



## **Practice Standards Scheme**

## **Clinical Governance Module for RCVS Knowledge QI**

## **Small Animal**

## Introduction

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This document outlines the accreditation and Awards requirements for the Clinical Governance Module (Module 2) of the Practice Standards Scheme (PSS).

## Module 2: Clinical Governance

### Core Standards

Point	Requirements	Guidance notes	Documents
2.1.1	Veterinary surgeons must ensure that clinical governance forms part of their professional activities.	<p>Clinical governance is a framework to enable the practice to deliver good quality care by reflecting on clinical cases analysing and continually improving professional practice as a result and for the benefit of the animal patient and the client/owner.</p> <p>Clinical effectiveness measures how well a particular procedure achieves the desired outcome. For practices to be clinically effective they need access to the best available evidence in order to discuss and draw up protocols, and monitor how effective they are by clinical audit and significant event reviews.</p> <p>Practical suggestions of how the practice can fulfil this requirement can be found in Chapter 6 of the supporting guidance to the <i>RCVS Code of Professional Conduct</i>: <a href="http://bit.ly/1TujSJR">http://bit.ly/1TujSJR</a></p> <p>Evidence-based veterinary medicine is a key focus of RCVS Knowledge; <a href="http://bit.ly/1MpqQeS">http://bit.ly/1MpqQeS</a>.</p> <p>Further information on Clinical Governance can be found on the RCVS Knowledge's website: <a href="http://bit.ly/2Ejy6b">http://bit.ly/2Ejy6b</a></p> <p>There is a useful practical guide on the BSAVA website: <a href="http://bit.ly/1J1wc99">http://bit.ly/1J1wc99</a></p> <p>Information on this developing area of practice is also available through other veterinary organisations e.g. BVA, BEVA, SPVS, BCVA etc.</p>	

2.1.2	Veterinary surgeons must refer cases as appropriate.	<p>Assessors will expect to see records of recent referrals or of case discussions where referral was recommended.</p> <p>Veterinary surgeons should be aware of the lawful basis for sharing personal information when referring a case. Please refer to this guidance for more information: <a href="http://bit.ly/2rXiaHs">http://bit.ly/2rXiaHs</a></p>	
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## Module 2: Clinical Governance

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### General Practice


**To achieve a General Practice accreditation you will need to adhere to all of the points below and those included under Core Standards.**

Point	Requirements	Guidance notes	Documents
2.2.1	The practice must have a system in place for monitoring and discussing clinical cases, analysing and continually improving professional practice as a result.	<p>Evidence of changes made as a result of the analysis. This could be recorded on the practice management system e.g. under client record “clinical governance”.</p> <p>A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge’s Tool and Resources page: <a href="http://bit.ly/2EiJy6b">http://bit.ly/2EiJy6b</a></p>	Written evidence of regular clinical meetings, journal clubs or clinical protocols and guidelines.

## Module 2: Clinical Governance

### Veterinary Hospital

**To achieve a Veterinary Hospital accreditation you will need to adhere to all of the points below and those included under Core Standards and General Practice.**

Point	Requirements	Guidance notes	Documents
2.3.1	Regular morbidity and mortality meetings must be held to discuss the outcome of clinical cases. There are records of meetings and changes in procedures as a consequence.	<p>Open, honest discussions with clear actions and no barriers to feedback.</p> <p>Discussions should be ongoing, or at least monthly as a minimum, and would ideally be face-to-face.</p> <p>Evidence of changes made as a result of such meetings.</p>	Minutes of meetings.
2.3.2	Clinical procedures carried out in the practice are audited and any changes implemented as a result.	<p>There is evidence that some commonly used procedures are audited and that any changes required are implemented. This forms part of the regular review of best practice.</p> <p>A toolkit with guidance, examples and templates to assist practices with clinical audit can be found on RCVS Knowledge's Tools and Resources page: <a href="http://bit.ly/2EiJy6b">http://bit.ly/2EiJy6b</a></p>	Audit report. 

