

## Tri Collegiate Membership in Paediatric Dentistry

### Guidance about Clinical Governance

Clinical governance is a concept that has 3 main components with an overarching aim to improve the quality of care.

- Clinical effectiveness activities including clinical audit and the audit cycle to implement change and improvement in the standard of care
- Risk management and patient safety
- Patient focus, patient experience and public involvement

In 1998 the Department of Health in England published a consultation document “A First Class Service, Quality in the new NHS” which will not be relevant to trainees and trainers beyond the UK except that the underling principles and the drive to improve standards of care can be put into context. Chapter 3 is probably the most relevant part to read. It begins the discussion about National Standards of care. Originally what was a new concept has been put into action through all parts of medical, surgical and dental services in all parts of the UK in hospitals, general medical and dental practices and community clinics. To improve the quality of care that a person receives means that those delivering the care must have suitable skills, an understanding of clinical standards and a way of monitoring them and then achieving the standards.

There is quite a range of material on websites about clinical governance which is relevant to dentistry in the sense of general principles and is relevant in any country where medical and dental personnel work with patients to deliver their professional care. Trainees may find the following website useful [www.clinical-governance-toolbox.com](http://www.clinical-governance-toolbox.com)

The idea of clinical effectiveness is important to ensure the patient is receiving the most appropriate treatment/management, at the right time in the most effective way. To help develop an understanding of some of these things clinical guidelines have been developed or are in the process of being developed by different organisations with in the UK and internationally. For examples look at [www.sdcep.org.uk](http://www.sdcep.org.uk), [www.rcseng.ac.uk](http://www.rcseng.ac.uk), [www.bspd.co.uk](http://www.bspd.co.uk) and [www.eapd.qr](http://www.eapd.qr) web sites.

In the UK the General Dental Council approved the Speciality Training Curriculum in Paediatric Dentistry in 2009. This document is available on [www.gdc-uk.org](http://www.gdc-uk.org). This document states what a trainee should be able to do by the end of their training to become a specialist. In relation to this section of the exam, the Tri Collegiate M Paediatric Dentistry examination will examine the Generic Sections 1-3 of the Speciality Training Curriculum as stated in the Blueprint of the Examination and this will involve examining the written and oral presentation skills of the candidate as they present their clinical governance project (for example, a clinical audit project) at the time of the examination.

For example the project could take an existing published clinical guidance of care and the candidate develop an audit to see if their clinic or department treatment outcomes meet the standard of care as in the guideline and so the project leads into the cycle of clinical audit.

Details about this element of the examination are in the Regulations document and in the Guidance for Candidates. Candidates will be expected to observe the rules about the number of words in the written summary, the length of time for oral presentation, the relevance and clarity of the supporting power point slides used in the presentation. The Examiners will have time to ask the Candidate about general principles of clinical governance and specifically about the candidate’s submitted presentation.