

In the *driving seat*

— 24/7

Clinical Governance is here to stay. Clinical Dental Advisor (DCPs)

Kathryn Marshall

explains how her dental team put this into practice.

Dentists have been familiar with the definition of Clinical Governance (CG) for some years now: *'A framework through which dental professionals are accountable for continuously improving the quality of their service and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.'*

The Healthcare Commission are the body responsible for independently assessing the performance of the health services and all independent establishments from the patients' perspectives, using standards set out by the Department of Health.

Gone are the days when the dentist would be responsible for every aspect of the dental practice. The culture where they were the 'one man band' and the nurses and other team members were just on the periphery has almost disappeared.

The delivery of care in the twenty-first century is now firmly a team affair. So much so that when it comes to complying with CG, current evidence shows us that the majority of the necessary evidence gathering is done not by the dentist but by the nurses, practice managers and others who work alongside them in the practice.

CG in practice

What does it actually mean for DCPs? How can we make it relate to what we do in the practice? CG means having mechanisms in place that enable you to provide the best possible care for your patients. As a dental nurse

'Knowledge is power.

As a result of everyone being involved in the 12-month journey, morale is higher.'

and practice manager of some 25 years I have no problem in sharing responsibility for anything that improves the quality of patient care.

CG is made up of seven domains consisting of 24 standards. Meeting the core standards is not optional; all healthcare organisations, including private and NHS dental practices, must comply.

If CG is something you have been meaning to get to grips with since last summer, make 2007 the year in which you do. Having been through the process in the last 12 months in my own practice I can share with you the essentials that will mean all the difference in making this process work.

Step-by-step CG

1 Pick one delivery system that you want to work with and stick with it. We choose to use the Smile-on Clinical Governance Package. This consists of a workbook, CD-ROM and attendance at several workshops run by Kent, Surrey and Sussex Deanery to help us through the process. Meeting with other practices making the same journey as us at an early stage was one of the most useful aspects. Both the dentist and two of the team members attended the workshops to assess the level of commitment needed and to understand what evidence would be needed to demonstrate compliance.

2 Back at the practice we shared with the rest of the team what CG was all about. We had a practice meeting to explain the programme and everyone took time to read the introduction in the Smile-on folder and practice opening the disc to see how it worked. We then self-selected two team members to lead the project. This was easier than I thought. Once we all understood the benefits of continuous quality improvement for the sake of our patients, making sure we had systems in place to make this happen just made sense.

3 We operated on a basis of openness and accountability. Everyone was willing to 'own this project'. Nobody's professional performance was in question. No individual was being inspected. No dentists' fingers were going to be wagged at the lack of a system being in place. Rather it was seen as a journey we all needed to make over the next 12 months.

4 If our 'work in progress' showed a need for improvement we aimed to be a practice that 'do it better next time'.

5 As part of the Deanery programme a Dental Education Facilitator provided by KSS Deanery visited the practice to help us through the process. These individuals are DCPs themselves so understand what it is we were trying to achieve. They are not inspectors, but we felt acted more like driving instructors. Where we lacked a certain policy they were able to help us access and adapt one suitable for our own practice.

'We were able to understand that a practice which is static will not survive.'

6 Like most practices we had many of the 24 core standards in place already. It was just a case of organising them into one specific folder and making sure that what we had was contemporary. Conveying this to everyone is a good morale booster. Point out that you are not starting from scratch, that CG is not something to fear but rather underlines and confirms that you have the necessary evidence already – you just needed to find it!

So 12 months later was it worth it? Early in 2007 we had our big annual practice planning meeting. It felt different. Usually a large part of our meeting is taken up with talking about updating infection control policy and health and safety issues. With CG tackled in 2006 we were now able to be more forward thinking. Knowing that we had not just aspired to, but achieved the 24 core standards within a recognised framework made us feel more confident that as a team we were able to deliver an improved system of dental healthcare to our patients. Knowledge is power. As a result of everyone being involved in the 12-month journey, morale is higher. A welcome 'side effect' of the CG process was that the process acted like an 'internal barometer'. We were able to understand that a practice which is static will not survive. We needed to introduce new systems and methods of working. The Clinical Governance process enabled us to achieve this.

01

02

03

04

05

06

07

08

09

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24