

## Physician, regulate thyself!

We could not agree more with a *CMAJ* editorial<sup>1</sup> that suggests confidence in physicians is at the core of what we do. We also agree that strong licensing and regulatory bodies are needed.

Long before the Shipman case came to light in the United Kingdom, medical regulatory authorities in Canada began making significant progress toward transparency and increased public accountability. There are now more public representatives on the councils of the regulatory authorities, and most disciplinary hearings are open to the public and the media.

Furthermore, the medical regulatory authorities recognize that a physician's performance may decline over time, and that the quality and safety of any individual physician's practice need regular review. Thus, the top priority for the Federation of Medical Regulatory Authorities of Canada is revalidation of licensure.

Medical regulatory authorities around the world are examining the recommendations in the fifth report of the Shipman Inquiry<sup>2</sup> with a view to doing everything possible to prevent a similar occurrence in their own jurisdictions. Although our organizations must learn from this sad and appalling case, it is an extreme example of failure in a multicomponent system and should not be viewed as representative of the system as a whole.

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DOI:10.1503/cmaj.1050159

The *CMAJ* editorial on physician self-regulation<sup>1</sup> is an opportunity for us to scrutinize our own systems in an international context.

The editorial is correct in emphasizing that self-regulation is but one ingredient in what should be a closely integrated system of quality management.<sup>2</sup> However, it would be incorrect to conclude that clinical governance in the United Kingdom has been a failure.

Dame Janet Smith concentrated on the role of the General Medical Council (GMC) in her fifth report on the Shipman Inquiry,<sup>3</sup> as a result, implementation of the GMC's revalidation scheme, due in April 2005, was postponed.<sup>4</sup> She was concerned about the balance of professional and public interests, specifically that revalidation as planned would not achieve an adequate evaluation of fitness to practise. This is now likely to become a responsibility of the National Health Service, tied to appraisal.<sup>5</sup>

The UK Department of Health has implemented sweeping reforms in governance, finalized in February 2005.<sup>6</sup> Governance is now based on modern management and human resources theory and empirical psychological research. This and the GMC reforms were part of a radical response to past crises and emphasize prevention rather than blame. The success of these changes must ultimately be measured in improvements in the quality of care.

In Canada the move toward appraisal in several provinces is welcome, as is a national perspective through the Federation of Medical Regulatory Authorities of Canada.<sup>7</sup>

The Shipman case should be seen in the context of a series of tragedies and an evolving understanding of how things go wrong in health care. In the past we have handled these events poorly, and reactively rather than proactively. We should look eagerly at lessons learned in other jurisdictions to see how they might be applied in our own system.

Despite the admonitions in Dame Janet's report, physicians, patients and society ultimately have the same goals, and concentrating on what we have in

common is most likely to succeed in the long run. This is the basis of what has come to be known as "professionalism."<sup>8</sup>

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DOI:10.1503/cmaj.1050086

## Patients beware

As reported by Laura Eggertson,<sup>1</sup> some health care professionals foresee the need to ameliorate the drug approval mechanism in the United States and Canada. From the patient's point of view, there is also a need for a more comprehensive and transparent approach within the medical community to informing patients about the potential risks of newly released drugs.

The evidence used in Health