

Professional regulation & professional autonomy:

Benchmarks from across the professions – The New South Wales experience

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A worldwide standards movement in teaching is leading to the development of new standards mechanisms and accountability procedures. So far this development has been uninformed by research on the operations of standards mechanisms and accountability in other professions. In other professions the development of new accountability processes and procedures are often in conflict with the professional autonomy that constitutes the core of professionalism, professional identity and professional practice. Moreover, research on the development of such mechanisms across a range of professions has raised issues of professional autonomy, freedom and the very meaning of professionalism. This research serves as a warning that the path to the professionalisation of teaching will be neither simple nor easy to negotiate.

Using the conceptual model of deprofessionalisation, reprofessionalisation and professionalisation developed by Mahony and Hextall (2000), this paper reports on the relationships between professional regulation and professional autonomy. It analyses the operation of professional disciplinary procedures and mechanisms in a range of professions. The findings of this research show that many professions have maintained aspects of professional autonomy by developing peer review as the basis of professional disciplinary mechanisms.

Professionals accept that peer review remains the core of professional discipline, and the basis of professional autonomy. Despite trends to question peer review, to widen the role of State regulatory agencies, and to support peer review with consumer and lay agencies, all professions except teaching have developed misconduct procedures which have judgement by professional colleagues at their core.

"Public perceptions of a profession will be governed by the way discipline is seen to be applied and enforced in a profession" Daniel 1995

INTRODUCTION

Questions of accountability and autonomy have formed a strong element in discussions of professionalism in recent times. For some professions this has meant developing new accountability mechanisms. For other professions this has meant the modification and strengthening of existing procedures. In teaching for example, a worldwide standards movement is leading to the development of new accountability procedures. In professions like law and medicine, the peer review system in terms of which practitioners were responsible only to their fellow practitioners for their professional conduct and actions, has been increasingly modified and augmented.

The development of new accountability processes and procedures are often in conflict with the professional autonomy that constitutes the core of professionalism, professional identity and professional practice. Moreover research on the development of such mechanisms across a range of professions has raised issues of autonomy, freedom and the very meaning of professionalism. This research has generated discussions about "deprofessionalisation" and "reprofessionalisation" (Mahony and Hextall, 2000) and the role of accountability mechanisms in developing conceptualisations of professionalism. While most research on accountability is concerned with the development, implementation and introduction of professional standards, research in the United Kingdom in particular, has indicated that the imposition of such standards leads to loss of morale, initiative and professional pride (Mahony and Hextall, 2000, p58). This serves as a warning that the path to the professionalisation of teaching will be neither simple nor easy to negotiate.

Enhancing standards however, is only one dimension of attaining professional status. The other concerns the operation of accountability procedures within the profession and this has attracted much less attention. In particular there has been little research aimed at comparing accountability processes and regulation across professions in an attempt to analyse core practices that may provide insights into best performance and process practice.

All professions face the problems of 'unprofessional behaviour', 'professional misconduct', 'negligent performance' or 'inappropriate activity' however these may be defined in that profession. In fact one of the characteristics of a profession is that it will attempt to define 'deviant' professional behaviour and develop accountability mechanisms for response on behalf of the profession. Many professions regard these accountability procedures as an important part of the social contract they share with the public. In this contract professions emphasise a commitment to high quality professional behaviour and sanctions on unprofessional behaviour in return for the privilege of self-regulation. In return the community grants a high degree of autonomy to the profession and accepts that its practitioners are worthy of high status.

This paper will explore the relationships between accountability processes, procedures for unprofessional practice and the role of professional autonomy. It will compare developments in accountability procedures in professions like law,

accounting, engineering and the allied health professions of medicine, nursing and dentistry. The developments in these other professions will be applied to the current research and trends in the development of standards and accountability procedures in teaching and education.

Accountability in the professions has always been based on the notion of peer review of professional misconduct, in terms of which professionals are seen to be accountable first and foremost to their fellow professionals and then accountable to the clients and consumers their profession serves.

