

Clinical Governance

One in a series of curriculum statements produced by the Royal College of General Practitioners:

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Key messages

- Being a doctor involves the adoption of a moral principle that commands the doctor to place the needs of patients before his or her own convenience or interests.
- The principal aims of clinical governance are to improve the quality and the accountability of health care.
- Clinical governance includes identifying and responding to poor practice.
- There is a need to create a supportive culture with good teamwork underpinned by clinical audit.

Introduction

The principal aims of clinical governance are to improve the quality and the accountability of health care. Every general practitioner (GP) needs to understand the principles underpinning clinical governance and use them in their professional practice.^{1,2}

Rationale for this curriculum statement

GPs and their practice staff do not operate in isolation but are integral parts of a network of healthcare organisations and subject to quite complex accountability arrangements. In recent years primary care organisations (PCOs) have developed local systems to improve the quality of care provided to patients and there continues to be a need for an improved culture. This requires effective clinical leadership, teamwork and clinical audit.

Clinical governance also includes identifying and responding to poor practice. It is important that GPs do not unwittingly condone poor practice³ as in addition to the obvious deleterious effect on patient care these doctors could themselves be subject to an inquiry and investigation. Responding to concerns now assumes additional significance in light of the two provisions of the new General Medical Services (GMS) contract.⁴ Firstly, patients are now registered with a practice⁵ as opposed to a named GP. This brings with it the issue of corporate responsibility and the potential liability for the performance of a practice as a unit. Secondly, under the new GMS contract there is now a requirement to have a named practice lead for clinical governance.⁶ This role is a difficult one. Many GPs feel unprepared for it and require additional training and support, particularly in dealing with performance issues. It is important that they recognise the responsibility that comes with the role.

The recent Fifth Report of the Shipman Inquiry⁷ clearly establishes the principle of accountability of doctors (and their organisations) to the patients' interest and it is essential that this ethos is inculcated in the new GP curriculum. Put simply this states that: 'Being a doctor involves adoption of a moral principle that commands the doctor to place the needs of patients before his or her own convenience or interests.'⁸ The UK's General Medical Council (GMC) expresses this principle in the *Duties of a Doctor*: 'you must make the care of your patient your first concern'.⁹

UK health priorities

Clinical governance is an essential component of the NHS quality system introduced in 1997 as a result of the Department of Health's white paper *A First Class Service*, which placed a new duty of quality on all health organisations in the UK. It is potentially a powerful mechanism for ensuring that high standards of clinical care are maintained throughout the country and that the quality of the NHS's services is continuously improved. It is essentially an organisational concept, which has been defined as:¹⁰

'a framework through which NHS organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.'

The NHS quality system can be broadly described as consisting of:

- systems of national standard setting principally by the National Institute for Health and Clinical Excellence (NICE)¹¹ in England and Wales

- systems of inspection and monitoring through the Healthcare Commission¹²
- local systems of implementation called clinical governance.

Other important components of the NHS quality systems now operating through clinical governance include the NHS appraisal framework,¹³ clinical audit, the National Clinical Assessment Service that offers a service for supporting primary care organisations dealing with underperformance, the Quality and Outcomes Framework (QOF) of the new GMS contract and the concept of patient safety.¹⁴ Clinical governance also has an important role in the development and implementation of revalidation.

Clinical governance is, of course, applicable in all four of the UK countries. For example, a Short-Life Working Group on underperformance among general medical practitioners, and the similar group that looked in parallel at doctors and dentists in training, was set up at the request of the Minister for Health and Community Care in Scotland. This led to the publication of their seminal work *Prevention Better than Cure – ensuring safer patients and better doctors, report of short life working group on identifying and preventing under performance amongst general medical practitioners*, in July 2001.¹⁵

NHS Quality Improvement Scotland (NHS QIS) was established as a Special Health Board by the Scottish Executive in 2003, in order to act as the lead organisation in improving the quality of health care delivered by NHSScotland. By ‘improve’, they explain that they mean improving the experiences of patients and the outcomes of their treatment while in the care of NHSScotland. They aim to achieve these goals through analysis of scientific evidence, by listening to the needs and preferences of patients and carers, as well as the experiences of healthcare professionals. They state that ‘The purpose of clinical governance is to make sure that patients receive the highest quality of care possible, putting each patient at the centre of their care. This is achieved by ensuring that those providing services work in an environment that supports them and which places safety and quality of care at the top of the organisation’s agenda.’

