

EDITORIAL



Introducing physician accreditation in France.

Accreditation of physicians! This term may suggest a new requirement in addition to the mandatory accreditation of healthcare facilities in France. Such is not the case, however: the physician accreditation program is entirely separate from healthcare facility accreditation requirements.

Physician accreditation in France is based on the concept of risk-associated events (RAEs) and is aimed at decreasing the occurrence of preventable adverse events. The dramatic premium increases experienced recently by physicians in France have focused attention on the risk of adverse events related to medical care. The concept that some events herald or predict future adverse experiences was developed by office-practice physicians working with the ANAES (French Agency for Healthcare Accreditation and Evaluation) to improve risk management. They created the RESI-RISQ system, drawing from the Law of August 13, 2004, on universal health insurance coverage, whose article 16 institutes the current accreditation procedure. This law requires that physicians who work in selected specialties or who carry out high-risk procedures, including otolaryngologists, participate in a quality-improvement program based on RAE collection. French law requires that serious adverse events be reported to the French Institute for Health Surveillance (Institut National de Veille Sanitaire). Reporting is not mandatory, in contrast, for RAEs. However, as stated in the 2006 report from the National Academy of Medicine entitled "Preventing health-care-related adverse events", reporting RAEs may allow effective action to be taken at the stage of silent mishaps rather than strident mistakes.

Our work puts our patients at risk. For instance, in Canada in 2004, 24 000 deaths were ascribed to medical error. Similarly, the ENEIS study in France of serious health-care-related adverse events showed that 120 000 to 190 000 preventable serious adverse events may occur annually in hospitalized patients (Revue Etudes et Résultats - May 2005). These numbers are well known and must be acknowledged. Rather than looking the other way, physicians should suggest strategies for risk management.

The accreditation procedure was developed by physicians for physicians. Accreditation is voluntary. Reporting RAEs may seem a tedious addition to an already long list of obligations, and the procedure may generate concern that a big brother policy is being imposed. This concern is unwarranted. However, three questions need to be answered: What should be reported? To whom? Why?

- To whom? RAEs are reported to physicians, anonymously. Physicians working with the accreditation agencies will listen to their colleagues, provide them with support, and help them report and analyze RAEs.

- What should be reported: what is an RAE? RAEs are events that occur during invasive diagnostic or therapeutic procedures but that have no untoward effects. All of us are familiar with the small mishaps that seem to be without consequence but that might one day lead to an adverse experience for the patient. By acknowledging and examining these RAEs in the accreditation process, we can prevent them from recurring, thus protecting our patients from adverse events.

EDITORIAL

- Why report RAEs? The anonymously reported RAEs will be entered into a feedback database called REX and managed by the High Health Authority. Based on analyses of the data, individual recommendations will be made for each reporting physician. In addition, general recommendations and clinical practice guidelines will be developed based on the feedback data, studies of risks, and data from the Institute for Health Surveillance. Physicians will undertake to comply with these recommendations in order to obtain accreditation.

In addition to improving patient care, the accreditation program will have many benefits for physicians. Physicians who undertake the accreditation procedure, which lasts 4 years, are not required to participate in the Professional Practice Evaluation procedure. Accreditation earns credits for continuing medical education requirements. In healthcare facilities, accreditation of physicians meets requirement 45 in the accreditation manual and may also meet requirements 44 and 46 if several physician teams working in the facility are accredited. The universal health insurance agency pays part of the insurance premiums for physicians who undertake the accreditation process. This financial incentive is the key driving force behind the RESIRISQ system and should strongly encourage physicians to participate in the accreditation process. The results of the accreditation process will be published, which should prove extremely useful, in particular to reduce the likelihood of malpractice suits. In the longer term, the accreditation process can be expected to at least halt the rise in insurance premiums.

Above all, for our specialty, accreditation can and should be part of a response to the increasing demands for safety in our society, an opportunity to define our own professional standards with the goal of reducing the risks to which our patients are exposed. If you want something done well, do it yourself!

Finally, should we ask the question that is probably in many minds: isn't the accreditation process a "gas factory" that is unnecessarily complex, inefficient, and costly? Regarding complexity, a pilot experiment carried out by seven physician volunteers clearly demonstrated that the process is feasible. The process will be deemed efficient if it improves the quality of health care. By encouraging physicians to scrutinize their practices with a critical eye, the accreditation process will undoubtedly have beneficial effects on clinical practice. Finally, human resources to start the process will account for most of the cost. We must acknowledge that there will be a "breaking-in" period. The accreditation process will have to be set in motion slowly and cautiously to meet the goal of the FSORL and High Health Authority, which is to help physicians to embark on this new journey.

Now, we must require that the High Health Authority and universal health insurance agency be faithful to the spirit of the law so that the accreditation process unfolds as a win-win endeavor whose chief beneficiaries will be our patients.

The accreditation process is described (in French) on the website of the High Health Authority: L'accréditation des médecins et des équipes médicales

Professeur Jean-Pierre Fontanel