Even though new accountability procedures in dealing with professional misconduct have been developed in major professions (often involving external state agencies), rather than being diminished, the notion of peer review implicit in professional autonomy has been institutionalised, strengthened and reinforced in many ways. For some researchers these processes constitute the core of “reprofessionalisation” – redefining the nature of contemporary professionalism to account for changes in social, political and economic contexts. In contrast, the standards movement in teaching has yet to consider the role of professional autonomy in the successful operation of accountability procedures.

PROFESSIONALISM AND PROFESSIONAL AUTONOMY

The word “profession” is currently used very widely but also loosely. To do something “professionally” usually means to do it well, and this can be applied to anything from arranging flowers to assassination. In sport, a professional is someone who is a paid full-time worker, as distinct from an amateur who is not only unpaid but also seen to be much less skilled.

In sociological definitions of professionalism, the understanding of ‘profession’ is much more conceptually refined. A useful recent discussion of sociological conceptions of professionalism have been put forward by Matheson (1998). In this literature, professionalism applies to certain occupational categories subject to State regulation which controls the occupation’s qualifications and their standards of practice and misconduct procedures. In practical terms, professions such as law, medicine and engineering are commonly described as “professional” since there is a shared understanding that they meet these criteria.

Since regulation seems to be an inhibitor of free action, it seems strange especially that in an era which favours deregulation, attaining professional status remains the “holy grail” of many occupational groupings. The reason is of course, that the State remains the ultimate source of societal legitimacy, and therefore State regulation confers a corresponding legitimacy on the regulated group. State licensure moreover, seems to guarantee high operating standards and that in turn confers significant market advantages on that group. Those professions conforming to these processes, are seen to have high status deserving of high economic rewards. In some analyses these market advantages are the main driving forces behind efforts to establish professional

regulations which can influence market supply and demand for professional services (National Competition Council 2000). Hoyle and John (2000, p16) term this process “professionalism”, the exercise of specific knowledge, skills and values on behalf of clients, legitimated by the State.

While most occupations (plumbers, electricians, hairdressers, motor mechanics, aircraft pilots) are regulated by the State in the manner described above, only a few enjoy what are commonly understood as having “professional status”. A basic benchmark of professionalism is the acceptance, operation and recognition of professional autonomy. That means that while operating under State regulation, the profession controls its own affairs and is alone empowered to mediate aspects of professional behaviour in working with clients, the public, other professions and governments. Furthermore, in the words of Daniel:

Autonomy, based on knowledge claims, definitively expresses the power of a profession to control its field of work and its own reproduction. Professions control the criteria for entry, the lengthy educational training, registration, and standards of practice conduct within the profession. (p.63)

The profession does not do this on its own and indeed has little power to do so. The power is based on State legitimation in the form of legislation, which establishes statutory authorities to control and regulate the profession. While established by the State, the internal operations procedures of these bodies are undertaken by members of the profession itself. Examples in the legal profession are the Law Society (responsible for solicitors) and the Bar Council (responsible for barristers), while in medicine, regulation is carried out in Australian jurisdictions by Medical Boards. These Boards enjoy a unique status among the vast number of statutory authorities in that they have a high degree of autonomy in relation to Government. In particular, their internal operation and procedures are undertaken by members of their profession. Critics of these types of Boards argue that they are virtually unaccountable to the governments, which gave them their power in the first place.

In this way, professional autonomy exercised on an institutional basis, protects and reinforces a second very important aspect of professional identity and status, *that of the autonomy of the individual practitioner*. In Medicine, doctors expect that they will be free to make judgements, decisions and offer treatment based on their training and skill, without reference to other professionals or bodies. While this does not exclude consultation with others, professional autonomy means that the decisions to consult and the results of consultation are at all times under the control and direction of the autonomous professional. Hoyle and John (2000, p16) argue that the attempt by teaching to develop standards, self-governing bodies and the new institutional status can be called “professionalisation” – as a semi-profession increasingly meets the alleged criteria of a full profession.

