



## Clinical Governance in a few words

### Background

Clinical governance was introduced at the turn of the century in response to short comings in the healthcare system in the UK related to clinical practice variation and patient safety. Unfortunately, the situation is worldwide and still present. Many patients, estimated to be around 10%, are harmed during their care. Furthermore, clinical care suffers from unjustified variation from one setting to the other and from one clinician to other within the same setting. All this has made the need for governance arrangements vital in order to ensure patient safety and quality of care within an efficient and equitable healthcare system.

### Clinical Governance

Clinical governance can be defined as a framework through which healthcare organizations and clinicians are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in care can flourish. Clinical governance requires the cooperation and collaboration of clinicians with health authorities each to do their best within an environment rich in information and with adequate human resources.

Clinical governance can be summarized within a five-element framework composed of clinical effectiveness, clinical audit, clinical risk management, response to poor performance, and institutional arrangements to locally support its implementation.

### Clinical Effectiveness

Clinicians are responsible for offering their patients diagnostic and therapeutic interventions that ultimately improve their health. These interventions should be backed by best research evidence, within clinician's professional capacity, and fitting with patient preferences. When feasible, such practices should be guided by clinical practice guidelines and implemented through clinical pathways and protocols.

### Clinical Audit

Clinicians are accountable for their practice and should willingly review their practice regularly and when required. Clinical audit, which entails comparing one's practice with best practice followed by practice improvement based on the audit results, is a mature process through which clinicians can self-regulate



their practice within an open and learning environment.

### Clinical Risk Management

Clinical practice is fraught with hazards and risk of harm to patients. Through proactive methods of risk management, clinicians should identify relevant hazardous processes and work towards making them safer. This could include, for example, process redesign or installing control measures or transfer of care to clinicians or facilities with better results.

### Reporting and Responding

However tight a system is, errors and failures will happen from time to time. It is important to consider these events as opportunities for practice improvement and not situations requiring punitive action. Complaints, safety incidents and poor performance should lead to analytic processes within a confidential and fair culture resulting in corrective action and, if required, disciplinary action.

### Institutional Arrangements

Clinical governance must be endorsed by the healthcare organization's board and integrated into the fabric of the facility. A senior clinician should take the lead for its implementation with establishment of relevant committees. Reporting mechanisms should be established from the committees to the board with the production of an annual clinical governance report.

## Reading Material

- A First Class Service. Quality in the New NHS. 1998
- Clinical governance in the new NHS. A Health Service Circular. 1999.
- Clinical effectiveness. ABC of Governance No. 4. HGU, MRI, AU. 2016
- Clinical audit. ABC of Governance No. 5. HGU, MRI, AU. 2016
- Risk management. ABC of Governance No. 6. HGU, MRI, AU. 2016
- Continuing professional development No. 2. ABC of Governance. HGU, MRI, AU. 2016
- Good doctor. ABC of Governance No. 8. HGU, MRI, AU. 2017



### ABC of Governance

aims at

creating an awareness of issues related to health governance;

providing a core of knowledge that is practice-based;

encouraging communication between advocates of governance.

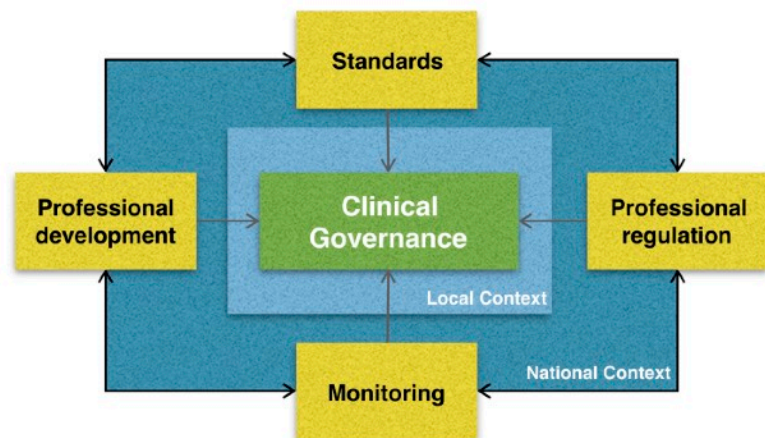
Produced by  
Health Governance Unit  
Medical Research Institute  
Alexandria University

[www.healthgovernanceunit.com](http://www.healthgovernanceunit.com)  
[admin@healthgovernanceunit.com](mailto:admin@healthgovernanceunit.com)

Contributions are welcomed and will be published

## Supporting clinical governance

Clinical governance cannot work by itself. Several systems must co-exist on a national level to make it possible and to ensure its uniform implementation.



### Standards

The amount of knowledge around us today is enormous. Some of it is valid and the rest is doubtful. Clinicians should be guided in their practice by best research evidence that they can trust and which is presented in a manner they can understand and apply. This needs the development of evidence-based clinical practice guidelines that are updated regularly. When feasible, guideline recommendations can be incorporated into national clinical practice standards.

### Monitoring

To ensure its effectiveness and efficiency and to reassure authorities and the public, a monitoring system should be available to check on the components of clinical governance and to spot early signs of struggling services. This check should include governance arrangements, application of evidence-based practice, regular clinical audits, reporting systems and analysis, clinical risk control measures, and handling of complaints and poor performance. Services that are struggling to implement clinical governance must be met initially with support; however, if poor performance persists, delimiting actions must be taken.

### Professional Development

Clinicians need continuously to develop their competencies to keep up with evolving knowledge and technology. This should be done within a context that is nationally organized and at the same time meets the specific specialty needs of each clinician. Authorities must work collaboratively with professional associations/bodies in order to produce a relevant continuing professional development framework for clinicians. Such a framework should lead to the existence of a portfolio for each clinician containing their development activities based on their professional needs.

### Professional Regulation

It is wise for professions to self-regulate their practice as they are ultimately accountable to the public they serve. This requires the existence of agreed-upon bodies that are developed from within the professions. These bodies should work collaboratively with authorities, both regulatory and educational, to ensure a work force that compassionately endorses the evolving concepts of clinical governance. Mechanisms such as continuing professional development, appraisal, and revalidation are examples of how professions can self-regulate their members.