

Those who cannot remember the past are condemned to repeat it.

—George Santayana

THE PHILOSOPHER AND ESSAYIST George Santayana left us with many memorable aphorisms, but the one he is perhaps best known for continues to resonate, year after year. Navigating the world is a kind of dance that requires watching not only where your feet are going next, but where they have just been. The individuals and organizations that dance best take the time to look backward, with purpose, and apply what they see to improve their next steps. As a professional community, we medical regulators should be doing the same — always connecting the past with the future. In this issue, we offer three articles aimed at doing just that. When physicians breach ethical standards, such as committing irregularities on the U.S. Medical Licensing Examination (USMLE), what is the impact on their later professional work? (**“Characteristics and Outcomes of Individuals Engaging in USMLE Irregular Behavior, 2006–2015,” page 8.**) When physicians fail initially on a licensing exam — such as Canada’s MCCQE or the USMLE here in the United States — then successfully take the exam later, do they have poorer medical-practice habits than those who pass the first time? (**“Does Pass/Fail on Medical Licensing Exams Predict Future Physician Performance in Practice?” page 17.**) When physicians have a bad case or series of bad cases, how can regulators best determine whether the problem resulted from individual error or from wider system-failures? (**“Framework for Just Culture: Rhode Island Board of Medical Licensure and Discipline,” page 27.**) In all three articles, we see the wisdom of focusing on a physician’s prior behavior and circumstances as we seek to strengthen good habits and prevent future harm to patients. Regulators know through experience that reeducating physicians after a problem or habit becomes pervasive is much more difficult than getting them on the right path after an isolated event. By better connecting past behavior with future accountability in all of our regulatory processes, we are much more likely to keep patients safe.

Heidi M. Koenig, MD

Editor-in-Chief