However this paper will analyse the neglect of autonomy, a vital component of professionalism in the development of standards in teaching. This analysis will concentrate on the evaluation of accountability in practice.

THE DEVELOPMENT OF AUTONOMY

Autonomy has consistently been seen as a component of medical practice. Autonomy in medical practice has been the benchmark for the conceptualisation of autonomy in other professions. When the first proto-regulatory body, the Royal College of Physicians was established in 1518, it differed from the guilds which also operated under Royal Charters, in that it was allowed to operate autonomously (Pelling, 1998). This established a tradition of autonomy, which in modern times, has been well encapsulated by Freidson (1970) who argued that professional autonomy was justified by three claims;

First, the claim is that there is such an unusual degree of skill and knowledge involved in professional work that non-professionals are not equipped to evaluate or regulate it. Second, it is claimed that professionals are responsible - that they may be trusted to work conscientiously without supervision. Third, the claim is that the profession itself may be trusted to undertake the proper regulatory action on those occasions when an individual does not perform his work competently or ethically. The profession is the sole source of competence to recognize deviant performance, and it is also ethical enough to control deviant performance and to regulate itself in general. Its autonomy is justified and tested by its self-regulation (1970 p.137).

The 'control of deviant performance' is considered to be extremely important because it is recognised that the type of autonomy exercised by the professions can be dangerous because it can also imply non-accountability (Wolinsky, 1993). As Freidson points out, professions usually claim that they believe strongly in accountability and that a consciousness of the need for accountability permeates their day-to-day decision making. Thus, those who fall short of professional standards and/or ethics will be subjected to disciplinary or correctional action. In extreme cases, erring or negligent professionals will be disbarred from further practice, something which amounts to an occupational death sentence. While *de jure* such discipline is enforced by a State agency, i.e. the statutory authorities mentioned above, the *de facto* situation is that those professional regulatory mechanisms are invariably controlled by the professions themselves. Thus professional discipline can be seen to be exercised in terms of peer review.

Despite the high ideals however, peer review has all too often seen to become mere peer protection. Professionals have proved extremely reluctant to censure or discipline their fellow professionals. Thus, as far back as 1902, George Bernard Shaw described professions as "a conspiracy against society" while in 1990 even Freidson conceded that "professions have been much too reluctant to judge their fellow professionals" (p.441).

This perception has led in recent years to moves which might seem to be a significant curb on the autonomy of professions, in that outside "lay" bodies have been brought into existence to help enforce professional discipline. Such is the case for instance, in health,

every State and Territory in Australia now having health complaints mechanisms, which are themselves statutory authorities, and which can call all medical professionals, including nurses and alternative practitioners, to account for actions that have caused harm or hurt to their clients.

RESEARCH METHODOLOGY

The research reported in this paper was developed in two ways using different methodologies. In the exploration of unprofessional conduct procedures across the professions a study was conducted to analyse

- Comparative information on how different professions structure, manage and organise procedures for accountability and professional misconduct;
- The role of professional associations in the accountability process;
- The role of government bodies' accreditation, registration and licensing as they relate to accountability.

This study utilised public documents published by a range of professional associations. These documents were subject to analyses and a series of questions that formed the basis of a structured interview was developed. Structured interviews were then conducted with the leadership of professional associations across the professions. Part of this research was conducted as part of the report of the New South Government Review of Teacher Education (Quality Matters, 2000).

Subsequent interviews and discussions were conducted in 2001 after the Review of Teacher Education had completed its findings. Subsequent to the Teacher Education Review, a series of case studies were developed from these interviews to validate the research on the operation of professional associations in the accountability process. Those professionals contributing case studies were surveyed as to their perceptions about professionalism, professional autonomy and the operation of professional misconduct procedures in their profession.