Learning Outcomes

The following learning objectives relate specifically to clinical governance; the full range of generic competences is described in the core RCGP curriculum statement 1, *Being a General Practitioner*.

Primary care management

All GPs should be actively involved in clinical governance. General practice training programmes should provide an environment where specialty registrars (GP) acquire the knowledge and skills required in this essential area of practice. They should also demonstrate appropriate attitudes to clinical governance to their educational supervisors and GP trainers.

The GP should be able to:

- Describe the seven components of clinical governance:
 - ◆ clinical effectiveness (evidence-based practice)
 - ◆ risk effectiveness (patient safety)
 - ◆ patient experience and partnership
 - ◆ leadership, team working and communication
 - ◆ resource effectiveness
 - ◆ strategic effectiveness
 - ◆ learning effectiveness
- Describe the relationship between clinical governance, continuing professional development, appraisal and revalidation, including the requirements for revalidation, and describe the process and roles of the GP, the responsible officer, the RCGP and the GMC
- Describe the key aspects of NHS quality improvement systems, at national and local levels
- Describe the General Medical Council's *Good Medical Practice* and the RCGP's *Good Medical Practice for General Practitioners*
- Be familiar with the RCGP guide to revalidation, the requirements for strengthened medical appraisal (www.rcgp.org.uk) and the RCGP revalidation portfolio.
- Describe the codes and standards that apply to GPs and primary care - professional, regulatory, NHS, legal and other [e.g. local] standards, clinical and professional conduct
- Describe a definition of clinical guidelines, their development, knowing how to assess the quality of a clinical guideline, kite-marking, differences between a CG and a protocol, the method for development in the UK
- Demonstrate a working knowledge of performance indicators, their uses and abuses
- Describe the system of underperformance, methods of diagnosis and management, and local procedures

- Understand the concept of variation in clinical care, how it is determined and measured, and what actions might need to be taken to address inappropriate variation, for example in referrals, prescribing, admissions
- Describe when it is appropriate to raise concerns and how to access local complaints systems – to know what action to take when a colleague gives cause for concern, whether a fellow doctor in primary or secondary care or other healthcare professional, and the support available
- Describe the accountability of a GP
- Describe how the performance of a GP and a practice might be defined and assessed
- Describe the requirements for a practice-level clinical governance lead and their key relationships internally and externally.

Person-centred care

Patients, their families and carers have an important role in the holistic judgement of the quality of health care; their views are therefore essential for the development of high-quality health care. Patients should be encouraged to be actively involved in planning their care and in the development of services at practice level and beyond. There are many well-defined techniques for gaining the views of patients and engaging them individually and in groups.

The GP should be able to:

- Describe techniques for ascertaining the views of patients, e.g. quantitative methods including surveys or qualitative interview techniques including focus groups
- Discuss the benefits of involving lay people in the improvement of health services and setting up patient fora and groups
- Demonstrate that they share the decision-making process with patients in their consultations
- Describe the benefits of allowing patients access to their records
- Describe the benefits of engaging patients in the care of others, e.g. the Expert Patient Programme
- Describe the NHS complaints systems and optimal methods for learning from complaints and dealing with patients.

Specific problem-solving skills

All GPs should be familiar with essential components of clinical governance.

