become a specialization for either the internally trained practitioners or the narrowly trained academics (with a considerable cross-fertilization/transference between the two groups).

The central purpose of this presentation is to stimulate thinking beyond the established policy boundaries. There are three main reasons for this. Firstly, there is the argument that both 'higher education' and 'medicine' are but examples of social policy for which the state in the UK has assumed the major role in steering policy development, funding and (more contentiously) delivery. As policy fields they may have a special character but their policy agendas are far from unique. Secondly, the argument is that comparison is more likely to ensure that the focus remains on the analysis of the policy-making process per se rather than drift into a descriptive overview of developments in the policy field (whether it should be education, higher education, the health service, or whatever). Thirdly, we have seen in both the health and higher education sectors the arrival of the new public management mode of governance and with it the managed market. Thus, there have been parallel attempts to bring respective professional groups (doctors and academics) under closer state control. Moreover, there are overlapping developments in the respective attempts to curb the power of these traditional professional groups through both institutional reform (the attempts to enhance the power of the administrative class through a 'managerial revolution') and augmenting the rights of 'the customers' (students and patients).

Within the above context, my presentation will demonstrate that the politics that determine how, why, where and by whom knowledge production is controlled and knowledge resources allocated is not a form of politics confined solely to the higher education system. In the UK the politics of the Health Service are informed by precisely these kinds of considerations and provide a useful analytical foil to an understanding of the power struggles of higher education. In *The politics of change in the Health Service* (1998) and *The new politics of medicine* (2005) I employed a range of political science constructs that can be explored in terms of their possible conceptual utility to higher education analysis. First there is the question of what system level problems provide the context for knowledge production and control, and the ideological struggles that shape the interpretation of these system pressures as they pass through to the agenda setting phase of policy making. Secondly, the control of high status knowledge exercised by the institutions of the medical profession parallels that of the universities: it supplies the fundamental qualities of the common negotiating position that both have with regard to the state. Thirdly, the policy networks of medicine compete with each other as they seek to gain access to the policy community of health (as do those of higher education with regard to the policy community of higher education): it is a pluralistic route to influence, although those who end up exercising that influence are far from representative of the policy community at large, and this is true of both medicine and higher education

This presentation, therefore, is a comparative approach to the making of social policy in which the key concepts listed in the title of the Symposium (Challenging Higher Education Policy Research: Ideology, Power and the State) have an important part to play in the analysis of how the process functions. At the theoretical level the presentation will draw upon a policy network approach, arguing that the key actors are those who can demonstrate to the state that they possess an authority that makes their exclusion from policy-making and its implementation highly problematic.