DEALING WITH UNPROFESSIONAL CONDUCT: THE USE OF STATUTORY BOARDS

The way that accountability procedures build on principles of autonomy can be identified in the way that different professions respond to matters of professional misconduct. The social contract nature of professional registration, accreditation and licensing in nursing, medicine, dentistry, accounting and law has resulted in recent times in the establishment of structured procedures for responding to issues of unsatisfactory professional conduct. These structured procedures in all these professions now include:

- Mechanisms through which complaints can be made by the general public
- Commissions set up by legislation to investigate cases of unprofessional conduct

- Tribunals called into operation by regulatory bodies to provide legal procedures for the investigation of complaints
- Peer review of the performance of professionals under question
- Imposition of penalties in cases where professional conduct has been proved.

In nursing, the Nurses Registration Board of New South Wales, as the statutory authority and the Health Care Complaints Commission (HCCC) as the independent complaints-handling body, deal with disciplinary matters relating to nursing. This involves:

- accepting complaints lodged by the public;
- consulting on the pathway for all complaints;
- providing written notification to the nurse concerned;
- coordinating mediation or conciliation where warranted;
- undertaking investigation if necessary,
- referring investigated complaints to Professional Standards Committees established by the Nurses Registration Board of New South Wales;
- determining penalties if complaints are sustained.

The NSW Nurses Act of 1991, Section 44 and Section 4, makes a distinction between “unsatisfactory professional conduct” which covers less serious issues or error or negligence, and “professional misconduct” applied to complaints serious enough to be brought before the Nursing Tribunal. This allows the application of the principle that “the punishment should fit the crime”. Their ability to impose lesser sanctions makes it easier for disciplinary bodies to take action which they might be reluctant to do when they only have “extreme penalties” at their disposal.

In law, a Legal Services Commissioner is empowered by the Legal Profession Act, 1987 to investigate unprofessional conduct. The Act provides the machinery and procedure for the making and determination of complaints about legal practitioners. Currently law also features a significant measure of self-regulation. In New South Wales, the Law Society establishes peer review procedures to investigate, adjudicate, judge and pronounce on “unprofessional behaviour” after complaints have been received from the public. In recent years, governments have also established Legal Ombudsmen and Legal Commissioners to provide additional complaints avenues for the public.

In medicine, the New South Wales Medical Board is able to receive complaints about doctors from the general public. The Board reviews each complaint and assesses the best means of addressing the issues raised in it. This assessment is undertaken by the Medical Board’s Conduct Committee, in conjunction with the Health Care Complaints Commission (HCCC).

The Medical Board and the HCCC have a range of avenues available to them to deal with a complaint. These include:

- referring a complaint for further investigation;
- urgent action, including suspension, if the doctor poses a serious threat to the public;
- referring a complaint to another person or body;
- referring a practitioner to undergo a medical assessment;
- determining that no further action be taken on the complaint.

Once an investigation has been completed by the HCCC and the Board together, a recommendation may be referred for disciplinary hearing to the Medical Tribunal, Professional Standards Committees or involve counselling and re-training of the erring practitioner.

In dentistry, matters of conduct are managed by the NSW Dental Board and covered by the Dentists Act 1989. The Ethics Committee, which is a sub-committee of the Board, addresses complaints regarding the professional conduct of individual members of the profession. The Australian Dental Association (ADA), the professional organisation for dentists, has also established procedures to deal with complaints made against its members. These are detailed in its Code of Ethics and Conduct Guidelines .

In accountancy, the Institute of Chartered Accountants in Australia (ICAA) and Chartered Practising Accountants Australia, have a joint code of professional conduct that is mandatory for all members, affiliates and registered graduates. The code recognises that the objectives of the accountancy profession are to work to the highest standards of professionalism, to attain the highest levels of performance and generally to meet public interest requirements. Non-compliance can lead to disciplinary proceedings identified in Article 27 of the Articles of Association for CPA Australia and By-Law 40 for ICAA¹.

