

# Policy Statement 6.2 – Clinical Governance

## Position Summary

Clinical governance frameworks provide an environment for dental practitioners to provide optimal clinical care. Dental practices should ensure good clinical governance systems are in place to ensure quality and safety of care.

### 1. Background

- 1.1. Clinical governance is the systematic approach to maintaining and improving quality and safety of care through accountability of patient safety, risk management, quality assurance and quality improvement.
- 1.2. Dental Practice Accreditation for private dental practices to the NSQHS Standards is not mandated but generally accepted by as recommended practice.
- 1.3. Audits in dental practices may be used to improve quality of care, for example, reviewing the quality of radiographs.
- 1.4. Record audits may be included in any audit exercise, but the recalling of patients for examination is unnecessary in most circumstances.
- 1.5. Using surveys for patient participation in quality improvement is relevant to the quality improvement exercise.
- 1.6. Provision of feedback and recommendations following a review is seen as an essential part of the quality assurance process.

#### Definitions

- 1.7. DENTAL PRACTICE ACCREDITATION is independent certification that the requirements of relevant defined standards are met by an internationally-recognised evaluation process used to assess the quality of care and services provided in an office-based dental practice.
- 1.8. DENTAL PRACTITIONER is a person registered by the Australian Health Practitioner Regulation Agency via the Board to provide dental care.
- 1.9. QUALITY is the achievement of an appropriate standard [of dental practice] recognised by the profession at a given time.
- 1.10. QUALITY ASSURANCE is the systematic monitoring and evaluation of the various aspects of service and/or facility to attain maximum potential that minimum standards of quality are being obtained.
- 1.11. RISK MANAGEMENT includes many aspects of clinical governance, including risk reporting, response to complaints, guidelines, risk assessments, audits, and training.

### 2. Position

- 2.1. Development of quality assurance activities suitable for both private and public sector dentistry should be supported.
- 2.2. Legislation should provide immunity for declared quality assurance activities conducted by bona fide accreditors and accrediting agencies
- 2.3. Clinical governance frameworks should be in place for all dental practices and dental organisations.
- 2.4. Risk management and a process of managing incidents should be part of a practice's clinical governance system.
- 2.5. Formal accreditation for private dental practice should not be mandatory.

*This Policy Statement is linked to other Policy Statements: 4.1 Continuing Professional Development, 5.10 Dental Practice Accreditation, 6.1 Infection Control, 6.6 Work Health and Safety, 6.8 Evidence-based and Dentistry 6.14 Radiation Safety.*

- 2.6. Dental practice accreditation programs should be evaluated and benchmarked to ascertain the effect on quality and safety of dental care and improved treatment outcomes taking into consideration cost effectiveness and impositions on access.
- 2.7. Where accreditation requires an auditing process, the mode of audit should be flexible and decided by the accountable Dental Practitioner.
- 2.8. There is no evidence that onsite audits from external assessors provide a significant benefit to quality assurance or health outcomes.
- 2.9. Dental practitioners should apply ongoing and continuous quality improvement processes.

#### **Policy Statement 6.2**

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