## Module 2: Clinical Governance



### Award Points


This module contributes towards the Award in Team and Professional Responsibility with the following points distribution:

Required Modules:	Award Points Available:	Good:	Outstanding:
Clinical Governance	260	160	210
Infection Control	290	180	230
Medical Records	210	130	170
Medicines	360	220	290
Practice Team	570	340	460

You will also need to have completed all of the points listed under Core Standards and General Practice

Point	Requirements	Behaviours	Guidance notes	Documents	Points
2.5.1	Clinical governance CPD has been undertaken in the last four years by a team member and there is evidence of dissemination to the rest of the team.		Assessors will expect team members to be able to discuss what they have learnt from CPD and what changes to practice have been made as a result.	Documented proof of clinical governance CPD. 	10
2.5.2	At least one MRCVS or RVN has completed a module of the CertAVP (or equivalent) in clinical governance or equivalent.		Assessors will expect the team members to be able to discuss what they have learnt from the module and what changes to practice have been made as a result.	Proof of module. 	20
2.5.3	The practice has regular clinical meetings to which all clinical team members can input items for discussion.	Open, honest discussions with clear actions and no barriers to feedback.	Meetings should be monthly as a minimum and do not necessarily need to be face-to-face.	Minutes of meetings.	20
2.5.4	Following a significant event (e.g. unexpected medical or surgical complication, anaesthetic death, accident or serious complaint), a 'no-blame' meeting is held as soon as possible to consider what, if anything, could have been done to avoid it.	Open, honest discussions with clear actions and no barriers to feedback.  The emotional impact of the event on team members is explicitly addressed in a supportive environment.	The meeting is recorded and any changes in procedure as a result are communicated to all team members.  Team members needing additional support in the aftermath of a significant event should be signposted to Vetlife or their GP.  Guidance, including examples and templates to assist practices with significant events can be found on RCVS Knowledge's Tools and Resources page: <a href="http://bit.ly/2EiJy6b">http://bit.ly/2EiJy6b</a>	Significant event reports or meeting minutes.	30



2.5.5	Clinical protocols/guidelines are drawn up and reviewed following team discussion considering the evidence base.	The practice reviews best practice.	Evidence of reviews of procedures and changes made as a result of review.  Examples and templates to assist practices in the creation and review of guidelines and protocols can be found on RCVS Knowledge's Tools and Resources page: <a href="http://bit.ly/2Eijy6b">http://bit.ly/2Eijy6b</a>	Clinical protocols.	20
2.5.6	Copies of clinical protocols/guidelines are available for new team members and locum induction.	Consistent information is provided to all new team members.	Evidence of induction records and training.	Induction and training records.	20
2.5.7	There is a system for updating team members on the use of all new equipment, procedures and new medicines used in the practice.				20
2.5.8	The practice runs regular journal clubs.		This forms part of the review of best practice.	Records of journal club meetings.	20
2.5.9	There are protocols for referral that are regularly reviewed and known to all the practice team.		Evidence of annual review.  Referral reports are shared with the team.	Referral protocol. 	10

2.5.10	Clinical procedures carried out in the practice are audited and any changes implemented as a result.		<p>There is evidence that some commonly used procedures are audited and that any changes required are implemented.</p> <p>This forms part of the regular review of best practice. See RCVS Knowledge's Tools and Resources page for advice: <a href="http://bit.ly/2EiJy6b">http://bit.ly/2EiJy6b</a></p>	<p>Audit reports.</p> 	30
2.5.11	Regular morbidity and mortality discussions are held to discuss the outcome of clinical cases; there are records of discussions and changes in procedures as a consequence.	<p>Open, honest discussions with clear actions and no barriers to feedback.</p> <p>These discussions explicitly address the emotional impact of clinical cases with a poor outcome.</p>	<p>There are records of discussions and changes in procedures as a consequence.</p> <p>Discussions should be ongoing or at least monthly and would ideally be face-to-face.</p> <p>Evidence of changes made as a result of such meetings.</p> <p>Team members needing additional support should be signposted to Vetlife or their GP.</p> <p>See RCVS Knowledge's Tools and Resources page for advice: <a href="http://bit.ly/2EiJy6b">http://bit.ly/2EiJy6b</a></p>	Minutes of meetings.	20

2.5.12	The practice is contributing data towards professional benchmarking or clinical data collection, or data for future potential publication.	Sharing of information to facilitate research and/or improve best practice.	This could include contributing data towards undergraduate projects or clinical data to organised multicentre studies for potential publication (e.g. Veterinary Evidence, VetAudit, VetCompass or SAVSNET).		40
			TOTAL POINTS AVAILABLE:		260
			OUTSTANDING:		210
			GOOD:		160