The processes to manage purported breaches of the code are slightly different in both organisations. These processes may include:

- the complaint to be submitted in writing with supporting documentation
- the complaint referred to an investigating committee whose sole purpose is to determine whether the member has a case to answer (CPA Australia only)
- the complaint referred to a disciplinary committee consisting of peers
- an appeal process.

For complaints upheld, penalties are applied in accordance with the articles. These could include forfeiture of membership, fines, censorship, need for additional professional development or a practice review.

THE ROLE OF PEER REVIEW

What is common across all of these professions is that ultimately misconduct determinations have peer review at their core, which means that the actions, judgements and discretionary behaviours of the professional are still evaluated and assessed by professional peers.

In the misconduct procedures described above assessment processes still feature professional peer review. Nurses, doctors, lawyers and accountants, who are accused by the public of negligent or unprofessional conduct, are judged by their peers, who determine whether their conduct is indeed “unprofessional”. The penalties for professional negligence and misconduct are also determined in this way. The way that autonomy has been strengthened by this system of regulation and accountability also has had significant impacts on the way that licensing and professional development in these professions operates. In the current crisis over indemnity insurance and public concern about the legal aspects of liability, it is interesting to note that one of the NSW government’s proposals for reform of tort liability is the suggestion to have peer review of professional performance as the basis for deciding claims of professional negligence.

Over time in many professions, even this peer review process has come under challenge. Particularly in medicine it has been argued, especially by public advocacy groups, that peer review as operated by medical boards has amounted to more peer protection than would have resulted from other misconduct procedures involving judgement made by lay assessors. However, even the NSW Health Care Complaints Commission while having gone some way to challenging peer review nonetheless still makes extensive use of the services of medical practitioners in its investigative services and procedures. In reality, peer review is at the core of professional accountability procedures across the professions. Peer review also strengthens professional autonomy by affirming that the profession can be trusted to act responsibly in the management of its affairs. In this way these professions argue that they are meeting new social contract standards with their clients, improving their standards of service and constantly updating their accountability procedures. This “reprofessionalisation” is occurring in a new social and political context, of higher community expectations and increasing impact of legal sanctions for professional misdemeanour.

CONCEPTUALISING AUTONOMY IN TEACHING AND EDUCATION

As already noted, in education there is also a world wide movement to improve accountability in teaching. However, autonomy, the issue so central to accountability in other professions, has been neglected to date. Accountability in teaching has come to mean development of standards, licensing systems, increased supervision of teachers’ work and even in some jurisdictions, teacher testing. This process has been described as “deprofessionalisation” – the erosion of the status of teaching, changes in working conditions, increasing regimes of control and surveillance, decline in the trust accorded to teachers. Research in the UK by Mahony and Hextall showed that “only 20% of Local

Education Authorities (LEA’s), no Higher Education Institutions (HEI’s) and 5% of schools agreed that standards would enhance the commitment and morale of teachers. Conversely, 57% of LEAs, 90% of HEIs and 63% of schools thought that standards represented an attempt to exert political control over the teaching profession” (2000 p58).

Standards, licensing and accreditation also operate in other professions but the core of accountability procedures is still peer review. This is because peer review, assessment by other professionals, is a defining characteristic of professional autonomy. Other professions have developed standards, licensing and accreditation systems (mostly many years ago and focused to structure continuing professional development) as a necessary but not sufficient way of ensuring accountability.

Given the way that peer review operates to maintain autonomy in other professions, the question that needs to be asked is how autonomy can be incorporated into accountability and unprofessional conduct procedures in teaching.

In teaching, matters of professional conduct are the concern of employers rather than the profession acting through agreed standards of professionalism. Most employers have developed codes of conduct and practice to provide a framework for professionalism in teaching. However, compared to other professions these are extremely limited accountability procedures. The key factors influencing the development of accountability procedures in teaching are

- the mass nature of education, where teachers work with large groups rather than with a single synchronous client or customer;
- the highly unionised nature of education industrial relations;
- the scale of the education industry.
- the hierarchical nature of school organisation and management.

