While “patient-centred care” is a widely used term around the globe, there seems to be little understanding of what it actually entails. Could you explain the fundamentals of this concept in your opinion?

Dr Kashif Hafeez: There is indeed an international trend towards adopting a patient-centred approach and modern health care services are aiming to incorporate it in their policies. This approach refers to a system in which the patient is the focal point of practice and all the services health care professionals provide. I call it the democracy of the health care system, which translates to a system by the patients for the patients.

The basic principle behind patient-centred care is that patients provide the maximum input to improve their state of health. It is a self-critical and self-correcting mechanism that will allow patients to have their say in the system through feedback, including surveys, questionnaires and complaints. The system analyses the feedback data, learns from it, and makes changes to the policies and their everyday application. It is cyclical and keeps evolving.

The system has to be open to critical analysis and be prepared to make the desired changes. Audits are a fundamental part of this system and these allow an organisation to evaluate itself against certain standards and set goals to improve further towards excellence.

As a practising dental implantologist in southern England, Dr Kashif Hafeez regularly speaks on clinical governance and the concept of patient-centred care at congresses and seminars worldwide. In a presentation as part of AEEDC 2017’s scientific programme in Dubai, he recently had the opportunity to discuss the various aspects of this approach with an international audience of dentists. Dental Tribune had the opportunity to speak with him about the fundamentals and why he believes patient-centred care should be implemented in every practice.

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In our practice when the patient shows interest in dental implants, for example, our treatment coordinator provides all the necessary information to help him or her choose the most suitable treatment options. The patient is then consulted by our team and taken through the whole journey virtually. This helps us to explain the proposed treatment in great detail. With patient concerns at the centre of our planning, dental treatment is performed with the patient involved in every step. This allows our patients to enjoy the overall dental experience they have with us.

Are there lessons that can be drawn from the practice of patient-centred care in the UK, for example?

In the UK, we are very lucky to have an open culture receptive to criticism. We use criticism as an opportunity to learn and improve ourselves. I would like to mention anaesthetist Prof. Stephen Bolsin, who laid the foundation for the openness in our health care system. With regard to the deaths of 29 babies and children at the Bristol Royal Infirmary in the late 1980s and early 1990s, he tried first to raise this issue with colleagues, but when he was initially ignored, he took his concerns to the Department of Health.
In the UK, we have learnt a great deal over the last 20 years and have moved forward in improving ourselves. Now, we have a culture of transparency and placing patient concerns at the centre of our daily practice. The General Dental Council has made it mandatory for health care professionals to report any concerns about patient safety and patients possibly being at risk. It is also mandatory for health care professionals to receive continuing training throughout their careers on the issue of whistle-blowing and how to raise their concerns to the proper authorities.

Patient-centred practice breaks the cavalier attitude some of us may develop over the years. In our practice, we consider patient feedback as an important source of suggestions and inspiration to improve ourselves. We audit the feedback received and make appropriate changes to our system arising from this and follow this cycle on regular basis to achieve excellence.

How can this concept be applied in other dental practices, and what are the main components necessary to achieve it?

We need to establish patient-centred care in all practices. It is actually not that difficult even though the whole atmosphere and attitude of the practice has to be changed. We need to regularly identify shortcomings in our practices and audit our policies and methods. Lessons learnt from our audits should be implemented and regular re-audits should be planned. We also need to identify our educational needs, develop a personal development plan based on those needs and then plan our learning accordingly. Targets should be set realistically.

We have to develop a system of openness in our practices, and we need to encourage our colleagues to raise concerns if they are not happy with any methodology or policies. An environment of research and development has to be established, and we should keep up to date with the latest developments in dentistry, such as implantology. The world is moving at a very rapid pace, and with the advent of new technologies in our modern world, it is very easy to fall behind the rest. We should also move out of our comfort zones to develop new skills and methods.

It is a team effort after all, so training our team and keeping our team together in this effort is equally important. In our practice, we ensure that our health care professionals are well trained and up to date with recent advancements.

For those interested in making their practice patient-centred, what is a good way to start?

I think the first step is to develop a policy on clinical governance and implement it all practices. Clinical governance covers all the aspects of patient-centred practice and the various components will become clear with this policy in place. We offer courses in clinical governance and patient-centred practice policies for individual practices and educational institutions and will be happy to help any organisation that wishes to implement it.

Thank you very much for the interview.

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