A medical degree still packs a punch when it comes to having sway in health policy, according to a 2005 Australian study. The study shows that while people in top political and bureaucratic positions are important in most central health policy networks, it’s the people with more informal, long-lasting connections — in this case, people with training in medicine — who have the greatest overall impact when it comes to influencing health policy.

**Academics, men are health policy’s power players**

Almost three-quarters of the people who are seen to have an impact on health policy are medically trained, according to “Being around and knowing the players: Networks of influence in health policy.” Of those, 72 percent are men.

To come up with these numbers, the research team began its work in mid-2001 when it approached an academic, heavily involved in the health sector, to make a list of the most influential people in health policy in Victoria, Australia. From there, the team asked every person on the initial list to come up with his or her own list. Following in this vein, there were six rounds of list-making. Researchers became more selective in the last few rounds, only approaching new people who had been nominated more than once to draw up their own list.

They concluded that the people nominated most frequently as influential are found in academia, followed by individuals in three areas — health bureaucracies, research institutes and non-government organizations — then hospitals. The least frequently nominated were people in political parties, followed by a cluster made up of professional associations, professional colleges and unions.

**Economists’ influence lower than expected**

Part of this project’s goal was to determine whether medicine had lost its clout to economists in health policy circles. This is because in recent years it has been argued that health policy decisions have increasingly been affected by normative and financial pressures and demands for fiscal accountability. The researchers found, however, that medicine’s influence had in fact reached its highest level ever — medically trained men and women made up 73 percent of the people felt to be influential in health policy, leaving managers and economists far behind at a level of 10 percent.
How did they get so strong? Much of it likely had to do with their jobs, suggests the report — medically trained people were in high-level policy-making positions across the state of Victoria as heads of departments, chairs of committees, and deans of faculties. The positions they held and the committees they were involved in ensured their concerns were entrenched in health policy networks.

Having so many medically trained professionals within influential health networks can also make it harder for outsiders without a medical background to get in, says the report. When analyzing the nomination lists, people with medical training showed very strong ties to each other. This means people interested in joining these “professionalized networks” would likely need to learn the group language, establish relationships, and even subscribe to a certain policy position or ideology.

What makes someone influential?

When looking at everyone who was nominated as influential, the report noted that being associated with a policy area for a long time increased a person’s level of influence. Considering only those 12 people most highly ranked in health policy, two factors made them more influential — how many people see them as having power, and to what extent they could connect with people and improve the flow of information through the health policy network.

Not surprisingly, one subgroup within the network was considered the “core” group. It contained eight people in highly visible positions, including the minister of health, the minister’s chief of staff, the secretary of the department of human services, the secretary of the Victorian branch of the Australian Nursing Federation, two deans, and two others. The other central group within the network included nine people in public health medicine who were from universities, research institutes and non-governmental organizations. Eight of the nine were men, and all were medically trained, suggesting health policy decisions are still heavily influenced by the traditional medical model of health and healthcare.

Reference


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