The influence of these factors can be seen in the operation of new accountability procedures such as professional development review systems TARS (Teacher Assessment Review System), and STARS (Secondary Teachers’ Assessment Review System) recently adopted in the New South Wales Department of Education and Training. In these systems principals and head teachers usually determine if teachers are performing their professional duties at a substandard level, assist them to undergo professional development improvement and assess them at regular intervals to monitor improvements in their performance. The elements of accountability systems like this, such as the duration of the review process and the supervision involved, are usually subject to regular industrial negotiation between union and employers.

Employers have developed codes of conduct and practice to provide a framework for professionalism in teaching. The recent Wood Commission into police corruption in New South Wales and the revelations of unethical behaviour by teachers, have led to the strengthening of these codes, the introduction of new legislation and the development of specialised units to monitor and assess teachers for certain professional behaviours.

Sociologically speaking, teaching does not meet the criteria usually used to delineate professions. Teaching lacks regulatory bodies such as the Medical Board, the Health Complaints Bodies and Nurses Registration Boards. Some states have established Teacher Registration Boards (such as the Queensland Teacher Registration Board). However, these teacher Registration Boards typically do not incorporate procedures for dealing with professional misconduct as part of their operation. Their emphasis is on the setting of standards, the strengthening of curriculum for training, and the development of benchmarks for professional development and professional experience.

THE LITERATURE ON AUTONOMY IN TEACHING

The literature on bureaucracy and autonomy in educational sociology, school organisation and educational administration is significant in any discussion of professional autonomy in teaching. Handy and Aitkin (1986) in a seminal discussion of school culture argued that teachers had little autonomy in the role culture of the school and its organisation but significant autonomy in their own classes, where their work with their class was largely autonomous, in the sense that it was unsupervised. In practice, the practitioner autonomy central to professionalism has traditionally been a feature of teaching. Although limited, constrained, variable and contextual, this autonomy has always been recognised and valued in teaching. Its loss would be seen by teachers to constitute "deprofessionalisation".

The literature on teacher autonomy reveals a diversity of theoretical and methodological approaches. Chubb and Moe (1990) even argued that a "sense of autonomy and freedom from bureaucratic pressure are the most powerful determinants of a school's success in advancing academic learning." They asserted that professional autonomy is more prevalent in private schools because of the role played by market forces. In contrast, Chubb and Moe argued that public schools were more subject to bureaucracies that stifled teacher professional autonomy. In the debate generated by these ideas no measures, or benchmarks or conceptualisations of autonomy in other in other professions were referred to.

In discussions about teacher 'autonomy' one of the leading theorists (Ball 1987) has suggested that teaching features the notion of relative autonomy similar to the approach of Handy and Aitkin

... organizations are not independent or self-sufficient phenomena" (p. 247).both public and private schools are subject to organizational constraints that stem from "external structures (subjects, periods of time) occupational norms (order in the classroom, class rules and so on) . . . [that ensure] some minimal level of uniformity" (Elmore, 1987, p. 64).

Ball (1987) went further and suggested that educators ask, "How autonomous is the organization and its actors from its clients, publics, superiors and audiences or the basic social and economic structures of the society?"

Powell has argued that the "role played by administrators is seen as a key element in teacher autonomy or the reform initiative of "empowering" teachers. He also pointed out that it is not clear how empowered teachers can coexist with strong site-based managers, a primary requirement of a strong leadership that is necessary for reform. Also following Handy and Aitkin, Apple and Teitelbaum (1986) found that different types of professionals can retain control and authority without changing or being changed by the decisions of other professionals. Teachers in any school organization are free to conduct their individual classrooms as they see fit without reducing the autonomy of the principal.