The GP should be able to:

- Conduct a clinical audit
- Conduct a significant event audit
- Demonstrate skills in giving colleagues feedback about critical incidents
- Develop and organise practice information systems about performance
- Locate information about standards, clinical guidelines, critical appraisal and databases
- Appraise critically data about performance indicators (e.g. prescribing, referrals, chronic disease management) their determinants and variation
- Describe the variation in GP and practice performance and the determinants of this
- Describe how practice systems can be used to analyse practice performance
- Undertake a change management project in introducing a clinical development or guideline
- Describe when an improvement project would help patient care and consider undertaking an evaluation, e.g. audit or PDSA cycle (plan–do–study–act).

A comprehensive approach

Clinical governance provides a framework for drawing together the different strands of quality improvement.

The GP should be able to:

- Demonstrate an evidence-based approach to the care of patients (*more details of the competences required may be found in curriculum statement 3.5, Evidence-Based Practice*)
- Explain the importance of good clinical governance and its key components in a practice.
- Understand principles of improvement methodology to facilitate change.

Community orientation

GPs have a responsibility for the community in which they work that extends beyond the consultation with an individual patient. The work of family doctors is determined by the makeup of the community and therefore they must understand the potentials and limitations of the community in which they work, and its character in terms of socio-economic and health features.

The GP should be able to:

- Demonstrate how to involve patients and carers in their care, in decision-making and in quality improvement processes
- Describe why they should involve patients from a wide spread of backgrounds that reflect the population that they serve
- Describe the problems resulting from inequalities in healthcare provision and how involvement of patients will assist in planning services to address the inequalities
- Describe approaches to improving access to services for hard-to-reach groups
- Describe the importance of practice- and community-based information in the quality assurance of each doctor's practice.

A holistic approach

The awareness of the positive benefits of involving patients in their care and in the systems of healthcare provision and quality improvement chime well with the work of Kemper who describes holism as fundamentally involving 'caring for the whole person in the context of the person's values, their family beliefs, their family system, and their culture in the larger community, and considering a range of therapies based on the evidence of their benefits and cost'.¹⁶ Or, as Pietroni puts it, holism involves a 'willingness to use a wide range of interventions ... an emphasis on a more participatory relationship between doctor and patient; and an awareness of the impact of the "health" of the practitioner on the patient'.¹⁷

The GP should be able to:

- Describe the concept of holism and its implications for the patient's care
- Demonstrate an appreciation of patients' experiences, beliefs, values and expectations, and the value of engaging patients in the management of their illness and conditions.

Contextual aspects

By understanding the context of doctors themselves and the environment in which they work, including their working conditions, community, culture, financial and regulatory frameworks, the GP should be able to:

- Describe the impact of the local community, including socio-economic factors, geography and culture, on the workplace and patient care
- Describe the impact of overall workload on the care given to the individual patient, and the facilities (e.g.

staff, equipment) available to deliver that care

- Describe the financial and legal frameworks in which health care is given at practice level
- Describe the impact of the doctor's personal housing and working environment on the care that he or she provides.

Attitudinal aspects

Based on the doctor's professional capabilities, values, feelings and ethics, the GP should be able to:

- Discuss awareness of his or her own capabilities and values
- Identify ethical tensions inherent in governance processes and resource allocation
- Discuss awareness of self: an understanding that his or her own attitudes and feelings are important determinants of how he or she practises
- Discuss, justify and clarify personal ethics
- Describe the interaction of work and the doctor's own private life, and striving for a good balance between them
- Demonstrate a commitment to clinical excellence and patient safety, to monitoring the quality of care provided and to accounting for it to peers, patients and the NHS.

Scientific aspects

By adopting a critical and research-based approach to practice and maintaining this through continuing learning and quality improvement, the GP should be able to:

- Describe the general principles, methods and concepts of scientific research, and the fundamentals of statistics (incidence, prevalence, predicted value, etc.) and quality assurance science
- Discuss the scientific backgrounds of pathology; symptoms and diagnosis; therapy and prognosis; epidemiology; decision theory; theories about the forming of hypotheses and problem-solving; and preventative health care
- Access, read and assess medical literature and guidelines critically
- Develop and maintain continuing learning and quality improvement
- Prepare folder for GP appraisal and revalidation containing relevant evidence.

