14 Patient safety and maintenance of clinical competence

Parallel, and probably related to the increased emphasis on respect for patient autonomy in health care, has come government and community awareness that modern medical treatment can be unsafe. It has also become clear that many of the risks can be reduced. While individual doctors have generally accepted the requirement that they must maintain their knowledge, skills and competence, the organised medical profession has been less willing to recognise the reality of these risks and to accept the challenges of systematically making health care safer. Given the personal commitment of most doctors to good-quality care, this reluctance is not easy to explain. Possibly, individual doctors encounter errors and adverse events infrequently, and admitting error may be emotionally challenging for doctors as until recently, such admissions were associated with blame and retribution [1]. Another possible explanation is that most errors do not lead to harm [2]. It might also relate to the oversimplified analogies sometimes drawn with less complex industries [3,4], awareness that many adverse events are unintentional and even unavoidable in the best of hands [5], the establishment of the concept of patient safety as a standalone discipline thereby tending to exclude the rest of the medical profession [2] and a strong tendency for doctors to be individualists rather than to see themselves as part of a complex health-care team. In addition, despite investment in patient safety around the world, progress in understanding and addressing the complexity of the task has to date been slow [6,7].

The great technological advances in medicine have brought an enormously expanded capacity to intervene effectively for previously untreatable illnesses and injuries. However, these same advances have created a more complex health care environment with an increased risk of human error and adverse events. Often, these are part of increased intervention in older patients with comorbidities. Gradually, parts of the profession have come to understand that further improvements in patient safety can only come through acknowledgement that humans are error prone, that identifying and blaming an individual for an adverse event is counterproductive, and that a systems approach must be taken. Unfortunately, this runs up against the continuation in Australia of a fault-based medical negligence system (see

Chapter 9). Tensions will continue between reporting adverse events and near misses on the one hand, and the need to minimise the chance of litigation on the other [8].

This is not to suggest that the medical profession has stood by inertly over the past two decades. There have been efforts to prevent harm and improve patient outcomes with processes such as clinical audit, quality assurance (or continuous quality improvement), evidence-based medicine, and clinical guideline development. In most instances, each process has been led by enthusiasts who have not succeeded in engaging the entire medical workforce. However, the change of focus to 'patient safety' may have at last found a framework that all clinicians can engage with and actively support.

This chapter concentrates initially on the ethical (and now legal) obligation for doctors to take steps to maintain their clinical competence throughout their professional lives. It next describes the new emphasis on patient safety, tracing briefly the history of adverse events in hospital care. It concludes by outlining the role(s) that doctors should play to make patient care as safe as is possible in a system that will always have some resource constraints.

14.1 Maintenance of clinical competence

No doctor will deny an ethical obligation to provide competent clinical care to patients, but many have been reluctant to embrace compulsory continuing medical education (CME) or compulsory recertification of their professional competence. Resistance may be due to factors such as scepticism that recertification will necessarily improve standards of patient care or prevent the problems created by incompetent members of the profession; awareness that the medical profession is generally very committed to voluntary CME, and to evaluation of care through clinical research and its dissemination and publication; and lastly, sensitivity by many doctors to the accountability already required of them by the medical boards, health complaints mechanisms and the courts. However, there has emerged a more positive approach to the need to document maintenance of professional competence in the profession with formal initiatives being undertaken by all the medical colleges. This is expressed in the Medical Board of Australia's code of conduct:

> Maintaining and developing your knowledge, skills and professional behaviour are core aspects of good medical practice. This requires self-reflection and participation in relevant professional development, practice improvement and performance-appraisal processes, to continually