This literature shows that teachers may find themselves "caught between incompatible interpretations of their own self-interest" (Ball, 1987, p. 269). Rubin (1986) argues that

It may not be possible to understand teacher autonomy merely from examining the obvious governmental or organizational forms that are set up to direct their actions. But how teachers manage those constraints is crucial in defining their work life. Sedlak and others (1986) pointed out that, historically, teachers acquiesce to centralized authority yet, once they close their classroom door, most teachers are able to exercise enormous discretion.

As a result, many current researchers follow confirm the ideas of Elmore (1987), who argues treating teachers as passive receivers of external advice undermines their professional authority. Rubin recounts that

Faced with challenges to their autonomy, some imaginative teachers "have used their ingenuity and skill in order to arrive at a way out" (Kozol, 1981, p. 51) or participated in the "strategy of 'omissive action' (like non-cooperation . . .)" Ball, 1987, p. 268). Indeed, Feiman-Nemser and Floden asserted that, based on their review of several studies of teacher culture, current research replaces the image of "a passive teacher molded by bureaucracy and buffeted by external forces" with the image of "an active agent, constructing perspectives and choosing actions," (1986, p. 523).

What characterises this literature is its "tenuous connection to empirical research, and its absence of measures of professional autonomy". The literature has been unable to establish any measure of autonomy or how it is constructed and conceptualised in teaching or in any other professions. The idea of an active and proactive teacher professional is popular in the literature, and educational reforms which construct teachers as passive agents and implementers are condemned as naive and self defeating (Sachs, 2000). Hoyle and John (1995) have discussed autonomy through the prism of professional culture and collaboration, arguing that the most effective professional collaboration occurs when the culture of the school supports it. In this sense, autonomy refers to the ability to share collegially, plan cooperatively but still retain the identity that comes from being able to control one's classroom destiny.

CONCLUSIONS

The paper, through its analysis of professional regulation and unprofessional behaviour regulation, has shown that professional autonomy, at least in other professions has been defined, constructed and strengthened by peer review. The "reprofessionalisation" that has been occurring in these professions has required modification and improvements to a range of procedures that have strengthened practitioner autonomy and the strengthening of peer review has re-identified practitioner autonomy as central to the idea of profession. The development of accountability systems that require professionals to assess their own professional standards and those of their colleagues is seen at the core of professional autonomy.

This is the message also communicated by the professionals who assisted the Teacher Education Review with their professional case studies. In discussions of *who should apply professional discipline* all participant professionals identified peer review as the best way to investigate and judge allegations of unprofessional behaviour and conduct. Professionals accept that peer review remains the core of professional discipline, and the basis of professional autonomy. Despite trends to question peer review, to widen the role of State regulatory agencies, and to support peer review with consumer and lay agencies as aspects of reprofessionalisation, all professions except teaching have developed misconduct procedures with judgement by professional colleagues at the core of assessment and processes.

It is our contention that peer review has much to offer in the development of accountability procedures in education and teaching. Current trends in teacher accountability developments are clearly seen by the teaching profession as deprofessionalising because they conflict with the autonomy that is a necessary component of professional identity. Given the strong link between autonomy and professionalism and the limited relative autonomy apparent in most teacher-standards developments, peer review processes may offer a way forward in developing accountability processes which strengthen the autonomy and professionalism of teachers. This approach will be in stark contrast to the current standards approach.

NOTES

¹ Australian Dental Association, <http://www.adams.com.au> (accessed may 2000)

REFERENCES:

