

3rd Medical Indemnity Forum
Medical indemnity issues for 2009



Risk Management

A New Religion for the Modern Doctor ?

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Chairman, MIIAA

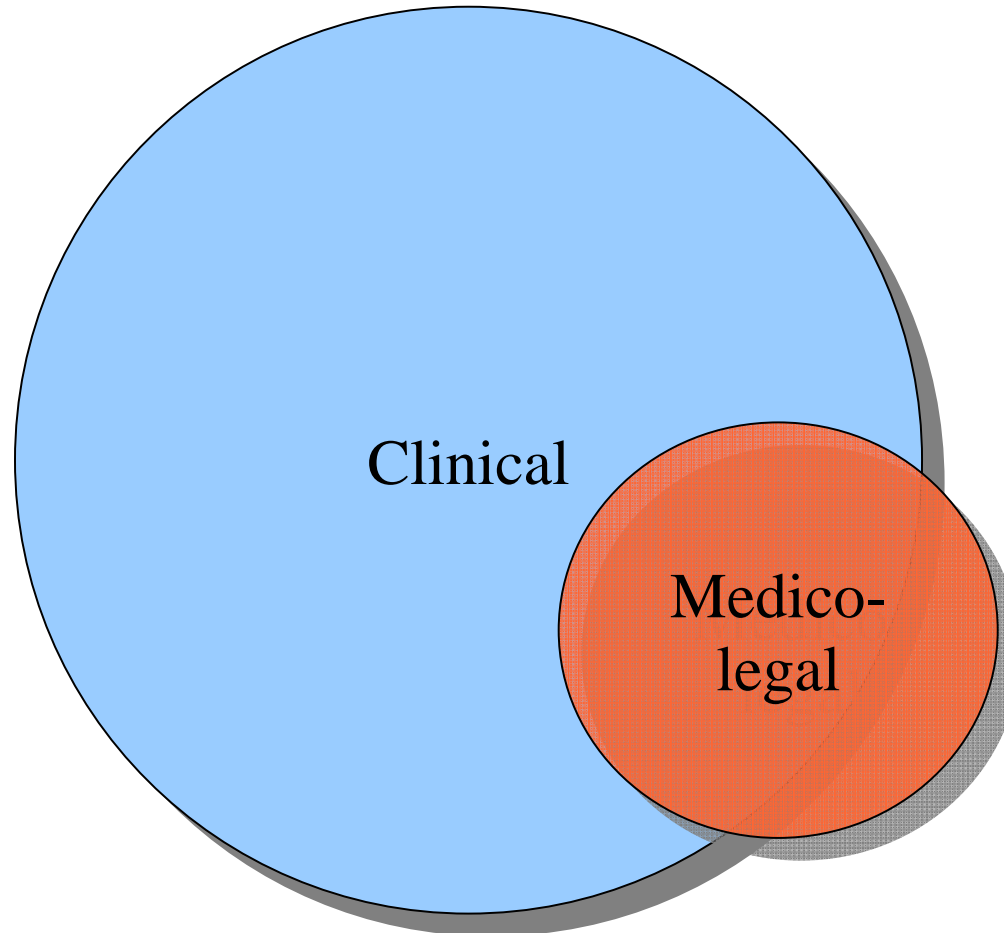
Ideal Clinical Risk Management?

- No one methodology suits every context
- A natural part of culture
- Genuine involvement of community
- Has respect for other viewpoints
- Delivers on the promise

