

Assuring Patient Safety through Clinical Governance, Accountability and Regulation

11th October 2011

Dr Ambrose McLoughlin, Registrar and CEO
The Pharmaceutical Society of Ireland



Regulators Sharing and Working Together with Policy Makers and Service Providers in the Public Interest



Source: U2 World Tour 2010

Intervention by Regulators

- To improve quality of care
- To set standards of clinical competence for practice
- Fostering CPD and practice excellence
- Assuring the competence of the individual practitioner and the clinical team or network
- Political/Public and patient reassurance

(Sutherland and Leatherman 2006 and “Building a Culture of Patient Safety”-Report of the Commission on Patient Safety and Quality Assurance, July 2008)

Meeting the challenges

- Registration and Licensure
- Certification and Re-Certification
- Credentialing
- Privileging

(Sutherland and Leatherman 2006 and “Building a Culture of Patient Safety”-Report of the Commission on Patient Safety and Quality Assurance, July 2008)

Effective Risk Management

- Credentialing
- Review track record/reporting a risk
- Registration and specialisation
- Liability/disciplinary record
- EU and international collaboration

(Calabrese et al 1997)

All Regulators

- Patient and public interest first
- Promoting best clinical practice
- Supporting Evidence-Based Policy Making
- Working together with all stakeholders
- Supporting high quality IT solutions
- Patient held E-records/company e-records

Clinical Governance

- Clarity about Authority and Accountability
- Collective Accountability
- Collective Competence
- Key Players
 - Lead clinicians and clinical managers
 - Risk management is for all and best managed by all
- Evidence based best practice

Clinical Governance



Use of Medicines

- Cost-effective rational and safe use of medicines
- High quality coherent, meaningful, relevant, timely information for patients
- Maintaining individual and system wide competency
- Applying evidence based best practice

Health Professionals

- Avoid professional isolation
- Complex high cost medicines and regimes
- Effective regular structured communication and close collaboration
- Key responsibilities of health professionals
 - Evidence based assessment and diagnosis of a patient
 - Evidence based prescribing, dispensing and administration of medicine

Financial Reality

- Medicines and medical devices as essential
- 2009 HSE expenditure €2.23
- 2010 17m prescriptions for medical card holders
- Costs will continue to escalate
- Cost control best achieved through Best Outcomes and Evidence-Based Best Practice

The Future

- New Technologies, Therapies and Medicines will revolutionise health care
- Bio-technology, Regenerative Medicines, Personalised Medicines, Nano-medicines and Advanced Therapies
- New Treatments, Diagnostic Techniques and Preventive Medicine

All of us

- Promote responsible attitudes to medicines in Society
- Promote other interventions
 - Changes in behaviour, lifestyle changes
- Focus on the normative need of patients and the public
- Promote and practice evidence-based practice
- Commit to competence