- Ball, S. J. (1987). *The micro-politics of the school*, New York, NY: Methuen and Company.
- Boyer, E. L. (1983). *High school: A report on secondary education in America*, The Carnegie Foundation for the Advancement of Teaching, New York: Harper & Row, Publishers.
- Carr-Saunders, A & Wilson, P. (1933) *Professions*, Oxford University Press, London.
- Chubb, J. E. & Moe, T. M. (1990). *Politics, markets, and America's schools*, Washington, DC: The Brookings Institution.
- Daniel, A. (1995) *Medicine and the State. Professional Autonomy and Public Accountability*, Allen & Unwin, Sydney.
- Daniel, A (1994) *Medicine, state and people: a failure of trust?* In Waddell, C, and Petersen, A: *Just Health. Inequality in Illness, Care and Prevention*, Churchill Livingstone, Melbourne.
- Deighton-Smith, R., Harris, B and Pearson, K (2001) *Reforming the Regulation of the Professions: Staff Discussion Paper*, National Competition Council, May: Sydney.
- Durkheim, E. (1957) *Professional Ethics and Civil Morals*, Routledge and Kegan Paul, London.
- Elmore, R. F. (1987). *Reform and the culture of authority in schools*, Educational Administration Quarterly, 23, 60-78.
- Feiman-Nemser, S. Floden, R. E. (1986). The cultures of teaching, In M. C. Wittrock (Ed.), *Handbook of research on teaching*, (Third edition). New York, NY: Macmillan Publishing Company.
- Freidson, E. (1970) *Profession of Medicine. A study of the Sociology of Applied Knowledge*, Harper & Rowe, New York.
- Freidson, E (1990) The Centrality of Medicine to Health Care, *Jurimetrics Journal*, Summer, 1990.
- Freidson, E. (1994) *Professionalism Reborn. Theory, Prophecy and Policy*, Polity Press, Cambridge.
- Freire, P. (1981). *Pedagogy of the oppressed*, New York, NY: Continuum.
- Jackson, J.A. (ed) (1970) *Professions and Professionalization*, Cambridge, Cambridge University Press.
- Kozol, J. (1981). *On being a teacher*, New York, NY: The Continuum Publishing Company.
- Handy C and Aitkin, R (1986) *Understanding schools as organisations*. London, Penguin
- Hoyle, E and John, P (1995) *Professional knowledge and professional practice*. London, Cassell Mahony, P and Hextall, I (2000) *Reconceptualising teaching: standards, performance and accountability*. London: Routledge/Farmer
- Matheson, C. (1998) Is the Higher Public Service a Profession? *Australian Journal of Public Administration*, Vol 57, No 3. September 1998.
- Parsons, T. (1939) "The Professions and Social Structure", *Social Forces*, 17, 457-467.
- Pelling, M (1998). *The Common Lot: Sickness, Medical Occupations and the Urban Poor in Early Modern England*, Longman, London.
- Powell, A. G., Farrar, E., & Cohen, D. (1986). *The shopping mall high school*, Boston, MA: Houghton Mifflin.
- Powell, A. G. (1990). The condition of teachers' work in independent schools, Pp. 111-141 in M. W. McLaughlin, J. E. Talbert, & N. Bascia (Eds.), *The contexts of teaching in secondary schools: Teachers' realities*, New York, NY: Teachers College Press.
- Ramsey, G (2000) *Quality Matters. Revitalising teaching: critical times, critical choices*, Teacher Education Review in New South Wales, Department of Education and Training, New South Wales.
- Sachs, Judyth (2000) *The Activist Professional*, The Journal of Educational Change, Vol 1 (5)
- Sandra Rubin Glass: "Markets & Myths", Vol. 5 No. 1, Education Policy Analysis, 1998
- Sedlak, M. W., Wheeler, C. W., Pullin, D. C. and Cusick, P. A. (1986). *Selling students short: Classroom bargains and academic reform in the American high school*, New York, NY: Teachers College Press.
- Willis, E. (1989) *Medical Dominance: the division of labour in Australian health care*, Allen & Unwin, Sydney.
- Wolinsky, F.D. (1993) The Professional Dominance, Deprofessionalization, Proletarianization and Corporatization Perspective; an Overview and a Synthesis, in Hafferty F.W. and McKinlay, J.B. (eds) *The Changing Medical Profession. An International Perspective*. Oxford, Oxford University Press.