Sophistication

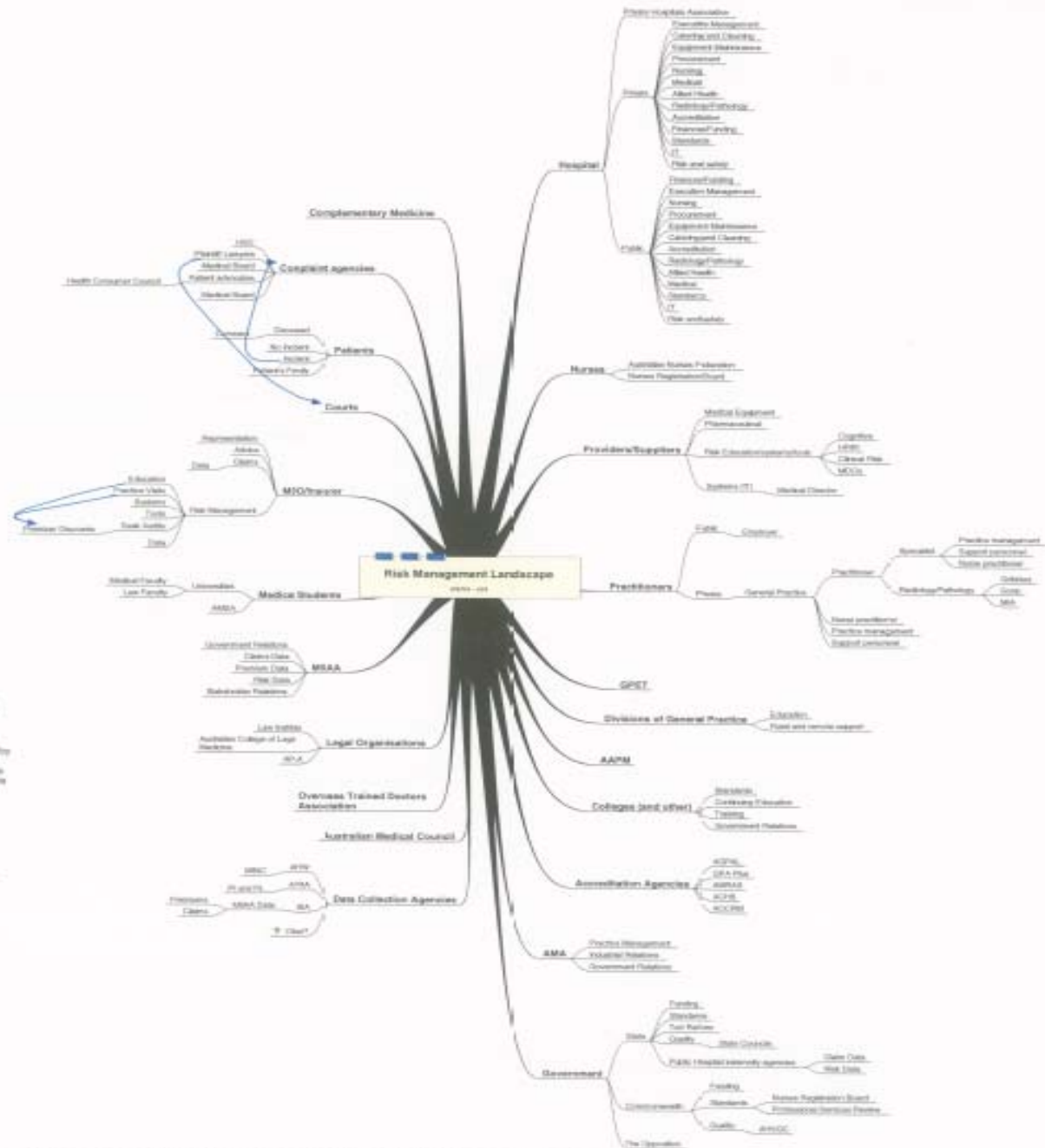
- Evidence base
- Cost benefit
- Culture
 - Top down compliance
 - System failures

Adverse Events



The RM Landscape

- Complex and organic



- Key Observations:**
1. Many standards that would be engaged. But should they and if so when and what about?
 2. Significant environmental risk to individual practitioners is introduced by hospitals and other health corporations. Some of the risk arises from non-medical business units. They will need a different approach to engagement.
 3. Suppliers in health care: Pharmaceutical, Equipment, IT Systems are significant to the individual practitioners risk. Such providers will need to be engaged.
 4. Risk can arise from the failure to handle a complaint. What approach and emphasis should be placed on complaint management within the program?

Interested Parties

- Patients
- Practitioners
- Peers
- Hospitals
- AMA
- Colleges
- Governments
- Complaint Agencies
- Courts

Interested Parties

- GPET
- Divisions GP
- Accreditors
- Data Collectors
- AMC
- OTDs
- Practice Managers
- Medical Students
- MIIIs

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The Panel

- Conversation

Dr John Aloizos AM

- GP & Director of AGPAL and QIP
- Numerous National Advisory Committees

Dr John Aloizos AM

- Accreditation – what is it about
- Does it close the loop between setting standards and clinical outcomes?
- Where should we go to?

Liz Cox

- Clinical Risk Management Advisor
VMIA
- Nursing background, then Risk and
Quality , Masters Health Science

Liz Cox

- What is the context of “clinical” risk?
- How can we improve culture?

Prof Chris Baggoley

- Australian Commission on Safety and Quality in Health Care – Chief Executive

Prof Chris Baggoley

- Recommendations in National Safety and Quality Framework.
- 1.10 Routine Formal Open Disclosure for all harmed; provision of compensation – maybe no error.

Prof Chris Baggoley

- How do the economics and the culture of Safety and Quality reconcile?
- Who is going to pay for the Evidence?

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Heather Martin

- MDA National Clinical Risk Manager

Heather Martin

- What Risk Management 'products' work at the moment?
- Is Open Disclosure a positive for insurers?

Dr Pam Montgomery

- Director, Fellowship and Standards, Royal Australian College of Surgeons
- Medical education involvement many years, and background in Clinical Psychology

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