Further Reading

Examples of relevant texts and resources

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Web resources

Improving the Quality of Care in General Practice

Report of an independent inquiry commissioned by The King's Fund.

www.kingsfund.org.uk/publications/gp_inquiry_report.html

The NHS Quality Improvement Scotland

NHS Quality Improvement Scotland (NHS QIS) was established as a Special Health Board by the Scottish Executive in 2003, in order to act as the lead organisation in improving the quality of health care delivered by NHSScotland. By 'improve', they mean the improvement of the experiences of patients and the outcomes of their treatment while in the care of NHSScotland. They work to achieve these goals through an analysis of scientific evidence, by listening to the needs and preferences of patients and carers, as well as the experiences of healthcare professionals.

www.nhshealthquality.org

NHS Evidence

This is a service that enables access to authoritative clinical and non-clinical evidence and best practice through a web-based portal. It helps people from across the NHS, public health and social care sectors to make better decisions as a result. NHS Evidence is managed by the National Institute for Health and Clinical Excellence (NICE).

www.evidence.nhs.uk

RCGP Scotland

RCGP Scotland has worked with NHS Education for Scotland (NES), formerly the Scottish Council for Postgraduate Medical and Dental Education (SCPMDE), the Scottish General Practitioners' Committee (SGPC) and the Scottish Executive Health Department (SEHD) to jointly develop a paper outlining the proposed mechanisms for an annual appraisal scheme for general practitioners in Scotland. *The GP Appraisal Handbook* is for reference throughout all the stages of the appraisal process.

RCGP Scotland is also ahead of the rest of the UK in developing documents to support revalidation. In Scotland, it is a clearly stated aim of the appraisal scheme for doctors working in general practice to support practitioners in their preparation for revalidation. Revalidation is a process whereby doctors will be required on a regular basis to demonstrate that they continue to be fit to practise medicine, as decided by the General Medical Council.

In consultation with the GMC, RCGP Scotland, SGPC and NES have produced a *Revalidation Folder Handbook and Toolkit* in order to facilitate the production of evidence for all doctors working in general practice in Scotland.

www.rcgp.org.uk/PDF/Scott_Revalidation_Booklet.pdf

Promoting Learning about Clinical Governance

Work-based learning – in primary care

It is important that the specialty registrar (GP) gains a good understanding of clinical governance in primary care before completing training. Primary care both inside and outside the practice is the ideal environment to learn about the principles and to engage in their application.

All specialty registrars should complete a clinical audit cycle relating to patients in their training practice and actively contribute to the practices' significant event audit meetings. They should take the opportunity to attend their local primary care organisation to meet with the clinical governance lead to discuss the production of clinical governance reports and the local organisation of clinical governance processes.

Attending a meeting of the PCO's clinical governance committee, appraisal training meeting or a PCO Board Meeting would be ideal opportunities to see the processes working and understand the format of clinical governance reports.

Work-based learning – in secondary care

In hospital practice, many of the opportunities exist for engagement in the secondary care clinical governance systems. Each trust or organisation has a clinical governance lead and system. Learning about the differences between primary and secondary care will help the specialty registrar gain a broader understanding of the principles and practice of clinical governance. There should be opportunities to undertake clinical audits and critical event analysis with hospital colleagues.

Non-work-based learning

For a simple introduction to teaching and learning about clinical governance read 'Twelve tips on teaching about clinical governance', published in *Medical Teacher* in March 2000.¹⁸

Specialty registrars should also have access to courses on clinical governance provided locally as part of local training programme activities or by postgraduate deaneries working with their Primary Care Organisations.

Learning with other healthcare professionals

Many opportunities exist in primary care to discuss clinical governance with nurses, allied health professionals and managers, all of whom should be engaged in the practice's education and clinical governance programmes.

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