Clinical governance: A worthless exercise or not?

Practice manager Jane Armitage looks at the need for Clinical Governance in the dental practice and answers the important question: ‘is it all worth it?’

Clinical Governance was introduced in 1998 to improve the quality of care provided. The introduction of regular audits added to the quality by showing if your standards had slipped, maintained or improved in the practice.

The system was built on a framework with regular checks to ensure continuous improvement.

But has it worked? Personally, it has been one of the best devised frameworks I have had to work with in almost 40 years in the profession. It is a reflective learning process.

Everyone would like to think that the systems they have in place are the best; however are they ever checked, and are the systems audited? In my opinion, I work to the standard that all practice policies and procedures are in place and are regularly reviewed; I maintain separate folders for Clinical Governance, BDA Good Practice, Health & Safety, Vocational Trainers etc, and ensuring that if a policy is changed I will change it in all the relevant folders.

I like to manage my organisational workload to a standard that allows me the assurance that should I receive contact from a particular source my paperwork is up to date, and I would feel confident to be ready for inspection as and when. We all work differently, so I realise that for some practices this could appear to be a time consuming exercise, however in most circumstances the relevant paperwork will be in the practice - it probably just requires organisation.

Auditing Referrals

This is the one area that I have found Clinical Governance useful. Ask yourself what system you have in place to audit referrals. Only last week did we have a problem with a child’s referral that had slipped through the net. The letter had been sent by ourselves, but not received by the orthodontist.

It is our policy that every three months a member of staff will spend time contacting the relevant referral centre and ask for up to date information of patients we have referred in the last three months. In the referral book we will log the response, ie on waiting list, Non-attendee, Letter not received. Obviously, in the instance I referred to earlier, this contact flagged up that although we had a copy of our referral letter, the orthodontist had never received it.

This has its advantages as it is one way we can keep track of patient referrals and minimise patients’ complaints. There is nothing worse for a patient than thinking they are in the system for treatment and then finding out they’re not!

Appraisals/CPD Logs

We carry appraisals out annually (or more frequently should it be a new member of staff). The outcome of appraisals can have an effect on your business, so this system is another important tool. A Professional Development Plan for each member of the team should summarise the appraisal.

This year, when I distributed the appraisal forms to staff, I also requested that a copy of non-verifiable and verifiable CPD would need to be brought to the appraisal interview.

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An example of the appraisal system working for both the team member and the practice includes:

One of our nursing team is excellent with communication. As she is a long serving member of the team, the patients know her and feel comfortable with her. This had been highlighted in the appraisal process, so we agreed a training plan and the role of Care Nurse Co-ordinator developed within the practice, with her becoming one of the first qualified Co-ordinators in the country.

So we agreed a training plan and the role of Care Nurse Co-ordinator developed within the practice, with her becoming one of the first qualified Co-ordinators in the country.

I aim to carry our appraisals around the same time that contracts are reviewed. This kills two birds with one stone; ensuring that both the appraisal scheme and contracts are reviewed annually.

CPD Logs
For the first time this year at the appraisal I have given each registered member a booklet containing templates for recording non-verifiable and verifiable CPD, plus ensured they received a copy of CPD verifiable questions that they can work towards.

Staff CPD is of course mandatory for all registered dental nurses. So how do you ensure that your staff have done the required hours? Firstly it’s not my responsibility but I would argue that, as a principal you should be doing the work you trained for without having to think about CPD for others.

There are several companies offering CPD for dental nurses in various mediums, from an A4 folder to high-tech online and distance learning via CD-ROM. I have chosen to purchase CPD that covers all members of staff. On arrival of the manual, I photocopy it and each member is given a copy. On completion the company validates their answers and issues a certificate. On arrival of the certificate I request a copy to keep in their Personal file. Non-verifiable documented hours are also stored.

Evidence of GDC registration plus dates of Hep B Booster is also recorded as a template which I use alongside my Clinical Governance checks.

Summary
Every successful business aims to provide consistent quality for its customers. Gone are the days of purely relying on your systems to work and not fix things until they are broke. Patients’ expectations have increased and the only way for any practitioner to go is to keep one step ahead.

So, does Clinical Governance work? Yes I think so, providing it’s done and reviewed regularly.