Blame and shame in the profession
A new web-based central error reporting system may prove valuable in the drive to curtail blame in clinical practice

My eye was drawn to an excellent paper recently published in the *Veterinary Record* by one of my colleagues at the Veterinary Defence Society (VDS), Catherine Oxtoby, and co-authored by Liz Mossop. Catherine is the Veterinary Risk Manager at the VDS so is extremely well qualified to write a paper titled “Blame and shame in the veterinary profession: barriers and facilitators to reporting significant events”.

We are all aware that safety-critical industries, perhaps most notably the aviation industry, have institutionalised error reporting systems. One could argue that healthcare professions have somewhat lagged.

Learning from the medical profession
As part of an effort to improve patient safety, the medical profession has relatively recently made a drive to make reporting adverse events or medical errors central to developing a learning culture. In the medical field, a significant event (also known as an untoward or critical incident) is any unintended or unexpected event, which could or did lead to harm of one or more patients. This includes incidents which did not cause harm but could have done, or where the event should have been prevented. As one may imagine, under-reporting of adverse events in medicine is a major problem, with estimates of under-reporting rates as high as 90 percent.

The reasons for under-reporting among medical doctors would doubtless resonate with veterinary surgeons. The most frequent reasons were professional repercussions, including legal liability, along with blame and guilt, which would presumably be important considerations for veterinary surgeons. However, the fact of the matter is that we simply did not know.

We are now much better informed about the position in our own profession because the paper by Catherine and Liz looked in depth at the factors that influence the discussion and reporting of significant events among veterinary surgeons and nurses.

Key themes in the veterinary profession
Three main themes were found to be considered most important among the colleagues who took part in the study. These were: the effect of culture (both at a broad professional level and a more local practice level); the influence of organisational systems; and the emotional effect of error. The study found that fear, lack of time or understanding and organisational concerns were barriers, whereas the effect of feedback, opportunity for learning and structure of a reporting system facilitated error reporting.

Interestingly, professional attitude and culture were found to have both a positive and negative influence on the discussion of error. As ever with studies of this sort, the nature of the questions may mean they are answered in a way that will be acceptable to others. In addition, the numbers sampled were relatively small.

Nonetheless, the study provides very important information of direct relevance to the veterinary profession about the reporting of errors. The study and its findings are too complicated to be done justice in this short piece and I would encourage everybody to read the paper in full.

There is no doubt that there are common concerns with reporting errors within both the veterinary and medical professions. One of the significant findings of the study was a strong acknowledgement that reporting and learning from mistakes is beneficial for individuals, organisations and the profession. As a speaker over many years, I have always felt it was extremely useful to present cases which have not gone to plan. Of course, you need a certain confidence to do that, but there is no doubt we all learn from mistakes.

It would seem that one of the main drivers to this study was to inform the development of a web-based central error reporting system for the veterinary profession. The system is being developed by VDS and must surely be a good thing.

The system has been termed “VetSafe” and we should all be learning more about and using this system because it will benefit both us and our patients for the future, as long as the system is robust and well designed with due deference to client confidentiality and freedom to report without facing unfair consequences. This is a tall order, and I wish Catherine and her colleagues well.

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